

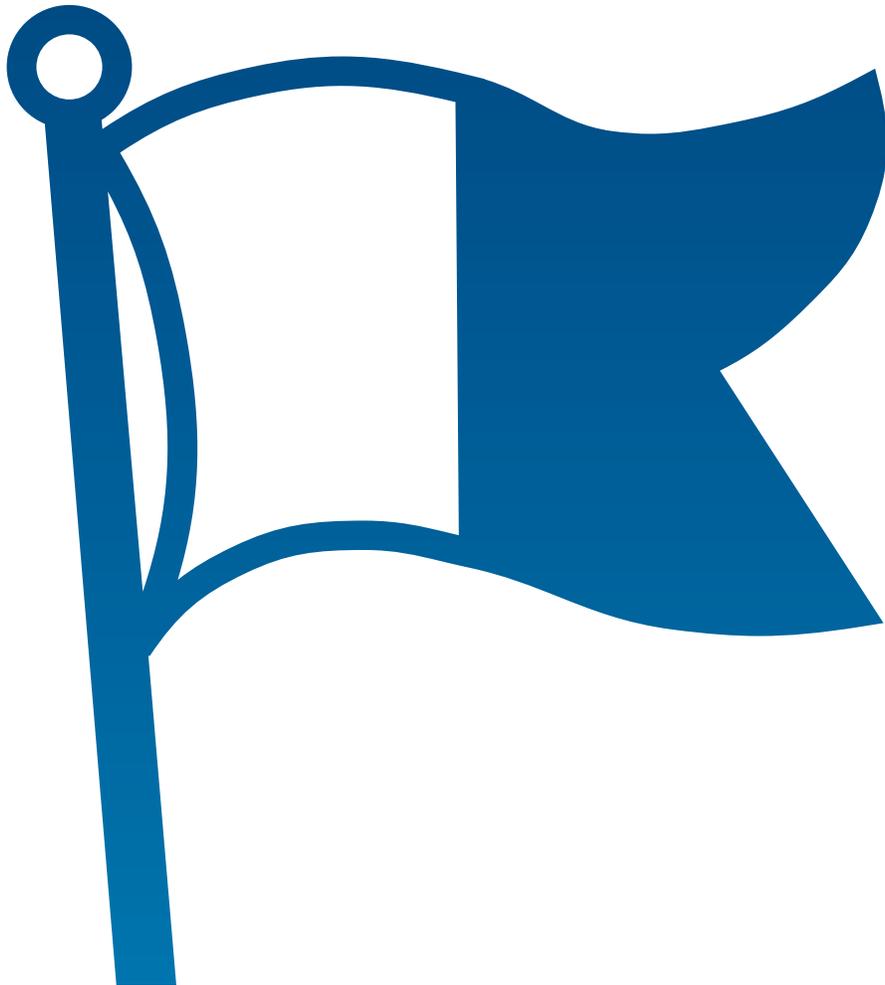


## ACCELERATING INTERPROFESSIONAL EDUCATION



**JOSIAH MACY JR. FOUNDATION**

2012 ANNUAL REPORT



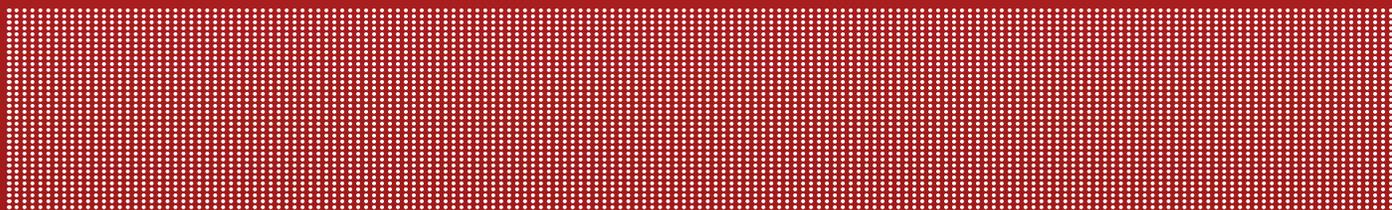
The Foundation's logo incorporates the mid-nineteenth century ship's flag of Josiah Macy & Sons, New York, shipping and commission merchants and ancestors of Josiah Macy Jr.

Cover: After practicing their skills in the classroom, medicine, nursing and pharmacy students at the University of Washington work together to solve health care challenges in the simulation lab.



# JOSIAH MACY JR. FOUNDATION

## 2012 ANNUAL REPORT



44 East 64th Street, New York, NY 10065  
[www.macyfoundation.org](http://www.macyfoundation.org)



**COLUMBIA UNIVERSITY | 2009 and 2011 Board Grant**

Students from Columbia University Medical Center's schools of nursing, medicine, dentistry and public health participate in an interprofessional education seminar titled "The Cultures of Health, Illness and Health Care." The seminar is part of a larger university-wide initiative in interprofessional education in the health professions.



**AMERICAN ACADEMY OF PEDIATRICS | 2010 Board Grant**

The American Academy of Pediatrics has partnered with ten pediatric residency programs nationwide to enhance training for residents on social, economic and environmental issues that impact children's health, preparing them to care for the unique needs of vulnerable children. At the end of September, the Project Advisory Committee gathered for a strategic planning session to examine lessons learned from the grantees and map future directions for the program.



**NEW YORK ACADEMY OF SCIENCES | 2010 Board Grant**

Through seminars and publications, The New York Academy of Sciences' Translational Medicine Initiative is working to translate basic science research into clinical applications through innovations in medical education. In this photo, participants of the conference "Prioritizing Health Disparities in Medical Education to Improve Care" discuss recommendations for improving medical education to better address health disparities.

# CONTENTS



- 4 : PRESIDENT'S STATEMENT**
- 7 : A BRIEF HISTORY**
- 8 : ACCELERATING INTERPROFESSIONAL EDUCATION**
- 20 : MACY FACULTY SCHOLARS PROGRAM**
- 27 : 2012 BOARD GRANTS**
  - Association of American Medical Colleges
  - Institute of Medicine
  - Institute on Medicine as a Profession
  - University of Missouri-Columbia
  - National Health Policy Forum
  - Emory University
  - University of Kentucky
  - American Board of Internal Medicine Foundation
  - University of California, Los Angeles
  - The Mayor's Fund to Advance New York City
- 30 : 2012 PRESIDENT'S GRANTS**
  - Society for the Preservation of Physician Assistant History
  - Cleveland Clinic
  - National Academies of Practice
  - Tannenbaum Center for Interreligious Understanding
  - Arnold P. Gold Foundation
  - National Medical Fellowships
  - ABIM Foundation
  - George Washington University
  - Indiana University
  - Harvard School of Public Health
  - Massachusetts General Hospital
  - Northeast Ohio Medical University
  - Rice University
  - California Medical Association Foundation
  - Hunter College
- 32 : BOARD OF DIRECTORS AND STAFF**
- 33 : FINANCIAL STATEMENTS**

# PRESIDENT'S STATEMENT



George E. Thibault, MD  
President

**T**his has been a very productive and gratifying year for the Josiah Macy Jr. Foundation, with many of the seeds we have planted in recent years beginning to bear fruit. We've seen extensive progress in advancing interprofessional education (IPE) throughout the United States. We also have seen tangible contributions toward helping health professions education keep pace with the evolving needs of patients and a changing health care system—changes which pose challenges, but also opportunities for health professions educators.

The title of the 2012 Annual Report, "Accelerating Interprofessional Education,"

highlights the clear movement forward we've seen for several significant IPE endeavors we have supported. IPE was our single largest focus area for grantmaking over the past four years, a decision that fits well with the growing emphasis on creating new models of collaborative care. We supported a range of efforts to provide educational opportunities for students of nursing, medicine, pharmacy, dentistry, social work and public health to learn together with the goal of preparing them to work in teams to deliver better care. We also supported faculty development programs to improve the teaching of IPE and programs to develop tools for more rigorous evaluation of IPE.

A major milestone that we are especially proud of is the creation of the National Center for Interprofessional Practice and Education at the University of Minnesota. This center was created as the result of a series of discussions and meetings that the Macy Foundation helped to lead. The National Center is supported by a cooperative agreement with the Health Resources and Services Administration (HRSA)

of the U.S. Department of Health and Human Services, and it will receive additional funding from a collaboration of four foundations (the Macy Foundation, the Robert Wood Johnson Foundation, the John A. Hartford Foundation and the Gordon and Betty Moore Foundation). The national center is charged with helping dismantle the silo approach to health professions education that has been our tradition and to promote culture and pedagogy that are more team-based to prepare professionals for collaborative practice.

Another big step forward for IPE was our Macy Conference on Interprofessional Education, held in April in Alexandria, Virginia. We brought all of our Macy IPE grantees together with national health professions education leaders to discuss the work of our grantees. The meeting provided an excellent opportunity to document progress that has been made, validate the work of the innovators Macy has been supporting, connect the grantees to one other, and define the future direction of our IPE work.

One of the key results emerging

from this meeting was a shared conviction that our next steps should be focused on connecting education reformers with health system and health care practice reformers so they can inform and influence each other to develop and strengthen IPE efforts with the goal of improving patient care. A second Macy Conference on IPE—designed to focus on how to strengthen the relationship between education and practice—is being planned for January 2013 in Atlanta, Georgia.

There is great interest nationally in IPE, and Macy grantees and representatives have been very visible at national meetings such as those of the American Association of Medical Colleges and the American Association of Colleges of Nursing. We have also participated in seminars or discussions about IPE at academic institutions across the country, including Case Western Reserve, Columbia, Cornell, Dartmouth, Harvard, University of California at Davis, University of Minnesota and University of Pennsylvania. We also have played a major role in helping to launch the Institute of Medicine's Global Forum on Innovation in Health Professional Education in which IPE is a major theme.

It is worth reflecting for a moment about why IPE is gaining such momentum as a major reform in health professions education. This is not a new idea. There have been advocates for IPE for several decades, but it has never gotten traction. What is different now? I would say several things are different. First, we know more about how to accomplish meaningful IPE and we are beginning to have better tools to assess it. Second, we have much broader participation in IPE across the professions. Third, we have much stronger leadership of health professional schools supporting IPE. Fourth, and most importantly, the need for meaningful health care delivery reform is now accepted much more broadly, and the logic linking IPE as a necessary tool for that reform is much more compelling.

We do have strong evidence that health care delivered by well-functioning teams achieves better outcomes across many dimensions. Yet our educational processes, as traditionally defined, have failed to prepare health care professionals to work together. And the adverse consequences of this failure are more and

more evident. Therefore, we should create robust meaningful interprofessional educational experiences so that health professionals can learn with, from and about each other to give them the necessary competencies for collaborative practice. The goal of all of these efforts is better and more efficient patient care and better health for the public. IPE ultimately must be held to this standard, and our support is designed to help achieve this goal.

Although IPE has consumed much of our attention in 2012, we have focused on some other key efforts. For example, we continue to advocate for reform of graduate medical education (GME) to make it a more accountable, flexible and responsive system. We were excited to support the Institute of Medicine in initiating a study of the goals, governance and financing of GME, which was in response to recommendations from a Macy-sponsored conference on GME in 2010. The work of this study began in September of 2012, and the Institute of Medicine will issue a report in Spring 2014. We are very optimistic that this will represent another step in the direction of better

aligning health professions education with the health of the public, building on the existing strengths of our GME system.

In June, we announced our second class of five Macy Faculty Scholars. We have been very impressed by our inaugural class of five Scholars, announced in 2011. They already have had great impact locally and nationally on a range of important educational issues including interprofessional education, new models of clinical education, education in quality improvement and patient safety, leadership development, and the role of underrepresented minorities in the health professions. Together, the 10 physicians and nurses of our first two cohorts represent Macy's nascent efforts to nurture the careers of outstanding medical and nursing educators, and develop the next generation of national leaders and innovators in these fields. We look forward to bringing both classes together for the second Annual Meeting and to announcing our third class of Scholars in 2013.

In addition to these core activities, we continue to be involved in other educational activities of great interest and value, including efforts to diversify the health care

workforce so it reflects the demographics of the nation and to prepare health professionals to care for underserved populations.

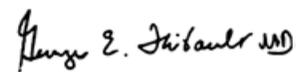
Aside from our programmatic successes in 2012, a few operational achievements deserve mention as well, including the completion of the renovation and restoration of our offices in our historic townhouse on the Upper East Side of New York City and the launching of a new online grant application and management system. We also are working hard to stay in even closer touch with our grantees to better assist them in their work and to better promote their accomplishments.

2012 has been a very eventful year for the Macy Foundation and for health care in the nation. A Supreme Court decision and an election have kept us on a course for health care reform, but by no means have they answered all the questions of what the results of the reform will be to best serve the needs of the public. We are pleased, however, with the amount of genuine experimentation that is going on within the health care delivery system and with the growing realization that meaningful, robust and enduring reform must include attention

to the composition, education and training of the health care workforce.

We believe that the work of Macy grantees, conferees and Faculty Scholars is changing health professional education to better prepare health professionals for practice and leadership in this changing world. It is an exciting time to be doing work which is so relevant and timely, and we anticipate that it is going to be even more exciting in 2013. We, of course, could not do any of this work without the insights and creativity of grantees, conferees, scholars and our partners in the philanthropic world and in government.

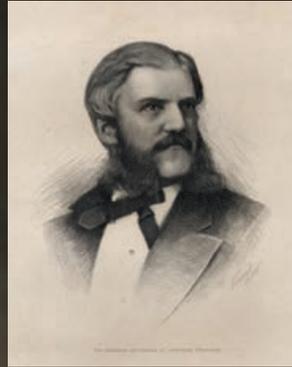
Finally I want to thank my extraordinarily dedicated staff and our distinguished Board for its guidance and wisdom. We are eager and excited to move forward together at this crucial moment in health care and health professions education in the United States.



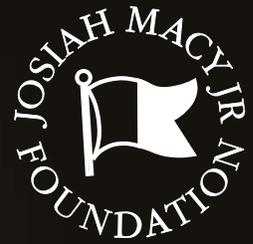
**George E. Thibault, MD**



Kate Macy Ladd



Josiah Macy Jr.



## A BRIEF HISTORY

**Kate Macy Ladd** established the Josiah Macy Jr. Foundation in 1930 to honor the memory of her father, a well-known philanthropist who died young. Ladd intended the Foundation to devote itself to the promotion of health and the ministry of healing.

Over the decades, the founding mission has remained the same while the focus has shifted from medical research to health professions education. Today, the Josiah Macy Jr. Foundation is the only national foundation dedicated solely to improving the education of health professionals.

For more on the Foundation's history, please visit our website:  
[www.macyfoundation.org](http://www.macyfoundation.org)



“Now is the time to change the educational paradigm so that teamwork and team-based competencies become core educational goals”

—George E. Thibault, MD  
President, Josiah Macy Jr. Foundation

Students of medicine, nursing, social work and dentistry at Case Western Reserve University participate in an interprofessional workshop on obesity.

# ACCELERATING INTERPROFESSIONAL EDUCATION

Over the last five years, interest in and commitment to interprofessional education (IPE)—teaching all health professions students how to work together in high-functioning teams to improve patient care—has grown exponentially. This heightened energy has been sparked by dramatic reforms to the way U.S. health care is delivered, as well as the changing needs of American health care consumers—changes that have led to an increasing emphasis on teamwork and collaboration among health professionals as a way to yield higher quality care, reduce medical errors and increase efficiency.

The Josiah Macy Jr. Foundation has played a leading role in helping advance the field of IPE to better prepare health professionals to practice in the 21st century health care system. Since 2008, the Foundation has invested in multiple interprofessional training and education models and faculty development programs at health professions schools across the nation. The Foundation has also been involved in a number of significant milestones for IPE, including the development of recommended core IPE competencies, the formation of Interprofessional Partners in Action—a coalition of funders, government agencies, educators and health systems working on ways to advance IPE—and the creation, by the Institute of Medicine, of a Global Forum on Innovations in Health Professions Education. Today, with 26 grants, IPE is the largest single component of the Foundation’s grant portfolio.

According to Macy Foundation President George Thibault, MD, the speed with which changes are happening in health care today underscores the urgent need for IPE. “Now is the time to change the educational paradigm so that teamwork and team-based competencies become core educational goals,” he said.

## MOVING IPE FORWARD

In April 2012, the Macy Foundation brought together all of its IPE grantees for the first time. This group included 20 teams of health professions educators and leaders from 24 institutions across the nation, along with a distinguished, interprofessional group of faculty, to identify ways to move IPE forward.

The approximately 100 participants spent two days in Alexandria, Virginia, discussing their innovative work and showcasing opportunities and challenges. The report from the conference provides detailed overviews of the many successful IPE efforts being designed and implemented by Macy grantees, and captures the rich discussions that took place at the conference.

The meeting afforded grantees and others working in the interprofessional arena the opportunity to reflect on “the case” for IPE. Discussions focused on the expanding body of evidence that patients benefit from well-coordinated care delivered by high-functioning teams of health professionals, and highlighted the many examples of poorly



The Conference on Interprofessional Education was held in Alexandria, Virginia on April 1–3, 2012.

functioning teams with poor communications resulting from cultural and linguistic differences, lack of specific team competencies, or the perpetuation of professional stereotypes. Participants agreed that to bridge this divide, some portion of health professional education must include rigorous, structured interprofessional educational experiences.

The participants concluded that, to successfully integrate IPE broadly into health professions training, champions need to better articulate the message and goals of IPE; identify the types of IPE that are working and rapidly bring them to scale; and align educational reforms with practice reforms so that the two efforts go hand-in-hand.

## EXPANDING IPE NATIONALLY

In 2011 and 2012 the Macy Foundation held a series of discussions with private and public partners to determine the best strategies to support the field of IPE. As a result of these discussions, in May 2012 the Health Resources Services Administration (HRSA) of the Department of Health and Human Services called for proposals to compete for a five year, \$4 million cooperative agreement to establish a new, national, center for interprofessional education and collaborative practice.

“Health care delivered by well-functioning coordinated teams leads to better patient and family outcomes, more efficient health care services, and higher levels of satisfaction among

health care providers,” said HRSA Administrator Mary K. Wakefield, PhD, RN, in launching the center. “We all share the vision of a U.S. health care system that engages patients, families and communities in collaborative, team-based care. This coordinating center will help move forward to achieve that goal.”

The University of Minnesota’s Academic Health Center was selected to lead the National Center for Interprofessional Education and Practice. The new Center, directed by Associate Vice President of Education Barbara Brandt, PhD, will help expand IPE nationally by convening leaders in education, practice and policy. In addition, the Center will develop and evaluate interprofessional education programs and collaborative practice initiatives, and disseminate best practices and lessons learned.

The Macy Foundation has joined with three other foundations—the Robert Wood Johnson Foundation, The John A. Hartford Foundation and the Gordon and Betty Moore Foundation—and collectively committed up to \$8.6 million in grants over five years to support the center. The Foundation believes this center is a major step forward in advancing IPE and moving it into the mainstream of training and practice. “We believe the National Center will take interprofessional education and practice to a critical new level,” said Thibault.

## SEEDING THE FIELD

Throughout 2012, the Macy Foundation continued to support an array of work to implement IPE at a variety of academic health care institutions. These institutions serve as laboratories where

“We believe the national center will take interprofessional education and practice to a critical new level.”

—George E. Thibault, MD

students and faculty from across the various health professions are learning how to come together—some for the first time—around the development of new skills in teamwork and collaboration.

The grantee projects run the gamut. Many grantees are teaching curricular content that has relevance for all practitioners, such as the teaching of patient safety and quality improvement interprofessionally. Some are using new learning technologies, such as virtual patients and simulation technologies to get students working together. Several are pursuing an institution-wide commitment to IPE—integrating it thoroughly across the schools so it becomes part of the institutional fabric. Most grantees are pursuing several of these goals simultaneously.

### Combined Medicine and Nursing Curriculum Reform

Interprofessional education at many institutions often begins with collaborations between the



At the University of Virginia, third-year medicine and nursing students are learning collaborative behaviors that will help them work effectively as part of a health care team.

medical and nursing schools that can eventually be scaled to include students from other schools. This is true for the University of Virginia, where schools of medicine and nursing are implementing a new educational method called “Collaborative Care Best Practice Models.” The models are intended to help third-year students—in their clinical years—develop essential practices and collaborative behaviors that will, in the long run, help them work effectively as part of a health care team.

Similarly, the schools of nursing and medicine at Case Western Reserve University in Cleveland, Ohio, are collaborating on a Macy-funded IPE grant to develop interprofessional learning experiences in a variety of educational venues, both inside and outside the classroom.

“We are trying to create something that is developmental so that students will have multiple interprofessional experiences that reinforce each other as they move through their education,” said

Terry Wolpaw, MD, who serves as co-principal investigator with Patricia Underwood, BSN, MS, PhD, at Case Western Reserve University.

For example, an “Interprofessional Workshop” brings together health professions students to learn about what skills each brings to the team, review each other’s literature around a mutually relevant topic, such as obesity, and develop a deeper understanding of their health care teammates. The workshop has been very well-received and now involves dental and social work students as well. In addition, medical and nursing students are provided skill-building opportunities within their own schools, and are taught the fundamentals of working in teams.

Students then come together to practice their teamwork competencies in an in-patient setting; in real-world settings in the community, such as a homeless shelter or school clinic; and in a student-run free clinic. In addition to these curricular

developments, a virtual resource center is also being created to provide faculty with teaching tools and resources.

“Our goals going forward include determining the feasibility of expanding some of these rich experiences, like the in-patient shared learning experience, to larger numbers of students, and including dental and social work students,” said Wolpaw. “And we must also work on sustainability so that we can continue them when the grant ends. That will require integrating them more fully into the mainstream.”

### Teaching New Content

In rural Pennsylvania, Geisinger Health System provides primary care to nearly three million people in over 42 counties and serves as a training site for nearby health professions schools. With its Macy grant, Geisinger used quality improvement as a model to foster better teamwork among doctors and nurses. “We paired mid-level residents with experienced nurses and set them a quality problem to work on together,” explained Adele Mattinat Spegman, BSN, MS, PhD, director of Geisinger’s Institute on Nursing Excellence.

The program, “Hands-on Quality Improvement: The Physician-Nurse Relationship,” was then modified to teach teamwork to nursing, medical, pharmacy and physician assistant students. “We knew from baseline surveys of students that, previously, there were no formal educational experiences in quality improvement, perhaps some one-time micro-experiences, but nothing longitudinal and certainly no hands-on experiences. We provided students with some didactic background content and a toolbox of best

“The Macy grant brought IPE to the forefront for us, and we’re now doing things related to IPE that I don’t think we would have done for maybe five more years, if at all.”

—John R. Boker,  
PhD, BS, MEd, MS  
*Vice President for Faculty  
and Curriculum Development  
Geisinger Health System*

practices, and then gave them real-world quality problems to solve, with guidance from faculty, in a clinical setting,” said Spegman.

Geisinger has run two cycles of its interprofessional quality improvement curriculum, and plans to continue with the curriculum even though the Macy grant ends this year. “The Macy grant brought IPE to the forefront for us, and we’re now doing things related to IPE that I don’t think we would have

done for maybe five more years, if at all,” said John R. Boker, PhD, BS, MEd, MS, vice president for faculty and curriculum development at Geisinger.

In developing its quality improvement curriculum, Geisinger relied on the Institute for Healthcare Improvement’s (IHI) online modules. “We were able to leverage other work in IPE that was out there—to latch on and move forward with it,” said Boker.

These online modules were a part of a 2009 Macy grant to IHI called “Retooling Health Professions Education for Quality and Safety.” The grant supported the development of IPE experiences around quality improvement at six institutions, including: Case Western Reserve University; Johns Hopkins University; Pennsylvania State University; University of Colorado, Denver; University of Missouri; and University of Texas Health Science Center at San Antonio.

## Early Education Experiences in the Community

With support from Macy, some academic health centers are introducing health professions students to interprofessional, hands-on learning when they first step on campus. The idea is to start orienting students toward collaborative, team-based care early, well before they are inculcated into the distinct cultures of their chosen professions, and to base that orientation in the real-world.

One example: A Macy-funded collaboration between Weill Cornell College of Medicine and Hunter College, whose nursing, public health and social work schools participate in early interprofessional educational experiences designed to teach new competencies in teamwork. The goal is to immerse students on both campuses in “community-based learning environments...in



Teams of medicine, nursing, pharmacy and social work students meet three times a month at one of ten area clinics as part of Vanderbilt University’s Interprofessional Learning program.

order to shape their professional identities and learn norms and values of behaviors in their own and in other health professions.”

Another example: The “Fellowship in Interprofessional Learning” at Vanderbilt University, which is based on the hypothesis that new learners are not yet entrenched in the cultural assumptions and biases of their individual professions.

“We place incoming students—selected via an application process from medicine, nursing, pharmacy and social work—into interdisciplinary teams right away,” said Principal Investigator Bonnie Miller, MD. “They get together, form their team, and begin working in clinical sites, which orient them to the clinic and how it is run, but the hope is that the students will immediately find ways to add value. They’re not there to observe, but to learn by doing and to be helpful. They’re usually very good at basic things right away, like taking

vitals and performing intake interviews. They also find things that aren't getting done—like patient education and behavioral coaching—regardless of what profession they're in."

During the first two years, the students' clinical learning—three clinics a month—is supplemented by once-a-month classroom sessions where they discuss the principles and best practices behind teamwork and collaboration as well as the clinical skills they're learning. In the third year—where the first cohort of students through the program is currently—students can serve as peer mentors for new students. Plans are currently in the works for the program's fourth year.

"It's a little bit like building an airplane in the air," said Miller. "The program is very much evolving as we go along. That's intentional and partly

the result of our rapid improvement evaluation process. We didn't carve the program into stone to be evaluated two years later; we want to make improvements as we go."

## Use of Simulation and Other Technologies

Several institutions have built simulation-based training programs into their curricula as a way to provide health professions students with the practical skills needed to effectively collaborate on patient care. Strategies range from low fidelity simulation techniques, to work in labs equipped with mannequins and other high fidelity simulation technologies.

For example, one of the training programs at the University of Washington involves nearly 500 medicine, nursing and pharmacy students

After practicing their skills in the classroom, medicine, nursing and pharmacy students at the University of Washington work together to solve health care challenges in the simulation lab.



coming together in small teams to work with an actor playing the role of an elderly patient's adult daughter. Students must explain to the daughter that an error was made in her father's care that resulted in a negative outcome, and must explain their role in the error and apologize for it. The University, which is "flooded" with inquiries about its program, invites faculty from across the country to participate in these simulations, training them as facilitators and standardized patients, or engaging them as observers, so they can apply the experience and replicate the training for students in their own institutions.

In Houston, the Texas Woman's University pairs its nursing students with students from Baylor College of Medicine for a two-hour long session where students receive 30 minutes of instruction on communication and teamwork, spend 30 minutes networking and then spend 60 minutes working in teams on a patient care scenario using high-fidelity simulator mannequins. Data from this program has confirmed that there is a strong positive correlation between interprofessional education and perceptions of improved communications between doctors and nurses, which ultimately impacts patient safety.

Most institutions engaged in IPE bump up against a variety of logistical barriers, including differing academic calendars across the schools, physical distance between the schools, and lack of appropriate space to accommodate teams of students working together. To overcome these challenges, medicine and nursing students at New York University learn together via online learning and computer-assisted instruction, as part of a year-long quality improvement curriculum dubbed, "NYU3T: Teaching, Teamwork and Technology."

The NYU curriculum brings students together in person at a kick-off event and then—working together virtually—the students complete a series of five web-based modules on topics such as teams and teamwork, communications and conflict resolution, and interdisciplinary care planning. Students use an instant messaging platform to communicate with each other while working on the modules. In the second half of the curriculum, students are paired again to care for a virtual patient in an outpatient setting. The virtual exercise closely mirrors how ambulatory care is delivered, with electronic health records functioning as the main tool for interprofessional communication.

### Institution-Wide IPE

Representatives from both the University of Colorado Denver and the University of Missouri-Columbia attribute their institution-wide commitment to IPE, at least in part, to the physical layout of their campuses, which encourage interactions among health professions students and minimize barriers to bringing those students together to learn teamwork skills.

The Anschutz Medical Campus of the University of Colorado is relatively new and was intentionally designed to facilitate collaborative health professions education. To help take advantage of the campus design, faculty leaders are developing, with support from Macy, a longitudinal curriculum—called REACH (Realizing Educational Advancement for Collaborative Health)—that will be integrated into preclinical and clinical training for all health professions students, including medical, nursing, pharmacy, dentistry, physician assistant and physical therapy students. REACH



Students from the University of Colorado's six health professions schools participate jointly in a combination of instruction and practical exercises to learn about teamwork.

has three primary components: a fundamentals course, a clinical transformations program and an interprofessional clinical rotations program.

The "Fundamentals of Quality and Collaborative Care" course begins when the students first arrive on campus and are grouped into teams, which then go through a series of collaborative activities based on the TeamSTEPPS interprofessional communications curriculum. The "Clinical Transformations Program" allows REACH students to pivot away from classroom-based activities and into clinical learning in a simulation center that employs standardized patients to run students through a variety of challenging health care situations. Finally, REACH is currently piloting different models for providing students with authentic, team-based experiences in a clinical setting.

"Of all the IPE activities we're doing, the clinical transformations program is the most mature so far,"

said Colorado Principal Investigator Mark Earnest, MD, PhD. "Our students love it, and it is very highly rated because they see it as very valuable."

The University of Missouri-Columbia's commitment to institution-wide IPE flows from its medical school's mission statement, which is to "educate physicians to provide effective patient-centered care." According to Linda Headrick, MD, senior associate dean for education at the University of Missouri School of Medicine, "we can't turn out the graduates we have pledged to turn out without a deep commitment to IPE." Further, "Like Colorado, we are helped by our physical and organizational structure. Our campus is small and everything and everyone are right here, and that provides an opportunity to be very highly integrated across the professions. Our leadership is realizing this advantage and is envisioning the whole academic enterprise as a system that can achieve outstanding patient care and provide outstanding training."

## LOOKING AHEAD: MERGING EDUCATION AND PRACTICE REFORMS

Despite the tremendous progress to make IPE more a core part of training, there now needs to be a more conscious effort to align it with practice redesign if patients are to benefit. One of the main messages from the Macy IPE grantee meeting in 2012 was the disconnect between IPE reforms and the reforms taking place in health care delivery systems across the country.

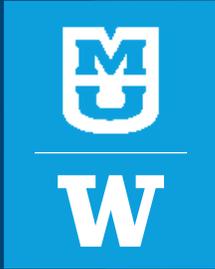
To help merge education with practice design reforms, Macy plans to hold a conference in early 2013, titled “Transforming Patient Care: Aligning Interprofessional Education with Clinical Practice Redesign,” in Atlanta, Georgia. The conference aims to bring together educators and leaders

of practice redesign to identify the challenges, obstacles and opportunities for linking education and practice reforms.

The conference will be co-chaired by Mary D. Naylor, PhD, FAAN, RN, of the University of Pennsylvania School of Nursing, and Malcolm Cox, MD, of the U.S. Department of Veterans Affairs. Conference participants will discuss a commissioned paper that describes the current state of IPE and practice redesign and what an optimal merged approach should look like. Several case studies of real world examples of attempts to link education reform and practice redesign with an interprofessional theme will also be highlighted. A report summarizing the discussion as well as conclusions and actionable recommendations will be published in Spring 2013.

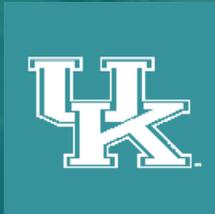
Students participate in an error disclosure and apology team training as part of the University of Missouri-Columbia's institution-wide interprofessional education program.





**THE UNIVERSITY OF MISSOURI AND THE UNIVERSITY OF WASHINGTON  
2012 Board Grant**

An interprofessional faculty development training program created by the University of Missouri and the University of Washington is being piloted at six academic health centers across the country. In March, faculty from these six institutions participated in a four-day training seminar where they were introduced to an interprofessional curriculum and strategies for teaching team-based competencies.



**THE UNIVERSITY OF KENTUCKY | 2012 Board Grant**

Led by the University of Kentucky, a consortium of five southeastern universities is developing an interprofessional education program that combines online learning with face-to-face instruction for more than five thousand medical, nursing, pharmacy and other health professions students. Here, medical, nursing and pharmacy students participate in an exercise to care for a patient as a team.



**INSTITUTE FOR HEALTHCARE IMPROVEMENT | 2009 Board Grant**

In 2009 the Institute for Healthcare Improvement (IHI) partnered with six academic institutions to design an interprofessional curriculum for medical and nursing students focused on reducing medical errors and improving the quality of care provided to patients. In this photo, medical and nursing students at Pennsylvania State University work in teams to improve quality and safety.

# MACY FACULTY SCHOLARS PROGRAM

**The Scholars program**, launched in 2010, is designed to identify and nurture the careers of promising educational innovators in medicine and nursing. It is the only program in the United States to give early- to mid-career faculty leaders protected time so they can develop and implement educational advances focused on better aligning health professions education with the dramatic shifts occurring in the health care system.



## INTRODUCING THE 2012 MACY FACULTY SCHOLARS

The second class of Macy Faculty Scholars was announced in June 2012.

"Our first class of five scholars, named in 2011, have exceeded our expectations in terms of their professionalism, expertise and leadership in health professions education," said Macy Foundation President George Thibault, MD. "We are thrilled to have five of their peers join them this year, selected from a national applicant pool of 75. We believe that these 10 individuals—along with future classes of Macy Scholars—will help push forward key reforms in the education of health care professionals."

As with last year's class, this year's scholars are pursuing educational reforms that the Macy Foundation believes are central to ultimately improving the health of the public, including: improving communications and collaboration among interprofessional teams, teaching quality improvement and patient safety interprofessionally, educating health professionals to care for underserved and diverse populations, and diversifying the health professional workforce. Scholars, who must be nominated by a dean from their home institution, receive \$100,000 per year for two years, enabling them to spend at least half their time on educational reforms.

## 2012 MACY FACULTY SCHOLARS



### **Kenya Beard**

**Edd, GNP-BC, NP-C, ACNP-BC**  
*Hunter College of the City University of New York*

As a Macy Faculty Scholar, Dr. Beard will develop and test a multicultural education training program for nurse educators at Hunter College of the City University of New York, where she is an assistant professor in the School of Nursing. The new training model, which Dr. Beard is developing with assistance from an expert in race and equity in education, will help nursing faculty create learning environments that meet the academic needs of today's diverse student body and improve the academic success and graduation rates of underrepresented minority students.

Dr. Beard said that, with the curriculum, she hopes to strengthen faculty attitudes toward diversity in health professions education. "I find it surprising," she said, "that even though we talk about increasing cultural competency in health care, no one really asks: 'Are our educators well prepared to teach culturally diverse students?'" She said that she hears from many nurse educators—usually at conferences and meetings—that they have received no formal training in teaching in general, including teaching in a culturally responsive way.

"It wasn't until I starting reviewing the educational literature as a researcher that I realized there is more that educators could do to better support student learning—actions that would also benefit patients," Beard said. "With cultural competency, we're able to retain more underrepresented minority students in the health professions. Health disparities are reduced, patient care is improved, patient-provider communications are improved, and patient choices are respected. Everyone wins when cultural competency is heightened."



### **Ted James**

**MD, FACS**

*The University of Vermont*

Dr. James, associate professor of surgery at the University of Vermont College of Medicine and director of clinical simulation for the University's Interprofessional Clinical Simulation laboratory, will expand and refine an existing medical school course on quality improvement and patient safety to also include nursing and pharmacy students, and integrate interprofessional teamwork and collaboration into the curriculum. The longitudinal curriculum is expected to culminate in a final team project, focused on designing, implementing and evaluating a quality initiative of the students' choosing.

"It seems like common sense to me that, if we can teach doctors, nurses, pharmacists and other

health professionals to talk to each other and work together in high-functioning teams early in their educational careers, they will become proficient at it and won't have to learn it on the job, when patient safety and quality of care are truly at stake," said James.

James sees quality improvement and patient safety as the ideal curricular focus to bring together diverse health professions students. "Teamwork and quality are just different sides of the same coin. Higher quality requires health professionals to function well together as a team, and a high-functioning team can produce better outcomes than a group of autonomous individuals," he said.



**Wrenetha A. Julion**  
PhD, MPH, RN  
*Rush University*

As a Macy Faculty Scholar, Dr.

Julion, an associate professor at Rush University Medical Center's College of Nursing, will develop and implement an evidence-based cultural competency program for Rush students in nursing, medicine, health sciences, and health systems management. Students will be introduced to the tenets of culturally competent care—likely through an online course due to the varying academic calendars of the health professions programs—and will learn about the impact of social factors on health and health care.

"When confronted in the classroom with the idea of health disparities, students almost always think the answer is teaching patients how to take better care of themselves," said Dr. Julion. "But I always ask students: 'what about the constraints in their communities and the circumstances of their lives that keep them from enacting what you're teaching them?' You can't solve those barriers by teaching patients how to be better patients. My goal is for the curriculum to really help students connect those dots."

To that end, upon completion of the course, students will undertake a service learning

project in the neighborhoods surrounding Rush University Medical Center. "I realized that we needed this program after seeing students uncomfortable in new and unfamiliar situations with patients," said Julion. "You can tell them in the classroom but what we really need to do is get them out of the academic environment and into the real world, relating to real patients. That experience will do more to increase students' comfort and expand their thinking than anything else."



**Wendy Madigosky**  
MD, MSPH  
*University of Colorado*

Dr. Madigosky, an associate professor of family medicine at the University of Colorado School of Medicine, will design a patient safety and quality improvement curriculum over the two years that she is a Macy Faculty Scholar. The longitudinal

curriculum will involve medical, nursing, pharmacy, dentistry, physical therapy and physician assistant students. Dr. Madigosky will create a “Safety-Quality Integration Group” that brings faculty members from each of the schools together to collaborate around the creation of the curriculum. “We need teamwork and collaboration to improve health care. But that’s not what we’ve traditionally taught in our siloed health professions schools, where quality improvement was a separate department down the hall,” said Dr. Madigosky.

According to Dr. Madigosky, the ultimate goal of the curriculum is to ensure that not only do students learn about quality improvement as well as teamwork, but that they actually integrate both into their daily practice and knowledge set. “Our health care system is broken, and I believe the mechanism for fixing it is to have health professionals constantly engaged in making things better,” she said.

Student assessment will be an important component of the curriculum. “We want to have a lot of touch points in this curriculum that will help us determine how well the students

are learning so that we can make improvements as we go,” said Dr. Madigosky.



**Sandrijn M. van Schaik**  
MD, PhD  
*University of California,  
San Francisco*

Dr. van Schaik’s Macy Faculty Scholar project at the University of California, San Francisco is focused on the communications component of interprofessional teamwork. Her goal is to identify and label some of the communications traps that health care teams typically fall into. Using this information, she will develop guidelines for health professions students and practicing professionals that will help them communicate effectively with each other around patient care.

Dr. van Schaik is particularly interested in how team members give and receive feedback about performance. As part of

her research, Dr. van Schaik will ask health professions team members—both students and practicing professionals—to provide feedback on their teammates from different professions, and then share that feedback and measure reactions to it. She expects to discover what characteristics of feedback make it more or less readily accepted. Do we rate feedback from certain professions more highly than others? Are there ways of delivering feedback that make it easier to accept?

Dr. van Schaik’s project will also explore barriers such as power differentials and professional stereotypes among team members. “I want to open up conversations and change the culture of health care,” she said. “We need to start listening to each other and get away from the idea that conversations only take place in one direction—originating with the physician. Every person on a health care team needs to be heard, and I hope my work will help make that shift.”





## CHECKING IN WITH THE 2011 MACY FACULTY SCHOLARS

The first Annual Meeting of the Macy Faculty Scholars was held in June 2012 in New York City. The group of five scholars and their faculty mentors along with the program's National Advisory Committee and Macy staff convened to discuss the scholars' work to engage their home institutions in cultural change and educational reform. It was a day of intellectual stimulation, warmth, pride and future promise.

**At right are brief updates on the projects of the 2011 Scholars.**

The 2011 Macy Faculty Scholars convened in New York for the June 2012 Annual Meeting. From left to right: Jennifer S. Myers, Alan Dow, Dena Hassouneh, Roberta Waite and Eve R. Colson

### **Roberta Waite**

EdD, APRN, CNS-BC  
*Drexel University*

The Macy Undergraduate Leadership Fellows Program at Drexel University, developed by Dr. Waite, consists of six courses and is working to foster leadership competencies and culturally sensitive practices among its participants—a diverse cohort of Bachelor of Science in Nursing candidates. Self-evaluations show students feel they have a better understanding of leadership values and characteristics, and increased appreciation for diversity and its role in leadership. To track impact beyond the duration of the program, Waite hopes to examine leadership growth and outcomes among these students at one, three and five years post-graduation.

### **Jennifer S. Myers**

MD  
*University of Pennsylvania*

To better align the health system and graduate medical education (GME) programs in achieving related quality and safety goals, Dr. Myers has developed a house staff quality and safety leadership council at the University of Pennsylvania health system. The council has been recognized in its first year as a forum to execute quality improvement initiatives across GME programs, with residents leading the change. Myers has also focused on activities designed to build a pipeline of Health Care Improvers—physician leaders in quality and safety who will direct future improvements in systems, education and research. This has included introducing patient safety concepts in undergraduate courses at the

Perelman School of Medicine and expanding the residency track in "Healthcare Leadership in Quality." Myers will focus next on developing discipline-specific safety curricula in three core clerkships and creating a joint training for residents, faculty and nurse mentors on quality improvement and patient safety.

**Alan Dow**

MD, MSHA  
*Virginia Commonwealth University*

Key elements of the interprofessional curriculum being developed by Dr. Dow include a year-long interprofessional case series where students will follow a patient through several episodes of care over four sessions. More than 700 learners from allied health, medicine, nursing, pharmacy and social work are participating in the first year. In addition, trainees with basic clinical skills will participate in an interprofessional senior mentor program. Students will follow a community-based elder for a year in order to learn about gerontology and how each profession engages in the care of ambulatory patients. This program was being piloted with 20 three-person teams of

one student each from nursing, pharmacy and medicine in fall 2012.

**Dena Hassouneh**

PhD, ANP, PMHNP  
*Oregon Health & Science University*

Dr. Hassouneh is exploring the influence of racism on nursing and medical faculty of color and identifying strategies to support the recruitment, retention and success of medical and nursing faculty of color. Initial results from a small study examining the experiences of faculty of color in predominantly white nursing and medical schools indicate that the broad conceptualization of diversity frequently used by schools of nursing and medicine has the potential to derail efforts to recruit and retain faculty of color. Hassouneh broadened her research to a national sample, and is analyzing data from in-depth interviews with 53 nursing and medicine faculty. Concurrently, Hassouneh is conducting a review of successful diversity programs in schools of nursing and medicine to identify common characteristics. She hopes to use her research to develop a pilot program aimed at encouraging diversity in medical and nursing schools.

**Eve R. Colson**

MD  
*Yale School of Medicine*

Dr. Colson began designing a new interprofessional curriculum for nursing, physician associate and medical students by conducting a literature review to identify the goals and challenges for establishing such a curriculum, but she encountered limited literature. In collaboration with Dr. Jennifer S. Myers, a Macy Scholar, Colson conducted interviews with more than 25 faculty members at the Schools of Nursing and Medicine at The University of Pennsylvania and Yale, as well as the Physician Associate Program at Yale. Takeaways from this research were that a willingness to leave one's comfort zone is key to pushing forth with interprofessional education and the biggest barrier is "a conviction among each profession that their science or service is the only way to think; and an unwillingness to humble oneself enough to participate fully with people from another discipline so that you can get a sense for what their discipline is like." The program will be piloted at Yale beginning September 2013 and will be fully implemented the following year.



**MAYO CLINIC | 2009 Board Grant**

With funding from the Macy Foundation, the Mayo Clinic Quality Academy added nine curricular modules and faculty syllabi to its comprehensive quality improvement curriculum. In May 2012, the Mayo Clinic held a two-day train-the-trainer workshop to introduce health professions educators to strategies and tools for teaching quality improvement and patient safety.



**INSTITUTE OF MEDICINE | 2011 Board Grant**

The Institute of Medicine's Global Forum on Innovation in Health Professional Education convenes government, academic, industry and philanthropic leaders from the U.S. and abroad to discuss contemporary issues in health professional education. In this photo, speakers participate in a workshop to illuminate promising innovations for interprofessional education.



**WEILL CORNELL MEDICAL COLLEGE AND HUNTER COLLEGE OF THE CITY UNIVERSITY OF NEW YORK | 2010 and 2011 Board Grant**

ITEACH—a collaboration between Cornell and Hunter College—provides nursing, public health, social work and medical students at the two schools with competencies in collaborative teamwork and communication. With these skills, students are prepared to provide high quality health care, especially to underserved patient populations in community-based settings.

# 2012 BOARD GRANTS

---

## Association of American Medical Colleges

**Project Title:** Development of a Repository for Interprofessional Education and Collaborative Practice Resources

**Project Description:** In collaboration with the Interprofessional Education Collaborative (IPEC), the Association of American Medical Colleges (AAMC) will create a national repository of teaching, learning and assessment resources to help health professions schools integrate IPEC's core competencies for interprofessional collaborative practice into education and training. The resources will be available to a broad audience of learners, practitioners and educators in all the health professions through the AAMC's well-respected MedEdPORTAL.

**Principal Investigators:** Carol Aschenbrenner, MD, Chief Medical Education Officer

**Awarded:** \$100,110

**Duration:** 1 year

**Board Date:** January 2012

committee with expertise in health care systems; health economics; medical, nursing, and other health professions education; and GME/workforce associated health care financing and accreditation at all levels. The committee will assess current regulation, financing, content, governance, and organization of U.S. GME and recommend how to modify GME to produce a physician workforce for a 21st century U.S. health care system that provides high quality preventive, acute, and chronic care, and meets the needs of an aging and more diverse population.

The IOM will also gather the viewpoints of stakeholders via workshops or extended public sessions associated with committee meetings.

A final report will be delivered in Spring 2014.

**Principal Investigators:** Roger Herdman, MD, Director, Board on Health Care Services

**Awarded:** \$750,000

**Duration:** 2 years

**Board Date:** January 2012

---

## Institute of Medicine

**Project Title:** Governance and Financing of Graduate Medical Education

**Project Description:** In October 2010, the Josiah Macy Jr. Foundation and the Association of Academic Health Centers co-sponsored a conference on the regulation, financing, and size of graduate medical education (GME). In May 2011, the Macy Foundation sponsored a follow-up conference focusing on the content and format of GME. Conference participants made several recommendations for reforming GME to ensure an effective physician workforce for the U.S. These recommendations included an independent review of GME by the Institute of Medicine (IOM). A bipartisan membership of the U.S. Senate has also encouraged the IOM to undertake such a review.

To conduct this study, IOM will appoint an 18-member

---

## Institute on Medicine as a Profession

**Project Title:** Educating and Training to Professionalism Initiative

**Project Description:** In 2010, the Josiah Macy Jr. Foundation and the Institute on Medicine as a Profession (IMAP) jointly launched a pilot program to teach professionalism to the next generation of physicians and establish professionalism as a standard that can be instilled and cultivated through medical education. Five academic medical centers were awarded funds for a two-year period to design and implement innovative programs to teach professionalism to students and residents.

With this grant, IMAP will expand the initiative to fund the development of 15 new educational programs in professionalism over the next three years. Guided by lessons and successes from these programs, IMAP will develop a

report on “best practices” to offer academic medical centers guidance on the process of implementing professionalism education.

**Principal Investigator:** David Rothman, PhD, President

**Awarded:** \$400,000

**Duration:** 3 years

**Board Date:** January 2012

---

## University of Missouri-Columbia

**Project Title:** Faculty Development in Interprofessional Team-Based Care

**Project Description:** The University of Missouri and the University of Washington will create an interprofessional faculty development training program to help faculty develop skills and experience in facilitating interprofessional education and collaborative practice.

The program will be piloted at six institutions. Faculty members will participate in a four-day training workshop where they will be introduced to an interprofessional curriculum and strategies for teaching team-based competencies and be provided with a compendium of teaching and evaluation tools. Faculty will also receive ongoing training and support through webinars and phone conferences over a one-year period. The two universities will build on the pilot, developing a train-the-trainer program to address the national need for faculty who are expert in teaching interprofessional education and collaborative practice.

**Principal Investigators:** Leslie Hall, MD, University of Missouri-Columbia; and Brenda Zierler, PhD, RN, RVT, University of Washington

**Awarded:** \$149,588

**Duration:** 1 year

**Board Date:** January 2012

---

## National Health Policy Forum

**Project Title:** Innovations in Education and Training for a 21st Century Health Care Workforce

**Project Description:** With support from the Macy Foundation, the National Health Policy Forum will develop issue briefs on workforce issues such as skill mix considerations; health professional education and training needs; and the deployment of the health care workforce more broadly and convene policymakers around these issues

Through these efforts, the Forum will ensure that workforce policies are given adequate attention in ongoing health care reform discussions and efforts to improve the efficiency of the health care system, and that high quality, impartial information exists to guide future health professions education and workforce policy.

**Principal Investigators:** Judith Miller Jones, Director

**Awarded:** \$304,937

**Duration:** 2 years

**Board Date:** January 2012

---

## Emory University

**Project Title:** Passing the Torch: Fostering Medical Humanism Through Faculty Role-Models

**Project Description:** In clinical settings, medical students and residents observe and learn from the behaviors and attitudes of more senior residents and attending physicians. To ensure this “hidden curriculum” of medical education is positive, Emory University will create and test a 12-month faculty development program that will help physician-teachers improve their humanistic skills and become better role models for the residents they supervise. Groups of eight promising clinical teachers from ten medical schools will be enrolled in the program.

Researchers hope the program will influence broader change, with residents adopting the humanistic practices and behaviors of their teachers and being a positive role

model for the medical students and interns they work with. Such change could ultimately improve the learning climate of medical education and impact the overall culture of medicine, increasing job satisfaction and reducing burnout among doctors.

**Principal Investigator:** William T. Branch, Jr., MD, Director, Division of General Internal Medicine, Department of Medicine

**Awarded:** \$164,450

**Duration:** 2 years

**Board Date:** May 2012

---

## University of Kentucky

**Project Title:** Using Blended e-Learning for Interprofessional Education

**Project Description:** A consortium of five southeastern universities—the University of Kentucky, the Medical University of South Carolina, the University of Florida, the University of Mississippi Medical Center, and Vanderbilt University—will develop an interprofessional education program that combines online learning with face-to-face instruction.

The Consortium's training will be used by more than five thousand medical, nursing, pharmacy and other health professions students across the five campuses. It will focus on two curricula—patient safety and care transitions—and introduce students to the core competencies for interprofessional collaborative practice, developed by the Interprofessional Education Collaborative (IPEC).

**Principal Investigator:** Andrea L. Pfeifle, EdD, PT, Director of the Center for Interprofessional HealthCare Education, Research & Practice

**Awarded:** \$201,270

**Duration:** 3 years

**Board Date:** May 2012

---

## American Board of Internal Medicine Foundation

**Project Title:** Primary Care Faculty Development Initiative

**Project Description:** The Boards of Family Medicine, Internal Medicine, and Pediatrics will test a faculty development program that trains faculty how to teach students the competencies necessary for a career in primary care. The faculty development program is part of a larger effort to reform residency programs so they are better aligned with changes in practice—in this case, preparing students to work in patient-centered medical homes.

The alliance will pilot the faculty development program at four sites in one region of the country over a year. Three key faculty members in family medicine, internal medicine, and pediatrics at each site will participate in the pilot. The pilot will be intensively evaluated before it is scaled to a national level.

**Principal Investigator:** Eric S. Holmboe, MD, Chief Medical Officer (CMO) and Senior Vice President

**Awarded:** \$151,632

**Duration:** 2 years

**Board Date:** October 2012

---

## University of California, Los Angeles

**Project Title:** Innovative Tools for Evaluating Interprofessional Competencies

**Project Description:** UCLA will develop a set of assessment tools that will evaluate students' interprofessional competencies in the classroom and clinical practice settings. The tools will measure changes in knowledge, skills, attitudes and behaviors among students who have completed the university's interprofessional education course and compare them to students who have not taken this course.

The researchers will test and refine the assessment tools, exploring the usefulness, feasibility and reliability of each. With

the help of a national advisory group, the tools will then be widely disseminated.

**Principal Investigators:** LuAnn Wilkerson, EdD, Senior Associate Dean for Medical Education and Professor of Medicine; Pamela Davidson, PhD, Associate Professor Nursing and Health Services; and Courtney Lyder, RN, ND, Dean of the School of Nursing

**Awarded:** \$584,370

**Duration:** 3 years

**Board Date:** October 2012

---

## The Mayor's Fund to Advance New York City

**Project Title:** Relief Efforts for Communities Affected by Hurricane Sandy

**Project Description:** The devastation and destruction in both lives and property caused by Hurricane Sandy was unprecedented in the greater New York metropolitan area. As a member of the community, the Josiah Macy Jr. Foundation witnessed the storm's impact on its colleagues, neighbors, employees and partners.

The grant to the Mayor's Fund will support hurricane relief efforts. Immediate aid needs in hurricane affected neighborhoods include hot food, water, baby and hygiene supplies, warm clothing, blankets and cleaning materials. Longer term needs include housing and other efforts to re-build and restore neighborhoods and communities affected by Hurricane Sandy. One hundred percent of donations will be dispersed to relief efforts and organizations, as the Mayor's Fund does not retain an administrative fee.

**Principal Investigator:** Megan Sheekey, President

**Awarded:** \$50,000

**Duration:** 1 year

**Board Date:** December 2012



Please visit our website  
([www.macyfoundation.org](http://www.macyfoundation.org))  
for more information on Macy Grantees.

# 2012 PRESIDENT'S GRANTS

---

## Society for the Preservation of Physician Assistant History

The grant supports the documentation of the extraordinary success of properly-trained non-physicians that were capable of providing first-rate care as part of a physician directed health care team beginning with the 1970's. The product will inform debate about how to provide front line health care for all Americans using health care teams.

\$30,000 | *Awarded: January 2012*

---

## Cleveland Clinic

The Macy Foundation awarded the Cleveland Clinic a grant to support the project titled, "Toward Consensus: Quality Attestation for Clinical Ethics Consultants." Together with the American Society for Bioethics and Humanities, the project will lay the foundation for continuous quality improvement in clinical ethics and consultation.

\$25,000 | *Awarded: March 2012*

---

## National Academies of Practice

This award supports the conference titled, "Interprofessional Practice in the Era of Health Reform." The conference will focus specifically on the practice of interprofessional health care.

\$10,000 | *Awarded: April 2012*

---

## Tannenbaum Center for Interreligious Understanding

This award supports the project titled, "Creating Teaching Materials on Religio-Cultural Competence of Medical Schools: A Pilot Project at Hofstra University School of Medicine." A course module

on religio-cultural competence will be piloted at the new Hofstra North Shore-LIJ School of Medicine and will create and test a cohesive set of class materials that can then be made available to medical schools nationwide.

\$10,000 | *Awarded: April 2012*

---

### Arnold P. Gold Foundation

The funds will be used to underwrite student and resident participation at the Gold Humanism Honor Society 2012 Biennial Conference and Tenth Anniversary Celebration to be held October 4-6 in Rosemont, Illinois.

\$25,000 | *Awarded: May 2012*

---

### National Medical Fellowships

This award is to support the National Medical Fellowships' scholarship programs for underrepresented minorities in medicine.

\$20,000 | *Awarded: May 2012*

---

### ABIM Foundation

This award is to support a study to explore how to use the Choosing Wisely campaign in the training of residents and medical students so that they will be better stewards of resources.

\$35,000 | *Awarded: June 2012*

---

### George Washington University

This award is to support the Teaching Health Centers Meeting to be held in January, 2013.

\$21,360 | *Awarded: June 2012*

---

### Indiana University

Indiana University is establishing a Center for the Study of Faculty Vitality in the Health Professions. This award is in support of focus group research for underrepresented minority and women faculty and the launch of a biennial conference.

\$35,000 | *Awarded: June 2012*

---

### Harvard School of Public Health

The Harvard School of Public Health is developing a case study focused on understanding the roles women play as part of the US health care work force.

This award will support development, evaluation and dissemination of the project so it may build on women's roles at all levels of the healthcare system to advance women's health.

\$25,000 | *Awarded: June 2012*

---

### Massachusetts General Hospital

This award is to support and evaluate MGH's Professional Development Coaching Program to help residents advance in their professional development as physicians, improve their self-directed learning skills, and enhance their focus on lifelong learning.

\$35,000 | *Awarded: June 2012*

---

### Northeast Ohio Medical University

This award is to support the Ohio Alliance, formed to meet the challenges of creating a more diverse health care workforce that cares for underserved populations. Specifically, the award will support the Alliance's invitation-

only conference entitled, "Pipeline to Practice Initiatives that Promote Diversity within Interprofessional Health Education and Practice," which will guide development of an action plan for the Alliance.

\$35,000 | *Awarded: June 2012*

---

### Rice University

This award is to support the Medical Futures Lab symposium, "Millennial Medicine: Knowledge Design for an Age of Digital Disruption" to take place in Houston, Texas on April 26-27, 2013.

\$29,800 | *Awarded: June 2012*

---

### California Medical Association Foundation

This award is to support the 10th Annual Pre-Medical and Pre-Health Professions Conference: Guiding Your Passion for Medicine, organized by a partnership between the American Medical Student Association, American River College and University of California, Davis. The annual conference will take place on October 6-7, 2012 at the UC Davis campus in Davis, CA.

\$10,000 | *Awarded: August 2012*

---

### Hunter College

The grant supports 20 Herman Briggs Health Policy Fellows, all graduate students of varying disciplines, to each attend meetings with Society members, and engage in discussion with notable guest speakers on important public health and health policy issues confronting New York City, New York State, and the nation.

\$4,797 | *Awarded: November 2012*

# BOARD OF DIRECTORS AND STAFF

## Chairman of the Board

### William H. Wright II

Former Managing Director  
Morgan Stanley

## Board Members

### Lawrence K. Altman, MD\*

Fellow  
Woodrow Wilson International  
Center for Scholars

### David Blumenthal, MD, MPP

Chief Health Information and Innovation  
Officer, Partners HealthCare and Samuel  
O. Thier Professor of Medicine and  
Professor of Health Care Policy  
Massachusetts General Hospital/  
Harvard Medical School

### George Campbell Jr., PhD

President Emeritus  
The Cooper Union

### Linda Cronenwett, PhD, RN, FAAN

Beerstecher Blackwell Term Professor  
and Former Dean  
School of Nursing,  
University of North Carolina at Chapel Hill

### Harvey V. Fineberg, MD, PhD

President  
Institute of Medicine

### Linda P. Fried, MD, MPH

Dean, DeLamar Professor of Public  
Health, and Professor of Epidemiology  
Columbia University  
Mailman School of Public Health

### John W. Frymoyer, MD

Dean Emeritus  
University of Vermont  
College of Medicine

### Henry P. Johnson

President and Chief Executive Officer  
Fiduciary Trust Company International

### Judith B. Krauss, RN, MSN, FAAN

Professor of Nursing & Health Policy,  
Master  
Silliman College, Yale University

### Herbert Pardes, MD

Executive Vice Chairman of the Board  
New York Presbyterian Hospital

### Paul G. Ramsey, MD

Chief Executive Officer (UW Medicine)  
and Dean  
University of Washington  
School of Medicine

### George Rupp, PhD

President  
International Rescue Committee

### George E. Thibault, MD

President  
Josiah Macy Jr. Foundation

### Gregory H. Warner\*\*

President  
Ingleside Investors

## Staff

### George E. Thibault, MD

President

### Peter Goodwin, MBA

Chief Operating Officer and Treasurer

### Stephen C. Schoenbaum, MD, MPH

Special Advisor to the President

### Nicolas R. Romano, MA<sup>+</sup>

Research Associate

### Ellen Witzkin

Executive Assistant to the President

### Karen A. Butler

Executive Assistant to the  
Chief Operating Officer



\*Term ended in 2012

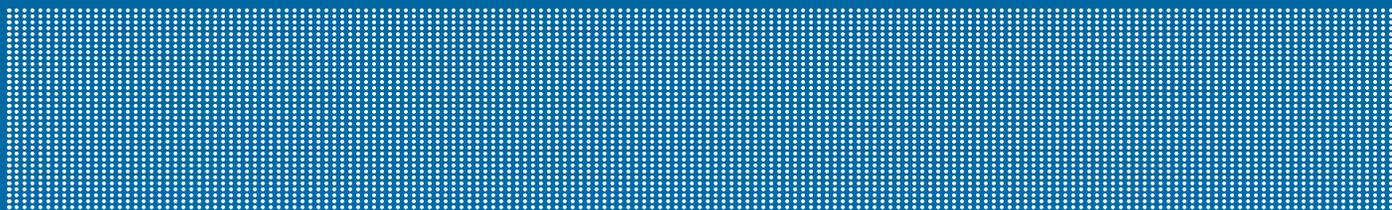
\*\*Term commenced in 2012

<sup>+</sup>Departed in 2012



# JOSIAH MACY JR. FOUNDATION FINANCIAL STATEMENTS

JULY 1, 2011 TO JUNE 30, 2012



# STATEMENTS OF FINANCIAL POSITION

	<u>2012</u>	<u>2011</u>
<b>Assets</b>		
Cash and cash equivalents	\$ 7,386,349	\$ 1,871,743
Investments, at fair value	121,334,906	146,790,213
Due from broker	3,830,690	169,931
Accrued interest and dividends receivable	74,629	189,978
Prepaid expenses and other assets	67,648	125,644
Property and equipment, at cost, less accumulated depreciation	<u>5,321,306</u>	<u>4,885,149</u>
<b>Total Assets</b>	<u><u>\$138,015,528</u></u>	<u><u>\$154,032,658</u></u>
<b>Liabilities and Net Assets</b>		
Liabilities		
Grants payable	\$ 635,794	\$ 707,237
Other accrued liabilities	125,550	64,475
Deferred federal excise tax	84,288	269,073
Accrued retirement benefits	<u>2,397</u>	<u>4,405</u>
Total Liabilities	848,029	1,045,190
Net Assets		
Unrestricted	<u>137,167,499</u>	<u>152,987,468</u>
<b>Total Liabilities and Net Assets</b>	<u><u>\$138,015,528</u></u>	<u><u>\$154,032,658</u></u>

# STATEMENTS OF ACTIVITIES

	<u>2012</u>	<u>2011 *</u>
<b>Revenue</b>		
Interest on investments	\$ 849,531	\$ 1,023,263
Dividends on investments	1,369,614	1,050,930
Net realized and unrealized gain (loss) on investments	(9,461,738)	29,367,088
Investment counsel and custodian fees	(829,489)	(736,053)
Provision for taxes:		
Current excise tax	(102,040)	(46,710)
Deferred excise (tax) benefit	184,785	(258,893)
	<u>(7,989,337)</u>	<u>30,399,625</u>
<b>Total Revenue (Loss)</b>		
<b>Expenses</b>		
Salaries	1,226,260	1,079,370
Employee benefits	269,703	236,790
Professional services	246,030	283,867
Equipment and minor improvements	65,895	52,348
Utilities, insurance and building maintenance	71,106	73,886
Travel	59,003	50,104
Director meetings expenses	52,926	40,211
Other administrative expenses	137,950	105,330
Depreciation	211,336	154,055
Grants and conferences and publications:		
Health professional education grants	3,776,551	4,228,694
Grant refunds	(17,784)	(19,773)
President's discretionary grants	500,000	500,000
Matching gift grants	181,765	159,750
Macy faculty scholars grants and related expenses	743,557	751,399
Conference expenses	167,579	198,441
Publications	100,785	98,103
Organizational dues	37,970	50,340
	<u>7,830,632</u>	<u>8,042,915</u>
<b>Total Expenses</b>		
Increase (decrease) in net assets	(15,819,969)	22,356,710
Net assets, beginning of year	<u>152,987,468</u>	<u>130,630,758</u>
<b>Net Assets, End of Year</b>	<u><u>\$137,167,499</u></u>	<u><u>\$152,987,468</u></u>

\* Certain amounts have been reclassified for comparative purposes.



Content by: Burness Communications and the Josiah Macy Jr. Foundation  
Design by: Vixjo Design, Inc.

Thank you to grantees who provided the photos used in this annual report.

Printed in U.S.A with soy-based inks on paper containing post-consumer recycled content and produced using 100% wind-generated power.

Josiah Macy Jr. Foundation  
44 East 64th Street, New York, NY 10065 [www.macyfoundation.org](http://www.macyfoundation.org)

