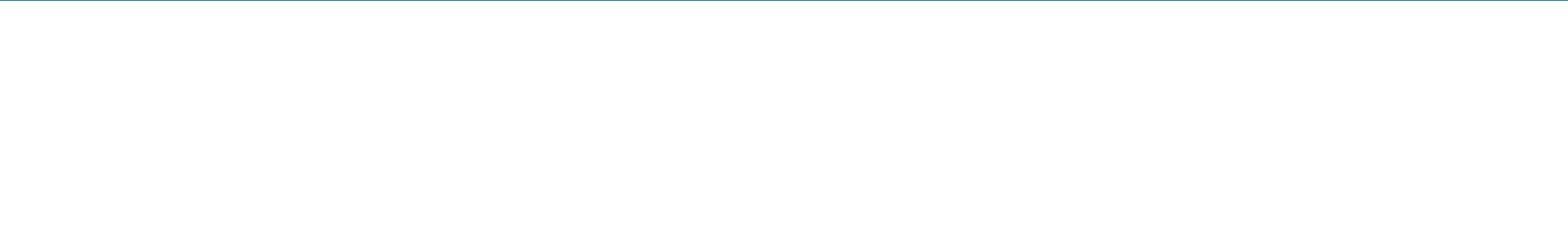
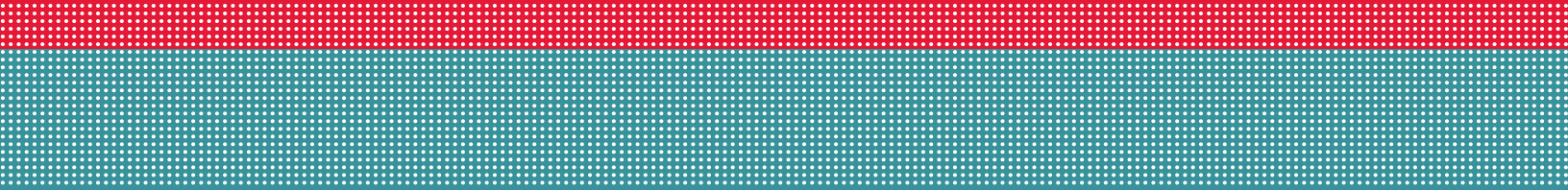




JOSIAH MACY JR. FOUNDATION  
FACULTY SCHOLARS PROGRAM  
ANNUAL MEETING

JUNE 20–21, 2018 | NEW YORK, NY





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## INTRODUCTION

**The Macy Faculty Scholars Program convened its seventh Annual Meeting in New York City on June 20 and 21, 2018. Innovation and collaboration characterized the conversations, presentations, and workshops, leading to energy and new ideas. These ideas ultimately focused on the common purpose of improving teaching, learning, and patient care.**

The 2017 class of Scholars kicked off the meeting with engaging reports and discussions around their Macy projects. After the conclusion of these presentations and a social lunch, National Advisory Committee (NAC) member David M. Irby and 2012 Scholar Sandrijn M. van Schaik led an interactive workshop on the learning environment, which was also the topic of a Macy Foundation conference held earlier this year. The focus on the learning environment will continue to be a priority over the next several years because of both the complexity of the issues and the opportunity for impact. Later that afternoon, the meeting attendees participated in smaller, topical workshops that alumni Scholars designed and co-led.

On the meeting's second day, the 2016 Scholars participated in small-group sessions to discuss their Macy projects and receive focused, in-depth feedback and advice from their fellow Scholars and mentors. The four topical workshops were then repeated to allow the meeting participants to attend two different sessions. Finally, to conclude the meeting, NAC member Christine A. Tanner interviewed departing President George E. Thibault over lunch. Dr. Thibault shared the story of his life and career in a heartfelt conversation with Dr. Tanner and the meeting attendees. Stories of his life as the son of a physician with whom he made house calls reminded all in the room of careers as journeys with a path that may not be clear at the outset, but may present wonderful surprises along the way. His years at Harvard Medical School, where he was a student, resident, faculty member, and institutional leader, were not only transformative but the perfect journey before joining the Macy Foundation as President. The journey of the last decade was much in evidence to all in the room.

As the torch was passed from George Thibault to me, I am filled with gratitude for all that George built over the past decade, including the Macy Faculty Scholars Program. This meeting celebrated his idea which grew into the program we have today and the meeting we enjoyed together and recorded in the pages that follow. All present commented on their gratitude for the past and their excitement for new beginnings.

**Holly J. Humphrey, MD, MACP**  
President





# AGENDA

## JUNE 20, 2018

### BREAKFAST

#### WELCOMING REMARKS

George E. Thibault, MD – President

#### ASHLEY DARCY-MAHONEY, PHD, NNP, FAAN

Presentation and discussion

#### MAJA DJUKIC, PHD, RN

Presentation and discussion

#### JED GONZALO, MD, MSC

Presentation and discussion

Break

#### JENNIFER KESSELHEIM, MD, MED

Presentation and discussion

#### JEANETTE M. TETRAULT, MD, FACP, FASAM

Presentation and discussion

### LUNCH

#### WORKSHOP ON THE LEARNING ENVIRONMENT

Presentation, interactive exercise, and discussion  
Led by David M. Irby, PhD and  
Sandrijn M. van Schaik, MD, PhD

Break

#### BREAKOUT SESSION #1

##### SUCCESSFUL NEGOTIATION AND CONFLICT RESOLUTION: CONCEPTS, CHALLENGES, AND STRATEGIES

Led by Deepthiman Gowda, MD, MPH and  
Memoona Hasnain, MD, MHPE, PhD

##### INSTITUTIONALIZING INTERPROFESSIONAL EDUCATION AND COLLABORATIVE PRACTICE

Led by Lauren Collins, MD and Laura Hanyok, MD

### GRANTSMANSHIP

Led by Douglas Larsen, MD, MEd and  
Meg Zomorodi, PhD, RN, CNL

#### EDUCATIONAL PRACTICES TO REDUCE PROVIDER BIAS

Led by Kenya Beard, EdD, AGACNP-BC, NP-C, CNE, ANEF, FAAN  
and Lisa Day, PhD, RN, CNE

#### RECEPTION & DINNER AT PRESIDENT'S RESIDENCE

Scholars, mentors, National Advisory Committee,  
Macy Board members, and Macy staff

## June 21, 2018

### BREAKFAST

#### 2016 MACY FACULTY SCHOLARS' SESSIONS

DorAnne Donesky, PhD, ANP-BC, ACHPN, ATSF  
Cristina M. Gonzalez, MD, MEd  
Temple Ratcliffe, MD, FACP  
Tyler Reimschisel, MD, MHPE  
Jing Wang, PhD, MPH, RN, FAAN

#### BREAKOUT SESSION #2

##### SUCCESSFUL NEGOTIATION AND CONFLICT RESOLUTION: CONCEPTS, CHALLENGES, AND STRATEGIES

Led by Deepthiman Gowda, MD, MPH and  
Memoona Hasnain, MD, MHPE, PhD

##### INSTITUTIONALIZING INTERPROFESSIONAL EDUCATION AND COLLABORATIVE PRACTICE

Led by Lauren Collins, MD and Laura Hanyok, MD

### GRANTSMANSHIP

Led by Douglas Larsen, MD, MEd and  
Meg Zomorodi, PhD, RN, CNL

#### EDUCATIONAL PRACTICES TO REDUCE PROVIDER BIAS

Led by Kenya Beard, EdD, AGACNP-BC, NP-C, CNE, ANEF, FAAN  
and Lisa Day, PhD, RN, CNE

Break



**BREAKOUT PLENARY**

Combined report of breakout group sessions

**LUNCHEON**

Conversation with George E. Thibault, MD and Christine A. Tanner, RN, PhD, FAAN

**CLOSING REMARKS**

George E. Thibault, MD – President

**2018 ANNUAL MEETING PLANNING COMMITTEE**

- Kenya Beard, EdD, AGACNP-BC, NP-C, CNE, ANEF, FAAN
- Lauren Collins, MD
- Lisa Day, PhD, RN, CNE
- Deepthiman Gowda, MD, MPH
- Laura Hanyok, MD
- Memoona Hasnain, MD, MHPE, PhD
- Douglas Larsen, MD, MED
- Meg Zomorodi, PhD, RN, CNL

## MACY FACULTY SCHOLARS FAMILY



2017 Macy Faculty Scholars and Mentors (left to right): Edward M. Hundert, Jennifer Kesselheim, Angela M. McNelis, Ashley Darcy-Mahoney, Maja Djukic, Judith Haber, Paul Haidet, Jed Gonzalo, Jeanette M. Tetrault, Eve R. Colson. Not pictured: David A. Fiellin

### 2017 SCHOLARS

Ashley Darcy-Mahoney,  
PhD, NNP, FAAN  
Maja Djukic, PhD, RN  
Jed Gonzalo, MD, MSc  
Jennifer Kesselheim, MD, MEd  
Jeanette M. Tetrault,  
MD, FACP, FASAM

### 2016 SCHOLARS

DorAnne Donesky, PhD,  
ANP-BC, ACHPN, ATSF  
Cristina M. Gonzalez, MD, MEd  
Temple Ratcliffe, MD, FACP  
Tyler Reimschisel, MD, MHPE  
Jing Wang, PhD, MPH, RN, FAAN

### 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

### 2017 MENTORS

Angela M. McNelis,  
PhD, RN, FAAN, ANEF, CNE  
Judith Haber,  
PhD, APRN, BC, FAAN  
Paul Haidet, MD, MPH  
Edward M. Hundert, MD  
David A. Fiellin, MD

### 2015 SCHOLARS

Lauren Collins, MD  
Cheryl Woods Giscombé,  
PhD, RN, PMHNP-BC, FAAN  
Depthiman Gowda, MD, MPH  
Lisa Kitko, RN, PhD, FAHA, FAAN  
Bridget O'Brien, PhD

### 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







2017 Scholars, Mentors and National Advisory Committee

### 2012 SCHOLARS

Kenya V. Beard, EdD, AGACNP-BC,  
NP-C, CNE, ANEF, FAAN  
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  
Holly J. Humphrey, MD, MACP  
Incoming President  
Stephen C. Schoenbaum, MD, MPH  
Peter Goodwin, MBA  
Yasmine R. Legendre, MPA  
Heather Snijdewind

### LUNCHEON SPEAKER

George E. Thibault, MD  
President







**ASHLEY DARCY-MAHONEY,  
PHD, NNP, FAAN**

George Washington University

Dr. Darcy-Mahoney is a neonatal nurse practitioner and researcher who has worked throughout her career to advance nursing research, education, and practice, with a focus on neonatology, infant health, and developmental pediatrics. Her research has led to the creation of programs that improve health and developmental outcomes for at-risk and preterm infants. As the director of infant research at George Washington University's Autism and Neurodevelopmental Disorders Institute, Dr. Darcy-Mahoney advances the body of research in infant health and developmental outcomes in high-risk infants with a focus on understanding the early brain and development trajectories in this population. She is a fellow of the American Academy of Nurses, is a Robert Wood Johnson Foundation Nurse Faculty Scholar Alumna, and has recently been named a Modern Healthcare Rising Star in Nursing.



**MAJA DJUKIC, PHD, RN**

New York University

Dr. Djukic is an Assistant Professor at the New York University Rory Meyers College of Nursing, where she teaches quality improvement. She is dedicated to educating health professionals in quality and safety competencies essential for high value care. To date she has used innovative educational technologies such as virtual patients and simulation to build interprofessional teamwork competencies for nursing and medical students. She has a dynamic program of research in nursing workforce determinants of healthcare quality, leading national research efforts to assess nurse quality and safety educational preparedness to inform educational gaps and solutions in this area. As a Macy Faculty Scholar, Dr. Djukic will develop the Integrating Management of Patient Panels Across the Curriculum with Technology (IMPPACT) project. The aim of the IMPPACT project is to prepare pre-licensure nursing students for enhanced roles in primary care by building their panel management competencies using a virtual patient practice model.





### **JED GONZALO, MD, MSC**

Penn State University

Dr. Gonzalo is an Associate Professor of Medicine and Public Health Sciences and Associate Dean for Health Systems Education at Penn State College of Medicine. Dr. Gonzalo received his MD degree from Penn State College of Medicine, completed his internal medicine residency/chief residency at the Beth Israel Deaconess Hospital/Harvard Medical School, and fellowship in General Internal Medicine/Medical Education at the University of Pittsburgh. As Penn State's Associate Dean for Health Systems Education, his work focuses on: 1) exploring the relationship between education and practice in systems of care, and 2) leading the emerging field of Health Systems Science education. Dr. Gonzalo has led the implementation of 12 programs related to Health Systems Education. He has a well-established track record for scholarship, including 44 peer-reviewed manuscripts, and is lead author/co-editor of a textbook entitled *Health Systems Science*. He is funded externally on several grants, including a \$1 million AMA grant to accelerate change in medical education (co-PI), \$3 million HRSA grant to transform primary care education (co-PI), and Josiah Macy Jr. Foundation Macy Faculty Scholar Award (2017-19).



### **JENNIFER KESSELHEIM, MD, MED**

Harvard University

Dr. Kesselheim blends her clinical practice in pediatric oncology with leadership and scholarship in medical education. Since 2013, she has directed the Master of Medical Sciences (MMSc) in Medical Education at Harvard Medical School. She also serves in various medical education leadership roles across the continuum of learners from students to faculty, including as co-director of the fellowship in pediatric hematology-oncology at Boston Children's Hospital and Dana-Farber Cancer Institute. These leadership experiences have inspired numerous scholarly pursuits focused on ethics training, humanism education, entrustable professional activities, social media in medical education, and the balance of service and education. With support from the Macy Faculty Scholars Program, and with mentorship from Drs. Ed Hundert and David Irby, she has developed an intervention to integrate interprofessional education into the required pediatrics clerkship at Harvard Medical School. The intervention includes four new curricular elements, including formal introduction to interprofessional collaboration, daily participation in interprofessional practice, reflection on the interprofessional team, and an interprofessional simulation experience.



### **JEANETTE M. TETRAULT, MD, FACP, FASAM**

Yale University

Dr. Tetrault is an Associate Professor of Medicine in the Section of General Internal Medicine at Yale School of Medicine. She is the founding Program Director for Yale's Addiction Medicine Fellowship. She is a primary care physician and addiction medicine specialist at the APT Foundation, where she provides primary care services, chronic disease management, and addiction specialty care. She co-directs the Addiction Recovery Clinic, a specialty clinic embedded within the residency continuity practice, which serves a dual clinical and educational mission. She is on the Board of Directors of the Addiction Medicine Foundation and the Addiction Medicine Fellowship Director's Association. She is co-chair of the Society of General Internal Medicine's (SGIM) Alcohol, Tobacco and Other Drug Use Interest Group, and past president for the New England Region of SGIM. Dr. Tetrault has published widely in the field of addiction medicine, including epidemiologic investigation, investigation of unique delivery care models, examination of safety of addiction pharmacotherapies, and addiction medicine curriculum design, evaluation, and dissemination.



Ashley Darcy-Mahoney,  
George E. Thibault, and  
Angela M. McNelis

### **ASHLEY DARCY-MAHONEY, PHD, NNP, FAAN**

George Washington University

#### **INTEGRATING PEDIATRIC SOCIAL DETERMINANTS OF HEALTH IN MEDICAL AND NURSING EDUCATION**

##### **BACKGROUND**

There is growing recognition that a range of social, economic, and environmental factors shape individuals' opportunities and barriers to engage in healthy behaviors. Poverty and related social determinants of health (SDH) have a vital link with early brain and child development. This connection with poverty can lead to adverse health outcomes in childhood and across the life course, negatively affecting physical health, socioemotional development, and educational achievement. Poverty has a profound effect on specific circumstances, such as birth weight, infant mortality, language development, environmental exposure, nutrition, and injury. Because pediatricians, pediatric nurses, and nurse practitioners work to prevent childhood diseases during health supervision visits and with anticipatory guidance, the early detection and management of socioeconomic barriers is an important, emerging component of pediatric scope of practice. With improved understanding of the root causes and distal effects of pediatric adversity, pediatric providers can apply interventions in practice to help address the toxic effects of poverty on children and families.

##### **PURPOSE/AIMS**

The overarching purpose of this program is to develop, implement, and build an educational program that teaches medical and nursing students to identify and address the social determinants of pediatric health and equity through multidisciplinary learning, service, and experiential learning. The curriculum will address the needs of the children by educating future pediatric clinicians in understanding the drivers of inequity and equipping them with the knowledge, skills, and courage to build more equitable health systems and organizations.

The pediatric equity curriculum is conceived as an interprofessional curriculum to help students recognize diverse social factors influencing health in children and identify potential roles that pediatric health professionals enact to improve social conditions through multidisciplinary action. This program will blend in-person and online learning to build comprehensive knowledge of the converging, multidisciplinary science of human development.

##### **THE GOALS ARE TO:**

1. develop a collaborative, interdisciplinary course focused on improving the health and well-being of this vulnerable pediatric population;
2. educate health professions students about SDH; and
3. promote a longitudinal commitment to community health among participating health professional students.



## CURRICULUM DEVELOPMENT AND DISSEMINATION

The need for professional nurses to engage in community assessment, health promotion, and interdisciplinary efforts to improve health has never been greater. Professional nurses are central to promoting health and they require an educational focus that differs significantly from the illness-focused acute care skills traditionally taught in baccalaureate nursing programs. We are working toward the creation of a novel longitudinal curricular thread that teaches nursing students to identify and address the social determinants of pediatric health and equity to build clinical reasoning and judgment to improve social conditions through multidisciplinary action. A course has been created and several lectures have been offered across various courses in the undergraduate BSN curriculum.

In partnership with the Children's Healthcare Advocacy Institute, we will incorporate a new Trainee Education in Advocacy and Community Health (TEACH) program designed to transform the way medical students and residents learn primary care pediatrics. Once complete, this curriculum will also be evaluated and used in the BSN and graduate level MSN/DNP curriculum at the George Washington University School of Nursing. The educational approach is based on deliberate practice, feedback, and reflection that would enable pediatric providers to develop the appropriate knowledge and skills to provide the full spectrum of culturally appropriate primary care to children in poverty, including screenings, anticipatory guidance, conferring with all members of the medical home, and referrals to community and legal resources. This program will also develop a Pediatric Expertise Training System (PETS) within the online learning management portal to facilitate real-world-scenario training for learners at all levels.

The content will build upon the recently proposed comprehensive National Child Poverty Curriculum (NCPC) developed by the Academic Pediatrics Association Childhood Poverty Task Force. Promotion of optimal child development is essential for the health and well-being of children.

## OUTCOMES TO DATE

- Curriculum committee has approved newest graduate level course entitled Pediatric Adversity, with the first offering being in Summer 2018

- Solidified partnership with National League for Nursing to place this content as a toolkit on the Advancing Care Excellence Program
- Partnership with Children's National Medical Center Advocacy Institute

## NEXT STEPS

We are expanding our educational efforts to more formally include other professions and expand to pediatric residency programs. This summer, a second year medical student will join our team and work with this content to see where it can align with the LCGME competencies. Additionally, we will complete a toolkit this summer on teaching nursing care of vulnerable children as a part of the NLN's latest Advancing Care Excellence (ACE) program, now in development, ACE.P (Pediatrics). An initiative of the ACE.P will address what has been identified as a critical gap in preparing the next generation of nurses — meeting the growing demand for quality care of children at greatest risk, living in circumstances beset by poverty, neglect, and abuse.

## EVALUATION

To understand the learners' perspectives, we have conducted surveys and semi-structured interviews and will compare the data from before content is delivered to students to after students have engaged in curriculum. Among Pediatric residents surveyed by Dr. Lanre Falusi, 39% felt well-prepared to address SDH, all agreed it is important to screen patients routinely for financial or social hardship, and most cited a lack of knowledge of resources (84.6%) and lack of training (76.6%) as barriers. Nursing student data is forthcoming.

## PROJECT PARTNERS/ACKNOWLEDGEMENTS

This interprofessional work would not be possible without an interprofessional team. Together with Lanre Falusi, MD and Fitz Mullan, MD, 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: Afaf Meleis, PhD, RN, FAAN; Angie McNelis, PhD, RN, FAAN; and Pam Jeffries, PhD, RN, FAAN for their insights and guidance.



Maja Djukic,  
George E. Thibault, and  
Judith Haber

### **MAJA DJUKIC, PHD, RN**

New York University

### **INTEGRATING MANAGEMENT OF PATIENT PANELS ACROSS THE CURRICULUM WITH TECHNOLOGY (IMPPACT) PROJECT TO PREPARE RN STUDENTS FOR ENHANCED ROLES IN PRIMARY CARE**

#### **BACKGROUND**

Successful transformation of the primary care system in the United States hinges on a workforce ready for a new way of care delivery, focused on interprofessional health care teams managing the health of a population, not just the illness of one patient. Registered nurses (RNs) are ideal team members to help transform and expand primary care capacity and access. To optimize the potential contribution of RNs as vital members of the team, there is a pressing need to enhance preparation of pre-licensure nursing students for enhanced roles in primary care. Specifically, faculty are called upon to broaden and deepen the primary care focus in the curriculum by introducing topics such as population health and risk stratification.

#### **PROJECT DESCRIPTION**

To answer this call we proposed the Integrating **M**anagement of **P**atient **P**anels **A**cross the **C**urriculum with **T**echnology (IMPPACT) project to develop panel management (PM) competencies in pre-licensure nursing students with technology-mediated education. PM is a foundational building block of high-performing primary care practice. RN value-added PM key competencies include: 1) interpreting patient population panel reports, 2) risk stratifying a patient panel, 3) identifying population care gaps, and 4) selecting and implementing appropriate standardized evidence-based interventions to close care gaps.

The purpose of the IMPPACT project is to tailor existing evidence-based resources and virtual patient panels to develop, implement, and evaluate four online self-directed, interactive learning modules, integrated into existing nursing courses. Also, a faculty development workshop and a debriefing tool will be developed to support faculty in facilitating student learning of the didactic content in clinical practice. A website will be created to share the project products and resources.

#### **EVALUATION**

We will assess impact by the number of students who complete the modules, the number of students and faculty who report using the debriefing tool, the number of faculty who attend the faculty workshop, and the website traffic metrics. We will also assess impact of the project with the changes in four learner outcomes: knowledge of PM, attitudes toward PM, PM self-efficacy, and intent to practice in primary care. The outcomes will be measured with adapted, published instruments. Data will be collected electronically via NYU Classes platform, before and after exposure to the IMPPACT project products, in a cohort of senior students in the Fall of 2018. Ultimately, the goal is to test the local innovation impact, regionally and nationally, by disseminating IMPPACT project products through national education networks.



## PROGRESS AND OUTCOMES TO DATE

Since September of 2017, collaborating with my mentor, Professor Judith Haber, I have completed an extensive literature review on panel and population health management to inform development of the IMPPACT products. I have conducted interviews with 15 practice and academic stakeholders to further inform the development of the IMPPACT products to address salient issues from both practice and academic perspectives. In this process, I have developed important partnerships with both external collaborators from NYU Health System and internally with faculty from the Community Course where the IMPPACT products will be integrated to facilitate successful implementation of the IMPPACT project. Based on the review of the literature and feedback from key stakeholders, I created four interactive, web-based learning PM modules. In collaboration with NYU Meyers faculty, a creative curriculum implementation solution was devised. Because IMPPACT modules use virtual practice panels to simulate PM experience, they will be implemented as a three-hour simulation clinical (four 45-minute modules) for the Community Health Nursing course. Lastly, I wrote a blog published by the Josiah Macy Jr. Foundation titled "Registered Nurses as Virtual Population Health Managers: Increasing Primary Care Capacity and Value."

## LESSONS LEARNED

Based on the stakeholder interviews with our practice partner, NYU Langone Health, I had a major shift in thinking about educating RNs for expanded roles in primary care. I realized that RNs don't have to be physically co-located with primary care providers in order to offer population health and care coordination services. In fact, at NYU Langone Health, which is a clinically integrated network, the care coordination and population health service is centrally located and staffed by registered nurses who offer the service using tele-health tools. Therefore, I integrated the content on the role of registered nurses in integrated delivery systems and virtual population health management using tele-health tools in the IMPPACT project curriculum.

## NEXT STEPS

In the short term the next steps include piloting modules with 10 students and faculty collaborators, obtaining IRB approval for collecting evaluation data, and developing a project website as a centralized resource for disseminating our educational products. Implementation of the modules to about 200 students in the Community Health Nursing course is planned for the Fall, along with development and implementation of a faculty development workshop and the debriefing tool. In the long term, the development of a population health management and care coordination elective for undergraduate students and a residency program for new nurses has been discussed. Both the elective and the residency programs would build on the IMPPACT project. The programs will emphasize use of tele-health technologies for virtual care coordination and population health management delivery.



Paul Haidet,  
George E. Thibault,  
and Jed Gonzalo

### JED GONZALO, MD, MSC

Penn State University

#### DEVELOPING AN INTERPROFESSIONAL CO-LEARNING HEALTH SYSTEMS SCIENCE ACADEMY TO PROMOTE EXCELLENCE IN CLINICAL LEARNING ENVIRONMENTS

##### BACKGROUND

Current trainees and providers were educated in an educational model that focused on clinical sciences within one's profession. As a result, faculty skills and knowledge in Health Systems Science (HSS) concepts, including interprofessional collaboration, care delivery, patient safety/quality, high-value care, population health, and social determinants of health, have not been well developed. Learners and current-day educators infrequently consider the broader health system context in decision-making and care planning. These providers, however, are the role models who directly impact behaviors and practice patterns of learners, outcomes resulting from care delivery, and the professional role identity developed by learners. Co-learner linkages in this project seek to optimize collaboration between the continuum of learners, spanning undergraduate, graduate, and continuing medical education. Our comprehensive lens of HSS competencies directly overlap with several Josiah Macy Jr. Foundation interest areas, including new content in health professional curricula and interprofessional education to promote teamwork and collaboration.

##### GOAL OF PROJECT

To create co-learner teams that include faculty (physicians, nurses, physician assistants, etc.), resident/fellow physicians, and students who will work collaboratively to acquire systems-based competencies and apply them to educational projects for use in local settings within our College of Medicine (including all health professions), and disseminate to a broader audience locally and nationally.

##### INNOVATIONS

We have created an Interprofessional HSS Academy by bringing together faculty (physicians, nurses, physician assistants), resident/fellow physicians, and upper-year health professions students who work with system and education leaders to learn HSS and develop HSS educational and health system improvement projects. Learners are provided dedicated time to participate in the nine-month Academy. Building on a physician-centric pilot of the Academy (2016-17), we have expanded the Academy first with a subset of interprofessional learners (2017-18), with further expansion to other disciplines (2018-19). The project includes three components:

1. HSS Curriculum – Using a strategic recruitment process seeking to align education and clinical learning environment needs, we are enrolling learners with the interest and support to make change. Interprofessional groups are learning HSS concepts in the nine-month curriculum, with engagement from local health system leaders/experts, i.e. an expanding “educator bench” in academic medicine. Operating principles include active learning and problem solving through concept-based and integrated vignettes of real-world healthcare challenges.
2. Team-Based Educational Projects – As a cornerstone of the Academy, learners are being educated about core education principles, curriculum development, and scholarship. The original plan was for Academy Scholar Teams to design educational projects that can be applied in local environments and medical

school curricula. Given logistical barriers, the projects have become: (1) a blend of team-based and individual scholar-initiated projects, and (2) a blend of HSS education and health system improvement projects. Participants receive individualized, longitudinal project mentoring by both Academy faculty and health system leaders.

3. Creation of a "Virtual HSS Academy" – Educational strategies and materials (e.g. videos, small-group exercises, resources, and transferrable instructional methods) hopefully will be created in subsequent years of the Academy and disseminated in a "Virtual Academy." This will prove valuable for health professions schools, residency and faculty development programs who struggle with coordinating synchronous HSS educational sessions that often require a small educator pool, and accessing a compendium of HSS educational resources.

## OUTCOMES TO DATE

Since September 2017, our work has had the following achievements:

*Penn State College of Medicine HSS Academy:*

- Developed and implemented the first full year (beyond a pilot year) of a HSS Academy for interprofessional educators
- Included >50 "new" educators from across the health system
- Increase in number of total applicants from 14 (pilot), to 26 (Year 1), to 40 (Year 2), including an expansion of professions beyond faculty physicians (e.g. nurses, therapists, social workers, students, librarians, quality/patient safety staff, simulation center staff, chaplain)
- Academy projects completed or currently underway focus on HSS education (n=10) and health system improvement (n=22)
- Sought and secured a "Development Fund" from Penn State Health to help catalyze national HSS work
- Pilot of a Systems Thinking instrument using concept mapping

*National Level:*

- Formed a working group with the AMA to design subsequent HSS pedagogies on the national level
- Contributing as one of two "Subject Matter Experts" in the design of online education modules (with AMA)
- Co-leading the design of the first National HSS Academy ("pilot") for educators (September 2018, Chicago, IL)
- Co-editor of the First Edition of the Health Systems Science Review Book (Elsevier); first draft nearing completion (June 2018)
- Planning a National Meeting for medical students, residents, and faculty physicians to focus on "HSS Along the Continuum of Education" (August 3–4, 2018, Hershey, PA)
- Formation of a multi-school assessment team to develop HSS Clinical Vignettes for Assessment

## NEXT STEPS

The next steps in this work will advance all ongoing work toward completion, identify strategic areas for accelerating change in HSS and interprofessional education, and leverage multiple stakeholders on the national level to advance the proposed work. Specifically, subsequent work will seek to improve education for the new educators within the Academy, further expand the interprofessional representation and teaching with the Academy, and further address cultural challenges in HSS education on the local and national levels.

## ACKNOWLEDGEMENTS

I would sincerely like to thank the education community and health system leadership at the Penn State College of Medicine/Penn State Health and the Josiah Macy Jr. Foundation (including mentor Dr. Kelley Skeff) for their support of this work. Drs. Paul Haidet, Dan Wolpaw, Terry Wolpaw, and Britta Thompson are unwavering co-pilots and provide critical and honest feedback and open space for dialogue about envisioning "ideal state." The operational logistics of this work occur because of Ms. Lynne Peterson, Barb Blatt, and Deanna Graaf, all working within the Health Systems Office — I am grateful for their dedication, passion, and teamwork.



Edward M. Hundert,  
George E. Thibault,  
and Jennifer Kesselheim

### JENNIFER KESSELHEIM, MD, MED

Harvard University

#### INTEGRATING INTERPROFESSIONAL EDUCATION INTO THE PEDIATRICS CORE CLERKSHIP AT HARVARD MEDICAL SCHOOL

##### INTRODUCTION

Harvard Medical School (HMS) has committed to interprofessional education (IPE) as part of its Pathways curriculum reform, acknowledging the importance of IPE for medical student training. In the early phases of the new curriculum, medical students learn about members of the interprofessional team through panel discussions and explore interprofessional collaboration through simulation activities offered in partnership with the Institute for Health Professions. Moreover, the system of assessment at the medical school has integrated the framework of Entrustable Professional Activities (EPAs) as outlined by the AAMC, such that the clinical assessment of all students continually includes EPA 9 “Collaborate as a Member of an Interprofessional Team.” However, extension of interprofessional learning opportunities into the clinical portions of the curriculum has proved more challenging.

In looking for required parts of the clinical curriculum in which to embed IPE content and assessments, the core pediatrics clerkship emerged as one ideal place. Like most care, pediatric care is delivered through an extensive interprofessional team as myriad health professionals are needed to attend to a child’s physical, emotional, and developmental needs, as well as to support the health, safety, and stability of the patient’s family. This project comprehensively integrates IPE into the required pediatric core clerkship at HMS and measures outcomes from this curricular change.

##### SPECIFIC AIMS

1. The clerkship will include four new required curricular elements including:
  - Formal introduction to interprofessional collaboration and members of the pediatric interprofessional team
  - Daily, active participation in interprofessional practice
  - Reflection about the effectiveness of the interprofessional team
  - A simulation experience to practice skills needed for interprofessional competency
2. Medical students’ assessments will be expanded to include two scales measuring interprofessional competencies.
3. Implementation of two new assessment instruments will allow data analysis to:
  - Describe students’ score distribution
  - Measure correlations between instruments
  - Identify predictors of high performance and track changes in performance over time
  - Assess outcomes of the interventions (Aim 1–2)

##### PROGRESS TO DATE

##### LEARNING ENVIRONMENT

The project has ongoing and unwavering support from medical school leadership including Dr. Ed Hundert, Dean for Medical Education, who serves as the primary mentor. In addition, the project has been well received by leaders of the Pediatrics Clerkship at all three sites: Boston Children’s Hospital, Cambridge Hospital, and Massachusetts General Hospital. Ensuring participation at all sites was important for project success and to remain

responsive to LCME standards around comparability. Moreover, the aims of the project have also resonated with leaders in the simulation center at Boston Children’s and leadership in the Office of Education Quality Improvement at the medical school, which oversees student assessment on the clerkship. This substantial “buy-in” has allowed the project to make steady progress in its initial 10 months and send a message to students that interprofessional education is an institutional priority.

### CASE-BASED CONFERENCE

At the start of each six-week clerkship, I lead a one-hour session about effective interprofessional teamwork attended by medical students and, when possible, trainees in nursing, pharmacy, social work, and nutrition. The session begins with videos in which various health professionals describe characteristics that optimize interprofessional collaboration as well as team dynamics that are ineffective or disruptive. Following this, we explore a three-part case vignette focused on a pediatric patient who is being discharged from the general pediatrics inpatient unit. Engagement with the case leads to understanding of how team dysfunction has consequences for patients and families. Feedback about the session is collected at all sites (Table).

Students’ responses to feedback form about the case-based session at start of clerkship.	Block 1-5 mean ratings (n=127)
1=Strongly disagree/disagree; 2=Neutral; 3= Strongly agree/agree	
Sessions of this type are valuable parts of the overall curriculum	<b>2.83</b>
This session helped me to reflect on my role on the interprofessional team	<b>2.81</b>
I feel this session helped me to understand the role of other health professionals on the team	<b>2.69</b>
Sessions of this kind can enhance communication among the members of the interprofessional team	<b>2.78</b>
Sessions of this kind can enhance professionalism among members of the interprofessional team	<b>2.85</b>
I feel this case vignette was useful to our group discussion	<b>2.82</b>
I am looking forward to engaging in more sessions of this type	<b>2.6</b>

### REFLECTION

Through myriad opportunities for interprofessional collaboration, such as discharge huddles, daily rounds, and multidisciplinary case conferences, students reflect on whether the reality of daily practice embodies the ideal

qualities of interprofessional collaboration they discussed at the clerkship start.

- Students engage in reflective writing in an online journal
- Students summarize in writing two interviews they conduct with non-MD health professionals with whom they have shared patients

### SIMULATION

In the fourth week of the clerkship, students from all sites engage in an afternoon of simulation, including a newly designed one-hour station about conflict resolution on the interprofessional team. One student engages in a simulated discussion with a nurse about a shared patient and a disagreement emerges in their conversation. The student must resolve the conflict while peers observe using a structured checklist. Although the simulation has only run twice so far, and refinements are underway, the new station has been very well received. The majority of students felt the simulation scenario was realistic, perceived improved knowledge of effective conflict resolution techniques, and felt more confident that they could effectively apply conflict resolution techniques in an interprofessional scenario.

As a result of the simulation, medical students report future intentions to elicit other points of view to resolve a conflict, compromise, ask clarifying questions, and plan for contingencies.

### ASSESSMENT

In week 1 and again in week 6 of the clerkship, students complete the IPEC self-assessment of interprofessional competencies. Interim data analysis will focus on change scores of this instrument as well as students’ performance on EPA 9 related to interprofessional teamwork.

### NEXT STEPS

Ongoing exploration of outcome measurement will be a future focus as I build a scholarly component, beyond simply measuring satisfaction with the experience, into the simulation. In addition, I intend to examine assessment data regarding interprofessional teamwork, as measured by entrustable professional activity #9, to understand better its variability between students and its evolution as an individual student moves through training. Another future consideration is whether students could be assigned study IDs so that we could track outcomes longitudinally. Lastly, I aim to identify opportunities to translate progress made in the Pediatrics clerkship into other required clerkship experiences. I will be looking to create synergy with other curricular priorities, such as addiction, patient safety, and end of life care, in which interprofessional practice is paramount.



Eve R. Colson,  
George E. Thibault, and  
Jeanette M. Tetrault

### JEANETTE M. TETRAULT, MD, FACP, FASAM

Yale University

#### BRIDGING THE GAP: DEVELOPMENT OF AN INTERPROFESSIONAL, LONGITUDINAL, CLINICAL CURRICULUM IN SUBSTANCE USE AND ADDICTION

##### BACKGROUND AND PROJECT DESCRIPTION

Addiction has reached epidemic proportions in the U.S., yet the workforce prepared to care for patients with substance use and addiction is woefully inadequate. Of the 23 million Americans suffering from addiction, only 11% receive treatment, creating a substantial treatment gap. Similarly, an **education gap** exists whereby trainees are exposed to numerous patients with substance use and addiction when they are experiencing complications, with little exposure to patients doing well in addiction treatment. Additionally, dedicated curricular instruction on addiction topics is lacking. There have been calls to improve education for health professions students in order to arm students with the skills to identify patients with substance use, briefly treat if indicated, and/or refer more complex cases to specialty care. With our country facing an addiction epidemic, yet it remaining so highly stigmatized, it is imperative to develop comprehensive training programs which educate trainees to approach addiction like any other chronic disease, to address stigma, and to develop educational programs which reflect the way that substance use treatment is delivered to patients—namely in **teams of health professionals**.

##### PURPOSE


The purpose of this project is to design, implement, and evaluate an interprofessional (IP), longitudinal, clinical curriculum for Yale medical, APRN, and PA students, where trainees will apply the chronic disease model approach to caring for patients with substance use and addiction.

##### PROJECT DETAILS

The platform for our curricular intervention is the Macy Foundation-supported IP Longitudinal Clinical Experience (ILCE) at Yale. The ILCE brings together health professional students who rotate in teams of four IP students in a single clinical site for the nine-month rotation. During the rotation, students practice clinical skills through patient encounters and simulation while learning with, from, and about each other. My project consists of two parts. The first part will be delivered to all 250 students enrolled in ILCE who will participate in a skills-based workshop session on taking a substance use and addiction history and developing an IP treatment plan. Through a team-based simulation exercise, students will practice these skills. We will compare skill development and patient outcomes among a pilot group of 16–20 IP students who are assigned to addiction-focused clinical sites compared to matched controls who are assigned to non-addiction focused clinical sites.

##### PROGRESS TO DATE

Using the framework of the Kern model of curriculum development, we have completed a **needs assessment** of learners and performed extensive curriculum mapping, after engaging key stakeholders in each of the health professions schools. We identified areas where addiction content is currently delivered and made recommendations for enhancing



existing or implementing additional content. We developed specific **learning goals** for early IP learners to include taking a substance use history and developing the components of an IP treatment plan. These learning goals were then used to create overall **goals and objectives** for the curriculum and a logic model was crafted as a scaffolding for program planning and evaluation. The **educational strategies** to be used for the curriculum have been developed and include a large group workshop exercise, skills practice through team-based simulation, and experiential learning for students in the pilot program. We have developed and implemented two of the five clinical sites for the pilot program and recruited the remaining three clinical sites. In addition to clinician educator faculty, addiction medicine and addiction psychiatry fellows serve as near-peer educators at each of the sites and train-the-trainer sessions are currently being conducted. We are finalizing our **evaluation** tools and creating a toolkit for the curriculum to be disseminated to other institutions.

## EVALUATION

Our curriculum is designed to evaluate *learners* at each of the four levels within the Kirkpatrick evaluation model. Students will keep an educational portfolio which will allow for **reflection** on the learning process. We will evaluate trainee **learning** and **performance** through direct supervision and simulation. Learners in the pilot longitudinal program will be assessed using an entrustable professional activity-based evaluation system which include domains specific to addiction and IP collaboration. Students in the pilot program will be compared with students in non-addiction focused clinical sites during simulation and patient care experiences in an effort to assess **results** integrated into practice. *Program* outcomes will be assessed with rotation evaluations and patient satisfaction surveys as well as following the career trajectory of learners. We will evaluate *dissemination* outcomes by tracking institutions that request the use of our toolkit.

## NEXT STEPS

Our curriculum will be fully implemented within the 2018–2019 academic year with robust evaluation to follow. We are currently developing an optional IP faculty development opportunity to be launched in the Fall of 2019 and a massive online open course to complement the material delivered to the IP students. We will continue to meet with curricular leads in each of the programs to develop addiction medicine curriculum threads, of which this Macy-funded project will serve as the foundation.

## ACKNOWLEDGEMENTS

I am truly grateful to the Macy Foundation for supporting my work and providing me with a family of health professions education experts, especially the other scholars in my cohort, Drs. Ashley Darcy-Mahoney, Maja Djuckic, Jed Gonzalo, and Jennifer Kesselheim. My mentors and collaborators from Yale, David Fiellin, MD; Patrick O'Connor, MD, MPH; Michael Green, MD; Janet Hafler, EdD; Eve Colson, MD, MHPE; Linda Honan, PhD, MSNCNS-BC, RN; and Elizabeth Roesslear, MMSc, PA-C, are constant sources of role-modeling, support, and guidance. I would also like to acknowledge my Macy Foundation mentor, Dr. Samuel Thier. I most grateful to our patients for taking us on their journeys, to the students for their infectious eagerness to learn and dedication to service, and to my family for putting up with me. Teaching trainees to care for patients with addiction is a distinct honor and I feel so grateful that I have the opportunity to make it my life's work.

## 2016 MACY FACULTY SCHOLAR PROJECT UPDATES

### **DORANNE DONESKY, PHD, ANP-BC, ACHPN, ATSF**

University of California, San Francisco

#### **INTERPROFESSIONAL CENTER FOR PALLIATIVE CARE EDUCATION**

##### **PROJECT GOAL**

Dr. Donesky's goal was to develop an interprofessional center for palliative care education for learners from pre-licensure through graduate and continuing education.

##### **MAJOR ACCOMPLISHMENTS**

Practice-PC was inaugurated in September 2017 with 36 learners representing medicine, nursing, social work, spiritual care, speech therapy, dental hygiene, and respiratory therapy. Thirty-three learners completed the course in June 2018. The continuing education curriculum was collaboratively developed by faculty leads representing medicine, nursing, social work, spiritual care, and pharmacy with input from focus groups of interprofessional learners who participated in UCSF palliative care academic coursework. Nine monthly day-long sessions included content defined by the National Consensus Project domains of palliative care with additional coursework on advanced communication, interprofessional practice, and resilience. The Practice-PC cohort for 2018–2019 is already full with 36 registrants representing all core palliative care professions.

California Health Care Foundation provided funding for six clinicians from rural Northern California to attend Practice-PC and cultivate their palliative care skills. As a result, Robert Wood Johnson Foundation selected our application to the Interdisciplinary Research Leaders program proposing palliative care development in rural Mendocino County, Northern California as a semi-finalist. If selected for funding, this project will provide opportunities for additional dissemination of Practice-PC to palliative care champions in under-resourced communities.

##### **PROFESSIONAL ACCOMPLISHMENTS**

Dr. Donesky was inducted as a fellow in the inaugural class of American Thoracic Society fellows (ATSF), in recognition of her accomplishments, dedication, and contributions to the American Thoracic Society as well as to the field of pulmonary care. She was appointed as a Professor of Clinical Nursing at UCSF and Director of Interprofessional Palliative Care Education in the School



of Nursing. She represents the School of Nursing and interprofessional education on a newly formed UCSF-wide steering committee for palliative care education. The goal of the steering committee is to build an infrastructure that supports and promotes palliative care education across the UCSF enterprise.

Dr. Donesky convened a group of interprofessional educators to present consensus standards for excellence in post-licensure interprofessional palliative care education during an invited session at the Annual Assembly for hospice and palliative care nurses and physicians. The standards were developed during a modified Delphi consensus process. Additional feedback provided during the session and one final Delphi round survey will be incorporated into the manuscript in preparation.

The Local Organizing Committee of the 2018 Thoracic Society of Australia and New Zealand (TSANZ) Annual Scientific Meeting invited Dr. Donesky to serve as keynote speaker for the Respiratory Nurses Symposium in Adelaide, Australia. Dr. Donesky shared her experiences with interprofessional education and practice in addition to her expertise with pulmonary-focused palliative care during three sessions of the conference.

##### **NEXT STEPS**

Dr. Donesky has been asked to create a palliative care clinical nurse specialist (CNS) program for the UCSF School of Nursing. She is planning to design this program in conjunction with the existing palliative care medical fellowship as an interprofessional opportunity allowing graduates to qualify for the Hospice and Palliative Credentialing Center examination for Advanced Certified Hospice and Palliative Nurse certification.





## **CRISTINA M. GONZALEZ, MD, MED**

Albert Einstein College of Medicine

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

#### **PURPOSE**

The goal of this project is to design and implement an undergraduate medical curriculum that focuses on the recognition and management of implicit (unconscious) bias in clinical encounters. The multi-faceted approach to the instructional design enables medical students to: 1) Increase knowledge and awareness of the existence of implicit bias within oneself and its potential contribution to health disparities, and 2) develop skills in recognition and management of implicit bias to mitigate its influence on clinical practice behaviors.

#### **MAJOR ACCOMPLISHMENTS**

Dr. Gonzalez and her team have developed one session within each of the first three years of the compulsory medical school curriculum. This curriculum increases student knowledge, awareness, reflective abilities, and strategy identification to recognize and manage their own implicit biases. An additional elective opportunity for pre-clinical students leads to skill development and practice in managing implicit bias during interpersonal communication. These students also practice strategies to safely discuss potentially biased behaviors witnessed

with faculty, residents, and peers. An elective for senior students is piloting exercises in clinical decision-making. Dr. Gonzalez has expanded her innovations into graduate medical education and faculty development programs. She designed and validated a novel attitude assessment instrument.

#### **PROFESSIONAL ACCOMPLISHMENTS**

Dr. Gonzalez has published in peer-reviewed journals and had numerous abstract presentations at Society for General Internal Medicine (SGIM) and Association of American Medical Colleges. She has been invited to speak nationally, including the National Board of Medical Examiners, the Association of Chiefs and Leaders in Internal Medicine, and the Robert Wood Johnson Foundation Clinical Scholars Program. She will be presenting a research paper at the Association for Medical Education in Europe's 2018 meeting and was recently appointed co-chair of the Health Equity Commission of SGIM.

#### **NEXT STEPS**

Dr. Gonzalez anticipates continuing to expand innovations to collaborate with other health professionals. Next steps include designing exercises related to clinical decision-making using standardized patients, high fidelity simulations, virtual patients, and virtual reality.



## TEMPLE RATCLIFFE, MD, FACP

University of Texas School of Medicine at San Antonio

### IMPLEMENTING COLLABORATIVE CARE ON GENERAL MEDICINE TEAMS

#### PURPOSE AND GOALS

Collaborative care is both an immersive inpatient practice and an interprofessional educational experience. Dr. Ratcliffe's project goals focused on improving learners' experiences in collaborative care by improving orientation, curricular content, and assessment.

#### ACCOMPLISHMENTS

Dr. Ratcliffe and his team have created new orientation processes including written and audiovisual materials. He mentored two medical students in the creation of an interprofessional pre-rounding tool, which the students presented at a regional education meeting. Most recently, his team, led by hospital nursing staff, has been piloting interprofessional simulation for staff and learners new to collaborative care.

In the area of assessment, Dr. Ratcliffe has focused on team communication behaviors and designed and refined a Team Communication Tool. His team has established inter-rater reliability for this instrument and is working on additional evidence for validity.

This spring, Dr. Ratcliffe and his team were recognized by the University of Texas System Shine Academy as presenting the most outstanding health professions innovation of 2018.

Thus far two manuscripts associated with the project are under review with an additional two manuscripts in development. Dr. Ratcliffe has shared his work on

collaborative care at numerous national meetings and is developing partnerships with other institutions interested in implementing interprofessional collaborative practice and education models.

This fall, UT Health San Antonio is hosting the 3<sup>rd</sup> Annual Meeting of the Collaborative Care Learning Alliance, which will attract national leaders in interprofessional collaborative practice and education.

#### PROFESSIONAL ACCOMPLISHMENTS

Since becoming a Macy Faculty Scholar, Dr. Ratcliffe has authored or co-authored five peer-reviewed publications focusing on clinical reasoning, teaching, and learning. He has presented at numerous national meetings and was recently selected to serve on the Clerkship Directors of Internal Medicine Survey and Scholarship Committee. UT Health San Antonio residents named Dr. Ratcliffe resident mentor of the year. Additionally, the Long School of Medicine Class of 2017 recognized Dr. Ratcliffe as most outstanding faculty from the Department of Medicine and selected him for induction into the Gold Humanism Honor Society.

Dr. Ratcliffe continues to serve as Co-Director of UT Health San Antonio's Internal Medicine Clerkship. Alongside four colleagues representing the other professional schools at UT Health San Antonio, Dr. Ratcliffe was recently chosen to represent the Long School of Medicine on the inaugural interprofessional education council. In this position, he will have protected time to implement interprofessional education projects across the university.

#### NEXT STEPS

Dr. Ratcliffe will continue to work with his interprofessional team to further expand and improve collaborative care at his and other institutions.



**TYLER REIMSCHISEL, MD, MHPE**

Vanderbilt University

**PILOT OF A WORKING-LEARNING HEALTH SYSTEM**

**PURPOSE**

The Macy Faculty Scholars Program is supporting the development of a working-learning health system (WLHS) in which an interprofessional group of students provides care navigation for patients with complex care needs in a community clinic that serves an underserved and vulnerable population in urban Nashville. We hypothesize that students in the WLHS will 1) improve patient quality of care and health outcomes while 2) gleaning a robust education in health systems science. The conceptual framework for the WLHS curriculum and evaluation process is the Institute of Medicine’s (IOM) Health Care Quality Aims.

**ACCOMPLISHMENTS**

Since September 2017, 20 students in Medicine, Nursing, Pharmacy, Social Work, or Physician Assistant programs have enrolled approximately 40 patients randomized to either the intervention or control groups of the care navigation pilot. Following a comprehensive

intake process, at enrollment and every four months all patients complete the Patient Activation Measure and Assessment of Care for Chronic Conditions surveys. For the intervention group, the students review the patient-centered care navigation goals and interim history events at least monthly, attend subspecialty clinic appointments, visit admitted patients, and conduct home visits. Once a week the students and clinic personnel participate in a complex care case discussion meeting, and these discussions guide the navigation that is provided. The students also participate in weekly team-based learning sessions on health systems science. At the end of each month the students analyze and present the care navigation data.

**NEXT STEPS**

For the next academic year we are considering additional methods to increase the number of health professions students who participate in the WLHS experience in order to prevent gaps in care navigation. We are investing in the development of an online database portal to facilitate better care navigation tracking. In addition, we are building on the collaborations fostered through this project to establish a statewide interprofessional practice and education consortium.



### **JING WANG, PHD, MPH, RN, FAAN**

University of Texas Health Science Center at San Antonio

#### **DESIGNING AN INNOVATIVE INTERPROFESSIONAL CURRICULUM ON MOBILE AND CONNECTED HEALTH TECHNOLOGIES**

##### **PROJECT GOAL**

To design, develop, and implement an interprofessional curriculum to increase students' competency in using mobile and connected health technologies to facilitate the delivery of patient-centered interprofessional team-based care in primary care and aging in place settings.

##### **MAJOR ACCOMPLISHMENTS**

After extensive interviews and focus groups with key stakeholders, a pilot interprofessional curriculum on mobile and connected health technologies was developed and implemented across the five health professions including medicine, nursing, biomedical informatics, dentistry, and public health. We founded a center of excellence on mobile and connected health technologies under UTHHealth Consortium on Aging as a platform to gather expertise and talent to initiate and sustain this curriculum. We adapted the curriculum for each school differently: it was integrated into community health clinical in nursing and was counted toward extracurricular electives in medicine and independent study or certificates for other professions. Team training, innovative thinking, patients as health mentors, flipped

classroom, and Hackathon concepts were incorporated into the design of the curriculum. Two systematic scoping reviews were conducted to review 1) patient engagement practice and 2) use of Hackathon in interprofessional education.

##### **PROFESSIONAL ACCOMPLISHMENTS**

Dr. Wang became tenured Professor and Vice Dean for Research at UT Health San Antonio. She was inducted into the American Academy of Nursing as a Fellow and joined the expert panel on informatics and technology, primary care, and aging. She became the Editor-in-Chief of *JMIR-Aging*, a new sister journal of *JMIR*, a top ranked informatics journal. Over the past year, she has published four papers and presented her work locally, nationally, and internationally. Dr. Wang was recently selected as a steering committee member of the American Nurses Association Telehealth/Connected Health Professional Panel in revising nursing standards on Telehealth/Connected Health.

##### **NEXT STEPS**

Dr. Wang will start a new interprofessional center on smart and connected healthcare technologies at UT Health San Antonio and continue to implement the interprofessional curriculum on mobile and connected health across UT System sister institutions and other collaborative institutions. She will continue the focus on interprofessional training in primary care practice and evaluate its effect on patient outcomes.



# LEARNING ENVIRONMENT WORKSHOP SUMMARY

## OPTIMIZING LEARNING ENVIRONMENTS: CREATING ACTIONABLE PLANS

### DAVID M. IRBY, PHD

David M. Irby, PhD is professor emeritus of medicine, senior scholar in the Center for Faculty Educators, and former vice dean for education at the University of California, San Francisco (UCSF). His research has focused on understanding and improving clinical teaching, faculty development, and medical curricula. Dr. Irby was a senior scholar at The Carnegie Foundation for the Advancement of Teaching, where he co-directed a national study of medical education that culminated in the 2010 publication: *Educating Physicians: A Call for Reform of Medical School and Residency*. In 2018, he chaired a Josiah Macy Jr. Foundation national consensus conference on *Improving Environments for Learning in the Health Professions*.

### SANDRIJN M. VAN SCHAİK, MD, PHD

Sandrijn M. van Schaik, MD, PhD is Professor of Pediatrics with a clinical appointment in the Division of Pediatric Critical Care Medicine at UCSF. She is the inaugural Baum Family Presidential Chair for Experiential Learning and serves as the Education Director of the UCSF's Kanbar Center for Simulation and Clinical Skills. She is also the Director of Faculty Development for the Learning and Healthcare Ecosystem in the Center for Faculty Educators and the Fellowship Director for pediatric critical care. Her research focuses on interprofessional teamwork, communication, and feedback.

Drs. Irby and van Schaik gave a workshop during the 7th annual Macy Faculty Scholars meeting in New York, NY, on June 20, 2018 entitled **"Optimizing Learning Environments: Creating Actionable Plans."**

## LEARNER OBJECTIVES OF THE WORKSHOP

- Identify the key elements of the learning environment.
- Articulate a vision for an optimal learning environment.
- Select a strategy and develop a plan for implementation to enhance learning for everyone in their setting.

## DESCRIPTION

Educators, researchers, and accreditors have all highlighted the importance of the learning environments (LE) in health professions education, yet there is little uniformity about definitions and measuring instruments. This workshop built on the results of a 2018 national consensus conference convened by the Josiah Macy Jr. Foundation titled *Improving Learning Environments for the Health Professions*. Dr. Irby chaired this conference and Dr. van Schaik co-authored a vision paper about exemplary learning environments. During the workshop, they shared a new framework for understanding learning environments and described a vision that used principles from complex adaptive systems to outline the characteristics of exemplary learning environments. They provided specific examples of interventions designed to create a positive environment and subsequently welcomed participants to brainstorm in small groups about how they can apply these ideas to their own environment. A selection of these ideas were then shared with the larger group, and participants shared a wide range of



strategies to optimize the learning environment across all elements of the vision. Some of the participants brought forward ideas that had already successfully been implemented at their own institution, giving credence to the notion that the vision for exemplary learning environments can indeed be accomplished. Towards the end of the session, Dr. Irby shared the main recommendations from Learning Environment conference and those participants who had been part of the conference shared reflections on the discussion and the recommendations.



## BREAKOUT SESSION SUMMARIES

### **SUCCESSFUL NEGOTIATION AND CONFLICT RESOLUTION: CORE CONCEPTS, CHALLENGES, AND STRATEGIES**

**DEEPTHIMAN GOWDA, MD, MPH AND MEMOONA HASNAIN, MD, MHPE, PHD**

This workshop was intended to explore professional and personal negotiation skills and resolution of conflicts that may arise in the process. The workshop was designed to enable participants to reflect on best practices for successful negotiation, analyze challenges in negotiation in academic settings, and apply learned negotiation best practices to their own work and personal situations to more successfully negotiate and resolve conflicts.

We began the session with each participant reflecting on prior experiences in negotiation while paying attention to the emotions that may have surfaced during the reflection process. Some participants noted challenging emotions such as anxiety, frustration, and fear, stating that such emotions contribute to avoidance of negotiation. Others, however, assigned positive emotions to past experiences of negotiation, such as excitement and confidence. Interestingly, positive emotions were expressed by participants who reported more experience with negotiation. Collectively, the group framed negotiation as a skill that requires practice over the course of one's career trajectory. Through sharing of narratives and stories, we reflected that as one gains experience and proficiency, confidence and positive emotion with negotiation might also rise.

After the initial reflection exercise, we reviewed some foundational concepts related to negotiation. Here are some highlights:

- Negotiation, though often difficult to do, is necessary for getting support for professional growth, fair compensation, and obtaining the resources needed to create effective teams.
- People have different conflict management styles and it is helpful to be aware of your own style.
- Multiple studies have shown that women and minorities are less likely to negotiate. Many factors are likely driving this finding, including the observation that similar behaviors are perceived differently when enacted by men vs. women. For example, a behavior may be perceived as assertive when enacted by a man and aggressive or hostile when enacted by a woman.
- Given gender differences in negotiation practices and perception, the group emphasized the importance for women to train in negotiation skills.

The group then participated in a role play exercise in pairs. Each participant identified a future negotiation and asked their partner to play the role of the person with whom they plan to negotiate. All participants had the chance to negotiate and then receive feedback on their negotiation from their partners. During the large group debrief period, several themes emerged:

- Even in simulation, some participants felt anxiety that they might experience in actual negotiation. Many appreciated exploring this in a safe and supportive space.
- Most participants expressed positive emotions after the negotiation practice. Some reported relief, optimism, and increased confidence in negotiation.







- Many discovered useful strategies or insights that they had not considered before the exercise.

We concluded by reviewing five keys to effective negotiation:

1. Everything is negotiable!  
If you never hear “No,” you are not negotiating enough.
2. Identify your Best Alternative to a Negotiated Agreement (BATNA) ahead of time.  
Having a BATNA will ensure that you have a back-up plan.
3. Set your target well and do your homework in advance of the negotiation.  
Consider what you really want. Don’t be afraid to think big.  
Identify the information you need to collect before the negotiation. For example, you may need to research salaries for comparable positions, learn about precedents in your institution, or learn more about resources available at your institution.  
Speak with mentors. Get their advice on your situation. They may also be able to advocate for your negotiation.

4. Use integrative negotiation (seek win-win).

Try to understand the interests of all negotiating parties (not just their positions).

During the meeting, listen carefully and elicit others’ concerns. Try to identify shared interests and look for creative solutions that might result in win-win. Adopt an attitude of “let’s work together to figure this out.”

5. Use role play with colleagues and friends to practice negotiation.

Just as with health sciences education, simulation and role play can help build skills and reduce anxiety in negotiation.

Overall, the workshop facilitators and participants left with renewed appreciation of the challenges we commonly encounter in situations involving negotiation and conflict resolution. Through self-reflection, sharing our narrative stories, and review of evidence and best practices, we gained practical tips for self-reflection and more effectively managing these situations in the future.



## BREAKOUT SESSION SUMMARIES

### **INSTITUTIONALIZING INTERPROFESSIONAL EDUCATION AND COLLABORATIVE PRACTICE**

**LAUREN COLLINS, MD AND LAURA A. HANYOK, MD**

As many Macy Faculty Scholars are leaders in interprofessional education and collaborative practice (IPE/IPCP), this session was structured to enable participants to share their experiences and brainstorm approaches to further advance IPE/IPCP within their institutions. Participants began by describing to a partner what their work has been in IPE/IPCP, discussing early wins and sharing their next big opportunities. They were asked to share their ideal vision for what IPE/IPCP would look like at their institutions five years from now. After pair sharing, each pair reported out key points from their discussions to the larger group. The group then reviewed Kotter's 2014 Accelerating Change Model, which is one approach to reinvigorate work and promote organizational change. The Eight Accelerators of Change are: (1) Urgency aligned around a big opportunity, (2) The Guiding Coalition, (3) Change Vision and strategic initiatives, (4) Attract volunteers, (5) Drive Initiatives, (6) Celebrate wins, (7) Don't Let Up, and (8) Integrate these changes into the culture. Participants then chose the accelerator that was most interesting to them, and in small groups, further discussed how to operationalize the accelerator in order to achieve their ideal visions. The session concluded by having each small group share their perspectives and generate a list of best practices for moving forward.

The groups found that several participants had similar ideal visions for IPE/IPCP. These included: (1) IPE/IPCP is the norm and is "just what we do;" (2) it is considered an essential element of health professions education, just like physical assessment and anatomy; and (3) learners are in authentic interprofessional practice settings where they are positively impacting care and adding value.

Take-home messages included that interprofessional work can and should be reinvigorated after early wins, that a guiding coalition can and should thoughtfully plan how to accelerate change particularly in the clinical learning environment, that there are many people in our community with untapped interest in and passion for this work who can help drive new efforts forward, and that we should build on the collaboration and expertise of the Macy Faculty Scholars network to further integrate and institutionalize interprofessional education and practice.







## BREAKOUT SESSION SUMMARIES

### GRANTSMANSHIP

#### DOUGLAS LARSEN, MD, MED AND MEG ZOMORODI, PHD, RN, CNL

The purpose of the Macy Faculty Scholars breakout session “Grantsmanship” was to engage Macy Scholars and mentors in dialogue about funding opportunities to advance their work. Prior to the breakout session, all Macy Faculty Scholars were asked to contribute to a spreadsheet highlighting the grants that they had applied for. Information regarding funding source, award type, and tips regarding the funding source were collected. If the grant was awarded, the amount awarded and title and length of project was also recorded. This allows for a registry of grant offerings and Macy Scholars can use this resource to connect with other Macy Scholars who have submitted to the funder to gain helpful insights that may increase the chances of a successful submission.

During the session, Macy Scholars and mentors were able to hear from Peter Goodwin, Chief Operating Officer and Treasurer of the Macy Foundation. Mr. Goodwin was able to provide strategies to connect scholars to funding sources, such as the Foundation Center website, and highlighted components of a successful proposal. Macy Scholars and mentors were also able to engage in this conversation to offer strategies for success. Some of these elements included ensuring that the proposal aligns with the foundation’s priorities, developing a relationship with the foundation representatives, demonstrating a proven track record of success, having a well thought out plan for sustainability, and evidence of stakeholder support. In small groups, Macy Scholars and mentors then used the “Step-Back Consulting Process” to have teams describe their project they wish to see funded and then used the consulting approach to strengthen the development of the aims and offer suggestions to enhance the project. A group debrief then occurred with each team supplying a take-home action item. This interactive session allowed for participants to problem-solve ways to move their projects forward after Macy funding has ended.





## BREAKOUT SESSION SUMMARIES

### EDUCATIONAL PRACTICES TO REDUCE PROVIDER BIAS

**KENYA BEARD, EDD, AGACNP-BC, NP-C, CNE, ANEF, FAAN  
AND LISA DAY, PHD, RN, CNE**

How can health professions educators contribute to solving this problem of medical errors, which are believed to be the third leading cause of death in the U.S.? Although a multitude of factors contribute to patient harm, this session used narratives from the participants (Macy Faculty Scholars) and case studies to explore how provider bias leads to negative patient outcomes. The facilitators described how teaching practices that encourage diversity of thought and invite diverse student voices into the conversation could reduce provider bias and ultimately improve patient outcomes.

The scholars who attended were initially asked to explore and operationalize the concept of implicit bias. One scholar reflected on a time when her grandmother, who is African American, was vomiting blood and refused to go to the emergency room. A trip to the urgent care center resulted in the provider instructing the grandmother to go to the pharmacy to pick up Mylanta and to “lay off the fried chicken.” The perceived implicit bias was that this choice of food was part of the patient’s food selection when in fact it was not. The family was subsequently informed, by a different provider, that the bleeding stemmed from cancer.

How could educators assist future providers in recognizing and mitigating negative stereotypes that could result in patient harm? This question prompted a discussion about how poverty simulations could be viewed as insensitive, create tense environments, and reify stereotypes. Rather than attack the platform used to deliver the message, the scholars collectively agreed that educators should invite students to share alternative methods to confront the issue of bias towards individuals who live in poverty. Additionally, the scholars were able to see how bias could mute the voice of others and derail conversations. One scholar shared that the emotions evoked by the poverty simulation could reinforce an educator’s reluctance to discuss bias.

Discussing implicit bias could trigger a visceral response and lead to emotionally charged statements. The facilitators shared how the five tenets of emotional intelligence could be used to set the ground rules before conducting any bias related exercise. They also reviewed strategies on how to create a safe space and make difficult conversations a teachable moment for both the teacher and learner. The work of Paolo Freire was used to illuminate how authentic education is carried out by “A” with “B” and should challenge both parties.

What can we do when students or clinicians express bias, and what gets in the way of us speaking up? The facilitators shared a technique, “Restate-Remove-Reflect (R3),” to strengthen the capacity of participants to respond to bias. Rather than shaming individuals, R3 provides a safe way to recognize, respond to, and mitigate bias. Understanding the reality of others, not necessarily agreeing with the statement, is critical.

The session concluded with participants sharing an “aha moment” that they gained from the session. A few of the closing comments centered around the difficulties of discussing bias, sociopolitical factors that hinder one’s ability to contribute their thoughts, and the impact that bias has on diverse learners. Indeed, training on how to facilitate critical conversations around bias could improve the ways in which providers communicate.









## 2015 MACY FACULTY SCHOLAR CAREER UPDATES



### LAUREN COLLINS, MD

Thomas Jefferson University

Dr. Collins is Associate Professor of Family and Community Medicine and Geriatrics at Thomas Jefferson University and Co-Director of Jefferson's Center for Interprofessional Education (JCIPE). This year, she was appointed to a new position as JeffMD Track Director for Healthcare Systems for Sidney Kimmel Medical College. Dr. Collins was selected as PI on a two-year Robert Wood Johnson Foundation Sub-Award, *A Hub for the Interprofessional Student Hotspotting Learning Collaborative*. She was appointed to the Program and Mentor Committees for AIHC. She served as a keynote speaker at the Spring 2018 IPEC Institute and a panelist for the AMA webinar, *Interprofessional Education: Using Technology to Teach Team-Based Care*. This year, Dr. Collins helped to co-author Practical Guides Volumes 4 and 5 on assessment in IPCP published by the NCIPE. In addition, she has co-authored four manuscripts and presented five peer papers and workshops at Collaborating Across Borders VI. Dr. Collins is co-chair for the 6<sup>th</sup> biannual JCIPE conference, *Interprofessional Care for the 21<sup>st</sup> Century Conference*, to be held in Philadelphia in October of 2018. In recognition of her dedication to IPE, she was honored as a Distinguished Fellow of the National Academies of Practice (NAP) in Medicine.



### CHERYL WOODS GISCOMBÉ, PHD, RN, PMHNP-BC, FAAN

University of North Carolina at Chapel Hill

During the past year, Dr. Giscombé was appointed Assistant Dean in the School of Nursing at UNC Chapel Hill and was inducted as a Fellow of the American Academy of Nursing. She is continuing as the LeVine Distinguished Scholar and Associate Professor in the School of Nursing and Adjunct Associate Professor in the School of Medicine. She currently serves as an alumni faculty scholar for the Harvard Macy Institute Program for Health Educators. Her Macy project (the Interprofessional Leadership Institute for Behavioral Health Equity) is currently funded by HRSA through an interprofessional program with the UNC School of Social Work. The formal work to offer Mindfulness as an interprofessional course for Nursing and Medical students continues. Her work also grows globally. With support from her Dean and collaborators in Australia, she has developed a global educational experience in Melbourne for students and will implement frameworks and practices she learned as a Macy Faculty Scholar. This endeavor will eventually involve interprofessional educational experiences with the School of Social Work. She continues to serve as Chair of the Diversity & Equity Committee of the International Society of Psychiatric Nursing.



### DEEPTHIMAN GOWDA, MD, MPH

Columbia University

Dr. Gowda is an Associate Professor in the Department of Medicine at the Columbia University Vagelos College of Physicians and Surgeons (VP&S) and a practicing internal medicine hospitalist at New York Presbyterian Hospital. This past year, he assumed a new role as national co-chair of the USMLE Step 2CS Test Material Development Committee. He was also recently asked to serve as Director of the VP&S Student Scholarly Track for Medical Education. Dr. Gowda continues to serve as the Chair of the Fundamentals (pre-clerkship) Curriculum Committee at VP&S, Course Director for Foundations of Clinical Medicine Tutorials, and Director of Clinical Practice for the Program in Narrative Medicine. He also continues to chair Apgar Medical Education Scholarship group (the VP&S monthly working group for health sciences educational scholarship) and hosts the monthly Narrative Medicine Rounds. He also continues to serve on the NYC Board of Health and the Board of Directors for the Langeloth Foundation, a grant-making foundation focused on reducing community violence and improving health care for incarcerated persons. Dr. Gowda has been actively studying, speaking about, and publishing on topics related to narrative medicine, interprofessionalism, and clinical skills education.



**LISA KITKO, RN, PHD, FAHA, FAAN**

Penn State University

Dr. Kitko is an Associate Professor in the College of Nursing, Director of the Primary Palliative Care Certificate, and Schreyers Honors Advisor at the Pennsylvania State University College of Nursing. Over the past year, Dr. Kitko received promotion and tenure in the College of Nursing. In addition, she was inducted as fellow into the American Academy of Nursing. Dr. Kitko serves as Chair of the Cardiovascular and Stroke Nursing Membership and Communications Committee and Vice Chair, Cardiovascular and Stroke Nursing Complex Cardiovascular Patient and Family Care of the American Heart Association. Over the past year, Dr. Kitko has co-authored five data based peer reviewed articles and a book chapter, with an additional seven data based manuscripts under review or in preparation. She has also delivered 10 peer reviewed podium presentations and was an invited speaker at two international meetings. In addition, she presented with a fellow Macy colleague, DorAnne Donesky, at the Hospice and Palliative Medicine Annual Assembly on IPE competencies for primary palliative care practitioners.



**BRIDGET O'BRIEN, PHD**

University of California, San Francisco

Dr. O'Brien is an associate professor in the Department of Medicine and an education scientist in the Center for Faculty Educators at the University of California, San Francisco. At the San Francisco VA she directs the Advanced Fellowship in Health Professions Education Evaluation and Research and also directs scholarship and evaluation for the Center of Excellence in Primary Care Education. In the past year she became the qualitative research consultant for *Academic Medicine*. She also joined *Teaching and Learning in Medicine* as a deputy editor and the *Journal of General Internal Medicine* as a guest editor for the special issue on education. She is a member of the Research in Medical Education (RIME) committee of the AAMC and will become the committee chair in November 2018. In the past year she completed her Macy Faculty Scholars project, which included production of three video re-enactments of teachable moments in interprofessional education, delivery of faculty development sessions using the videos, and two medical education Grand Rounds on research related to the project. She published two papers on interprofessional education, one of which was based on research from her Macy project, and several papers and commentaries on various topics in health professions education.

## 2014 MACY FACULTY SCHOLAR CAREER UPDATES



**LAURA HANYOK, MD**

Johns Hopkins University

Dr. Hanyok is an assistant professor of medicine at the Johns Hopkins School of Medicine and holds a joint appointment in the School of Nursing. She just completed her first year as Assistant Dean for Graduate Medical Education, during which she launched the Johns Hopkins Resident and Fellow Wellness Initiative. The initiative includes the creation of an institutional wellness committee, launching of a wellness website ([wellness.som.jhu.edu](http://wellness.som.jhu.edu)), piloting of a resiliency skills curriculum and resident support group, and monthly activities for residents and fellows. Her work was highlighted on the AMA Wire website. She has also been partnering with clinical leaders to advance innovation in the clinical learning environment, particularly around quality and patient safety. She served as chair of the Clinical Vignettes committee for the 2018 National Society of General Internal Medicine Meeting and created two new sessions focused on Patient-Centered Care and High Value Care. She mentors the current Director of Interprofessional Education and Clinical Practice at Johns Hopkins and is partnering with her and other interprofessional leaders to expand collaborative practice opportunities. In April 2018 she won the Johns Hopkins Institute for Excellence in Education's Award for Educational Scholarship.



**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. Dr. Larsen teaches a course on the science of learning and teaching for first-year medical students. His research focuses on self-regulated and socially-regulated learning. His current research using actor network theory to understand how meaning and judgements of competence are communicated in resident evaluations is funded by the American Board of Psychiatry and Neurology. Dr. Larsen spoke at the last AAMC meeting and led a session at that meeting on using Cultural Historical Activity Theory (CHAT) in assessing and designing change within education and healthcare systems. Dr. Larsen was selected to serve on the Research in Medical Education (RIME) planning committee for the AAMC. He was a visiting professor at the University of Colorado School of Medicine. Dr. Larsen serves as associate editor for the journal *Advances in Health Science Education* and the *Journal of Graduate Medical Education*.



**SARAH PEYRE, EDD**

University of Rochester

Dr. Peyre has continued to focus on enhancing the learning environment at the University of Rochester Medical Center, including continued leadership and growth of the Institute for Innovative Education. She is a member of the URM C ACGME Pursuing Excellence Initiative Leadership Team. She has worked with senior leadership to centralize support for URM C's 13 ECHO programs that provide tele-education to Western New York. In surgical simulation, she has driven efforts to build an institutional 3D printing program and launch an interprofessional high performing OR team training program. For her work in interprofessional education, she received the Dean's Appreciation Award from the School of Nursing this past spring. Expanding beyond URM C, Dr. Peyre was asked by the President and Provost of the University to lead the strategic planning committee focused on the educational mission of the University, looking to 2025. She is also Co-Chair of the University of Rochester Educational Information Technology Governance Committee. Her dossier has been submitted for consideration for full professor.

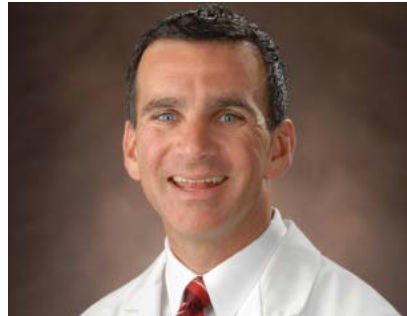




**DEANNA REISING,  
PHD, RN, ACNS-BC, FNAP, ANEF**

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 has launched two interprofessional education and collaborative practice initiatives involving nursing and medical students. The interprofessional home visit (aka: Navigator) project was a focus of her Macy project and has been integrated into the curriculum. A spin-off project involves nursing and medical students conducting Emergency Department discharge phone calls. Since her time in the Macy Faculty Scholar program, Dr. Reising has given 23 presentations, published 16 articles/book chapters/podcasts, and secured three additional grants in support of her interprofessional programs. Dr. Reising has earned promotion to full professor, effective July 1, 2018.



**CHARLES VEGA JR., MD**

University of California, Irvine

We continue to bend our curriculum toward a patient-centered focus at UCI School of Medicine. Our number of lecture hours has declined, and I am in charge of a new Service Learning Project for medical students. This project has curricular elements through all four years of training and uses peer mentoring from senior students to improve sustainability of community interventions. Our program was recognized by AAMC, and I had the chance to present our efforts to improve diversity and inclusion at UCI SOM during the LCME roundtable at the Learn Serve Lead meeting in Boston. Next up for our small but mighty Division of Diversity and Inclusion include a new evaluation system for diversity topics among medical students as well as a Residents' Academy program to galvanize the pipeline from residency/fellow to junior faculty status.



**MEG ZOMORODI, PHD, RN, CNL**

University of North Carolina  
at Chapel Hill

This year, Dr. Zomorodi was named the inaugural Assistant Provost and Director for Interprofessional Education and Practice at the University of North Carolina at Chapel Hill. Her team was awarded a \$1.5 million grant from the Kenan Trust to expand her Macy work through the Rural Interprofessional Health Initiative (RIPHI), of which she serves as Director. This year, the RIPHI trained 42 students from health professional schools, implemented quality improvement projects in six rural communities, and launched an annual Rural Interprofessional Health Symposium. Dr. Zomorodi was selected to serve on a think tank for the Robert Wood Johnson Foundation, as well as the National Collaborative for Improving the Clinical Learning Environment (NCICLE) conference. She and her team have an established partnership with Duke-AHEAD called "Blending of the Blues," where they offer faculty development sessions for Duke and UNC health professions educators. In July 2017, Dr. Zomorodi received a Clinical Innovations Grant through NC Area Health Education Consortium (AHEC) to focus on developing a hotspotting in-home health program through her partnership with Well Care Home Health.

## 2013 MACY FACULTY SCHOLAR CAREER UPDATES



**LISA DAY, PHD, RN, CNE**

Washington State University

Dr. Day is Vice Dean for Educational Innovation and Clinical Professor at Washington State University College of Nursing in Spokane, WA. She began this position in January 2018 after leaving Duke University School of Nursing, where she was an Associate Clinical Professor and chair of the Faculty Governance Association. While the past year was filled with all the work required for a cross-country move and new academic position, Dr. Day also co-authored a book with Swiss communication scientist Annegret Hannawa and clinical nurse consultant Anne Wendt titled *New Horizons in Patient Safety: Safe Communication*, published in 2018; is lead author on an article, "The power of nursing: An innovative course in values clarification and self-discovery," which reports part of her Macy Faculty Scholar project work and was published in 2017 in the *Journal of Professional Nursing*; co-authored two chapters in the 2017 book *Quality and Safety in Nursing: A Competency Approach to Improving Outcome* (2nd ed); and authored a chapter on theory in the 2017 book, *Scientific Inquiry in Nursing Education: Advancing the Science*.



**MEMOONA HASNAIN,  
MD, MHPE, PHD**

University of Illinois at Chicago

Dr. Hasnain was appointed Interim Head of the Department of Family Medicine at UIC. She continues her multi-faceted work at the intersection of medicine and public health, with an emphasis on transforming health disparities and ensuring social justice through interprofessional education, service, and scholarship. She is Co-PI on a HRSA-funded Geriatrics Workforce Enhancement Program, ENGAGE-IL. She was selected as a delegate of the 2017 Chicago-Shanghai Sister Cities International Social Service Exchange, focusing on care of older adults. A synopsis of this initiative and reflections on the 2017 visit to Shanghai are available at <http://www.asaging.org/blog/aging-services-go-global-shanghai-chicago-back>. 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. Some of her notable leadership roles include Co-Chair, UIC COM Faculty Academic Advancement Committee; Co-Chair, Gold Humanism Honor Society, UIC College of Medicine at Chicago Chapter; Chair, Scholarship and Program Evaluation, UIC Interprofessional Education Steering Committee; and President, 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; Assistant Dean of Interprofessional Education; Director of the Office of Interprofessional Education and Teamwork; Director of Medical Pharmacology Instruction; and Co-director of Patient-Centered Medical Home Curriculum. Currently, they are working to implement several innovative IPE/IPP initiatives including novel partnerships between students and the Penn State Health System, exploring new IPE/IPP Telehealth opportunities to improve patient care, and developing an IPE web-based "game". Over the past year, they launched *Getting Started: An Interprofessional Education/Interprofessional Practice Workshop for Healthcare Educators and Providers*, a two-day faculty development training event attended by faculty from across Pennsylvania. She recently presented in a symposium at the American Society of Pharmacology and Experimental Therapeutics annual meeting.



**LAUREN MEADE, MD, FACP**

Baystate Health of Tufts University

Dr. Meade is an Associate Professor of Medicine at Tufts University Medical School. She is a clinical educator for Internal Medicine residents at Baystate Medical Center in Springfield, MA. She was formerly the Director of Clinical Learning and Development at Sound Physicians, a large physician practice across 250 hospitals in the US, where she implemented trainings for 2500 hospitalists on empathy, end of life care, leadership, and provider wellness. She is currently a core clinical educator at High Street Health Center where she is leading healthcare transformation from fee for service to accountable care. Her research interests include: education for the transition of care from hospital to home, health services delivery research, population health, diversity and inclusion, and transgender health. She has had a continuous healing relationship with her patients for over 20 years. Her Macy project implemented an observation and feedback teaching method for physician trainees related to a safe and effective discharge from the hospital. 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

Dr. Willgerodt is Associate Professor and Vice-Chair of Education in the Department of Family and Child Nursing at the University of Washington Seattle School of Nursing (SON). She oversees the teaching and education mission of the department, including mentoring junior faculty, coordinating curricular enhancements, and driving PhD-DNP teaching collaborations to bridge the education-practice gap. She is the SON representative to the UW Health Sciences Interprofessional Steering Group and leads its faculty development and assessment/evaluation efforts. Last year she co-developed and co-led a summit in Bogota, Columbia—*Interprofessional Education in Healthcare: Improving Human Resource Capacity to Achieve Universal Health*—at the request of the Pan American Health Organization; was invited to present at the XIV Ibero-American Conference on Nursing in Lima, Peru; and delivered the General Session Address at the National Association of School Nurses annual conference. As the former Director of Graduate Studies for UW Bothell, she has begun serving as Proxy Dean for UW Seattle Graduate School when needed.

## 2012 MACY FACULTY SCHOLAR CAREER UPDATES



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

The CUNY School of  
Professional Studies

Dr. Beard is an Associate Professor at City University of New York, School of Professional Studies and a social justice advocate. As a Macy Faculty Scholar, she created a faculty workshop that continues to transform health professions education by strengthening the capacity of faculty to conceptualize race, use the social determinants of health to broaden mental models of future health care providers, advance health equity, and improve social conditions. As a Senior Fellow at the Center for Health Policy & Media Engagement at George Washington University School of Nursing, she has published numerous blogs, podcasts, and radio segments that speak to the complexities of health equity and ways to create a more socially just society. Recently, she collaborated with the Virginia Mason Health Care team to institutionalize health equity throughout their system. As a diversity consultant for the National League for Nursing (NLN), she has moved the needle on diversity and inclusion by coaching schools on holistic admissions. She created an implicit bias primer for the Center for Nursing Excellence in Washington and provides implicit bias training for the NLN and the Harvard Macy Institute.



**TED JAMES, MD, MS, FACS**

Beth Israel Deaconess  
Medical Center

Dr. James is the Vice Chair of Academic Affairs in the Department of Surgery, Chief of Breast Surgical Oncology, and Co-Director of the BreastCare Center™ at Beth Israel Deaconess Medical Center. In his role of Vice Chair, Dr. James is directly involved in faculty development as well as enhancing the learning environment for students, residents and Fellows. In the past year, Dr. James has implemented new initiatives to address career advancement, mentoring, work-like integration, and professionalism. Dr. James also serves on the Committee for Appointments and Promotion. He is a co-investigator for a Harvard study on peer-coaching in surgery and is the site-lead for an NIH-funded research project supporting development of a multi-center, interdisciplinary collaborative network to improve the coordination of care for women with breast cancer. Dr. James was selected to serve as an examiner for the American Board of Surgery Certifying Examination. He is a member of the Harvard medical student specialty advising group for General Surgery and the Harvard Medical School LCME Subcommittee and Critical Thinking Working Group.



**WRENETHA A. 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. She is currently a finalist for the University of Chicago Institute for Translational Medicine (ITM) Pilot Research Award which is funded by the National Institutes of Health/ National Center for Advancing Translational Science Award (CTSA) program. She recently completed a fellowship with *The OpEd Project* which seeks to "increase the number of women thought leaders in key commentary forums." This fellowship has resulted in the publication of opinion pieces designed to shed light on health/healthcare inequity and social injustice. Her recent OpEds include: *Bias in the NICU*, *Disparities in Black Maternal Deaths*, and *Inequities in Education for Black Boys*. This past year, she has co-authored several peer-reviewed publications with colleagues and mentees.







**WENDY 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 Assistant Director for the Interprofessional Education (IPE) program and Director of the Interprofessional Education and Development course for the Anschutz Medical Campus. In August 2018, she will complete 12 years of service as Foundations of Doctoring Curriculum Director for the School of Medicine. Presentations related to her IPE work were given at the following venues: University of Colorado Academy of Medical Educators Education Scholarship and Innovation Symposium, 8<sup>th</sup> Annual Quality and Safety Education for Nurses (QSEN) International Forum, 13<sup>th</sup> Annual Telluride Patient Safety Educational Experience, NEXUS Summit, Macy Train-the-Trainer (T3) Interprofessional Faculty Development Training Program, and Collaborating Across Borders IV. Publications include the *IHI Open School Faculty Guide: Best Practices for Curriculum Integration*, and Dr. Madigosky completed the "IPE Program to Support Patient Safety Research" grant from The Doctors Company Foundation.



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

University of California, San Francisco

Dr. van Schaik is Professor in Pediatrics at the University of California, San Francisco; Fellowship Director for Pediatric Critical Care Medicine; Education Director for the UCSF Kanbar Center for Simulation and Clinical Skills; and 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 was promoted to full professor and awarded a University of California Presidential Endowed Chair in Experiential Learning. She also launched a new three-day faculty development course for medical educators at UCSF, which attracted over 130 participants from across the United States as well as a few international participants. She continues to be actively engaged with a variety of regional and national groups and initiatives, including the AMA Accelerating Change in Medical Education Consortium and the Kern Institute for Transformation of Medical Education/National Transformation Network.

## 2011 MACY FACULTY SCHOLAR CAREER UPDATES



**EVE R. COLSON, MD, MHPE**

Yale University

This academic year, Dr. Colson continued as Director of the Interprofessional Longitudinal Experience (ILCE) at Yale. This program, which evolved from her Macy Faculty Scholars project, brings all first-year Yale University health professional students (MD, PA and APRN) to learn together as small teams at clinical sites over 10 months. This year was the second year that the program included all students; more than 250 students and 140 coaches participated. It has been a wonderful experience designing and implementing this program with dynamic and innovative colleagues from Yale School of Nursing and the Physician Associate Program. As the next academic year begins, Dr. Colson will transition to her new role as Associate Dean for Program Evaluation and Education Quality Improvement at Washington University School of Medicine in St. Louis, Missouri. She will bring with her important values and principles in education she has learned working with mentors and colleagues at the Macy Foundation as she works with colleagues at Washington University to develop and to evaluate innovative approaches to health professional education.



**ALAN DOW, MD, MSHA**

Virginia Commonwealth University

Dr. Dow continues to lead the Center for Interprofessional Education and Collaborative Care at Virginia Commonwealth University. Over 2000 learners and 100 faculty are engaged in educational activities supported by the Center each year. This year, they integrated into the curriculum of the dentistry, dental hygiene, and nurse practitioner programs a health assessment simulation experience during which all students from these programs collaborated interprofessionally to evaluate two patients with significant barriers to health and develop treatment plans to overcome these barriers. Dr. Dow has also been busy as a scholar and speaker. He has published approximately a dozen manuscripts and book chapters over the past year and visited at Kuwait University Health Sciences, the University of Pennsylvania, and Creighton University. He is authoring the first textbook for interprofessional education and collaborative practice, *The Handbook of Interprofessional Practice: A Guide for Interprofessional Education & Collaborative Care*.



**DENA H. HASSOUNEH,  
PHD, ANP, PMHNP**

Oregon Health & Science University

Dr. Hassouneh is a Professor at Oregon Health & Science University (OHSU) School of Nursing. Her work focuses on equity in health professions education and the sociocultural contexts that influence mental health in marginalized populations. Currently, she is the principal investigator on an Academic Research Enhancement Award funded by the National Institutes of Nursing Research. This project offers students hands-on experience conducting community-based participatory research in the Oregon disability community. Dr. Hassouneh is chairing seven dissertation committees at OHSU School of Nursing and teaches in the PhD program's Health Equity track. Over the past academic year, Dr. Hassouneh published and presented findings from three different scholarly projects in peer reviewed journals and at professional meetings. Service activities included serving as a member of the American Academy of Nursing's Expert Panel on Cultural Competence & Health Equity and reviewer for the Robert Wood Johnson Foundation Culture of Health Leaders program.





**JENNIFER S. MYERS,  
MD, FHM, FACP**

University of Pennsylvania

Dr. Myers is Professor of Clinical Medicine, Director of Quality and Safety Education, 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 has continued to advance the integration of quality improvement and patient safety into the fabric of medical education both at Penn and nationally. Over the past year she has led a team at Penn that was selected to participate in the ACGME's Pursuing Excellence in Patient Safety in the Clinical Learning Environments Initiative, served as Chair of the American Association of Medical Colleges (AAMC) Integrating Quality Steering Committee, a member of the AAMC's QIPS competencies expert working group, and has published or in press over a dozen peer reviewed publications since the start of 2017. She continues to co-chair the National Board of Medical Examiners Patient Safety Test Materials Development Committee and direct the "Quality & Safety Educators Academy," which is a national faculty development program now in its seventh year and has trained over 600 faculty members from around the country.



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

Drexel University

Dr. Waite is a Professor, Doctoral Nursing Department and has a secondary appointment as a Professor in the Health Systems and Science Research Department at Drexel University, College of Nursing and Health Professions and Assistant Dean of Academic Integration and Evaluation of Community Programs at the Stephen and Sandra Sheller Eleventh Street Family Health Services of Drexel University. This year she has published the 3rd edition of her book *Attention Deficit Hyperactivity Disorder Throughout the Lifespan: Research, Diagnosis, and Treatment*; three peer-reviewed manuscripts; and has engaged in three invited articles, two invited presentations, and two peer reviewed paper presentations. She is a Corporate Board Director of Trinity Health, one of the largest multi-institutional Catholic health care delivery systems in the nation, and she serves on the board of APSARD (American Professional Society of ADHD and Related Disorders).

## LUNCHEON SPEAKER: GEORGE E. THIBAUT

### **GEORGE E. THIBAUT, MD**

President, Josiah Macy Jr. Foundation

George E. Thibault, MD became the seventh president of the Josiah Macy Jr. Foundation in January 2008. Immediately prior to that, he served as Vice President of Clinical Affairs at Partners Healthcare System in Boston and Director of the Academy at Harvard Medical School (HMS). He was the first Daniel D. Federman Professor of Medicine and Medical Education at HMS and is now the Federman Professor, Emeritus.

Dr. Thibault previously served as Chief Medical Officer at Brigham and Women's Hospital and as Chief of Medicine at the Harvard affiliated Brockton/West Roxbury VA Hospital. He was Associate Chief of Medicine and Director of the Internal Medical Residency Program at the Massachusetts General Hospital (MGH). At the MGH he also served as Director of the Medical ICU and the Founding Director of the Medical Practice Evaluation Unit.

For nearly four decades at HMS, Dr. Thibault played leadership roles in many aspects of undergraduate and graduate medical education. He played a central role in the New Pathway Curriculum reform and was a leader in the new Integrated Curriculum reform at HMS. He was the Founding Director of the Academy at HMS, which was created to recognize outstanding teachers and to promote innovations in medical education. Throughout his career he has been recognized for his roles in teaching and mentoring medical students, residents, fellows and junior faculty. In addition to his teaching, his research has focused on the evaluation of practices and outcomes of medical intensive care and variations in the use of cardiac technologies.

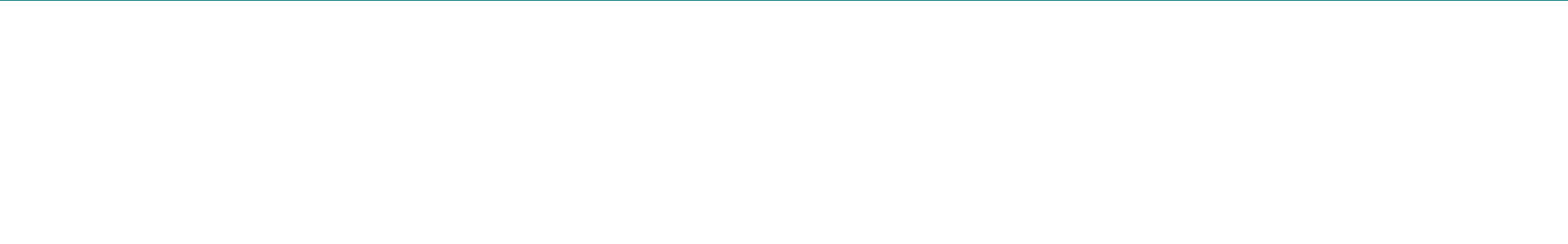
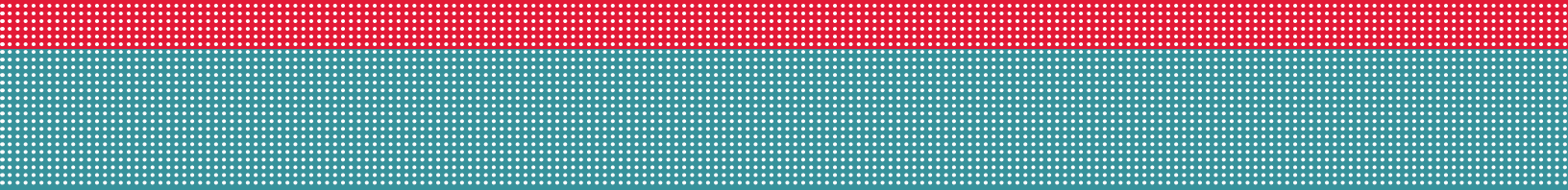
Dr. Thibault is Chairman of the Board of the MGH Institute of Health Professions, Chairman of the Board of the New York Academy of Medicine, and he serves on the Boards of the Institute on Medicine as a Profession and the Arnold P. Gold Foundation. He served on the President's White House Fellows Commission during the Obama Administration and for twelve years he chaired the Special Medical Advisory Group for the Department of Veteran's Affairs. He is past President of the Harvard Medical Alumni Association and Past Chair of Alumni Relations at HMS. He is a member of the National Academy of Medicine.

Dr. Thibault graduated summa cum laude from Georgetown University in 1965 and magna cum laude from Harvard Medical School in 1969. He completed his internship and residency in Medicine and fellowship in Cardiology at Massachusetts General Hospital (MGH). He also trained in Cardiology at the National Heart and Lung Institute in Bethesda and at Guys Hospital in London, and served as Chief Resident in Medicine at MGH.

Dr. Thibault has been the recipient of numerous awards and honors from Georgetown (Ryan Prize in Philosophy, Alumni Prize, and Cohongaroton Speaker) and Harvard (Alpha Omega Alpha, Henry Asbury Christian Award and Society of Fellows). He has been a visiting Scholar both at the Institute of Medicine and Harvard's Kennedy School of Government and a Visiting Professor of Medicine at numerous medical schools in the U.S. and abroad. In 2017 he was the recipient of the Abraham Flexner Award for Distinguished Service to Medical Education from the Association of American Medical Colleges and he was made an honorary Fellow of the American Academy of Nursing. He has received honorary doctoral degrees from Georgetown University, Wake Forest University and The Commonwealth Medical College.









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