

2007

Josiah Macy, Jr. Foundation
Annual Report





The Foundation's logo incorporates the mid-nineteenth century ship's flag of Josiah Macy & Sons, New York shipping and commission merchants and ancestors of Josiah Macy, Jr.

Report of the Josiah Macy, Jr. Foundation

For July 1, 2006 through June 30, 2007



Josiah Macy, Jr. Foundation
44 East 64th Street
New York, NY 10021
www.josiahmacyfoundation.org

Contents

Board of Directors and Staff	4
About the Foundation	7
President's Statement	10
Programs	17
1. Educational Strategies to Increase Care for Underserved Populations	19
<i>Medical School Futures Study</i>	20
<i>An Epidemiology Scholars Program</i>	21
<i>Interdisciplinary Health Disparities Research</i>	22
<i>Improving Care for Elderly Patients</i>	23
<i>Teaching Chronic Disease Care</i>	24
2. Increasing Teamwork Between and Among Multiple Health Professions	25
<i>Interdisciplinary Global Public Health Program</i>	26
<i>Educating About Prevention</i>	27
3. Diversity Among Health Professionals	29
<i>Diversity in Science Center</i>	30
<i>Determinants of Female and Minority Medical Faculty</i>	31
<i>Minority Faculty Development</i>	32

4. Health Professional Education in the Context of the Changing Health Care System	35
<i>Healthcare Workforce for an Aging Society</i>	36
<i>Task Force Support</i>	37
<i>Cancer Communication Training</i>	39
<i>Core Curriculum for Health Professions</i>	40
<i>Strategic Management Simulation</i>	41
<i>Basic Sciences for Pediatric Trainees</i>	42
<i>Clinical Doctorate in Nursing</i>	43
<i>Faculty Development Program</i>	44
 Macy Conferences	 46
<i>Continuing Education in the Health Professions</i>	47
 President's Discretionary Grants Awarded, Fiscal Year 2006-2007	 48

Board of Directors and Staff

BOARD OF DIRECTORS

Lawrence S. Huntington
Chairman of the Board
Josiah Macy, Jr. Foundation
Chairman Emeritus
Fiduciary Trust Company International

Lawrence K. Altman, M.D.
Staff Medical Correspondent
“The Doctor’s World” Columnist
The New York Times

Jordan J. Cohen, M.D.
President Emeritus
Association of American
Medical Colleges

John W. Frymoyer, M.D.
Dean Emeritus, College of Medicine
University of Vermont

S. Parker Gilbert
Chairman Emeritus
Advisory Director
Morgan Stanley

Patricia Albjerg Graham, Ph.D.
Charles Warren Professor of
the History of American Education
Harvard Graduate School of Education

Arthur H. Hayes, Jr., M.D.
President
MediScience Associates, Inc.

John Jay Iselin, Ph.D.
President Emeritus
The Marconi Foundation

**Judith B. Krauss, R.N., M.S.N.,
F.A.A.N.**
Professor
Sillman College

Mary Patterson McPherson, Ph.D.
Executive Officer
The American Philosophical Society

June E. Osborn, M.D.
President
Josiah Macy, Jr. Foundation

Herbert Pardes, M.D.
President and CEO
New York-Presbyterian Hospital

George Erik Rupp, Ph.D.
President
International Rescue Committee

William H. Wright II
Managing Director
Morgan Stanley

HONORARY DIRECTORS

Clarence F. Michalis
Chairman Emeritus
Josiah Macy, Jr. Foundation

Louis S. Auchincloss
Author

Alexander G. Bearn, M.D.
Executive Officer Emeritus
American Philosophical Society

E. Virgil Conway
Chairman Emeritus
Metropolitan Transportation Authority
Chairman
Rittenhouse Advisors, L.L.C.

Bernard W. Harleston, Ph.D.
Senior Associate
New England Resource Center
for Higher Education
University of Massachusetts, Boston

David L. Luke III
Retired Chairman
Westvaco Corporation

EXECUTIVE COMMITTEE

Lawrence S. Huntington,
Chair

Patricia Albjerg Graham, Ph.D.
Mary Patterson McPherson, Ph.D.
June E. Osborn, M.D.

AUDIT COMMITTEE

William H. Wright II,
Chairman

Lawrence S. Huntington
John Jay Iselin, Ph.D.

FINANCE COMMITTEE

S. Parker Gilbert,
Chairman

Lawrence S. Huntington
June E. Osborn, M.D.
William H. Wright II

STAFF

June E. Osborn, M.D.
President

Marc A. Nivet, M.S.
Chief Operating Officer
Secretary & Treasurer

Ruth Corbett
Executive Assistant

Deloris DeBerry
Financial Assistant

Nicholas R. Romano, M.A.
Executive Assistant

Tanya Tyler
Publications Manager/
Assistant to the President



Kate Macy Ladd (1863-1945) — A Woman of Foresight

About the Foundation

KATE MACY LADD endowed the Josiah Macy, Jr. Foundation in 1930 in memory of her father, who died at a young age. Since the mid-1960s, the Foundation has focused its resources specifically on improving the education of health professionals.

A Heritage of Philanthropy

Mrs. Ladd descended from Thomas and Sarah Macy, who immigrated to Massachusetts from England in the late 1630s. In America, the Macys, who were among the first European settlers on Nantucket Island, became prosperous maritime merchants. Six generations and almost 200 years later, Captain Josiah Macy left Nantucket to establish a shipping and commission firm in New York City. In the 1860s, under the guidance of the retired Captain's sons and grandsons, the firm opened New York's first oil refinery, which was later purchased by the Standard Oil Company.

In her letter of endowment, written in 1930, Mrs. Ladd expressed her vision for the Foundation. She noted that “no sound structure of social and cultural welfare could be maintained without health, [and that] health was more than just freedom from sickness—that it resided in the wholesome unity of mind and body.” She expressed her wish that the Foundation... “should concentrate on a few problems rather than support many undertakings, and that it should primarily devote its interest to the fundamental aspects of health, of sickness and of methods for the relief of suffering; in particular to such special problems in medical sciences, medical arts and medical education as require for their solution studies and efforts in correlated fields as well, such as biology and the social sciences.” She further urged that the Foundation invest in “the architecture of ideas rather than in bricks and mortar”, and fund institutions rather than individuals in so doing.

In 1876, prominent philanthropist Josiah Macy, Jr., one of the Captain's grandsons, died of yellow fever at age 38. The family's philanthropic tradition was continued by his daughter, Kate, who married the lawyer and yachtsman Walter Graeme Ladd. By the time of her death in 1945 she had given the Foundation approximately \$19 million.

With that remarkable guidance, the Macy Foundation's programs have evolved over subsequent decades. Until 1945, the Foundation focused its grantmaking on medical research in such fields as traumatic shock and war-related psychiatric disorders, geriatrics and aging, arteriosclerosis, genetics and human development, and psychosomatic medicine. The Foundation's extensive conference and publication program was also begun during this period.

From the end of World War II through the mid-1960s, the Foundation supported the efforts of medical schools to expand and strengthen their basic science faculties. During that time, the Foundation also began supporting the emergent fields of basic reproductive biology, human reproduction, and family planning, and fostered their incorporation into the biological, behavioral, and social science bases of academic obstetrics and gynecology.

Since the mid-1970s, the Foundation has awarded more than 70 percent of its grants to projects that broaden and improve the education of physicians and other health professionals. For example, the Foundation has funded programs to recruit and retain underrepresented minority students in premedical collegiate programs and in medical schools and has fostered programs for improvement of faculty and enhancement of health professional teamwork. In the 1980s and 1990s the Foundation also supported projects in emergency medicine and the education of physician assistants as well as the treatment of substance abuse by primary care physicians

One program begun in the 1980s—the Minorities in Medicine program—supported academic enrichment programs for minority high school students interested in careers in medicine and the sciences. These high school programs were so successful that, in 1990, the Foundation established a separate effort called Ventures in Education (now an independent corporation) to replicate these programs across the nation.

Also during the 1980s, the Foundation funded studies at medical schools and universities in the cognitive sciences in medicine, including studies of the clinical decision-making process used by physicians and the application

of basic science knowledge to clinical reasoning.

In the early part of the 1990s considerable emphasis was placed on health educational strategies that would enhance primary care in the U.S. health care system. Then, with the retirement of Dr. Thomas H. Meikle, Jr. as the fifth president of the Foundation, the Board of Directors of the Macy Foundation devised a policy statement to give focus to discussions with potential successors for that position. Central among the points made in that statement was the mission to “develop, monitor, and evaluate projects which demonstrate new approaches to addressing problems in health professions education.”

With the guidance of that mission statement, in 1996 the new president, June E. Osborn, M.D., formulated four areas of particular emphasis in grant-making:

1. *projects to improve medical and health professional education in the context of the changing health care system;*
2. *projects that will increase diversity among health care professionals;*
3. *projects that demonstrate or encourage ways to increase teamwork between and among health care professionals; and*
4. *educational strategies to increase care for underserved populations.*

While no effort is made to achieve a strict proportion of Foundation activities across the four areas at any one time, an overall balance is attempted. In addition, they provide useful guidance in assessing the relevance and importance of grant proposals as well as in determining and designing conferences sponsored by the Macy Foundation.

President's Statement



June E. Osborn, M.D.

As I near the completion of my eleventh and final year as president of the Macy Foundation, I am grateful for the opportunities I have had in this role to try to influence the directions and strategies of health professional education. With the support of the Board of Directors I have tried in a variety of ways to aid and abet the efforts of creative educators to adapt to the changing health care system. From the very outset it seemed remarkably ambitious to try to use relatively modest resources to influence the course of the massive health care “steamship”; but we have had some successes and have been able to identify areas of effort that continue to hold promise. In this statement I will try to highlight some of those, but will also express a sense of concern about contexts in which initiation of change seems difficult despite urgent need.

First, about the U.S. health care system itself: it seems appropriate to use Dickens’ portentous phrase: “it [is] the best of times, it [is] the worst of times”. The potential for cure and, increasingly, for primary and secondary prevention is being amplified dramatically by advances in imaging techniques, laboratory testing, elegant surgical interventions and even genetic analysis — not to mention growing understanding of health behaviors that can enhance both longevity and well-being. That is the good news and it should not be underplayed. But access to the kind of

care that can realize that potential is increasingly threatened at both the individual and the societal level.

Clearly the issue of lack of health care coverage and insurance is a serious impediment, and the numbers of people threatened by the specter of lack of care has grown steadily. Lack or inadequacy of insurance coverage itself is a serious problem, but physician maldistribution adds to its impact; and almost all of the health professions face looming shortages in their workforces that will intensify that effect.

Another component of the unbalanced equation between potential and realization of improved health is the increasing diversity of the U.S. population, in terms of ethnicity, of educational opportunity, and of greatly divergent economic well-being which is a remarkably powerful predictor of well-being and longevity. The very advances that promise “the best of times” are predicated on health literacy, effective communication between providers and recipients of care, and a level of technologic sophistication that all too often is not present for either patient or caregiver.

It would seem that the easiest of these areas to grapple with should be the implementation of information technology in the health care arena. Some of that has happened, of course, and with each new graduating class of health professionals it will get easier, since there is a marked generational difference in facility (and comfort) with computer use. But for the moment, the widespread failure to implement available information technologies in the many diverse health care settings where they could make a life-or-death difference is startling. Even the effort to initiate computerized patient records is mired in difficulties, and resultant gaps in care occur even in the most sophisticated academic health centers. Some of the problems are technical, but those are trivial compared to the issues that belie the on-going weakness in teamwork among health professionals. Still other impediments reveal the complexities that arise from concerns (many legitimate) about patient privacy; and of course those same issues impede the increasing need to implement “translational research” in order

to reap the benefits of advancing biomedical science.

Turning directly to the teamwork issue, I have been struck during my years at the Macy Foundation, with the centrality of that issue to the delivery of health care. There are reasons for there being several health professions, and it is instructive to contemplate how much health care would improve if the variously trained health professionals were optimally and cooperatively deployed. One need only get on the other side of the bed to experience the inter-professional tensions that can flare unexpectedly with a perceived slight or demeaning interaction. I am sad to say that physicians are the most egregious culprits in that regard, retaining traces of an authoritarian past in which second opinions were never sought and rarely welcomed and in which training of other health professionals was sometimes quite uneven. We have come a long way in recent decades and the time should be ripe for change of such attitudes; but the imprinting of professional identity starts early, and indeed the efforts that have been made to “teach” teamwork — the sharing of professionalism and core competencies in areas such as ethics, law and values as well as epidemiology, biostatistics and the like — have suggested that it needs to be inculcated at the very outset. When students from the various health professional schools learn core material side by side, they also learn of each others’ existence and retain a degree of respect that can materially improve the outcome.

I made reference earlier to the maldistribution of health care providers, which is most notable for primary caregivers. Despite efforts to encourage students toward primary care specialties and careers, the trend is decidedly in the other direction. Several factors contribute to that ominous trend. Probably one of the most significant is an ever-increasing debt burden for health professional students. When I came to the Foundation in 1996, debt burden averaged over \$50,000, which seemed heavy and difficult at the time. But now, according to the Association of American Medical Colleges, that average level of indebtedness has increased to \$120,000, which is astonishing in an absolute sense but almost unthinkable in the context of a fresh medical school graduate hoping to establish a life and family. The choice to opt for a better paid specialty career (as opposed to primary care) is not hard to understand in such a context, but it is working against our best interests as a society and needs to be addressed. Shortly after my arrival at the Macy Foundation we funded a study to see if the

National Health Service Corps could be updated to address the realities of graduate medical education while serving the needs of indebted medical graduates and underserved communities alike. Sadly, the proposals emanating from that study did not take root in legislation; but further effort in that direction would be intensely useful in meeting some of our “worst of times” dilemmas.

Considerable effort during my tenure has been directed at issues surrounding the need to enhance the representation of underrepresented minorities in the health professions. The past decade has been affected strongly by an institutional “pull-back” in the wake of Supreme Court decisions that seemed to label efforts to increase diversity as suspect, if not illegal. Universities in large numbers chose to abandon efforts to redress age-old disparities in opportunity and educational achievement, rather than to run the risk of attracting the attention of their constituencies or the courts. The arguments surrounding this issue are beyond the scope of this essay; but evidence of the need to increase diversity among the health professional workforce has become more compelling by the year. First, there is growing documentation that health disparities correlate convincingly with such underrepresentation in the healthcare workforce. It is not the case that caregiver and recipient must be homogenous in ethnicity in order for things to go well; but it definitely is the case that issues such as health communication and access to appropriate care are facilitated markedly by diversity in the health care setting. Furthermore, failure to provide such diversity clearly results in demonstrably adverse outcomes for minority populations, and research objectives may be blunted by the inability to see problems clearly in ethnically unfamiliar populations. With a lag time (in medicine at least) of nine years between matriculation and fully trained physicians, and with a projected interval of only a couple of decades before the “majority” becomes the “minority” in our country, creative and urgent efforts must be devoted to the problem of underrepresentation of minorities in the health professions.

A couple of new issues have gained prominence during the past decade. First, the relationship between medicine and public health has received new attention. I confess I was puzzled, when I went from a medical faculty position at the University of Wisconsin to take the deanship of the School of Public Health at Michigan, to discover the extent of the divide, and

even the incipient and mutual hostility, that existed between the two complementary professions. Clearly, academic “silos” played a role in that; but the resultant cost of such estrangement was great, for the fields of medicine and public health are — or should be — mutually interdependent. I believe that perspective has improved quite substantially in the subsequent years. An awareness of global health issues and their relevance to U.S. health has been a prime mover in that progress, but heterogeneous factors such as the advent of emerging infectious diseases and the burgeoning internationalization of our own population has augmented the trend.

That the re-connection of medicine and public health was emerging was emphasized by one of our most successful programs of the decade: the support of an MD/MPH program based at Columbia University under the leadership of Allan Rosenfield. Students from several New York City medical schools were eligible to apply for “slots” in the program between their third and fourth years of medical school, enabling them (if successful) to obtain both an MD from their home institution and an MPH from Columbia at the end of five years. The key was that the extra year was made cost-neutral by virtue of Macy Foundation and institutional support. Given the debt burden issue touched on earlier, it is of considerable note that the program was intensely sought after, highly successful, and that fully one-third of participants were from ethnically diverse communities. In particular interest was the fact that, of those who were not selected to participate, only one student opted to do so without Foundation support; the rest could not since they had already reached the ceiling of their debt burden. In my mind, that set of facts underscores the “best of times — worst of times” scenario, for I have never doubted the intense goodwill of people entering health professional studies and I believe it still holds true. But the ability to follow through on that early altruism is currently crippled or blocked by realities that are within our power to analyze and fix.

Finally, an area of growing interest and importance is graduate medical education. For most of the past decade it has seemed difficult to find a way to enter into useful efforts in that arena, for residencies are vastly more fragmented and subject to many more non-academic pressures than undergraduate medical programs. But the trends, both in biomedical scientific advance and in patterns of patient care, make “life-long learning” an imperative more striking than ever. The equivocal status of medical

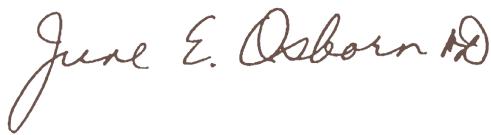
residents — were they students or employees of hospitals and health care centers — was much clarified when the ACGME took action to “cap” the number of total and consecutive hours spent on duty by residents, but it also laid the way open for much-needed attention to related issues in GME. One Macy Foundation-supported project that contributed notably to that development was the effort, centered at Duke University, to train new residents about the hazards to their health and performance presented by fatigue, substance abuse and other factors threatening impairment of optimal function. The product of those efforts is now available nationally in the form of training materials for residency directors as well as self-administered instructional materials; their widespread availability was enthusiastically underwritten by the ACGME.

A related issue concerning graduate health professional education — that of corporate sponsorship of continuing educational seminars and conferences — will be a major component of the final Macy Conference under my leadership. With nearly 90% of GME now funded by corporate sponsors, and with the requirement for participation in such now routine throughout most areas of medicine and the other health professions, issues of objectivity and unbiased presentation of data comparing therapeutic and preventive approaches become increasingly critical to address. As delineated in a Macy-funded study by the AAMC, several university medical centers have already attempted to limit potentially distorting input to their residency programs from industry, and the topic is also a prominent concern of health professional journals. It is a topic that requires careful attention: not only is on-going medical advance at issue, but so too is the matter of patient trust. We must find ways to achieve life-long learning without jeopardizing the very professionalism that should give credibility to the patient-physician relationship.

Some Concluding Thoughts

I mentioned at the outset that it seemed daunting at first to find ways to improve the health care system through interventions in health professional education. It still does, but I believe the on-going programs funded by the Macy Foundation supply evidence that it is indeed possible. It is a disheartening fact — but a fact nonetheless — that few resources exist to facilitate improvement in teamwork education, in disparities in representation among students in the health care professions, or even in improving health

literacy and communication in the health care setting. Universities are struggling with virtual ossification of curricula and “silo-ed” disciplines. In addition the efforts at quality control, through processes of certification, are sometimes double-edged in their effect on those issues. In any event, there is no shortage of areas in need of innovative and imaginative change, and further efforts are well warranted to continue to focus modest resources on areas central to the long-run improvement of the U.S. health care system and, indeed, of global health. Thus I am confident that the good work of the Macy Foundation will extend far into the future.

A handwritten signature in cursive script that reads "June E. Osborn M.D." with a small circular mark at the end of the signature.

June E. Osborn, M.D.

President,
Josiah Macy, Jr. Foundation

Programs



Educational Strategies to Increase Care for Underserved Populations



NEW INITIATIVES

Medical School Futures Study

Recommendations from this study will be publicized in scholarly papers in the medical literature and in "op-eds" to dispense information to a wider audience.

A grant to support "The Medical School Futures Study" (up to \$750,171 for two years, effective 11/1/06).
George Washington University
Principal Investigator: Fitzhugh Mullan, M.D.

In the past, medical education has been more than challenged by the need to train new primary care physicians, recruit underrepresented minorities, and improve the geographic distribution of physicians.

With this study, Dr. Fitzhugh Mullan, a professor of medicine and health policy at the George Washington University and an expert in healthcare manpower issues, will examine those challenges in both the historical and contemporary perspective, then propose recommendations for new and expanded medical schools.

For his retrospective analysis, Dr. Mullan will examine the expansion of medical schools during the 1960s and 1970s while his analysis of the current situation will include site visits to institutions that have been particularly successful with his three areas of focus: primary care training, recruitment of underrepresented minorities and geographic distribution of physicians.

He is using existing data from groups such as the American Medical Association, Association of American Medical Colleges, the American Association of Colleges of Osteopathic Medicine, the Bureau of the Health Professions, the Dartmouth Atlas of Health Care, and the Center for Medicare and Medicaid Services. A 15-member advisory committee has medical education, public policy and consumer representatives.

Recommendations derived from the study will be publicized both through scholarly papers in the medical literature and "op-eds" to bring the information to a wider audience.

An Epidemiology Scholars Program

The long-term goal of the EPI Scholars Program is to develop and sustain a visible, agency-wide health disparities research agenda aimed at reducing gaps in morbidity and mortality between the city's richest and poorest neighborhoods.

A grant to support the Epidemiology Scholars Program at the New York City Department of Health and Mental Hygiene (up to \$443,359 for three years, beginning 2/1/07).
Fund for Public Health in New York, Inc.
Principal Investigator: Lorna Thorpe, Ph.D.

In September 2006, the Macy Foundation awarded a staff grant to support planning for an Epidemiology Scholars Program in the Department of Health and Mental Hygiene (DOHMH) of the City of New York. That planning was completed expeditiously and with this new grant, Dr. Lorna Thorpe, deputy commissioner, is launching that program.

The impetus for developing this program has been the growing need for epidemiology research and training in health disparities, especially in urban areas and, in particular, New York City. With an unusually high number of graduates from the Center for Disease Prevention and Control's Epidemic Intelligence Service, this department is well positioned for this program.

Using an approach similar to that used by CDC, the department will select five summer students and two full-year students from among candidates proposed by the epidemiology departments at the Columbia, Yale, Johns Hopkins, Emory and University of North Carolina schools of public health. Students selected for the program will be matched with department mentors for their proposed research projects.

Scholars selected for the program will attend seminars on applied epidemiology methods and theory and weekly lectures that provide an overview of the department and its divisions, with optional participation in a summer-long course on social epidemiology led by Columbia faculty and consultation on student research projects, as needed, with faculty members from participating institutions.

The long-term goal of the Epi-Scholars Program is to develop and sustain a visible, agency-wide health disparities research agenda aimed at reducing the gaps in morbidity and mortality between the city's richest and poorest neighborhoods. Sustainability of the program is a priority for both DOHMH, which hopes to secure city tax support if the program proves successful, and its academic partners.

Interdisciplinary Health Disparities Research

The new Macy Scholars Program broadens the existing program to reach students in other fields, such as liberal arts, psychology, pre-medicine, pharmacy and/or public health as well as nursing with a goal of recruiting at least 10 students a year.

A grant to support a Macy Scholars program for interdisciplinary health disparities research (up to \$560,511 for two years, effective 6/1/07).
Yale University School of Nursing
Principal Investigator: Barbara Guthrie, Ph.D., R.N.;
Co-Investigator, Margaret Grey, Ph.D., R.N.

The relative lack of minority nurse researchers and increasing evidence of racial disparities in both access to and provision of health care services prompted the Yale University School of Nursing to join with the Howard University Division of Nursing in 2000 to offer an intensive summer internship for a group of Howard undergraduate nursing students.

Initially funded by the Yale School of Nursing, the internship program was held in New Haven. In 2002, The National Institute of Nursing Research and the National Center on Minority Health and Health Disparities agreed to fund the Yale-Howard program for another five years. The centerpiece of the program has been a six-week summer program that involved junior nursing students from Howard in ongoing research activities at Yale.

By the time the final year of funding began, the Yale nursing faculty had hosted 34 Howard nursing students, all of whom have presented their work at scientific meetings. Many have published with their faculty mentors and two-thirds have either completed, are enrolled in, or in the process of applying to graduate school.

The new Macy Scholars Program broadens the existing program to reach students in other fields, such as liberal arts, psychology, pre-medicine, pharmacy, and/or public health, as well as nursing, with a goal of recruiting a minimum of 10 students a year. The Macy Scholars will spend six weeks at Yale in the summer between their junior and senior years in a program similar to that of the Yale Howard Nursing Scholars Program. The main difference is that the Macy Scholars will be drawn from different disciplines and will be matched with interdisciplinary research teams at Yale.

Core areas of study include cardiovascular disease, diabetes, asthma, cancer, and HIV/AIDS; the five major causes of preventable and treatable morbidity and mortality among people of color. Faculty members will be

chosen for their ability to work with and mentor underrepresented and/or disadvantaged students with a goal of achieving a 2:1 mentor/mentee ratio.

The grant funds the first two years of a program the partners hope to expand to other historically Black colleges and universities.

ONGOING PROGRAMS

Improving Care for Elderly Patients

American Board of Internal Medicine

Principal Investigators: Christine K. Cassel, M.D., Eric S. Holmboe, M.D.

Anticipated Completion: February, 2009

This project is designed to train residents to provide geriatric care in an ambulatory setting, using a practice-improvement module (PIM) designed for Care of the Vulnerable Elderly (CoVE). The larger goal is to improve the overall quality of care for the elderly.

Despite the dramatic increase in the number of elderly patients, medical education still fails to teach geriatrics adequately. Much training is hospital-based, while most care for elderly patients, many of whom suffer chronic conditions, is provided in an outpatient setting. Too, most medical schools fail to deal with many issues vital to effective care of the elderly, such as falls, incontinence, depression, and drug interactions.

This project is testing the use of a PIM devoted to improving care of the vulnerable elderly to train internal medicine and family practice residents in an ambulatory care setting. The test involves 35 residents in each of 30 practice settings, with each resident assigned seven patients over the age of 65. The numbers are needed to detect a 10 percent improvement in quality of care measures for the elderly. Training settings in which the CoVE PIM has not been used serve as controls and are being evaluated in the same ways as the experimental settings.

Data collection began after a six-month start-up period and findings will be reviewed and summarized during the study's final year.

Teaching Chronic Disease Care

Association of American Medical Colleges
Principal Investigator: Michael E. Whitcomb, M.D.
Anticipated Completion: June 2008

A 2004 AAMC report entitled “Educating Doctors to Provide High Quality Care,” highlighted the need for physicians in key specialties, such as internal and family medicine, to learn how to care for patients with chronic conditions in ambulatory settings. This report from a panel of medical school deans also acknowledged that medical education, at both the undergraduate and graduate (residency) levels, now focuses disproportionately on acute inpatient care and could not meet that need.

The findings prompted the deans to recommend a redesign of medical education to give students experience in ambulatory care settings so they would learn to work with chronic care patients. In response, AAMC established the Education for Chronic Illness Care Roundtable composed of leaders in internal and family medicine. This group developed a set of principals to guide the proposed changes, then asked AAMC to encourage members to make those changes.

This grant supports the development and implementation of chronic care education in both undergraduate and graduate medical education. After a national competition, AAMC selected 10 medical schools to integrate chronic disease care throughout all four years of their curricula.

Another part of the project, taking account of the challenges involved in redesigning graduate medical education, involves identifying and finding ways to overcome barriers to redesign, one of which is the need to apply for waivers from defined residency requirements.

Increasing Teamwork Between and Among Multiple Health Professions



ONGOING PROGRAMS

Interdisciplinary Global Public Health Program

New York University

Co-Investigators: Jo Ivey Boufford, M.D., and Karen Day, Ph.D.

Anticipated Completion: July 2009

This grant supports the creation of an interdisciplinary master's program to prepare graduates for leadership in global public health. The new program is based on the underlying premise that global public health is not a single discipline but a goal that demands collaboration of many disciplines, including the health professions, law, business, and journalism, as well as the basic, social and behavioral sciences.

Since collaboration among professional disciplines is often difficult to achieve, this program aims to prepare health professionals to recognize that a multidisciplinary approach is essential to their effectiveness, whether in research, education or practice. Five of NYU's professional schools — the college of dentistry with its college of nursing, the schools of social work, medicine, and education, and the Wagner School of Public Service — collaborated to design the program.

The two-year degree program has enrolled individuals with a professional degree who seek advanced work in global public health. The first class was admitted in 2006 and fieldwork, either in the developing world or with an organization working on global health in the United States, is scheduled to begin in the fall of 2007.

Students are to work in the field as members of interdisciplinary teams on a year-long project identified by a client organization, which might be UN agencies, national or local governments, civil society or business organizations with an identified social purpose. To complete the project, students will perform whatever fieldwork is required and prepare a final report for the client organization.

Bi-weekly seminars with both NYU faculty and global experts are providing the framework for an interdisciplinary "textbook" on global health that explores issues, such as language and different approaches to work, from the perspectives of multiple disciplines.

A major goal of this program is not only to produce graduates knowledgeable about the theories of global public health, but more importantly, to produce graduates who have first-hand experience with the challenges posed by global public health in the field and have learned the value of working as a team with individuals of different professional backgrounds.

Educating About Prevention

Association of Teachers of Preventive Medicine
Principal Investigator: David R. Garr, M.D.
Anticipated Completion: February 2008

One goal set by the Surgeon General's Healthy People 2010 was to increase "the proportion of schools of medicine, schools of nursing, and health professional training schools whose basic curriculum for health care providers includes the core competencies in health promotion and disease prevention."

To meet that goal, a task force of the Association of Teachers of Preventive Medicine produced a Clinical Prevention and Population Health Curriculum Framework for organizing and monitoring curriculum and for communication among the different disciplines.

With this grant, the task force is expanding its support of inter-professional collaboration through broad distribution of the framework, development of an online Prevention Education Resource Center, use of the center to enrich program and curriculum content, and a state-of-the-science national inter-professional conference on prevention, population health, and inter-professional education, practice and research.

Making use of available online resources, including CDC case studies, recommendations of the U.S. Preventive Services Task Force and vaccination curriculum developed by the Association of Teachers of Preventive Medicine, among other materials, the resource center has helped to add public health education into undergraduate curricula, as recommended by the task force.



Diversity Among Health Professionals



NEW INITIATIVES

Diversity in Science Center

A major goal of the center will be to identify mechanisms necessary for the academic and career advancement of racial and ethnic minority, urban and disadvantaged individuals.

A grant to support the establishment of a Center for the Study of Diversity in Science (up to \$984,344 for three years, effective 6/1/07).

Harvard Medical School

Principal Investigator: Joan Reede, M.D., M.P.H., M.S.

Co-Principal Investigator: Emorcia V. Hill, Ph.D.

Though a number of programs have been devised to enhance diversity in the health professions, none of these programs have been fully evaluated or studied systematically to determine their success or failure. As a result, despite the considerable resources expended by state, local and federal governments, private foundations and other groups, no one knows whether these programs have worked, and therefore their effectiveness has been questioned.

With this grant, Dr. Joan Reede, Dean for Diversity and Community Partnership at Harvard Medical School, is establishing a Center for the Study of Diversity in Science to address this deficiency. The new Center, built on the scientist-practitioner model, will integrate theory, research and practice to address both health care and scientific workforce diversity and human resource development. A major goal of the center will be to identify the mechanisms necessary for the academic and career advancement of racial and ethnic minority, urban and disadvantaged individuals.

Dr. Reede and her co-investigator, Dr. Emorcia Hill, have considerable experience in programs designed to enhance diversity. Dr. Reede has been director of Harvard's Office for Diversity and Community Partnership since it was established in 2002, and has been nationally recognized for her efforts to enhance diversity. Dr. Hill has 20 years of experience with programs aimed at increasing the participation of minorities both in academia and in the labor force.

They have identified an impressive list of objectives for the new center. These include:

- Providing a forum where leaders and expert policy makers, researchers and practitioners can address the many theoretical, practical, research and societal questions surrounding workforce diversity and human resource development;

-
- Conducting studies that are appropriate to scale and subject matter;
 - Creating a repository and database that is available to a broad, public constituency;
 - Establishing models and identifying lessons useful as “road maps” for program development;
 - Providing technical assistance for workforce diversity programs;
 - Providing leadership development and training for directors of workforce diversity and human resource development programs, incorporating lessons learned from successful programs;
 - Generating research papers and policy briefs; and
 - Serving as a resource for researchers, policy makers and practitioners interested in increasing workforce diversity and improving human resource development.

Determinants of Female and Minority Medical Faculty

This project was designed to assess faculty development at five medical schools with special attention to women and minority faculty and to identify ways to improve their careers by altering existing cultures.

A grant to complete the study entitled “Realizing Women and Underrepresented Minority Faculty Potential in Academic Medicine: A Cultural Change Intervention” (up to \$1,500,000 for two years, beginning in January 2008).

Brandeis University

Principal Investigator: Linda Pololi, M.B.B.S., M.R.C.P.

This project was designed to assess faculty development at five medical schools — Duke, George Washington, Tufts, the University of Minnesota and the University of New Mexico — with special attention to women and minority faculty, and to identify ways to improve their careers by altering existing cultures. Already the five schools are part of a Learning Action Network structured to identify variables that can have a positive or negative impact on career development, so that those schools can address the variables in their faculty development programs.

The deans and other top officials and faculty members of the five medical

schools are involved in the project, which is being overseen by a national advisory board.

Late in 2005, the Macy Board approved two years of support for the project, with the expectation that the federal Agency for Health Research Quality would provide the additional funding needed to complete the study. When that funding failed to materialize, the Macy Board approved additional funding to complete the project.

Work in this final phase includes completion of faculty interviews in the five schools, a national faculty quantitative survey to be conducted in cooperation with the Association of American Medical Colleges, support for the Learning Action Network and advisory group activities, and evaluation and dissemination of the study findings.

ONGOING PROGRAMS

Minority Faculty Development

University of Pennsylvania School of Medicine
Principal Investigator: Jerry Johnson, M.D.
Anticipated Completion: July 2009

The Centers of Excellence Program (COE) funded by the Health Resources and Services Administration has led the nation's efforts to recruit and prepare underrepresented minority physicians since 1993, but that support ended in 2006. This grant supports "gap" funding so that a consortium of four medical schools can continue the program while pursuing efforts to restore federal funding.

All Centers of Excellence programs in the northeast are members of the consortium: University of Pennsylvania, the Albert Einstein Medical School of Yeshiva University, The Mount Sinai School of Medicine, and the University of Medicine and Dentistry of New Jersey-New Jersey Medical School.

The consortium approach permits members to combine efforts to recruit and help develop minority physicians and scientists for careers in academic medicine, increasing the number and diversity of mentors, enhancing the

content of training exercises, providing access to larger and different populations and databases for research, and expanding peer contacts.

In addition, the consortium is conducting a number of specific activities. These include a compendium of programs, mentors and resources at the participating institutions; an annual Faculty Development Institute for junior faculty and fellows; supplemental funding in areas such as release time for research and tuition for course work; competitive career development awards and grants; and exchange research opportunities.

The consortium and its work provide a model for other universities faced with the challenge of recruiting and training minority faculty. Efforts are focused on faculty development beginning at the fellow and post-doctoral levels, with members sharing training resources and techniques. Consortium members also are developing a minority senior faculty leadership program for mid-level faculty seeking senior positions.

Health Professional Education in the Context of the Changing Health Care System



NEW INITIATIVES

Healthcare Workforce for an Aging Society

When this study is complete, the findings will be useful for a wide target audience that includes older Americans and their advocates, health care professional societies and more.

An award for partial support of the study on “Health Care Workforce for an Aging Society” (one-time \$300,000 contribution).

The Institute of Medicine of The National Academy of Sciences
Principal Investigator: Clyde J. Behney

Working with the Hartford Foundation, the American Geriatric Society and other foundations concerned with the aging of the population, the Institute of Medicine is undertaking a study designed to characterize precisely the kind of health workforce needed to care for an aging society.

The study, led by experienced IOM study director Clyde J. Behney, is using the usual IOM format, with a panel of 15 experts who will meet over a period of 15 months to consider questions such as:

- What are the national goals of health care for older Americans and how do they harmonize with the priorities of the larger American society?
- In view of these goals, what are the specific health needs of the aging population?
- What is the best deployment of the professional and non-professional health care workforce to meet these needs? How can physician and non-physician workforces provide optimal health care for the anticipated growth in the older population? What models of delivery promise to provide high quality care for an aging population?
- How should a professional healthcare workforce be recruited, educated and trained to provide this care and how should that process be financed? How can competency be measured? How can this needed workforce be recruited and retained?
- How can public programs, specifically Medicare and Medicaid, be structured to provide high value care to an older population?

The committee includes experts in medicine, nursing, social work,

pharmacy, health care administration, health education, bioethics, economics, health care law and health care quality research.

When the study is complete, the findings will be useful for a wide target audience which includes older Americans and their advocates, health care professional societies, educators of health care professionals, federal and state governments, public and private payers and purchasers of health care services.

Based on prior experience, IOM estimates that up to \$1.8 million may be required to complete the study. The Macy contribution has assured a quick start. Other contributors include the Hartford Foundation, the Retirement Research Foundation, the Robert Wood Johnson Foundation, Atlantic Philanthropies, and AARP.

Task Force Support

A grant to support a task force on “Industry Funding of Medical Education” (up to \$288,083 for two years, effective 11/1/06).
Association of American Medical Colleges
Principal Investigator: David Korn, M.D.

This task force will assess the role and value of partnerships between academic medicine and industry and then establish a set of principles to assure that those partnerships remain principled and trustworthy. Dr. Roy Vagelos serves as chairman of the task force, with Dr. William Danforth as vice chairman.

Like the upcoming Macy Conference on Continuing Medical Education, the impetus for this task force stems from growing concerns over the dependency of academic medicine on industry support for core educational activities and how this industrial support affects medical education. To support the need for this task force, Dr. Korn, senior vice president for biomedical and health sciences research at the Association of American Medical Colleges (AAMC) notes that gifts and other interchanges between industry and academic medicine reinforce public skepticism about the missions of both academic medicine and the health care industry.

This task force stems from growing concerns over the dependency of academic medicine on industry support for core educational activities and its effects on medical education.

The task force is being asked to develop consensus principles to guide AAMC as well as medical school and teaching hospital leaders as they implement policies to govern industry gifting practices and other forms of support to both maximize their benefits and minimize the pitfalls.

The 35-member group has members from the council of deans, the Council of Teaching Hospitals and Health Systems, the Council of Academic Societies, The Organization of Student Representatives, the Organization of Resident Representatives, academic medical center vice presidents, individuals with expertise in ethics/sociology, public members, industry leaders and AMA liaison members.

The group is meeting twice in Washington and conducting most of its work electronically. Tasks include:

- A review of current policies and procedures used by medical schools and teaching hospitals to manage industry support of educational activities and gifting aimed at students, faculty and staff;
- An evaluation of the benefits to be gained and the pitfalls to be avoided in industry and academic medicine relationships;
- Developing general principles to guide academic medical institutions to optimize the benefits and minimize those pitfalls;
- Identifying current strategies to raise awareness about these benefits and pitfalls and assessing whether any of these strategies have been successful; and
- Suggesting work AAMC might undertake to help members apply the principles developed by the task force.

Cancer Communication Training

Little training in cancer communication skills has been provided. Memorial Sloan-Kettering is the first comprehensive cancer center to develop a training laboratory dedicated to communication skills.

A grant to develop and test a "Train-the Trainer Program for Cancer Communication" (up to \$204,430 for 18 months, effective 7/1/07).

Memorial Sloan-Kettering Cancer Center

Principal Investigator: David W. Kissane, M.D.

This grant supports a program to disseminate the communication skills curriculum created at the Memorial Sloan Kettering Cancer Center to cancer centers throughout New York State. Despite the attention given to the role of communication skills in general medicine, little training in communication skills has been provided in the field of oncology. In fact, the four-day training session for oncology fellows conducted before the annual American Society for Clinical Oncology meeting has trained only 130 fellows over the past five years.

Memorial Sloan-Kettering is the first comprehensive cancer center to develop a training laboratory dedicated to communication skills. Utilizing role-playing and video replays as part of the feedback and teaching process, the laboratory has developed six modules. These deal with breaking bad news; discussing prognosis, shared decision making about treatment options, including clinical trials; responding to patient anger; discussing the transition from curative to palliative care; and obtaining do-not-resuscitate and do-not-intubate orders.

Dr. Kissane, who developed the program, trained 48 surgeons and medical oncologists as facilitators and 98 fellows during 2006. Macy support will be used to assess the outcome of the training program, to support a proposal for further funding from the National Cancer Institute, and to continue the train-the-trainers and fellows training program. Based on the outcome data, the next steps will be to invite oncologists from Mount Sinai, New York Presbyterian and New York University to participate in the program and to invite the 18 institutions in New York metropolitan area with oncology fellowship programs to participate.

In addition to NCI, the Arthur Vining Davis Foundation is a potential supporter. Program leaders also plan to develop a fee structure for teaching communication skills to medical, surgical, pediatric and radiation oncology departments and to divisions of nursing and social work.

The goal of this project is to develop, implement and evaluate a core curriculum for the health professions focusing on professionalism/communications, evidence-based practice and population health and wellness.

Core Curriculum for Health Professions

A grant to support a project entitled "Core Curriculum for Health Professions" (up to \$257,070 for two years, effective 2/1/07).

School of Public Health and Health Professions of the University at Buffalo (SUNY)

Principal Investigator: Dale R. Fish, M.S., Ph.D.

The goal of this project is the development, implementation and evaluation of a core curriculum for the health professions. It is the next in a series of steps that began in 2003 when the School of Public Health at the University of Buffalo merged with the School of Allied Health Professions to create a new School of Public Health and Health Professions.

The merger led to greater collaboration among health related schools and programs at the university, and to a second step, the creation of a multidisciplinary core curriculum committee. With support from a private benefactor, that committee identified three areas of focus for the proposed core curriculum:

- Professionalism/communications looking at issues such as professionalism, structure and roles of health care teams, ethics, teaching and communicating with target groups, serving underserved populations and cultural competency;
- Evidence-based practice dealing with introductory statistics, assessing literature, assessing scientific/professional literature, and using literature, experience and patient preferences to inform clinical decisions; and
- Population health and wellness to include topics such as health promotion, health systems and policy, community aspects of practice, disability models and approaches, fundamentals of disability epidemiology, key disability legislation, government services and programs, multicultural views of disabilities, concepts of health and health promotion for people with disabilities and public health as a change agent for disabilities.

Support from the Macy Foundation, together with continuing support from the private benefactor, will be used to complete development and to evaluate the core curriculum. This project has the strong support of the Association of Schools of Allied Health Professions and other professional societies.

Test simulations are being developed to measure an individual's ability to multi-task, plan and strategize, then, measure how an individual performs in simulated crisis situations and in subsequent "recovery."

Strategic Management Simulation

A grant to support a study of "Strategic Management Simulation" in graduate medical education (up to \$857,934 for two years starting 6/1/07).
University of New York-Upstate Medical Center
Principal Investigator: Usha Satish, Ph.D.

Even though physicians rely on their critical judgment to make the decisions essential to effective clinical care, decision-making is not a component of medical training, nor is any effort made to address its importance or assess the decision-making skills of trainees.

This study, proposed by a group of investigators with experience in the field of cognitive processing, aims to correct this deficiency. Led by Dr. Usha Satish, who holds a Ph.D. in cognitive psychology, investigators are developing training modules for use in graduate medical education, adapting the interactive computerized programs that have proved effective in other fields for medicine.

For more than a decade, Dr. Satish, has been involved with similar projects for the military and aviation, and for corporations committed to more effective decision-making. She has helped to develop the interactive computerized programs that simulate appropriate real-life situations for these fields. These programs are designed to identify individual patterns of decision-making before, during and after a crisis or emergency.

Her work has demonstrated that individuals vary considerably both in their responses and their management styles, but it has also demonstrated that these responses can be modified and changed through the use of computerized self-assessment programs.

Dr. Satish, who is an associate professor in psychiatry at SUNY-Upstate and visiting associate professor of surgery at Stanford, is working with Thomas Krummel, M.D., professor of surgery at Stanford, to adapt the approaches that have been successful in other areas to medicine, specifically to the fields of surgery, medicine, psychiatry and preventive medicine.

For this project, they are developing test simulations to measure an individual's ability to use initiative, to multi-task, to plan and strategize, and then to measure how an individual uses those variables in simulated crisis situations and in subsequent "recovery." Already pilot studies reveal a striking range of performance, with high performing individuals demonstrating the ability

to apply multiple strategies, initiate and make multiple decisions, while low performing individuals lack those qualities. Some individuals who perform well under normal conditions are shown to break down under stress.

Five institutions — SUNY-Upstate, Stanford, Henry Ford Medical Center, Dartmouth and Penn State — are participating in the project. Dr. David Leach of the Accreditation Council for Graduate Medical Education (ACGME) serves as an advisor to the project, which, if successfully validated, could be used by between 50,000 and 100,000 residents shortly after completion, and would have a huge and almost immediate impact on graduate medical education. The same approach could then be applied to other areas of medical education.

During the first year, the team is relying upon focus groups to help adapt general simulations to medicine as it develops the necessary database and software. During the second year, the simulation modules will be tested and evaluated by some 1,800 residents. When the project is successfully completed, ACGME plans to make the self-assessment modules available to residency training programs at little or no cost.

ONGOING PROGRAMS

Basic Sciences for Pediatric Trainees

Wayne State University Medical School
Principal investigator: Bonita Stanton, M.D.
Anticipated Completion: July 2008

One key finding from the 2003 Macy Conference on “Pediatric Education in the 21st Century” was that graduate level pediatric education has failed to keep pace with the rapid advances in knowledge that have expanded basic understanding of human genetics and development.

After that conference, two of the participants developed a pilot project designed to integrate advances in the basic sciences into pediatric residency training. That project led to the development of the model being tested with the support of this grant. The Commonwealth Fund and the American Board of Pediatrics also support this program in which eleven pediatric residency programs are participating.

The project's goals include designing an approach to pediatric residency education that emphasizes understanding of the physiology underlying patient problems; developing interactive case studies that focus on the mechanisms of disease in the context of human development; assessing the impact of the case format; and then disseminating the findings, working with both the American Board of Pediatrics and the Association of Pediatric Department Chairs.

Results are expected to encourage the integration of basic biomedical advances into graduate pediatric education and training.

Clinical Doctorate in Nursing

Columbia University

Principal Investigator: Mary O. Munding, Dr.P.H., M.A., B.S.N.

Anticipated Completion: June 2008

When Columbia University and its medical center expanded to roles of nurse practitioners in 1993, the training that then existed for "advanced practice" nursing did not address the expanded primary care roles being taken by nurses.

To meet this need, the School of Nursing developed a pioneering Doctor of Nursing Practice (Dr.N.P.) degree program and, in 1999, formed a Council for the Advancement of Primary Care to formalize the new doctorate program.

A study published the following year in the Journal of the American Medical Association found no difference in the quality of care or outcomes whether or not physicians or nurses trained in the new program were primary care providers. Columbia formally approved the Dr. N.P. program in 2004.

The need for a clinical doctorate in nursing is now so widely recognized that more than 40 nursing schools are developing their own doctorate programs. Recognizing the risk posed by hurried planning for these programs, the council recommended that schools that award the degree adopt common standards for clinical competencies.

With this grant, the council and Columbia faculty are developing a data-based model curriculum for national use, a consensus document on

standardized and measurable competencies for all graduates, and a national certification test for Dr. N.P. graduates.

Students were drawn from a nation-wide pool to test the model curricula and refine the competencies. Graduates of the program also are pilot-testing the certificate examination. Once results are published, a conference is planned for legislators, payers, public and professional groups to validate the program and extend its reach.

When Macy funding ends, the work will continue through a number of activities, including establishing a national certifying examination for Dr.N.P. graduates, working with the American Association of Colleges of Nursing to accredit programs using the model curricula, and working with payers to make certain that graduates receive appropriate reimbursement.

Faculty Development Program

Stanford University School of Medicine
Principal Investigator: Kelley Skeff, M.D., Ph.D.
Anticipated Completion: January 2008

In an earlier project supported by the Macy Foundation, Kelley Skeff, M.D., Ph.D., perfected a “train-the-trainers” model that brought faculty members from other institutions to Stanford for training aimed at improving their teaching effectiveness. Two hundred and sixty-five faculty members participated over a five-year period, returning to their home institutions to train more than 15,000 faculty and residents in the new methods. For that work, Dr. Skeff received the Association of American Medical Colleges 2002 Abraham Flexner Award for Distinguished Service to Medical Education.

With this grant, Dr. Skeff is turning his train-the-trainer approach to issues of quality in health care by involving 18 health professionals in month-long quality improvement training sessions. In turn, those trainees are training physicians and other health professionals at their home institutions. The approach was successfully tested at the VA Health Care Center in Palo Alto where trained facilitators taught physicians and other health care team members the knowledge, skills and attitudes needed to improve the quality of care.

The curriculum covers evidence-based care, patient safety, quality improvement and shared decision-making and encourages multi-disciplinary teamwork, with an emphasis on the need for physicians to appreciate the roles played by other members of the team and their own key role in helping patients participate in “shared decision-making.”

One goal of the project is to disseminate the curriculum nationally. This project is one of the few significant attempts to change health professional education by placing improved quality of patient care and safety at the top of the agenda. If positive results continue, the project will impact many institutions and hopefully will be continued by larger funding agencies when Macy support ends.

Macy Conferences

Continuing Education in the Health Professions

An appropriation of \$350,000 to support a Macy Conference on “Continuing Medical Education” to be held in the fall of 2007.
Chair: Suzanne Fletcher, M.D.

Dr. Suzanne Fletcher, professor emerita of ambulatory care and prevention at the Harvard Medical School, served as head of continuing medical education at Harvard for 30 years before stepping down as her programs became increasingly involved with industrial sponsorship. Dr. Fletcher worried about this trend and, when she served as a member of the team that completed a 15-year review of Macy Foundation programs, she commented that continuing medical education was an ideal topic for a Macy Conference.

Dr. Fletcher was far from alone. Concerns about the sponsorship of continuing medical education have been growing in the medical community. Though continuing education is now required for practicing physicians, it has grown without direction. Graduate medical education is closely regulated and regularly reassessed by national accrediting groups, but little has been done to set minimum standards or oversee the consistency of continuing medical education either across states or specialties. As a result, offerings are uneven, at best.

Another concern has been the fact that the pharmaceutical industry sponsors approximately 90 percent of continuing medical education programs, though often that sponsorship is subliminal or covert. For example, residents can begin to work off their debt burden by agreeing to give talks, for \$1,000 or more, at sponsored events where the company provides power point material for the talk.

The absence of academic overview is another concern. Because of tight budgets, unsponsored continuing medical education has become too costly for academic institutions.

Under Dr. Fletcher’s leadership, conference participants will assess the current situation and make recommendations for continuing medical education based on programmatic and professional needs.

President's Discretionary Grants Awarded Fiscal Year 2006-2007

American Dental Education Association (ADEA)

Washington, DC

To support administration of the *ExploreHealthCareers* website \$35,000

American Foundation for Pharmaceutical Education

Maryland

To support a program to increase diversity of faculty in schools of pharmacy 30,000

Association of Clinicians for the Underserved

Virginia

To support a national conference: A Prescription for Hope: Clinicians & Consumers and Communities in Washington, DC 5,000

Clark University

Massachusetts

To support Community College PreHealth Advising: Manuals and Best Practices, a resource publication for underrepresented medical students 35,000

Fund for Public Health in New York, Inc.

New York

To support planning for the Epi Scholars Program based at the Department of Health and Mental Hygiene 35,000

Global Health Consortium

New York

To develop, implement and evaluate modular course materials in global health for students and faculty in the health professions 25,000

Independent Production Fund, Inc./Riverside Films

New York

To develop a 90-minute public television documentary on doctors and their history in the war against AIDS 35,000

Metropolitan New York Library Council

New York

To support the expansion of the Hospital Library Services Program of the Metropolitan New York Library Council 25,000

National Development and Research Institutes, Inc.

New York

To support implementation and evaluation of a training program for clinical and medical staff in outpatient drug treatment programs 24,750

Physicians for Human Rights

Massachusetts

To support the National Student Program at Physicians for Human Rights 25,000

Physicians for Peace

Virginia

To support a conference: Physicians for Peace, *Global Health and Development Summit: Building Global Health Leadership and Examining Solutions to the Challenges of HIV/AIDS, Maternal Health, Infant Health and Infectious Diseases* 35,000

State of the Arts, Inc./Center for the Advancement of Health

Washington, DC

To partially support a National Symposium on Health Disparities in Male Depression, fall 2007 25,250

The National Center on Addiction and Substance Abuse at Columbia University

New York

To support a national conference on Substance Abuse and Trauma, spring 2007 35,000

The University of North Carolina at Chapel Hill

North Carolina

To support evaluation of an 8-week honors level academic enrichment program for disadvantaged undergraduate students 35,000

The Opportunity Agenda

New York

To support the New York City Health Equity Initiative to prevent hospital closings and provide equitable health care for underrepresented low-income residents 35,000

Thirteen, WNET

New York

To support an educational website to be used in coordination with a film broadcast of "Rolling," a film documentary on wheel-chair bound individuals 20,000

Thirteen, WNET

New York

To support "Money and Medicine," a film documentary designed to highlight the plight of the nation's uninsured. 25,000

Tufts University School of Medicine

Massachusetts

To support several day-long planning sessions to develop a model network of integrated, patient-centered medical simulations to advance best practices and standards 15,000

Total: **\$ 500,000**

