

JOSIAH MACY JR. FOUNDATION
FACULTY SCHOLARS PROGRAM
ANNUAL MEETING



JUNE 7-8, 2017
NEW YORK, NY



Cover Photo (left to right): **First Row:** Cheryl Woods Giscombé, Patricia O'Sullivan, Bonnie M. Miller, George E. Thibault, Afaf I. Meleis, Lauren Meade, Cristina M. Gonzalez, Roberta Waite, Dena H. Hassouneh, Jing Wang; **Second Row:** Peter Goodwin, Lisa Day, Eve R. Colson, Deanna L. Reising, Mayumi Willgerodt, Laura Hanyok, Christine A. Tanner, Meg Zomorodi, Lauren Collins, DorAnne Donesky, Charles Vega Jr., Kenya V. Beard, Deepthiman Gowda, Tyler Reimschisel; **Third Row:** Carmel Dyer, Sandrijn M. van Schaik, Kelley M. Skeff, Alan Dow, Temple Ratcliffe, Stephen C. Schoenbaum, David M. Irby, Sarah Peyre, Paul Marantz, Douglas P. Larsen, Samuel O. Thier, Bridget O'Brien



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INTRODUCTION

The Macy Faculty Scholars Family held its sixth Annual Meeting on June 7th and 8th, 2017. The meeting has gotten larger with thirty-one Scholars spanning six cohorts, and we have moved to a two-day format. A committee made up of Scholar alumni helped us plan the meeting and instituted a number of innovations that made the meeting more interactive.

The meeting began with the first year Scholars reporting on their work. Everyone was impressed with the quality of the presentations and the progress they have made in taking on very challenging issues. The second year Scholars presented their work in breakout group sessions in order to get more direct feedback and engage in problem solving. The career development oriented breakout groups designed and co-led by Scholars were all given twice during the meeting so that Scholars could take advantage of more offerings. These proved to be very insightful sessions with great interchanges among scholars, mentors and National Advisory Committee (NAC) members. At lunch on the first day, NAC member Kelley Skeff gave his very personal view on coaching and mentoring in a highly interactive session. On the second day, at lunch, I interviewed NAC member Afaf Meleis who shared the compelling and inspirational story of her career.

We all left the meeting with a sense of exhilaration about the great work that the Scholars are doing and the wonderful bonding that has occurred within and between the cohorts. We all feel fortunate to be working on the important mission of reforming health professions education to improve the health of the public. At a time of great national uncertainty when it feels that fundamental values are being challenged, our work together is even more important. We must focus on making our part of the world a better place. Our Scholars are doing that, and we are proud of them.

George E. Thibault, MD





AGENDA

JUNE 7, 2017

BREAKFAST

WELCOMING REMARKS

George E. Thibault, MD – President

TEMPLE RATCLIFFE, MD, FACP

Presentation and Discussion

DORANNE DONESKY, PHD, RN

Presentation and Discussion

CRISTINA M. GONZALEZ, MD, MED

Presentation and Discussion

Break

TYLER REIMSCHISEL, MD, MHPE

Presentation and Discussion

JING WANG, PHD, MPH, MSN, RN

Presentation and Discussion

CHERYL WOODS GISCOMBÉ, PHD, MSN, RN, PMHNP

Presentation and Discussion

LUNCHEON

Principles of Coaching Session led by Kelley M. Skeff, MD, PhD.

BREAKOUT GROUPS SESSION #1

MANAGING AND LEADING INSTITUTIONAL CHANGE

Leaders: Douglas Larsen, MD, MEd and Sandrijn M. van Schaik, MD, PhD

HANDLING TRANSITIONS – PROFESSIONAL AND PROGRAMMATIC

Leaders: Laura Hanyok, MD and Sarah Peyre, EdD

DEVELOPING EMOTIONAL INTELLIGENCE

Leaders: Kenya Beard, EdD, AGACNP-BC and Roberta Waite, EdD, PMHCNS-BC

IDENTIFYING AND FOSTERING EDUCATIONAL INNOVATIONS

Leaders: Alan Dow, MD, MSHA and Mayumi Willgerodt, PhD, MPH, RN

RECEPTION & DINNER AT PRESIDENT'S RESIDENCE

Scholars, Mentors, NAC, Macy Board Members & Staff

June 8, 2017

BREAKFAST

2015 FACULTY SCHOLARS' SESSIONS

Lauren Collins, MD
Deepthiman Gowda, MD, MPH
Lisa Kitko, PhD, RN
Bridget O'Brien, PhD

BREAKOUT GROUPS SESSION #2

MANAGING AND LEADING INSTITUTIONAL CHANGE

Leaders: Douglas Larsen, MD, MEd and Sandrijn M. van Schaik, MD, PhD

HANDLING TRANSITIONS – PROFESSIONAL AND PROGRAMMATIC

Leaders: Laura Hanyok, MD and Sarah Peyre, EdD

DEVELOPING EMOTIONAL INTELLIGENCE

Leaders: Kenya Beard, EdD, AGACNP-BC and Roberta Waite, EdD, PMHCNS-BC

IDENTIFYING AND FOSTERING EDUCATIONAL INNOVATIONS

Leaders: Alan Dow, MD, MSHA and Mayumi Willgerodt, PhD, MPH, RN

Break

BREAKOUT PLENARY

Combined Report of Breakout Group Sessions

LUNCHEON

Conversation with Afaf I. Meleis, PhD, DrPS (HON), FAAN

CLOSING REMARKS

George E. Thibault, MD- President





2016 Macy Faculty Scholars (left to right) Cristina M. Gonzalez, Tyler Reimschisel, DorAnne Donesky, Temple Ratcliffe, Jing Wang

2017 ANNUAL MEETING PLANNING COMMITTEE

Kenya Beard, EdD, AGACNP-BC, NP-C, CNE, ANEF
Alan Dow, MD, MSHA
Laura Hanyok, MD
Memoona Hasnain, MD, MHPE, PhD
Douglas Larsen, MD, MEd
Sarah Peyre, EdD
Sandrijn van Schaik, MD, PhD
Mayumi Willgerodt, PhD, MPH, RN

MACY FACULTY SCHOLARS FAMILY



2016 Scholars and Mentors



2016 SCHOLARS

(Back row left to right)

Temple Ratcliffe, MD, FACP
Cristina M. Gonzalez, MD, MEd
DorAnne Donesky, PhD, RN
Tyler Reimschisel, MD, MHPE
Jing Wang, PhD, MPH, MSN, RN

2016 MENTORS

(Front row left to right)

Paul Marantz, MD, MPH
Patricia O'Sullivan, EdD
Bonnie M. Miller, MD, MMHC
Carmel Dyer, MD, FACP, AGSF
Luci Leykum, MD (Not Pictured)

2015 SCHOLARS

Lauren Collins, MD
Cheryl Woods Giscombé,
PhD, MSN, RN, PMHNP
Deepthiman Gowda, MD, MPH
Lisa Kitko, PhD, RN
Bridget O'Brien, PhD

2014 SCHOLARS

Laura Hanyok, MD
Douglas P. Larsen, MD, MEd
Sarah Peyre, EdD
Deanna L. Reising, PhD, RN,
ACNS-BC, FNAP, ANEF
Charles Vega Jr., MD
Meg Zomorodi, PhD, RN, CNL





2016 Scholars, Mentors and National Advisory Committee

2013 SCHOLARS

Lisa Day, PhD, RN, CNE
 Memoona Hasnain,
 MD, MHPE, PhD
 Kelly Karpa, PhD, RPh
 Lauren Meade, MD, FACP
 Mayumi Willgerodt, PhD, MPH, RN

2012 SCHOLARS

Kenya V. Beard, EdD,
 AGACNP-BC, NP-C, CNE, ANEF
 Ted James, MD, MS, FACS
 Wrenetha A. Julion,
 PhD, MPH, RN, FAAN
 Wendy S. Madigosky, MD, MSPH
 Sandriijn M. van Schaik, MD, PhD

2011 SCHOLARS

Eve R. Colson, MD, MHPE
 Alan Dow, MD, MSHA
 Dena H. Hassouneh,
 PhD, ANP, PMHNP
 Jennifer S. Myers, MD, FHM, FACP
 Roberta Waite, EdD,
 PMHCNS-BC, FAAN, ANEF

**NATIONAL ADVISORY
 COMMITTEE**

George E. Thibault, MD
 President
 David M. Irby, PhD
 Afaf I. Meleis,
 PhD, DrPS (HON), FAAN
 Kelley M. Skeff, MD, PhD
 Christine A. Tanner,
 PhD, RN, FAAN
 Samuel O. Thier, MD

MACY FOUNDATION STAFF

George E. Thibault, MD
 President
 Stephen C. Schoenbaum,
 MD, MPH
 Peter Goodwin, MBA
 Yasmine R. Legendre, MPA
 Ellen J. Witzkin
 Eric Hoffman

LUNCHEON SPEAKER

Afaf I. Meleis, PhD,
 DrPS (HON), FAAN









DORANNE DONESKY, PHD, RN

University of California,
San Francisco

Dr. Donesky is an Associate Professor and Director of Interprofessional Palliative Care Education at University of California, San Francisco (UCSF) School of Nursing. She is a certified Adult Nurse Practitioner and an Advanced Certified Hospice and Palliative Nurse who has worked with patients living with chronic lung disease since 1990. She is the Immediate Past-Chair of the Nursing Assembly of the American Thoracic Society, and she leads an interprofessional team that provides outpatient pulmonary-focused palliative care at UCSF. As a Macy Faculty Scholar, Dr. Donesky is leading an interprofessional team to develop a longitudinal continuing education curriculum for practicing clinicians from diverse professions who want to become palliative care champions. Unique features of the curriculum include the opportunity for learners from multiple professions to experience interprofessional teamwork with an emphasis on difficult communication and professional wellbeing. Participants develop in-person relationships and a sustained community of practice with other learners, faculty members, and palliative care clinicians.

CRISTINA M. GONZALEZ, MD, MED

Albert Einstein College of Medicine

Dr. Gonzalez is an Associate Professor of Clinical Medicine at Albert Einstein College of Medicine and Academic Hospitalist at Montefiore Medical Center. She is the Population Health Principles of Medicine Course Leader, Chair of the Clinical Prevention and Population Health curriculum management committee, and on the Foundational Sciences Phase Core Team for curriculum redesign. Dr. Gonzalez’s research focuses on designing, implementing, and evaluating curricular interventions for medical students to recognize and manage their racial and ethnic implicit biases in clinical encounters. As a Scholar in the Harold Amos Medical Faculty Development Program (a Robert Wood Johnson Foundation grant program), she was selected as only the second medical education researcher in this prestigious program’s thirty-four year history. Dr. Gonzalez is working locally and nationally on the development of curricular interventions targeting implicit bias recognition and management, health disparities, and social determinants of health. She has several publications related to her work, has been invited to a number of national panels, and conducted training programs for physicians across the continuum of training and practice.





TEMPLE RATCLIFFE, MD, FACP

University of Texas Health
San Antonio

Dr. Ratcliffe is an Associate Professor/Clinical of Medicine at University of Texas Health San Antonio. Dr. Ratcliffe joined the faculty of UT Health in July 2014 and has served as Co-Director of the Internal Medicine Clerkship since that time. He is a hospitalist who has been engaged in medical student and resident education for the past decade. He has received numerous teaching awards including the American College of Physicians US Air Force Chapter's Major General Archie Hoffman award and was selected by the University of Texas School of Medicine's Class of 2017 for induction into the Gold Humanism society as a faculty member. His current educational areas of interest and research include clinical reasoning, medical student and resident assessment, and interprofessional education. He has given numerous regional and national presentations and published multiple peer-reviewed papers and a book chapter in these areas. His Macy Scholars project addresses the implications and challenges facing learners in authentic interprofessional practice environments.



TYLER REIMSCHISEL, MD, MHPE

Vanderbilt University

Dr. Reimschisel, Associate Professor of Pediatrics and Neurology at Vanderbilt University Medical Center, serves as Vice Chair for Education in the Department of Pediatrics, Director of the Division of Developmental Medicine and the Center for Child Development, Director of the Vanderbilt Consortium LEND Program, and Associate Director of the Pediatric Residency Program. He is board-certified in Neurology with Special Qualifications in Child Neurology, Clinical Biochemical Genetics, and Clinical Genetics. His primary clinical interests include the evaluation and management of children with inborn metabolic diseases or neurodevelopmental disabilities, such as intellectual disability, autism, cerebral palsy, and epilepsy. His primary interests in the field of health professions education include working-learning health systems, interprofessional practice, team-based learning, problem-based learning, the quiet learner, and leadership skills. He and his wife, Terisa, have five children and live in Brentwood, TN.



JING WANG, PHD, MPH, MSN, RN

University of Texas Health Science
Center at Houston

Dr. Wang is an Associate Professor at The University of Texas Health Science Center at Houston School of Nursing, and an adjunct faculty at the School of Biomedical Informatics. She is a 2013 Robert Wood Johnson Foundation Nurse Faculty Scholar, and 2015 & 2016 TEDMED Research Scholar. Dr. Wang's scholarly work focuses on patient-engaged and patient-centered interprofessional education, research, and practice, in which she develops and applies mobile and connected health technologies to improve patient health and healthcare outcomes for underserved populations. As a 2016 Macy Faculty Scholar, Dr. Wang is developing an innovative interprofessional curriculum on mobile and connected health technologies. This curriculum will help prepare a healthcare workforce ready to meet the challenges arising from the increasing uses of mobile and connected health technologies in healthcare. It will also improve student competencies in providing patient-centered team-based care of underserved populations in primary care and independent senior living communities.

2016 FACULTY SCHOLAR PROJECT SUMMARIES



Patricia O'Sullivan (Mentor),
George E. Thibault, and
DorAnne Donesky

DORANNE DONESKY, PHD, RN

University of California, San Francisco

INTERPROFESSIONAL CENTER FOR PALLIATIVE CARE EDUCATION

BACKGROUND

Palliative care, by definition, requires interprofessional teamwork with the core professions of medicine, nursing, spiritual care and social work. Our needs assessment with local employers revealed that most job applicants have no background in palliative care, and practical training in interprofessional teamwork and advanced communication skills are the most unique and desirable characteristics of palliative care clinicians. An interprofessional educational program fills the gap for clinicians seeking additional palliative care expertise. Most current palliative care courses are either primarily or completely online or brief continuing education courses. Single professions often design and deliver these courses, although enrollment may be offered to all professions. Fully integrated interprofessional courses designed by and for all four core professions of the palliative care team are rarely, if at all, available.

PURPOSE/AIMS


My Macy goal is to develop an interprofessional center for palliative care education for learners from pre-licensure through graduate and continuing education. Specific strategic aims include:

1. Develop curriculum and a self-sustaining model funded by tuition/fees and philanthropy for students and clinicians from medicine, nursing, spiritual care, and social work who desire additional interprofessional training in palliative care.
2. Evaluate and enhance all center programs using principles of design-based research (Anderson & Shattuck, 2012). This methodology was developed to produce innovation and sustain development in messy real world settings using a pragmatic metaparadigm.
3. Disseminate our palliative care educational programs through educational scholarship and implementation in other university settings. A goal also is to identify excellence in such programs.

CURRICULUM DEVELOPMENT AND DISSEMINATION

My team this year has developed a curriculum for an interprofessional continuing education course in palliative care for practicing clinicians using Kern's 6-step model of curriculum development. Feedback from employers, learners in two pilot cohorts, and the academic minor for advanced practice nursing students led to a drastically remodeled program while also addressing logistics. As a result, the monthly, in person program has underlying themes of interprofessional communication and professional wellbeing. Each month features a topic consistent with the National Consensus Project for Quality Palliative Care guidelines while reinforcing topics that were previously presented, using a variety of educational strategies including games, role-play, critical reflections, and mentoring in addition to more traditional strategies such as presentations and group projects. Participants apply what they are learning to their work supported by individual and group sessions with the faculty. Upon completion, participants join the San Francisco palliative





care community of practice through ongoing social events, lectures, and opportunities as facilitators, clinical preceptors, and guest speakers.

Given the shortage of palliative care clinicians, other universities are also developing interprofessional education programs. Through this Macy Fellowship and with a Cambia Sojourn Scholars award, we started an initiative with interprofessional teams from other universities to identify standards of excellence for post-licensure interprofessional education in palliative care. We have launched a Delphi process to clarify definitions and develop criteria of excellence as a foundation for a process to recognize quality programs.

LEADERSHIP DEVELOPMENT

Participation in the Harvard Macy Institute Program for Educators and the Tideswell/American Geriatrics Society Emerging Leaders in Aging program have opened new leadership possibilities, both locally at UCSF and nationally through participation in national organizations and consultant opportunities. I was asked to join the Hospice and Palliative Nurses Association Leadership Taskforce, which is charged with evaluating the next steps to take in developing future leaders in hospice and palliative nursing; to be vice chair and chair-elect of a UCSF academic senate committee; and to present modules related to palliative care for several health professions groups. The UCSF Alumni Weekend featured our program and as did a UCSF School of Nursing publication. Because we believe that health professions education should be grounded in clinical practice, I have also developed an outpatient palliative care clinic that is staffed by an interprofessional team including a social worker, chaplain, pharmacist and a consulting palliative care physician. We are exploring opportunities to partner with health plans and health systems to develop palliative care champions in underserved communities.

PROGRESS THUS FAR

We have 23 applicants (from nursing, advanced practice nursing, social work, respiratory therapy and dental hygiene) for the newly designed program, which begins September 2017. We continue to recruit applicants from spiritual care and medicine. The Delphi process is in its second round. Three manuscripts are in process and we presented our curriculum both locally and nationally. A pilot grant to fund the development of palliative care champions in critical access communities is under review.

NEXT STEPS

Moving forward, sustainability and dissemination are important questions to consider. The tuition required for the continuing education curriculum is more than most clinicians can fund out-of-pocket, so ongoing collaboration with employers or foundations will be necessary. Several university-based programs are interested in sharing best practices and modules with each other, and this process, combined with the development of criteria of excellence, will move us toward a consortium of high-quality regional palliative care educational opportunities. As the continuing education course becomes established, we will build an interprofessional clinical fellowship that coordinates with the existing medical fellowship.

PROJECT PARTNERS/ACKNOWLEDGEMENTS

This interprofessional work would not be possible without an interprofessional team. Together with Wendy Anderson, MD, MS; Denah Joseph, BCC; Bridget Sumser, LMSW; Mark Holtzman PharmD; and Perri Ling, administrator, we have created a curriculum product that is better than what any one of us might have created individually. I am grateful for my local and national mentors including Patricia O'Sullivan, PhD; Christine Ritchie, MD; Betty Ferrell, PhD, RN, FAAN; Afaf Meleis, PhD, RN, FAAN; Barbara Burgel, PhD, RN, FAAN; and Georgia Narsavage, PhD, RN, FAAN for their insights and guidance. Cambia Healthcare Foundation, the Advisory Council for UCSF Interprofessional Palliative Care Education, Mt Zion Health Fund, and VitalTalk have all provided resources and support in moving this project forward. California Healthcare Foundation and Partnership Health are part of the team that is bringing palliative care to rural critical access communities.



Paul Marantz (Mentor),
George E. Thibault, and
Cristina M. Gonzalez

CRISTINA M. GONZALEZ, MD, MED

Albert Einstein College of Medicine

IMPLICIT BIAS RECOGNITION AND MANAGEMENT: TEACHING THE NEXT GENERATION OF PHYSICIANS

BACKGROUND

Medical student curricula have sought to improve the patient-doctor relationship and outcomes of patients from diverse backgrounds for decades. In the United States, cultural competency training became even more prevalent after the 2002 Institute of Medicine report *Unequal Treatment* recommended medical schools provide cultural competency training as a way to eliminate health disparities. Despite improvements in provider knowledge, attitudes, and skills related to cultural competency, 1) patients continue to report experiences of bias and prejudice in the healthcare system and in individual clinical encounters and 2) health disparities persist.

One contribution to ameliorating disparities may be understanding and processing our implicit biases. Implicit bias, the unconscious, unintentional assumptions people make, may contribute to disparities in clinical practice behaviors of individual physicians. Implicit bias is not associated with explicit bias, which is conscious and purposeful. This dissociation, the ubiquitous nature of implicit bias, and the influence of racial and ethnic implicit bias on clinical decision-making, have made implicit bias a target of interventions aimed to reduce health disparities. Published curricula for medical students are mostly single-session exercises, and those that are multi-session do not provide opportunity for skill development and practice.

PURPOSE/AIMS

The purpose of this project is to design, implement, and rigorously evaluate a comprehensive, longitudinal, developmentally appropriate curriculum to teach medical students to recognize and manage their racial and ethnic implicit biases in clinical encounters.

SPECIFIC AIM 1

To design and implement an undergraduate medical curriculum that focuses on the recognition and management of implicit bias in clinical encounters.

The goals of this curriculum are: 1) To increase knowledge and awareness of the existence of implicit bias within oneself and its potential contribution to health disparities. 2) To improve attitudes toward recognition of implicit bias within oneself and its potential impact on clinical practice behaviors. 3) To improve clinical practice behaviors in management of implicit bias in standardized clinical encounters.

SPECIFIC AIM 2

To evaluate the impact of this curriculum on students' knowledge, attitudes and skills regarding implicit bias, including their clinical practice behaviors.

The program evaluation will consist of aggregated student assessments. The first class of students undergoing our innovation matriculates in August 2018 (class of 2022). We will pilot and revise assessments within the current curriculum, and use the classes of 2018-2021 as comparison groups.

OUTCOMES TO DATE

Since the beginning of September 2016, my nine-member team and I have achieved the following:

Instructional design

- Revised three implicit bias sessions in the current compulsory curriculum.
- Conducted a systematic literature review exploring interventions targeting conscious behaviors influenced by implicit bias in various fields including medicine and allied health professions, human resources, housing policies, law enforcement, and education. The results informed a new elective for first-year medical students (MS1).
- Designed and implemented a twelve-session elective for MS1 in implicit bias recognition and management.
 - Instruction moved beyond knowledge and attitudes to strategy identification and behavior practice through high fidelity role-plays with a structured debrief.
 - Incorporated three structured feedback sessions using a focus group and nominal group blended methodology.
- Designed and piloted an implicit bias virtual patient exercise.
- I was named course leader of the Population Health Principles of Medicine course in the new Einstein Curriculum.
 - I started creating the Implicit Bias and Health Equity module within Population Health Principles of Medicine course.

Assessments

- Expanded Implicit Bias Attitude Scale participant sample to make evidence for convergent and divergent validity more robust.
- Continued qualitative analysis of MS3 reflections on a clinical encounter in which they perceived implicit bias may have played a role.

Faculty development

- Conducted training programs for faculty in three small group courses
- Delivered grand rounds locally and regionally on implicit bias and its relevance to clinical decision making and teaching in academic health centers.

- Conducted retrospective pre-test/post-test to evaluate the faculty development programs.

NEXT STEPS

Implicit bias electives

- Revise MS1 elective based on feedback and deliver again next spring.
- Adapt MS1 elective to include clinical experiences relevant to MS4 level of training and deliver three separate times over next academic year.

Compulsory implicit bias curriculum

- Outcomes of electives will inform instructional design of implicit bias instruction in new Einstein curriculum.
- Collaborate with leaders in new curriculum to incorporate implicit bias instruction in related areas within organ systems courses, patient safety and quality improvement, clinical reasoning, community based service learning, and clinical experiences.

Knowledge, attitude, and skill assessments and program evaluation

- Design formative and summative assessments through virtual patients, standardized patient exercises, and observed structured clinical exams.
- Complete qualitative analysis of MS3 narratives to inform development of reflective writing rubric related to implicit bias.
- Aggregate assessments will constitute program evaluation.

ACKNOWLEDGEMENTS

None of this work would be possible without Dr. Paul Marantz who has mentored me from the very beginning of my career. The project has been enhanced by the guidance and support provided by Drs. Monica Lypson, Marti Grayson, Clarence Braddock, Felise Milan, Rita Charon, Paul Haidet, and Pablo Joo. I am grateful for my Harold Amos family and mentors, and for the Macy family. Dr. David Irby has been a kind and gifted mentor from our very first interaction. My research team over the past academic year included the amazing (future) Drs. Emily Kintzer, Elisa Karp, Sydney Walker, Travis Howlette, Shacelles Bonner, Yuli Noah, and Drs. Jacki Weingarten, Nereida Correa, and Ms. Heather Archer-Dyer.



Luci Leykum (Mentor),
George E. Thibault, and
Temple Ratcliffe

TEMPLE RATCLIFFE, MD, FACP

University of Texas Health, San Antonio

IMPLEMENTING COLLABORATIVE CARE ON GENERAL MEDICINE TEAMS

BACKGROUND

Interprofessional practice models are an important focus of innovation for both patient safety and medical education stakeholders. Although concepts of interprofessional practice are commonly introduced in preclinical curricula across healthcare disciplines, when students arrive to their clinical rotations they often find that contemporary practice and theory differ significantly. Our collaborative care initiative offers an authentic interprofessional practice environment that can engage learners from multiple professions.

Several key features distinguish our collaborative care model from usual inpatient care, and from other iterations of interprofessional care. Most fundamentally, the very nature of the team is redefined. Decisions move from the hallway or physician workroom into the patient room and are co-created among physicians, nurses, pharmacists, care coordination staff, physical/occupational therapists (as well as learners from these professions), and patients and families. Team members are geographically localized and their daily workflows adapted to promote greater collaboration with the patient and one another. Large boards/post-its are utilized in patients' rooms to document team goals and reinforce care plans. Finally, teams set aside daily reflection time to foster improved communication and enhance team dynamics. These practices allow for the creation of shared mental models among team members.

Of course, while this novel interprofessional practice environment offers exciting educational opportunities, it is not without its challenges, many of which revolve around how best to reframe learner expectations and experiences.

PURPOSE/AIMS

- Improve the orientation process for learners working on collaborative care teams
- Create learning objectives that align with both principles of interprofessional education and patient-partnered care
- Design curricular content and assessment strategies that support these objectives

PROJECT DETAILS

In January 2015, we started our collaborative care initiative on one medicine house staff team. Since our pilot, our Collaborative Care steering committee has met weekly and worked to improve and refine our local model. In spring 2017, we expanded Collaborative Care to a second teaching team.

Learners rotate on these teams in four-week blocks. We have focused on medical learners thus far, partnering with UME / GME stakeholders to improve the orientation process, clarify learning objectives, and create curricular content that supports learning in interprofessional practice environments.


We hosted the Second Annual Meeting of the Collaborative Care Learning Network, convening a dynamic group of over 50 professionals to share experiences implementing collaborative models of care across the country.

EVALUATION

We have evaluated our collaborative care initiative through direct observation, interviews, tracking administrative outcomes (e.g., length of stay) and patient experience. We plan to broaden our study of clinical outcomes as this initiative grows.

To understand the learners' perspectives, we have conducted semi-structured interviews and collected end-of-rotation evaluations from both residents and





medical students who rotate on our collaborative care teams and other inpatient teams.

Recently, in order to better understand team performance and communication, we have begun repeating direct observation of rounds using an ethnographic approach. A member of our team observes rounds, taking detailed field notes. Through an iterative process, initial domains were identified and vetted with our interprofessional Collaborative Care steering committee to elucidate a new model of team performance.

PROGRESS TO DATE

Our orientation process continues to evolve. Based on learner feedback, we have developed “field guides” for attendings and residents. The day before starting, residents and interns observe collaborative care rounds for “just-in-time training.” This spring, we are redoing our general Introduction to Collaborative Care video with an eye towards making it less physician-centric.

We qualitatively analyzed our learner interviews and identified four themes: Loss of Educational Opportunities on Rounds, Feelings of Uncertainty During New Situations, Strategies for Adaptation, and Improved Communication with Patients and the Team. These findings have allowed us to improve our initiative.

In order to identify curricular gaps and inform our learner assessment strategy, we created learner-specific objectives, thereby engaging our residents. These objectives have impacted our orientation and identified gaps in curricular content (e.g., conceptualizing how fitting interprofessional practice into the healthcare system does not necessarily “just happen” from immersion on the collaborative care team). In order to address some of these content areas, I developed a one-hour interactive seminar exploring implications of interprofessional teamwork and patient safety. All internal medicine residents participated in this seminar.

Finally, our work to describe team communication and performance led to the delineation of six communication domains: Focus, Engagement, Clarity, Correction, Fluidity and Adaptability. These domains form the basis of a team assessment instrument we are now piloting to facilitate team-level formative feedback. We are also mapping these domains onto our complexity science-based theoretical framework of relationships, sensemaking, and learning.

LESSONS LEARNED

Despite improving our orientation process, learners continue to report some difficulties adjusting to our collaborative care model. We have learned that it is challenging to provide adequate orientation for such a novel clinical experience to learners.

Providing individual assessment based on Interprofessional Education Collaborative competencies has proven to be more difficult than initially envisioned. By using the team as the focus, we are developing a formative assessment approach that enables us to provide group-level feedback that maps to the Interprofessional Education Collaborative competencies and is meaningful to each individual while also being less threatening.

NEXT STEPS

Our next steps are rooted in our aims. With regard to orientation, I am working with medical student partners to develop a collaborative-care-specific rounding sheet to provide cognitive scaffolding to help novices participate meaningfully in collaborative care rounds. We will also adapt these for residents.

We are expanding our educational efforts to more formally include other professions. This summer, fourth-year pharmacy students will join one of our teams. We will adapt our orientation processes, learning objectives and curricular elements for them.

We will continue to develop relationships through the Collaborative Care Learning Network. Working with other healthcare systems trying similar innovations offers opportunities to share innovations and perform multicenter evaluation of curriculum and assessment strategies. We will continue to share our innovations and findings at the local and national levels.

ACKNOWLEDGEMENTS

A project like this is truly a collaboration. I would like to thank both my local mentors (Luci Leykum, Deborah Conway and Jacqueline Pugh) and my Macy Foundation mentor Kelley Skeff. Also, I am grateful for my numerous local collaborators (Christopher Moreland, Jessica Raley, Erika Bowen, Meghan Crabtree, Kana Kornswad, Ann Ding, and Lauren Penney, our learners and our collaborative care steering committee). Michael Bowen, Jo Medado-Ramirez and their team at Beaumont Health in Michigan have been a source of inspiration. Finally, Paul Uhlig and Ellen Raboin who served as the initial catalyst for this project have remained vital to its success.



Bonnie M. Miller (Mentor),
George E. Thibault, and
Tyler Reimschisel

TYLER REIMSCHISEL, MD, MHPE

Vanderbilt University

PILOT OF A WORKING-LEARNING HEALTH SYSTEM

BACKGROUND AND PROJECT DESCRIPTION

Most of the health care provided through academic centers in the US is highly specialized, tertiary, or even quaternary, care. Unfortunately, there is too often limited collaboration with community agencies or other local resources that could have significant impact on the health and well-being of patients and their families. Since many medical schools are administered through these academic centers, health professions education too frequently lacks meaningful training and experiential learning in community-based practice. Furthermore, the rotations and other educational interventions are often brief and cursory; therefore, students and residents lack genuine experience in interprofessional practice.

Recently, academic health centers (AHCs) across the country have begun to transform their care models in response to the national call for integrated systems that focus as much on disease prevention and population health as they do on highly specialized inpatient services. This shifting paradigm creates a mandate: AHCs must fundamentally change their education models so that future professionals are equipped to provide personalized care to individuals in partnership with communities. To this end, the Macy Faculty Scholars Program is supporting an innovative working-learning health system (WLHS) pilot that relies on interprofessional teams to provide personalized, cost-effective, comprehensive health services to a panel of patients.

PURPOSE/AIMS


We hypothesize that in a WLHS an interprofessional team of health care students providing supervised, comprehensive health care, including care navigation, to patients with complex health care needs will **1) improve patient quality of care and health outcomes** and **2) glean a robust education in health systems science.**

METHODOLOGY

In the WLHS pilot, a **multigenerational, interprofessional team** of health care professionals will include faculty in medicine, advanced practice nursing and social work as well as medical, advanced practice nursing, pharmacy, physician assistant, and social work students. Students will be **immersed** in the WLHS for an extended period of time - daily for one to three months.

Teams will provide **panel-based care** to patients in a community-based clinic associated with Vanderbilt University Medical Center. Each morning the team in each WLHS will review its patient panel to discuss individuals who are scheduled for upcoming appointments and any patients who have come to the team's attention via alerts, messages, study results, or admissions. During the huddle, tasks will be assigned in a way that matches the care needs of patients with competencies and learning needs of team members. Gaps in learner knowledge will be identified and addressed. In addition to providing services in a traditional clinic setting, learners will participate in their panel's care activities throughout the integrated system, including rehabilitation and therapy sessions, outpatient procedures, admissions, and surgeries. Patient interactions will also extend beyond these traditional care settings to allow learners to engage with patients in other





settings that influence health and well-being. For example, learners will conduct home visits, participate in individualized education plan meetings at schools, and work as care navigators to connect patients with community partners and resources.

The **curriculum** for the WLHS will include three domains of content. The first is core knowledge that transcends all of the WLHS, regardless of the characteristics of the patients in each panel. This includes understanding health systems science, population and public health, health policy, socio-cultural determinants of health, communication and leadership skills, and organization management. The second domain of the curriculum will include predefined content that is relevant to the patient panel, such as specialized medical knowledge that is essential for effective patient care, specific community resources for patients, and services for uninsured adult patients. The third domain of the curriculum is content that will be identified on an on-going basis by the health care team as care is being provided to the patient panel, and these curricular elements will be compiled and provided on a just-in-time basis during predesignated periods of time in the formal curriculum.

EVALUATION

A critical component for the success of this project is the **comprehensive process** for **evaluation** of the WLHS pilot and **assessment of the learners**. We will use the Institute of Medicine's (IOM) Health Care Quality conceptual framework to guide this process. This framework includes six aims for quality health care delivery: patient-centered, safe, timely, efficient, effective, and equitable. Students will participate in continuous quality improvement based on this framework by compiling and analyzing data from patient engagement and chronic care surveys, care plans, ambulatory care, emergency room and inpatient utilization rates, missed work days, and medication adherence. Learners will be assessed through reviews of clinical care documentation, summative and formative knowledge examinations, essays to measure depth of learning across the IOM quality aims framework and its application to the quality improvement process, simulated chart reviews, milestone-based rubrics, and a health professions satisfaction survey.

NEXT STEPS

We envision that the WLHS is the future construct of academic health professions education. This innovation project will enable us to inform how health professions education responds to imminent changes facing the US health care system. As the emphasis turns to population health and health maintenance, learners need to spend less time in inpatient settings, and the WLHS could become a new "rotation" model in health professions education. As quality improvement and maintenance of certification requirements better align with authentic clinical practice, the multigenerational synergy within our WLHS will help interprofessional students, residents, and faculty meet their individual program and professional requirements while working together to maximize the health and well-being of their patient panels and corresponding populations in their communities.

2016 FACULTY SCHOLAR PROJECT SUMMARIES



Carmel Dyer (Mentor),
George E. Thibault, and
Jing Wang

JING WANG, PHD, MPH, MSN, RN

University of Texas Health Science Center at Houston

DESIGNING AN INNOVATIVE INTERPROFESSIONAL CURRICULUM ON MOBILE AND CONNECTED HEALTH TECHNOLOGIES

BACKGROUND

Millions of patients in the U.S. currently use mobile or wearable devices to seek or track health information, and patients expect health care providers to act on the information they are tracking. Clinicians, on the other hand, are increasingly adopting the use of electronic health record systems in practice and need to connect with other health care team members. Mobile and connected health technology not only enables communication between patients and providers but also supports the interaction of patients with similar conditions through health-focused social media as well as health information exchange between interprofessional health teams during transitions of care. However, our current health science education curriculum does not include content related to the mobile and connected health technologies that are thriving in the marketplace and research facilities, which results in low student competency in delivering team-based, patient-centered care using mobile and connected health technologies upon graduation.

PURPOSE/AIMS

To increase students' competency in using mobile and connected health technologies to facilitate the delivery of patient-centered interprofessional team-based care, we propose to design an interprofessional curriculum guided by the ADDIE (Analyze, Design, Develop, Implement and Evaluate) instructional design model.

PROJECT DETAILS

In the Analyze phase, we will conduct focus groups with faculty, education administrators, and students from all six UTHealth schools to determine their overall needs related to mobile and connected health technologies education and patient-centered health care. We will develop course objectives, content, and tools for assessing the learners' performance during the design phase. In the development phase, we will develop the curriculum content (i.e., assessments) and test it in the Canvas learning management system. After any needed adjustments, we will implement the curriculum. We will evaluate the learners' knowledge using both process and summative approaches.

The proposed interprofessional curriculum on mobile and connected health technologies will cover a range of topics such as: Basics of Mobile and Connected Health Technology, Application of Mobile and Connected Health Technology in Diverse Settings and Populations, and Technology Innovation and Commercialization. To facilitate innovative thinking as part of the curriculum, we will embed evidence-based creative thinking techniques into our curriculum content. The Team Strategies and Tools to Enhance Performance and Patient Safety (TeamSTEPPS) principles will be incorporated in the curriculum to reinforce the team-based learning skills. This curriculum will be designed as a "flipped classroom" to facilitate active learning. A hackathon, an innovative concept that brings interprofessional teams together on one occasion to create technology innovations, will be integrated as part of our curriculum. This curriculum is also innovative in that it will highlight patient engagement by developing a health mentors program using a database registry of patients who are interested in sharing with students their lived experience with various health conditions.





PROGRESS SO FAR

We obtained IRB approval for 1) a needs analysis, 2) the development of a health mentors program, and 3) for course development and evaluation. During the Analyze phase, we sought stakeholder insights on our curriculum content and design. Preliminary findings from interviewing key stakeholders including faculty, educational administrators, and students at six UTHealth schools show the needs for a pyramid approach in delivering content on mobile and connected health technologies. A one-hour lecture in existing courses for all students as an introduction to the full curriculum is suggested. Some programs (PhD programs at all schools, some master programs, and leadership programs at medical school) can benefit from a 3-credit course on this content as an elective course, while others can incorporate the content into clinical experience (undergraduate community health nursing, geriatric/internal medicine rotations for medical school, dental practice at senior community centers) for those students who show interest in this area. Focus group participants also expressed interest in interaction with real patients as a way to learn about patient-centered care, furthermore, team visits with real patients are preferred. Interprofessional team training requires meaningful interaction for all professions involved and should simulate actual practice scenarios, not all team visits require all six professions. Incorporating innovative thinking content and team training are of interest to all stakeholders; however, content should be succinct and incorporated in key course activities. Lastly, the optimal design emerged as a flipped classroom design with a few team meetings at Informatics innovation lab, AT&T Foundry for Connected Health, and TMC Innovation Institute respectively, with a hackathon event as the final group project to engage with industry collaborators.

To sustain the curriculum implementation after the Macy award, I gathered a planning group for proposing a consortium on mobile and connected health and submitted a proposal to the President and Chief Academic Officer. I attended the inaugural Executive Leadership Institute at UTHealth and delivered an elevator pitch on consortium proposal to the President.

NEXT STEPS

A larger scale needs analysis is currently underway to further collect stakeholder feedback from patients, industry, and community partners for their insights on our curriculum design. A pilot course will begin in fall 2017.

Four scoping reviews are currently being conducted to review literature on 1) a hackathon for interprofessional education, 2) patient engagement on interprofessional education, 3) mobile and connected health technologies in primary care, and 4) mobile and connected health technologies for aging.

ACKNOWLEDGEMENTS

I wish to thank my mentor Dr. Carmel Dyer and co-mentors Drs. Jiajie Zhang and Vaunette Fay for their continued support and inspirational leadership mentoring. I also want to thank all planning committee members for the consortium proposal and curriculum development. All stakeholders including all deans, chief academic officer, center for interprofessional collaboration, consortium on aging, faculty and students from all six health science schools that contributed to the curriculum planning. Lastly, I want to thank Dr. Christine Tanner, Dean Frazier, and Josiah Macy Jr. Foundation for their support and insights.

2015 FACULTY SCHOLARS PROJECT SUMMARIES

LAUREN COLLINS, MD

Thomas Jefferson University

CREATING A VERTICAL INTERPROFESSIONAL EDUCATION AND COLLABORATIVE PRACTICE CURRICULUM

PROJECT GOAL

The goal of this project is to develop, implement, evaluate and disseminate a new comprehensive, integrated IPE/C curriculum, **VERTICAL**, across the educational continuum at Jefferson. Dr. Collins and her associates will prepare a new cohort of highly competent VERTICAL students who will represent the new face of healthcare: **Value-driven, Ethical, Responsible, Team-based, Interprofessional, Collaborative Aligned Leaders**.

MAJOR ACCOMPLISHMENTS

Dr. Collins and her associates have developed a robust menu of IPE/C experiences for over 2200 students at Jefferson. VERTICAL has expanded foundational IPE content by adding innovative new core IPC experiences, creating advanced IPC elective opportunities, and offering a new transcript designation for Excellence in Collaborative Practice for select students who achieve proficiency. VERTICAL has also leveraged technology to enhance real-time, competency-based assessment of CP behaviors by developing a portable “app” version of the Jefferson Teamwork Observation Guide (JTOG)©. Along with piloting the validated “Team” version of the tool with over 3100 respondents, the “Individual” version of the tool has been used by learners/preceptors over 13,600 times. The “Patient” version of the tool has undergone validity and feasibility testing with over 400 patients, and the “Caregiver” version has undergone validity and feasibility testing with over 190 family members/chosen support people, enabling 360-degree assessment of care team behaviors.

PROFESSIONAL ACCOMPLISHMENTS

Dr. Collins was appointed Co-Director for the Jefferson Center for InterProfessional Education (JCIPE). She has also been appointed Director of a new Scholarly Inquiry track in Jefferson’s redesigned *JeffMD* curriculum, now entitled Healthcare Systems, and serves on multiple local leadership committees. She has presented her Macy work extensively at national meetings, including the Nexus Summit, ATBH VIII, STFM, Putting Care at the Center, and NAP. She has published several peer-reviewed



papers and is helping to co-author two Practical Guides for the National Center for Interprofessional Practice and Education. With Dr. Collins serving as PI, JCIPE was recently awarded a two-year RWJF sub-award to establish Jefferson as one of four national interprofessional Hot Spotting Hubs.

NEXT STEPS

With successful implementation of VERTICAL, Dr. Collins is launching a multi-pronged evaluation process to document adoption of interprofessional behaviors and achievement of IPE core competencies, and identify areas for improvement. As soon as the JTOG “app” is widely available, Dr. Collins plans to engage in multi-institutional studies to define national benchmarks for collaborative practice.



CHERYL WOODS GISCOMBÉ, PHD, RN, PMHNP, MSN

University of North Carolina at Chapel Hill

EMERGING LEADERS PROGRAM IN MENTAL HEALTH EQUITY

PURPOSE

The **Interprofessional Leadership Institute for Mental Health Equity** is being developed to reduce mental health disparities by (1) engaging students in interprofessional service and scholarly activities, (2) promoting academic-community partnerships, (3) enhancing mental health workforce diversity and (4) supporting current providers, educators, and researchers to address mental health inequities.

MAJOR ACCOMPLISHMENTS

Students concentrating in nursing, medicine, marriage/family therapy, psychology, pre-pharmacy, criminal justice, and social work participated. Additionally, new clinical partnerships across North Carolina were developed (e.g., AmeriCorps, public schools, and a federal corrections institution). Health disparities education modules were also developed. Dr. Giscombé co-implemented (with Dr. Susan Gaylord) the first interprofessional course in alignment with the Quadruple Aim), "Mindfulness and Self-Compassion Training for Caring Professions." Giscombé also successfully planned symposia on LGBT and racial/ethnic mental health inequities at the International Society of Psychiatric Nursing Annual Meeting, and a conference addressing ethnopsychopharmacology.

PROFESSIONAL ACHIEVEMENTS

Dr. Giscombé achieved promotion/tenure to rank of Associate Professor at UNC Chapel Hill; she was named the LeVine Family Distinguished Associate Professor of Quality of Life, Health Promotion, and Wellness; and was selected as a Distinguished Alumni of Stony Brook University. She served as Alumni Faculty for the Harvard Macy Institute and received the 2016 UNC School of Nursing Faculty Award for Excellence in Doctoral Mentorship. Dr. Giscombé was also appointed to the Design Advisory Committee for the RWJF Clinical Scholars Program.



NEXT STEPS

Dr. Giscombé developed a conceptual framework to guide future institutional work to reduce mental health inequities through developing partnerships and pipelines of diverse, culturally-sensitive providers. She is engaged in funded, collaborative initiatives with Dr. Rebecca Kitzmiller to develop a Center of Excellence for Mental Health among military families, and she partnered with the UNC Schools of Medicine and Social Work to expand IPE programing and scholarships in mental health.

DEEPTHIMAN GOWDA, MD, MPH

Columbia University

INTEGRATION OF INTERPROFESSIONAL EDUCATION INTO A PATIENT-CENTERED MEDICAL HOME: A CONTEXTUALIZED APPROACH TO ACHIEVING EDUCATION AND TEAM EFFECTIVENESS

PROJECT GOAL

The main goal of Dr. Gowda's project was to introduce narrative medicine activities into interprofessional team meetings in academic primary care practices. Narrative medicine, a branch of health humanities, can be a tool for reducing burnout, enhancing engagement, and enhancing team relationships.

PROJECT ACCOMPLISHMENTS

Narrative medicine activities were successfully implemented into required interprofessional meetings at three academic primary care clinics in New York City. Nearly 80 staff-members regularly engaged with literature and art, wrote reflectively, and shared their writings with other members of the team over the course of one year. Participants described sessions as "relaxing, rejuvenating, and meaningful," stating that they appreciated learning new things about one another and that the sessions improved collaboration.

Using qualitative approaches, Dr. Gowda and his team studied the feasibility, facilitators, barriers, and benefits of the program. Pre- and post-intervention differences were also assessed using instruments that measured team effectiveness, burnout, work engagement, and empathy. Three manuscripts based on this project are currently being prepared.

PROFESSIONAL ACCOMPLISHMENTS

Dr. Gowda served as Chair of a new Task Force for a Bias-Free Curriculum at the medical school and presented findings at a regional AAMC meeting. Dr. Gowda founded and chairs a campus-wide health science education scholarship group. He joined the Board of Directors of the Langeloth Foundation – a philanthropic non-profit that funds efforts to improve health care to incarcerated persons, reduce community violence, and expand access to health insurance. Dr. Gowda continues to serve on the New York City Board of Health. Over the past two years, he has presented his work in Spain, Costa Rica, Germany and Japan, and other locations in the US. Dr. Gowda has



written a chapter on the importance of close listening in the upcoming book, *Distracted Doctoring: Returning to Patient-Centered Care in the Digital Age*, and he received the Ewig Award, which recognizes excellence in medical education at Columbia.

NEXT STEPS

Dr. Gowda will collaborate with NewYork-Presbyterian leadership to explore ways to support and scale clinic-based narrative medicine activities. He is working to expand the presence and scope of narrative medicine in health care.



LISA KITKO, PHD, RN

Penn State University

INTERPROFESSIONAL PALLIATIVE CARE TRAINING PROGRAM

PROJECT OBJECTIVE

The purpose of this educational initiative is to develop, implement, and evaluate an interdisciplinary graduate certificate in primary palliative care. The overall goals of the program are to expand the pool of providers with knowledge in basic palliative care, and promote care coordination and communication among providers and between providers, patients, and families.

PROJECT ACCOMPLISHMENTS

The main deliverable of the project is the Primary Palliative Care Certificate that is currently offered through the Penn State College of Nursing (CON). The certificate consists of two didactic courses and an interprofessional practicum. The first cohort of learners will complete the certificate in the Fall of this year. In addition, learners from BS to PhD level are completing the individual didactic courses.

PROFESSIONAL ACCOMPLISHMENTS

During her time as a Macy Faculty Scholar, Dr. Kitko has been published in peer-reviewed journals. In addition, Dr. Kitko has presented at regional, national, and international conferences including the Eastern Nursing Research Society and the Council for the Advancement of Nursing Science. Dr. Kitko is an invited speaker at the upcoming annual conferences of both the American Heart Association and the Heart Failure Society of America on the palliative care needs of persons living with advanced heart failure and their caregivers. Dr. Kitko was recently promoted to Associate Professor with tenure in the College of Nursing. In October, Dr. Kitko will be inducted as a fellow in the American Academy of Nursing.

NEXT STEPS

Dr. Kitko will continue to expand the primary palliative care certificate through continuing education formats and explore innovative delivery models such as adapting or modifying the content to meet the needs of large healthcare systems. Based on the success of the certificate, as well as the passion of Dr. Kitko, a strategic goal identified by the CON is to become a national leader



in the area of palliative care research and education through the development of a Center for Palliative Care that supports the research, scholarship, teaching and outreach missions of the CON related to palliative care.

2015 FACULTY SCHOLARS PROJECT SUMMARIES

BRIDGET O'BRIEN, PHD

University of California, San Francisco

CROSSING PROFESSIONAL BOUNDARIES FOR INTERPROFESSIONAL COLLABORATION

GOALS

The two goals of Dr. O'Brien's project are to 1) identify common areas where professional roles, perspectives, and expertise overlap and how professionals negotiate these overlaps; and 2) create faculty development resources to support coaching around role clarification, information and perspective sharing, and establishing shared understanding of care plans.

MAJOR ACCOMPLISHMENTS AND RESULTS

Dr. O'Brien's research team published a methodological paper on video-based interaction analysis in interprofessional education. They also presented their work at the Western Group on Educational Affairs (WGEA) and their abstract was selected as a Conversation Starter in *Teaching and Learning in Medicine*. Dr. O'Brien's research team plans to submit their first empirical manuscript for publication this summer. This paper uses a sociomaterial lens to describe alignment and divergence between intended (designed) and emergent (arising in the moment, through group interactions) learning opportunities during an interprofessional simulated exercise. They are currently working on the second goal of her project. Her research team identified several potential "teachable moment" video segments. They are currently holding viewing sessions with faculty from dentistry, medicine, nursing, pharmacy, and physical therapy to collect feedback on the selected video clips. They will use this feedback to select 5-6 clips to re-enact and film with a videographer. Dr. O'Brien's research team will then use these videos as part of one or more faculty development workshops and/or online resources. Dr. O'Brien has also joined the interprofessional simulation experience planning group with faculty leaders in IPE and offered suggestions for improvement of the exercise based on what her research team observes in the videos.

PERSONAL ACHIEVEMENTS

Dr. O'Brien attended a weeklong Master Class on Writing for Publication. The class enriched her skills as a writer and a mentor. Building on this experience, she has also developed two doctoral seminars, taught a workshop, and plans to develop additional workshops on academic writing. Co-editing the textbook *Understanding Medical*



Education and participating in the editorial process for RIME and *Academic Medicine* represents progress toward one of her key personal goals of learning more about the editorial process. Dr. O'Brien has thoroughly enjoyed learning about and contributing to the process of identifying core content for educational research as well as working with authors to shape and improve their content for the target audience.

NEXT STEPS

1) Further develop the teachable moment videos and materials for use beyond UCSF. 2) Continue advancing this program of research by writing papers based on findings from her project and presenting the work at various conferences (e.g., Collaborating Across Borders, American Educational Research Association, and RIME). 3) Seek leadership opportunities in professional organizations (e.g. Chairing the RIME planning committee, additional editorial positions).







COACHING: ENHANCING THE JOY IN HEALTH CARE

KELLEY M. SKEFF, MD, PHD

Dr. Skeff received his MD from the University of Colorado and his PhD in Education from Stanford. His scholarly work has focused on faculty development with an emphasis on the analysis and improvement of medical teaching. His most recent interests lie in the challenges in, and approaches to, the current problem of increased physician and trainee distress.

INTRODUCTION

Medical faculty have the desire to help many people, including colleagues, younger trainees, students, and patients. To become effective facilitators of others' growth, a variety of teaching methods can be used. One such method, coaching, has become a popular approach for helping others. Given his interest in this method, Dr. Skeff presented a discussion with the goals to both identify some key aspects of the coaching process and hypothesize why this method may be attracting such interest at the present time. Thus, he hoped to not only highlight characteristics of this important teaching method, but also see what its current popularity may tell us about ourselves and the context in which we currently work.

COACHING AS A METHOD OF TEACHING

The Stanford Faculty Development Center has developed a seven-category approach to consider the components influencing teaching effectiveness. These categories provide ways for a teacher to systematically reflect on different aspects of teaching, thus, enabling a comprehensive approach to ongoing improvement. These categories are designed to encompass the large variety of possible teaching methods and philosophies from the most humanistic and facilitative, to the most directive and even punitive. The categories include: 1) Establishment of a Positive Learning Climate, 2) Management/control of the Teaching Session, 3) Communication of Educational Goals, 4) Promoting Understanding and Retention, 5) Learner Evaluation, 6) Providing Feedback, and 7) Facilitating Self-Directed Learning.

The field of coaching takes a particular perspective related to these categories. Although a discussion on teaching may highlight the teacher's methods, the content being taught, the context in which teaching is taking place, or the learner, coaching clearly focuses on the importance of the learner, the person being coached.

In his discussion, Dr. Skeff pointed out that the centrality of the learner has been highlighted for centuries, and that several theories and educational approaches can help elucidate the philosophy and methods behind coaching. He presented a saying attributed to Confucius, "I want you to be everything that's you..", noting that it was the learner who possessed the potential that Confucius desired to bring out. Dr. Skeff then briefly discussed other schools of thought related to coaching that emphasize the importance of the learner, including 1) Rogerian psychology and its positive regard for the person and the individual's ability to define areas of relevance; 2) Self-Determination Theory of Deci and Ryan that highlights humans' positive tendencies toward growth in an environment supporting the needs of autonomy, competence, and relatedness; 3) Appreciative Inquiry (Cooperrider) and its focus on expanding generative abilities through highlighting the positivity in people's lives; and 4) Ericsson's deliberate practice, driven by the learner's motivation toward excellence.





From his perspective, Dr. Skeff stated that these areas relevant to coaching were all connected with a philosophy and emphasis on the importance of the learner, respect for his/her abilities, and the unlocking of those abilities by capitalizing on this powerful resource, the person himself or herself.

SO WHY NOW?

In concluding, Dr. Skeff facilitated a discussion of the scholars to ask, why is coaching so popular now – a time when we are concerned about physician burnout, trainee depression, and physician errors. What is it about this method that seems to be drawing both teachers and learners to this philosophy and methodology? Following an open discussion, Dr. Skeff suggested that it is not simply that coaching is an effective teaching method, but also that coaching embodies an experience emphasizing and respecting the importance of the person, the individual being coached, his or her successful background, beliefs, abilities, and potential. It creates the freedom to use an individual's strengths as the basis to guide future learning and furthering the welfare of others. Coaching highlights oneself and one's self-worth. It gratifies the learner and the teacher. It reminds us of our own talents, our own abilities, and our own purpose.

In medicine, we are fortunate to have people with remarkable talents, abilities and purpose. Yet, in today's context, many in health care have been pulled away from themselves to focus on tasks to be done, tasks that may not take advantage of who we are, what talents we have, and most of all, what purpose we wish to embody. So, coaching may be one way of reminding us who we are, why we (like all humans) deserve respect, and why we as health care professionals have chosen a career to capitalize on our abilities and desire to help others. No wonder coaching is currently popular in medicine. It highlights the ability and nobility of the people in our field. And, in so doing, coaching may help us address our challenges by rediscovering ourselves and the nobility of our chosen work.



BREAKOUT SESSION SUMMARIES

MANAGING AND LEADING INSTITUTIONAL CHANGE

DOUGLAS P. LARSEN, MD, MED AND SANDRIJN M. VAN SCHAIK, MD, PHD

The “Leading and Managing Institutional Change” breakout session was designed to bring educators from a variety of backgrounds together to share and learn from each other’s experiences in dealing with the complexities of change. The session began with each participant sharing either a current change initiative, or a previous experience, and the greatest challenge that they either currently face or that they dealt with in the past. This was followed by a review of John Kotter’s eight steps for leading change and an exploration of specific tools designed to facilitate enactment of those steps. These tools included a threat/opportunity matrix to clearly lay out the case for change; tools to refine the vision for change and create effective messages to convey that vision; tools to assess stakeholder engagement and willingness to change; a systems alignment profile to evaluate how well each element of a system (people, metrics, rewards, organizational structure, information technology, etc.) are prepared to support the change effort; and a communication plan tailored to individual stakeholders. The participants each spent several minutes selecting one or two tools to work through on their own change effort, and then they gathered into small groups to share their work. At the end of the session all the groups gathered back together to share their insights.

Many different ideas were discussed during the session and each person adapted the content to their own situation and context. Several broad take-home points emerged. A major idea from the session was that the tools were useful to breakdown complex problems. The process of writing out the responses to the tool forced clarity in one’s thinking. Tools also became a focal point for dialogue. By having something tangible to discuss, participants could engage in conversations that lead to new insights and caused novel patterns and connections to become clear. Tools did not have to be used in a rigid or prescriptive fashion; they could be changed and adapted to take the analysis in new directions. While tools were important, emphasis on the art of change was also a key take home point. The art of change focused on the relationships with people, the timing of initiatives, and the recognition of spontaneous opportunities that cannot be planned. The opportunity for participants to discuss their own personal work and to explore together ways to address the challenges and opportunities that they face was the most valuable aspect of the session.

Leaders

Douglas Larsen
Sandrijn van Schaik

Attendees*

Eve Colson	Bridget O’Brien
Lisa Day	Temple Ratcliffe
Carmel Dyer	Tyler Reimschisel
Cheryl Giscombé	Deanna Reising
David Irby	Chris Tanner
Wendy Madigosky	Samuel Thier
Laruen Meade	Jing Wang

**participated in one of the two breakout sessions for this topic.*







BREAKOUT SESSION SUMMARIES

HANDLING TRANSITIONS – PROFESSIONAL AND PROGRAMMATIC

LAURA HANYOK, MD AND SARAH PEYRE, EDD

This workshop presented a framework outlined by William Bridges, “Managing Transitions”, to support a deepening of our understanding of the phases associated with transitions, and identify strategies for navigating change. The three phased model (1: Ending, losing and letting go; 2: The neutral zone, and 3: The new beginning) served as the structure for participants to reflect on times of transitions, share strategies they employed or observed, and to share stories of how these transitions sparked creativity and developed their own leadership skills in shepherding teams through loss and change. Primarily using small group discussion, the workshop helped participants identify interventions that assisted transitions as well as reflection on their own volition as part of change. Discussion included the difference between change and transition, as well as the anxiety and variable motivations that drive individual and team behavior. The stories that were shared, all anchored in a strong and dynamic culture of academic medicine, enhanced the learning about a topic that is often “survived more than deliberately guided.”

Both workshops were rich in discussion and anchored in individual experiences. Key elements that were discussed in the first workshop:

- The importance of identifying where you thrive – and being ok with disappointing others
- Knowing your ultimate goals and values and aligning opportunities and transitions to match
- Setting limits for yourself
- Having an opportunistic mindset
- Connecting transitions with passion
- Allowing and embracing growth through transitions
- Don’t do it alone

Key elements that were discussed in the second workshop:

- The important role of communication – and that there is a push/pull between transparency and confidentiality (which is incredibly important)
- Transitions are anchored in context
- It is important to have role clarification and to define expectations throughout a transition
- Utilizing mentors and tools
- Identifying components of transitions:
 - Types of transitions: Developmental, situational, organizational, and wellness/health
 - Embedded in: Processes, responses, experiences and awareness
 - Tools: Clarifying, debriefing, support groups and defining milestones





There were several important “takeaways” after conducting the workshop that we will take with us in our own understanding of managing transitions. First, transitions are deeply personal experiences for us that all have a lasting impact on how we see our organizations, our leaders and ourselves. In both workshops, participants were mindful of how the Macy Faculty Scholars Program itself is a developmental transition, and positions many of us for our first intersection with organizational change. At this stage in many of our careers, Scholars are witnessing transitions and are learning leadership through reflective observation. This gives us optimism, because of the deep commitment to excellence that all the Macy Faculty Scholars embody, that this is preparing us to lead transitions and organizational change in the future. Finally, although transitions often represent change and uncertainty they should be embraced as positive experiences that can help us recognize our core values and passions, and lead us to finding continued joy in our professional and personal lives.

Leaders

Laura Hanyok
Sarah Peyre

Attendees*

DorAnne Donesky
Cristina Gonzalez
Peter Goodwin
Deepthiman Gowda
Dena Hassouneh
Wendy Madigosky
Paul Marantz
Afaf Meleis
Bridget O’Brien
Patricia O’Sullivan
Deanna Reising
Kelley Skeff
Chuck Vega
Meg Zomorodi

**participated in one of the two breakout sessions for this topic.*



BREAKOUT SESSION SUMMARIES

DEVELOPING EMOTIONAL INTELLIGENCE

**KENYA V. BEARD, EDD, AGACNP-BC, NP-C, CNE, ANEF AND
ROBERTA WAITE, EDD, PMHCNS-BC, FAAN, ANEF**

Why do individuals follow some leaders more than others? Emotional intelligence (EQ) is a ubiquitous concept that has been associated with high leadership capacity. It has been used to describe leadership qualities that extend beyond intellect. This session was structured to guide participants in an open dialogue on EQ. The facilitators used reflection, writing exercises, narratives, media, and group discussions to strengthen the participant’s EQ knowledge, attitude, and skills.

First, participants were asked to describe what EQ meant to them. This exercise was followed by a brief YouTube clip that described the salient components of EQ. The EQ components were discussed in detail with the participants and examples were provided. The sharing of stories was encouraged to establish relevance. A brief review of the limbic response to perceived threats and how the brain governs feelings and impulses were provided. This review set the stage for a movie scene that operationalized the phrase “the amygdala hijack.” Following the movie, the participants described what they observed and believed were the EQ skills of the two characters. This led to a personal discussion about emotional triggers, the ways in which emotions can be regulated, and how one could respond rather than react emotionally. The session closed with participants using reflection to describe a conflict and the concepts of EQ to construct a new narrative. Final comments were shared and revealed that not all the participants believed in the concept of EQ. However, most of the participants could identify triggers that challenged their EQ and describe ways in which they could purposely align their intentions with behaviors that demonstrated EQ.

Leaders

Kenya Beard
Roberta Waite

Attendees*

Lauren Collins
Eve Colson
Lisa Day
Carmel Dyer
Peter Goodwin
Deepthiman Gowda
Dena Hassouneh
David Irby
Ted James
Bonnie Miller
Tyler Reimschisel
Stephen Schoenbaum
Samuel Their
Chuck Vega

**participated in one of
the two breakout sessions
for this topic.*







BREAKOUT SESSION SUMMARIES

IDENTIFYING AND FOSTERING EDUCATIONAL INNOVATIONS

ALAN DOW, MD, MSHA AND MAYUMI WILLGERODT, PHD, MPH, RN

The “Identifying and Fostering Educational Innovations” breakout session sought to have participants explore the process of innovation, share their experiences and identify strategies to overcome challenges in educational innovation. The goal was to generate some insights to propel innovation and compile a list of lessons learned to review with all attendees of the meeting.

To begin the session, each participant was asked to identify a current or planned innovation to discuss. Participants were tasked with identifying barriers or challenges to the innovation as well as strengths and resources that helped or might help support the innovation. While participants generally selected an innovation focused on education, some participants selected different projects, for example, preparing a community for a catastrophic earthquake.

The entire group was then divided into groups of three to discuss strategies to overcome the barriers identified, utilizing Troika Consulting. Troika Consulting is a Liberating Structure—a set of techniques based on the premise that active engagement in unconventional ways frees the mind to think more creatively and to be more effective and efficient (see <http://www.liberatingstructures.com>). In Troika Consulting, one member of the trio presents a problem to the group and answers clarifying questions for five minutes. Next, the presenting group member turns their back or sits back while the other two “consultants” spend approximately ten minutes discussing the issue and possible paths forward. Finally, the presenter rejoins the group and discusses what he/she learned from observing and listening to the consultants. The process continues until each person has had the opportunity to obtain consultation.

After three rounds of consultation, the group reconvened as a large group to debrief about lessons learned. These insights into innovation clustered into two categories:

PROCESSES

- Creating a forum for diverse, cross-disciplinary dialogue
- Leveraging the physical environment to empower conversation
- Seeking out atypical perspectives
- Forcing people to listen – this helps both the listener and the speaker
- Allowing ongoing spontaneity. While it may seem to ramble, it eventually leads to good ideas.
- Moving towards, not away from, resistance. Resistance is often the heart of the problem.





THEMES

- Organizational structures and culture continue to dominate challenges to educational innovation.
- Technology is the cause and solution to many challenges.
- Resistance must be expected and embraced.
- Emphasize benefits over needs. Focus on how reaching the goal helps everyone.

Attendees found the session engaging and fruitful.

Leaders

Alan Dow
Mayumi Willgerodt

Attendees*

Lauren Collins
DorAnne Donesky
Cristina Gonzalez
Lisa Kitko
Paul Marantz
Lauren Meade
Afaf Meleis
Patricia O’Sullivan
Temple Ratcliffe
Stephen Schoenbaum
Kelley Skeff
Chris Tanner
Jing Wang
Meg Zomorodi

**participated in one of the two breakout sessions for this topic.*



2014 FACULTY SCHOLAR CAREER UPDATES



LAURA HANYOK, MD
Johns Hopkins University

In January 2017, Dr. Hanyok began serving as the Assistant Dean for Graduate Medical Education at the Johns Hopkins University School of Medicine. In this role, she is leading efforts in wellness and well-being for approximately 1,100 residents and clinical fellows at Johns Hopkins, as well as overseeing institution-wide efforts to optimize the trainee learning environment as it pertains to the ACGME's Clinical Learning Environment Review (CLER) program. She will continue to work on efforts to expand interprofessional clinical practice opportunities for resident physicians. Dr. Hanyok continues to gain experience as a mentor, working with a nursing student and clinical fellows on educational projects related to interprofessional practice and primary care. Over the past year she has published four articles, including one in which she mentored two medical students on a project related to patient-centered care experiences in medical school. In the coming year, she will serve as chair of the Clinical Vignettes committee for the Society of General Internal Medicine's 2018 Annual Meeting in Denver.



DOUGLAS LARSEN, MD, MED
Washington University in St. Louis

Dr. Larsen is an Associate Professor of Neurology & Pediatrics at the Washington University in St. Louis School of Medicine. He serves as the Director for Medical Student Education for the Division of Pediatric Neurology. His research focuses on self-regulated and socially-regulated learning. Over the past year, he published two papers on self-regulated learning in clinical education, including the research on his Patient-Centered Learning Goals Program, which extends across the third-year curriculum. He has spoken at several national meetings, and he continues his work as an associate editor for the *Advances in Health Science Education* journal. Dr. Larsen also recently developed and taught a course on the science of learning and teaching for first-year medical students. He serves as a consultant for the American Board of Medical Specialties in their program to develop longitudinal assessments as part of maintenance of certification. Dr. Larsen was recently awarded a \$100,000 grant by the American Board of Psychiatry and Neurology to use actor network-theory to study the communication of competence in resident assessments.



SARAH E. PEYRE, EDD
University of Rochester

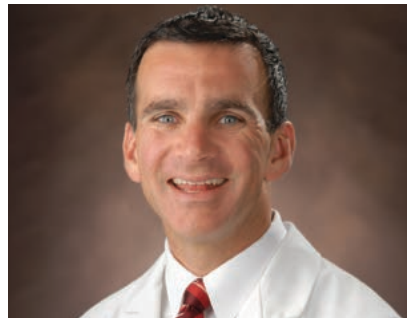
During the past academic year, Dr. Peyre has expanded the scope of the Institute for Innovative Education (IIE) by overseeing the merger of the Center for Experiential Learning and the Miner Libraries and Technologies. This integrated team of 60 serves as an administration for the medical library; medical center wide simulation; continuing education; anatomical gift program; standardized patient program; educational technology; and educational programming support for students, trainees, faculty and the workforce. In October, Dr. Peyre also became the Director of Workforce Education for the CTSI, and recently was awarded a NIH U01 as a PI to develop a national curriculum for clinical trial researchers. Dr. Peyre also served as Host Chair for the AAMC NEGEA Annual Meeting, which was held in Rochester last spring. In April, Dr. Peyre was promoted from Assistant Dean for Interprofessional Education to Associate Dean for Innovative Education for the University of Rochester Medical Center.





**DEANNA L. REISING, PHD, RN,
ACNS-BC, FNAP, ANEF**
Indiana University

Dr. Reising is an Associate Professor of Nursing at Indiana University; Clinical Nurse Specialist and Magnet Program Co-Director at Bloomington Hospital, Bloomington, IN; and System Magnet Coordinator for Indiana University Health. She has taught in bachelors, masters, and doctoral programs. Dr. Reising is an expert in interprofessional education and practice, and her career focus has been in developing experiential learning environments for nursing and health professions students. She also serves as the site liaison for Indiana University to the National Center for Interprofessional Practice and Education and on the National Center Liaison Committee for the American Interprofessional Health Collaborative. The committee recently launched an interprofessional mentor/mentee program that was based on Dr. Reising's previous work on mentorship models in nursing education. Since her time as a Macy Faculty Scholar, Dr. Reising has given 13 presentations, published 11 articles, and secured an additional grant in support of her interprofessional programs. Dr. Reising's team won the 2017 National Academies of Practice's Creativity in Practice and Education Award.



CHARLES VEGA JR., MD
University of California, Irvine

Dr. Vega is a Health Sciences Clinical Professor in the Department of Family Medicine at the University of California, Irvine (UCI). He is the Executive Director of UCI's Program in Medical Education for the Latino Community, and he assumed the role of Associate Dean for Diversity and Inclusion at the UCI School of Medicine in July, 2016. Dr. Vega has seen the Patient-Centered Curriculum he developed as his Macy Faculty Scholar project grow this year under the leadership of other people. It remains a highlight of UCI's medical education program. Dr. Vega has been preoccupied with instituting a meaningful program of active learning around the themes of diversity and social determinants of health. More broadly, he serves as Co-Chair for UCI's Strategic Plan Task Force on Diversity and is working to change the way we think about accomplishment in the domains of diversity and inclusion.



MEG ZOMORODI, PHD, RN, CNL
University of North Carolina
at Chapel Hill

This year, Dr. Zomorodi established the Health Professions Interprofessional Steering Committee. As chair of this group, she leads health professions faculty in the development and implementation of IPE. Dr. Zomorodi's Macy project (Healthcare PROMISE) has expanded to include students in dentistry, medicine, nursing, pharmacy, public health, and social work. This year she published two articles, chapters in two books, and presented her work internationally in the form of 17 presentations, including as faculty at the Harvard Macy Institute's Systems Assessment course. In August 2016, Dr. Zomorodi partnered with Duke-AHEAD to launch collaborations between Duke University and The University of North Carolina at Chapel Hill, culminating in two full day sessions of IPE across both campuses. Dr. Zomorodi received Faculty of the Year from the School of Nursing and was recently elected to serve on the Educational Policy Committee for the University. Dr. Zomorodi would like to thank her mentors, Drs. Afaf Meleis and Marilyn Oermann, whose continued advice offers invaluable support; and the Healthcare PROMISE team whose passion for our work motivates her every day to implement and manage change for IPE at The University of North Carolina.

2013 FACULTY SCHOLAR CAREER UPDATES



Lisa Day

LISA DAY, PHD, RN, CNE
Duke University

Over the past year, Dr. Day continued as an Associate Clinical Professor and began the process of evaluation for promotion to Clinical Professor at Duke University School of Nursing (DUSON). Dr. Day also began her term as Chair of the Faculty Governance Association, and she received a small grant from the Center for Nursing Research at DUSON to collect pilot data on a classroom activity to increase student nurses' readiness for delegation. Dr. Day completed the intervention and data collection, and plans to use those findings as the basis for a future grant application. With a DUSON colleague, she presented a poster at the National Nursing Ethics Conference on their work implementing a new process-based course in values clarification and professional formation for undergraduate nursing students. Dr. Day wrote a chapter on theory for a book on nursing education research and co-authored two chapters for a book on quality and safety education in nursing. She is currently co-authoring a book on communication and safety in nursing with colleagues in nursing and communication science, and, for the third year, Dr. Day was appointed to the research grant review panel at the National League for Nursing.



Memoona Hasnain

MEMOONA HASNAIN, MD, MHPE, PHD
University of Illinois at Chicago

In August 2016, Dr. Hasnain rejoined the University of Illinois at Chicago (UIC) with promotion to Full Professor with Tenure, the first in the history of UIC Family Medicine. In 2015-2016, Dr. Hasnain served as Assistant President for Education and Co-Director of FAIMER Institute at the Foundation of International Medical Education and Research (FAIMER), Education Commission for Foreign Medical Graduates (ECFMG), Philadelphia; she continues to work with FAIMER as a consultant. Dr. Hasnain has continued with her teaching and educational scholarship with several invited and peer-reviewed national and international presentations, as well as publications. She is the lead editor of a book on South Asian Health. She continues to provide leadership for UIC College of Medicine's (COM) longitudinal "Patient-centered Medicine Scholars Program," which has special emphasis on vulnerable populations—those affected by HIV-AIDS, domestic violence and homelessness, as well as older adults (geriatrics) and immigrants & refugees. Some notable leadership roles include being appointed as Co-Chair of the UIC COM Faculty Academic Advancement Committee; member of the UIC Interprofessional Education Steering Committee; Co-Director of ENGAGE-IL which



Kelly Karpa

is a Geriatrics Workforce Enhancement Program grant by HRSA; delegate of Chicago-Shanghai Sister Cities Program focusing on cultural exchange, policies, programs and services for Shanghai's aging population; and President-Elect of the Board of Directors for the South Asian Public Health Association (SAPHA).

KELLY KARPA, PHD, RPH
Penn State University

Dr. Karpa is a Professor and Distinguished Educator in the Department of Pharmacology at Pennsylvania State University College of Medicine. As the Assistant Dean of Interprofessional Education she oversees development, implementation, assessment, faculty development, evaluation of inter-institutional interprofessional required and extra-curricular activities for PSU College of Medicine, and provides faculty/staff interprofessional training programs through interprofessional Grand Rounds/educational workshops. A newly funded Health Resources and Services Administration grant that aims to enhance primary care training supports some of these interprofessional initiatives. During the last year, Dr. Karpa and her colleagues participated in the NEXUS T3 Train the Trainer program. Time spent as a team, at University of Virginia, was instrumental in





Lauren Meade

developing Dr. Karpa’s colleagues as interprofessional educators who are now engaged and leading additional interprofessional infrastructure at their institution. At this year’s Experimental Biology annual meeting for the Division of Pharmacology Education within the American Society of Pharmacology and Experimental Therapeutics Dr. Karpa and a member of her Macy cohort, Mayumi Willgerodt, delivered an interprofessional workshop entitled *IPE: Educating a New Generation of Healthcare Professionals*. Four MedEdPortal submissions which served as assessments for her Josiah Macy Faculty Scholar project, and one manuscript pertaining to pharmacology education have been accepted during the past year. Two additional interprofessional manuscripts are currently under review.

LAUREN MEADE, MD, FACP
Tufts University

Dr. Meade is an Associate Professor of Medicine at Tufts University Medical School, and Director of Clinical Learning and Development for Sound Physicians, a large physician practice with 250 hospitals in the United States. She currently leads live and online learning for Sound Physicians in areas including Mission/Values, Culture, Leadership, Patient Experience,



Mayumi Willgerodt

Advance Care Planning, Advanced Practice Practitioner, Transitions of Care, and Resilience. She also currently coaches physician leaders. She has previously served as Associate Program Director and Director of Faculty Development for Baystate Medical Center in Springfield, Massachusetts. As part of an integrated interprofessional primary care practice at Baystate Dr. Meade had a continuous healing relationship with her primary care patients. She has created sustainable patient-centered programs in HIV, transition of care, transgender health, correctional health, substance abuse, and women’s health.

Dr. Meade’s Macy Faculty Scholars project implemented an observation and feedback teaching method for physician trainees related to a safe and effective discharge from the hospital. The discharge behaviors were generated from patients, nurses, and physicians together and then implemented in fifteen Internal Medicine programs. Using this intervention, attendings had more confidence in the competence of their trainee for a safe discharge.

MAYUMI WILLGERODT,
PHD, MPH, RN
University of Washington Bothell

Dr. Willgerodt is a Professor in the School of Nursing and Health Studies at University of Washington

Bothell. She currently teaches across undergraduate and graduate nursing programs, and engages in research projects focused on collaborative practice in clinical settings, and child health. As the Director of Graduate Studies, Dr. Willgerodt is responsible for coordinating efforts across the campus that support graduate programming and growth. During the past year she has presented her work at several conferences, hosted several faculty development workshops, and was invited to give keynote or plenary addresses at several universities. Dr. Willgerodt has received PCORI funding to collaborate with families and schools to address collaborative care coordination among children with special health care needs. Continuing her work with school nurses, she has conducted a national school nursing workforce study that allows us to accurately estimate the number of school nurses in the US for the first time. These findings will be presented at the National Association for School Nurses Annual Conference. Dr. Willgerodt served on two Provost-appointed task forces this year that focused on identifying collaborative opportunities across the three campuses of the University of Washington (UW) and addressing challenges related to faculty effort certification at UW.



2012 FACULTY SCHOLAR CAREER UPDATES



**KENYA V. BEARD, EDD,
AGACNP-BC, NP-C, CNE, ANEF**

The CUNY School of
Professional Studies

Dr. Beard recently joined the faculty at City University of New York, School of Professional Studies, as an Associate Professor. She is assisting with the inaugural Masters in Nursing Education and Organizational Leadership program and developing an IPE course with faculty from the Sophie Davis School of Medicine. Prior to returning to CUNY, she developed a software application that strengthened the graduation rates for culturally diverse nursing students at Jersey College and helped position the school for national accreditation. Her recent publications in *Nursing Outlook* and the *Journal of Professional Nursing* address the hidden curriculum that disrupts diversity initiatives and provides institutions with critical recommendations for creating inclusive environments. To strengthen the racial and ethnic diversity of nurse leaders, Dr. Beard co-leads the National Organization of Nurse Practitioner's (NP) Leadership Mentoring Program. She is also a Senior Fellow at the Center for Health Policy & Media Engagement at George Washington University School of Nursing. She co-produces *HealthCetera* segments for WBAI-FM, and facilitates difficult conversations surrounding race and health care disparities.



TED JAMES, MD, MS, FACS

Beth Israel Deaconess
Medical Center

Dr. James is the Vice Chair of Academic Affairs in the Department of Surgery at Beth Israel Deaconess Medical Center. In the past year, he has implemented an IPE curriculum focused on health care transformation at Harvard Medical School, increased IPE faculty development at Harvard, and conducted an IPE Workshop for the Harvard Macy Institute's Program for Educators in Health Professions. Dr. James was recently selected to the Advisory Board for the National Center for Interprofessional Practice and Education, and he was also appointed to the Harvard Teaching Academy. Dr. James published an article in the *Journal of Oncology Practice* and an article in the *Journal of Interprofessional Care* this year.



**WRENETHA JULION,
PHD, MPH, RN, FAAN**

Rush University

Dr. Julion is a Professor and Chairperson of the Department of Women, Children & Family Nursing at Rush University College of Nursing. She is responsible for overseeing the academic, research, clinical, and scholarly pursuits of her entire department. Over the past year, she has continued her intervention research with African American non-resident fathers and has received internal funding to conduct a study focused on fathers' health. Over the past year, she has co-authored four peer-reviewed publications. The community-based service learning Cultural Competency course she developed during her tenure as a Macy Scholar is now being expanded to include students in the College of Nursing and the College of Health Sciences.





**WENDY S. MADIGOSKY,
MD, MSPH**

University of Colorado

Dr. Madigosky is an Associate Professor in the Department of Family Medicine at the University of Colorado School of Medicine. She continues to serve as the Assistant Director for the Interprofessional Education (IPE) program and the Director of the Interprofessional Education and Development course for the Anschutz Medical Campus. Dr. Madigosky recently presented at the 12th Annual Telluride Patient Safety Roundtable, the Macy Train-the-Trainer (T3) Interprofessional Faculty Development Training Program, the 5th Biennial Jefferson Center for IPE Conference, the AAMC Annual Meeting, and the 28th IHI Annual National Forum on Quality Improvement. She was published in the IHI Open School Faculty Guide: Best Practices for Curriculum Integration, and Dr. Madigosky continues as PI for the "IPE Program to Support Patient Safety Research" from The Doctors Company Foundation. She received the 10th Annual Faculty Professionalism Award from the University of Colorado School of Medicine, and was featured in an exhibit about women in STEM at the Aurora History Museum.

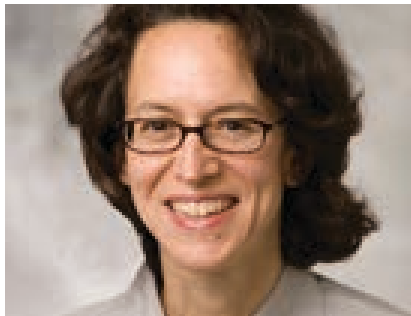


**SANDRIJN M. VAN SCHAIK,
MD, PHD**

University of California, San Francisco

Dr. van Schaik is an Associate Professor in Pediatrics at the University of California, San Francisco (UCSF), the Fellowship Director for Pediatric Critical Care Medicine at UCSF, and the Education Director for the UCSF Kanbar Center for Simulation and Clinical Skills. She is also the Director of Faculty Development for the new UCSF School of Medicine Bridges Curriculum, which represents a major curricular overhaul. In addition, Dr. van Schaik continues to pursue her research in interprofessional communication and teamwork. In the past year, she started a Simulation Fellowship at UCSF as well as an Educational Scholarship group for trainees and faculty in the Department of Pediatrics, which meets bimonthly to discuss works in progress. She continues to be an active member of the WGEA and of the Faculty Development group of the AMA Accelerating Change in Medical Education Consortium, and has partnered with the AAMC Teaching for Quality program. She is the founding chair of the University of California Simulation Consortium, which is a collaborative effort between five Simulation Centers to share resources and engage in collaborative scholarly work.

2011 FACULTY SCHOLAR CAREER UPDATES



Eve Colson

EVE R. COLSON, MD, MHPE
Yale University

Dr. Colson is a Professor of Pediatrics and the Section Chief for Education in the Department of Pediatrics at Yale. In addition, Dr. Colson is currently the Director of the Interprofessional Longitudinal Clinical Experience (ILCE). She and colleagues at the Yale School of Nursing and the Yale Physician Associate program developed and implemented a year-long program for all Yale first year healthcare professional students. The program is based on the belief that in order to improve patient care, healthcare professional students should learn with, from, and about each other. Each week more than 250 students go in interprofessional teams of four to work in clinical settings with interprofessional coaches. There they meet patients, practice their clinical skills and meet others playing key roles in the patient experience at their clinical site. Dr. Colson and her colleagues in the other programs have presented their work nationally, internationally and have a recent publication about the challenges they have faced and the solutions they have developed.

In addition to the ILCE, Dr. Colson has continued her work on infant mortality prevention through educational interventions to change infant caregiver behavior. Her



Alan Dow

work is especially focused on safe infant sleep and health disparities. She and her interdisciplinary research colleagues have worked closely with other healthcare professionals at hospitals around the country and used innovations in technology (mHealth) as part of the interventions. They have many publications connected to this work and presented this year at national and international meetings.

ALAN DOW, MD, MSHA
Virginia Commonwealth University

Dr. Dow continues to serve as the Director of the Center for Interprofessional Education and Collaborative Care at Virginia Commonwealth University under which they engage nearly 2000 learners in educational activities each year. Additionally, their ranks of involved faculty continue to grow with over ninety people involved as teachers. The Center for Interprofessional Education and Collaborative Care has become a true interprofessional community where collaboration enriches all of their lives. The Center now focuses on expanding their impact to the surrounding community.

In addition, Dr. Dow has published or has in press a dozen manuscripts or book chapters since the start of 2016, and has spoken in venues as



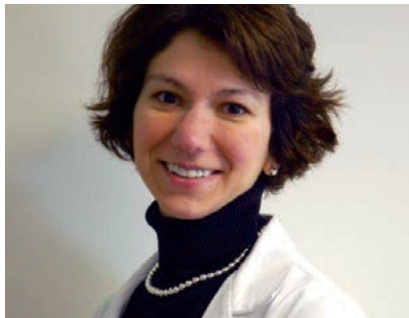
Dena H. Hassouneh

varied as Lebanon, Oxford, Seattle, and New Jersey. Currently, Dr. Dow and his colleagues are working to develop web-based education that can reach a broad and diverse audience with meaningful impact. Their first topic of emphasis is opiates. They aspire to help healthcare professionals better identify and support individuals with opiate use disorders and enhance safe prescribing practices through an interprofessional approach to this challenge.

DENA H. HASSOUNEH, PHD, ANP, PMHNP
Oregon Health & Science University

Dr. Hassouneh is a Professor at Oregon Health & Science University (OHSU) School of Nursing. The central focus of Dr. Hassouneh's career is education and health equity. Over the past year, Dr. Hassouneh has engaged in related work locally, nationally, and internationally. She recently received an Academic Research Enhancement Award from the National Institutes of Health (NIH). This project offers students hands-on experience conducting community-based participatory research in the Oregon disability community. In addition, Dr. Hassouneh published and presented findings from four additional research projects. Dr. Hassouneh's primary teaching appointment is in the





Jennifer S. Myers

School of Nursing’s PhD program. She is a passionate mentor to diverse students as well as junior scholars both within and outside OHSU. Over the past year service activities included serving as the OHSU School of Nursing Appointment, Promotion, and Tenure Committee Chair; Interim Director of the Disability Awareness Resource Team, a Victims of Crime Act funded organization; a member of the American Academy of Nursing’s Expert Panel on Cultural Competence & Health Equity; and as a reviewer on a Special Emphasis Panel for the NIH. Dr. Hassouneh also offered curricular consultation to Birzeit University Faculty of Nursing to inform development of the institution’s first master’s in nursing program.

JENNIFER S. MYERS,
MD, FHM, FACP
University of Pennsylvania

Dr. Myers is an Associate Professor of Clinical Medicine, Director of Quality and Safety Education in the Department of Medicine, and the Director of the Center for Healthcare Improvement and Patient Safety at the Perelman School of Medicine, University of Pennsylvania. In the past year, she was first author on a publication in the Journal of Graduate Medical Education describing the national emergence of new bridging leadership roles



Roberta Waite

in quality improvement and patient safety in graduate medical education. Dr. Myers was one of the first individuals to design and work in such a role nationally. In 2016, she was appointed Chair of the American Association of Medical Colleges (AAMC) Integrating Quality Steering Committee, which organizes the only national meeting focused on the intersection between quality in teaching hospitals and medical education. She continues to co-chair the National Board of Medical Examiners Patient Safety Test Materials Development Committee and directs the “Quality & Safety Educators Academy,” which is a national faculty development program now in its sixth year and has trained over 500 faculty members from around the country.

ROBERTA WAITE, EDD,
PMHCNS-BC, FAAN, ANEF

Drexel University

Dr. Waite is a tenured Professor in the Doctoral Nursing Department and a Professor in the Health Systems and Science Research Department at Drexel University, College of Nursing and Health Professions. Dr. Waite also serves as the Assistant Dean of Academic Integration and Evaluation of Community Programs at the Stephen and Sandra Sheller Eleventh Street Family Health

Services of Drexel University. Over the past year, Dr. Waite has served as Interim Associative Dean of Community Programs. She has published four book chapters, two peer-reviewed manuscripts, and has produced several invited articles and presentations. She was invited to serve as (1) a grant reviewer for Health Resources and Services Administration, Centers of Excellence; (2) a member of the ACEs Connection Network Advisory Board; (3) a member of the Mental Health Technical Expert Panel, Physician Consortium for Performance Improvement; (4) a member of the recruitment committee for the Board of Directors for the American Professional Society of ADHD and Related Disorders; and (4) she was nominated to the executive and governance committee of Corporate Board of Directors, Trinity Health.





LUNCHEON SPEAKER: AFAF I. MELEIS

AFAF I. MELEIS, PHD, DRPS(HON), FAAN

University of Pennsylvania

Dr. Meleis is a Professor of Nursing and Sociology at the University of Pennsylvania, where she was the Margaret Bond Simon Dean of Nursing and Director of the School's WHO Collaborating Center for Nursing and Midwifery (2002-2014). This followed her 34 year tenure as a Professor at the University of California, San Francisco. Her scholarship focusses on global health, women's health, culturally-competent practice, interprofessional education, and the epistemological analysis of the nursing discipline. Much of her work is dedicated to uncovering the voices of vulnerable women and to developing Transitions Theory, which is used globally and translated into policy, research and evidence-based practice.

Her leadership and policy influence endures as she actively participates in many boards, including her roles as a board trustee of Aga Khan University, The Buck Institute for Research on Aging and the Academy of Women's Health. Additionally, she is a NIH advisory committee member of the Office of Research on Women's Health, a member of the National Academy of Medicine where she co-chaired its Global Forum on Innovation in Health Professional Education (2011-2014) and a National Advisory Committee member of The Josiah Macy Jr. Foundation's Faculty Scholars program. She is a member of the International Council on Women's Health Issues, where in her role as President and Counsel General (2000-2014) she inspired scholarship in women's health and facilitated partnerships between world leaders to improve the lives of women. She was also a board trustee of CARE USA (2004-2013) and the Consortium of Universities for Global Health (2011-2014), as well as a member of the George W. Bush Center Women's Initiative Policy Advisory Council (2011-2014).

Dr. Meleis influences scholarship and policy through her writings as well. She co-chaired the Harvard-Penn-Lancet Commission on Women and Health, the results of which were published in a full Lancet issue in the summer of 2015, and co-edited a book, *Women's Health and the World's Cities*, which examines the relationship between urbanization and women's health. Both the Lancet report and the urbanization book are just two examples of far-reaching research and writings that were widely disseminated through international networks, conferences and launches, which in turn inspired collaboration and change.











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