



## SPECIAL REPORT OF THE PRESIDENT

JOSIAH MACY JR. FOUNDATION 2008–2018

May 2018



**Josiah Macy Jr. Foundation**

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[www.macyfoundation.org](http://www.macyfoundation.org)

Thank you to grantees, Macy Faculty Scholars, and others who provided the photos used in this report.

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## — CHAIRMAN'S FOREWORD —

In January 2008, at his first board meeting, George Thibault assessed the environment of the nation's health care system and current education for health care professionals and then provided a vision for change in the education system. The board, composed of leaders in health professions education, academic leaders, and business people, was riveted by what he laid out for us. It was a road map for the next decade that in retrospect needed little revision. That being said, it called on the Macy Foundation to take an even more engaged role in redefining how we approach education and how we were to be the agent of change, most notably in the realm of interprofessional education, curriculum development, and faculty leadership development.

Every foundation board wants to know the impact, merit, and validity of its grantmaking. In 2017, the Macy Foundation engaged the Center for Effective Philanthropy, leaders in the field of measurement. It was a gratifying moment to receive their report which placed us within the top five of all 250 foundations they have surveyed for the impact of our grants over the last decade. Beyond the quantitative assessment, the commentary shared with us said so much about the clarity of vision of the Macy Foundation under George Thibault's leadership. In addition to this, during the presidential search process, those of us on the committee learned of the previously unknown collateral benefit of the Macy Faculty Scholars Program. Institutions that either nominated a candidate or had one advance to the finalist stage were able to use that to elevate and advance the conversation about medical education at their institutions. In some instances, that alone led to programmatic change.

George Thibault has been an extraordinary leader of the Macy Foundation, forging new thinking and new paradigms for the education of health professionals, while burnishing the Foundation's over 80-year legacy as a vanguard for change. Under his visionary leadership, Macy's star has burned brighter than any of us could have imagined. He leaves behind a rich and impactful personal legacy that will continue to inform the Macy mission and the ever-evolving field of health professions education.

William H. Wright II, MBA  
*Former Managing Director*  
Morgan Stanley



*Back row (l-r): David Blumenthal, Howard Koh, George Campbell, Linda Fried, Henry Johnson, Terry Fulmer, Paul Ramsey  
Front row (l-r): Gregory Warner, Mary Wakefield, George Thibault, William Wright, Steven Safyer, Francisco Cigarroa*



Linda Cronenwett



Valerie Montgomery Rice



## — 2018 BOARD OF DIRECTORS —

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The University of Texas at Austin and  
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# PRESIDENT'S OVERVIEW





*Receiving 2018 Abraham Flexner Award for Distinguished Service to Medical Education from the Association of American Medical Colleges*



*Speaking at MGH Institute of Health Professions*

## — PRESIDENT'S OVERVIEW —

In my first talk to the Macy Board as President in January 2008, I listed the external factors and trends that were bringing about dramatic change in the health care delivery system, and I made the case that health professions education needed to change equally dramatically to prepare health care professionals for the world they will be entering. The changes I suggested included new models for clinical education that are interprofessional, community oriented and based on principles of continuity; new skills and content to complement the biological and clinical sciences; greater attention to faculty development and diversity; and a breaking down of educational silos within and across the professions. While I saw some encouraging signs that our education system was beginning to respond, I felt much more change was needed and at a faster pace to better align health professions education with societal needs. I gave a roadmap for these changes, and this became the agenda for our work in the subsequent decade. This Special Report reviews our programmatic accomplishments over this period from January 2008 to the spring of 2018.

This decade we have just completed (2008–2018) has continued to be one of great unrest in the health care system. The financial crisis, the passage of the ACA, a presidential election and polarizing political climate have added to and complicated the forces for change that already existed. While these additional factors make precise predictions of the future even more difficult, I do not believe that they have altered the direction of the changes we envisioned 10 years ago. Healthcare will become more team-based, distributed, population and chronic disease oriented, and accountable to the public. And it will continue to be profoundly affected

by new technologies, consumerism, concerns about cost, and the need for greater equity in access and outcomes. In spite of the financial and political unrest, I have seen more changes in health professions education in this decade than I have seen in any of my four prior decades as a medical educator. It has been very exciting to be a part of that change process.

People have asked me what I am proudest about in our Macy work. Which components have most contributed to our goal of aligning health professions education with societal needs? Which elements are likely to be most enduring? In trying to answer these questions, I am humbled by the realization that I really cannot tell from this vantage point what will endure—only future generations can answer that. I also realize that even if we have made progress in changing health professions education to better meet societal needs (and I do believe we have), the work is incomplete and there is still much more to do. With these disclaimers, I will give a brief list of what I am proudest of, and then ask you to judge for yourselves as you read the more detailed descriptions of our programs.

I am particularly proud that we have contributed to changing the national perspective on the importance and effectiveness of interprofessional education (IPE). Our traditional education system has kept each of our health professions' learners siloed from each other through their long periods of education and training. This has prevented them from learning what each profession can contribute to optimal patient care and to health care redesign. Ignorance and misunderstanding have led to misconceptions and stereotypes that interfere with healthy professional

relationships and effective communication. We also have failed to establish team-work and team-based skills as necessary core competencies for all health professionals. The adverse consequences of these educational deficiencies are more and more apparent in a health care world increasingly reliant on team-based care to improve outcomes, efficiency, and satisfaction of both patients and healthcare workers.

Effective interprofessional education addresses these deficiencies by providing meaningful, well planned, rigorous experiential learning for students, faculty and practitioners from two or more professions to learn “about, from, and with each other.” Many Macy grantees, Macy Faculty Scholars, and Macy Conferences have made important contributions to advancing this field over the last decade. Virtually all health professional schools now provide some interprofessional educational experiences. The National Center for Interprofessional Practice and Education, which we helped to create, is serving as a clearinghouse for best practices and is generating new data and tools to promote effective interprofessional education and collaborative practice.

Though we have made much progress in this area, there is still more to be learned about the timing, dose, and context that make for the most impactful interprofessional education experiences. We need to learn more about the most effective uses of educational technologies to overcome barriers for IPE, particularly where health professional schools are not on the same campus. Finally, we need to improve our understanding of how these educational interventions can lead to better patient outcomes.

Secondly, I am particularly proud of the work we have led to develop the next generation of

leaders and change agents in health professions education. Our Macy Faculty Scholars Program was a dream of mine when I arrived at the Foundation. I believed then, as I do now, that we would not be able to sustain the educational alignment we were seeking nor continue to innovate and respond to unforeseen changes in the future, if we did not invest in the careers of those who would lead these changes. In general, across the health professions, we have under-invested in the career development of educators and future leaders. Through the Macy Faculty Scholars Program, we have, to date, supported and nurtured 36 nursing and medical school faculty who are changing their institutions and have already taken on national leadership roles in education. We want this program to be a model for other funding organizations and individual institutions for their own faculty.

Third, I am particularly proud of the role we have played in improving nursing education and promoting nursing leadership. Every one of our interprofessional education projects involves nursing schools, and in many they are the lead. In promoting a more collaborative approach to both education and practice in the health professions, we have explicitly called for greater roles for nurses in designing, implementing, and leading change. Five Macy Conferences have been co-chaired by senior nursing leaders, and two sets of conference recommendations explicitly addressed the importance of enhanced roles for nurses and nurse practitioners in primary care. As further testimony to our commitment to producing nurse leaders, 40% of our Macy Faculty Scholars are nursing faculty. I firmly believe we will not have an optimal health care system that adequately addresses the needs of the public we serve unless we reap maximum benefit from our students, clinicians, and leaders in the nursing professions.

Fourth, I am particularly proud of our work to improve the preparation of physicians so that they are better prepared for a changing health care system and have the necessary skills and attitudes to meet the current and future needs of their patients. Interprofessional education and teamwork training are essential elements of the educational changes needed for physicians, and medical schools have been involved in all our IPE grants. Several Macy conferences and grants have focused on the need to introduce new content into physician education to complement the biological and clinical sciences. Other initiatives have focused on making clinical education and training more longitudinal and community oriented. All these changes need to occur, and now are occurring, in both medical schools and in residency training. We have advocated viewing undergraduate and graduate medical education (UME and GME) as a continuum. We believe this will lead to greater efficiency in the training process and greater consistency in educational approach. The goal of UME and GME is the same. It is to produce physicians who have the knowledge, attitudes, and skills to meet the health needs of the public today, and who have the capacity for continuous learning and reflection so that they can meet those needs in the future as well.

Fifth, I am particularly proud that we have helped stimulate and influence the national dialogue on the importance of and the need for change in health professions education. This is what I call our “bully pulpit.” I accept many invitations to speak, participate in panels, advise institutions, and submit written commentaries; and these activities are not directly related to any Macy-funded activities. The themes, however, are related to the work we are funding; and the work of our grantees, Macy Faculty Scholars, and Macy Conferences confers credibility. These occasions give me an opportunity

to promote our rationale for change and explicate the components of the changes we are advocating. This is how we can influence the policies and spending of other organizations. It also is how we generate allies and partners in this work. I am proud that we have partnered with the major health professional organizations in medicine and nursing in these endeavors, and that we have also served as a matchmaker to get like-minded organizations to work together to achieve educational reform goals. All these interactions contribute to my own learning, and the programs of the Macy Foundation are the beneficiaries of this dialogue.

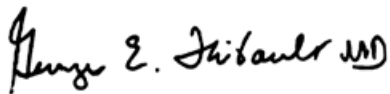
The overriding message we have promoted is that health professions education and health care delivery both have the same goal—improving the health of the public. Education and delivery, which often have pursued separate paths, should be working much more closely together to accomplish this common goal. Educational changes should be informed by delivery system and patient needs. And delivery system reform must make it a high priority to optimize education. For health professional education this is both a mandate and a blueprint for change. Health professions education is central to health care delivery reform and to improving the health of the public. As educators we should be proud, because this simple fact makes health professions education even more important.

Finally, I am particularly proud of the Macy Foundation team. I have been blessed with the most extraordinarily talented and committed Board; patiently and superbly led for the past eight years by Bill Wright. Except for Bill, all the Board members are new since I arrived 10 years ago. I believe it is one of the most diverse and effective boards in the foundation world, and I will be forever indebted for its wisdom, understanding, and support.

In my first two years we undertook a number of organizational and policy changes to improve the operation of the Foundation. I have been extremely fortunate to have recruited a superb staff that functions at a uniformly high level with great spirit and cohesion. In 2017, their collective performance enabled us to achieve one of the highest ratings recorded by the Center for Effective Philanthropy in its grantee surveys.

In the final analysis we know that the impact of the Macy Foundation is due to the work of our grantees, Macy Faculty Scholars, and conferees. What follows in this Special Report is a summary of what they have done over the past 10 years. This report is organized by the funding mechanisms we have used, because these are the operational levers through which we bring about change. But the story is really about people and ideas and their inter-relationships within and across these funding mechanisms.

No summary can fully do justice to the enormity of the work that has been accomplished by all those that we have supported. I am very grateful to them all and proud to have been a part of this collective effort.



GEORGE E. THIBAULT, MD



## MACY PROGRAM HIGHLIGHTS

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### 2008

- First IPE grant: Interprofessional Team Training Toolkit grant to University of Washington
- Conference on *Revisiting Medical School Education Mission at a Time of Expansion*

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### 2009

- Consortium of New Medical Schools formed in collaboration with the AAMC
- Teaching, Technology, Teamwork grant to New York University

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### 2010

- Macy Faculty Scholars Program initiated
- Conference on *Who Will Provide Primary Care and How Will They Be Trained*



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## 2011

- Reports from two Macy Conferences on GME Reform: *Ensuring an Effective Physician Workforce for the United States*
- Macy Annual Report: *Creating an Accountable GME System*

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## 2012

- Macy Conference on IPE (grantee conference representing 23 institutions)
- National Center for Interprofessional Practice and Education created

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## 2013

- Macy Conference on *Transforming Patient Care: Aligning IPE with Clinical Practice Redesign*
- Education in Pediatrics Across the Continuum grant to AAMC

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## 2014

- Train-the-Trainer IPE Faculty Development Program started with initial grant to University of Missouri, Columbia
- Macy Annual Report: *Careers for Leaders and Innovators in Health Professions Education*

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## 2015

- Macy Conference and Annual Report on Technology in Health Professions Education
- Consortium of schools for three year path to MD formed in collaboration with New York University

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## 2016

- Regional conferences on *Innovations in GME to Align Residency Training with Changing Societal Needs*
- Additional support to National Center to Accelerate Interprofessional Community-Based Education and Practice via nursing schools

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## 2017

- Report from Macy Conference on *Enhanced Roles for Registered Nurses in Primary Care*
- Macy Foundation ranked in top 5 of all foundations on Center for Effective Philanthropy Grantee Survey

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## 2018

- Report from Macy Conference on *Achieving Competency-Based, Time-Variable Health Professions Education*
- 44th IPE grant: Support to National Center for online dissemination of IPE tools



*Columbia University, 2009 and 2011 Board Grant*



*Case Western Reserve University, 2010 Board Grant*



*Tulane University, 2009 Board Grant*

# BOARD GRANTS





**RITA CHARON**  
MD, PHD

*Professor of Medicine,  
Columbia University  
Medical Center*

*Chair, Department of  
Medical Humanities  
and Ethics  
Columbia University*

*Principal Investigator,  
Reframing the Academic  
Medical Center through  
Interprofessional Effectiveness*

*“Through his inimitable  
warmth, wisdom, and  
passion for team health  
care, we have come to see  
our own power, our own  
potential for transcending  
the siloes of old.”*

George himself encouraged my narrative medicine group and me to undertake serious work in interprofessional education at Columbia. We had for years been working with clinicians and patients to help reveal deep levels of illness and caring through narrative means—telling and listening to stories of illness, writing creatively about what we all suffer around sickness, making contact with one another across the chasms that divide the sick from the well, doctor from nurse, family members from one another. With George’s advice, we turned these methods to the goals of improving health care team effectiveness.

Even though our history as an institution is a rigidly siloed one, Macy support enabled us to come to see and appreciate one another’s perspectives across professions. With a steering committee of 10 senior and influential faculty members, we designed and co-taught credit-bearing seminars for students from all four schools addressing topics like health care justice and end-of-life care that “belonged” to no one school. Each year, there were more seminars offered. Nutrition, occupational therapy, pastoral care, and physical therapy joined our work. A Student Advisory Board helped us to plan free-standing lectures and film screenings.

When the Macy Foundation funding came to a close, the deans of the 4 schools chose to each contribute funds to continue our work. Now calling ourselves Columbia Commons IPE, we faculty and students have become a powerful team in our own right. There are now an increasing number of required courses in the curricula of several schools that combine their students for shared learning. We supported our students in their successful bid to join the Camden Coalition’s Interprofessional Student Hotspotting Learning Collaborative. An interprofessional group of Commons IPE

faculty have developed a team research project related to obesity and weight bias, having achieved initial internal funding and now in gear for winning continued support. With support as a Macy Faculty Scholar, Deepthiman Gowda (one of the original Macy IPE faculty) tested the power of narrative training for development of effective health care teams in three ambulatory primary care sites in the Columbia system.

Perhaps the most visible sign of George Thibault’s influence over our institution as a whole will be dramatized on April 5, 2018. Students from all our schools and programs know that day as “Columbia Commons IPE Day.” We made it happen that all courses for all schools are canceled for the entire day so that all students and faculty can join in lectures, workshops, seminars, and clinical simulations on team aspects of health care. Ten lectures and 75 small group sessions, taught by around 150 faculty of all professions and members of community health groups, will unroll through the day. Each small group will have learners from 9 programs (the Columbia School of Social Work is participating as a prelude to possibly joining the Commons). The IPE Day culminates in theatre, dance, and musical performances by interprofessional student groups. It is an amazing, Olympic-sized enterprise that we Commons people are pulling off.

This is the house that George built. Through his inimitable warmth, wisdom, and passion for team health care, we have come to see our own power, our own potential for transcending the siloes of old. Columbia is a better place today for the presence of George Thibault in our lives, our schools, and our images of our better selves.

## — BOARD GRANTS —

**A**ll grants over \$35,000 must be approved by the Board. The Board-approved grants are generally multi-year grants and represent collectively our largest programmatic investment in educational innovation. Over the past 10 years, the Board approved 80 grants, totaling \$31.6 million. The average grant duration was 2.4 years (range 1 to 5). The average grant amount was \$395,000, with an average annual commitment of \$164,000. Over the years, we have been able to maintain our number of Board grants while adding new programs by reducing the annual commitment of each grant. This has been accomplished by working closely with institutions who receive our grants to have them provide institutional support and/or helping them to find supplemental funding. This strategy has proven to be very effective.

These grants have touched more than 70 unique academic educational institutions either as recipients or co-recipients or as part of consortia that were convened under the grant. A few institutions have had more than one grant, and several participated both as grantees and consortium members. These institutions are in all parts of the country and are nearly equally public and private. Grants also went to 16 other unique academic or professional organizations. Several of these organizations received more than one grant. Of these, the Institute of Medicine (IOM; now the National Academy of Medicine) and the Association of American Medical Colleges (AAMC) were the recipient of the most grants (four each).

At the beginning of my tenure we established five priority areas for our grant giving. These were chosen under the overall guiding rubric of

better aligning health professional education with contemporary societal needs. Those priority areas are:

- Interprofessional education with a goal of making teamwork a core competency for all health professionals.
- New curriculum content to be integrated in the curriculum to complement the biological and clinical sciences.
- New models for clinical education that are more longitudinal, community and chronic disease oriented and more fully integrated throughout the educational experience.
- Preparation for the care of underserved populations so that the next generation of health professionals are equipped to serve our most medically needy.
- Career development in order to prepare faculty for successful careers as medical educators, innovators, and leaders.

From the start, we laid out a strategy that **all** our board grants would fit within at least one of the categories and that the Board grant activity would be synergistic with our other funded activities: Macy Conferences, Presidents Grants, and our soon to be developed Macy Faculty Scholars Program. This was based on the premise that no single grant or activity would bring about change. Change in these domains would come from the impact of a cumulative body of work. Table 1 on the following page shows how the 80 Board grants were distributed across the five priority areas. All grants had a primary association with one priority area and approximately half of the grants (36 of 80) also had a secondary association with another priority area. As the table shows, our grants did fund a substantial body of work in each of the five areas.

Table 1: Board Grants by Priority Area

Priority Area	Primary Theme	Secondary Theme
<b>Interprofessional Education</b>	34 (43%)	10
<b>New Curriculum Content</b>	11 (14%)	5
<b>New Models for Clinical Education</b> (includes GME reform)	17 (21%)	9
<b>Education for the Care of Underserved Populations</b> (includes primary care)	9 (11%)	4
<b>Career Development</b> (includes underrepresented minorities and workforce)	9 (11%)	8
<b>Total Grants</b>	<b>80</b>	

## INTERPROFESSIONAL EDUCATION

We decided to concentrate on interprofessional education (IPE) early in my tenure because we concluded that it was an area in which we could have the most impact in changing the educational model to better prepare health professionals for the practice world they would be entering. IPE had been written about since the 1960's and was strongly recommended in an IOM report in 1972, *Educating for the Health Team*. But it had not gained traction for both logistical and political reasons. There also had been less of a sense of urgency than there is now about changing the traditional model of care.

We thought the time was right to re-invigorate this discussion and demonstrate proof of concept by supporting IPE efforts in several institutions simultaneously. We found receptivity in a number of academic centers that had multiple health professional schools. That receptivity was in part

stimulated by a realization that the care model needed to change to more team-based care, with a growing body of evidence that team-based care led to better outcomes. At the same time, there was the realization that the traditional siloed model of education was not preparing our health professionals for the effective team-based care that was increasingly important in the 21<sup>st</sup> century. In looking for candidates for this IPE work we identified institutions where both nursing and medicine were committed to be part of the educational innovation. We thought this was crucial because nurses and doctors are nearly always part of any care team and have great influence on the direction that future health care reform will take. We also surmised that previous IPE efforts had failed in part because physicians had not been active participants. Where there were willing partners, many of our IPE initiatives also included other health professions, with pharmacy and social work being the most common. IPE initiatives have been greatly enhanced



In 2009 the University of Colorado's Anschutz Medical Campus had almost all of the key ingredients. We had a brand new campus, built for interprofessional education. We had an enthusiastic, inspired group of faculty leaders representing six health professions. These faculty members had helped design the new campus and were eager to build programs worthy of the new physical plant. Our Deans were supportive of doing something new and transformational for our student body. The Vice Chancellor had a clear vision for an interprofessional campus. What we lacked were the resources to pull it all together and get started. We approached the Macy Foundation with our aspirations and found an eager and engaged partner.

Macy's imprimatur was catalytic. We were able to attract a second funder to match Macy's grant and between the two, we had the resources to really get moving.

Macy's support enabled us to invest in three intense years of trial and error as we built our IPE program and the results speak for themselves. We have a longitudinal experiential, team-based IPE curriculum, required for all health professions students on campus, focused on the IPEC competencies. That curriculum is sustained by funds and dedicated, in-kind contributions from each profession on campus. We have a steadily growing number of

interprofessional collaborative practice models in our clinical units. Equally telling are many of the "side effects" of our undergraduate curricular efforts. Interprofessionalism is at the core of our campus' culture. Students from all the disciplines get to know each other from their first weeks on campus. Student-driven efforts that used to come from clusters of students within a single school now tend to be multiprofessional from the start. We have a student-run free clinic that manages its own interprofessional leadership needs and transitions. We have interprofessional student book clubs, discussion groups, fund-raisers and service projects—all driven from a student body that knows and values each other. Our faculty collaborate in countless clinical, educational, and research projects. The "before and after" comparisons are stark. Macy's support has been truly transformational.

It would be a disservice however, to imply that Macy's only role was as a funder. Macy was a full partner to our transformation project. The Foundation connected us with like-minded people from across the country and curated the important conversations and gatherings needed to connect our work with what has become an international movement. Our campus and the learners and patients we serve will benefit from that leadership and largesse for decades to come.



**MARK EARNEST MD,  
PHD, FACP**

*Professor, University of  
Colorado, Denver School  
of Medicine*

*Principal Investigator,  
Campus-wide IPE:  
University of Colorado*

*"Macy was a full partner  
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important conversations  
and gatherings needed to  
connect our work with  
what has become an  
international movement."*

by other professions, and there is great value in expanding the number of professions participating in IPE activities.

Our investment in IPE, which began in 2008 with our first grant to the University of Washington Health Science Center in Seattle, has generated huge

dividends. The critical mass of 44 grants (primary and secondary themes of IPE) touched more than 40 different academic institutions (and several additional health professional organizations) and did begin to change the face of IPE nationally. The grants were responsible for institutional transformation in several instances where IPE became a core strategic



**MARC M. TRIOLA**  
MD, FACP

*Associate Dean for Educational Informatics  
Director, Institute for Innovations in Medical Education  
NYU Langone Health  
Principal Investigator, NYU T3: Teaching, Technology, Teamwork*

*“George and the Macy Foundation have had a tremendous impact in the transformation of medical education...”*

It would be difficult to overstate the tremendous impact George and the Macy Foundation have had on the field of health professions education, the NYU School of Medicine in particular, and my own career. My connection with the Foundation began in 2009 when I applied for an interprofessional education innovation grant in partnership with Terry

Fulmer, PhD, RN, FAAN, then the Dean of the NYU College of Nursing. At the time, I was a junior faculty member making the transition from clinical to educational informatics and we proposed the development of a virtual patient curriculum for medical and nursing students—a wildly different approach at the time. The proposal was accepted, and the funding was a game-changer for us. However, it was the input from George and the connections fostered through the Foundation that made our work successful. He took a risk on me as a principal investigator and the project led to the first large-scale integrated course for medical and nursing students at NYU. Ten years later, the online curriculum and exercises developed through the grant are still being used by hundreds of learners each year. The content has proven to be a model for interprofessional education and training and has been adapted by faculty for other programs, both locally and nationally.

George and the Macy Foundation have had a tremendous impact in the transformation of medical education by setting a vision and direction that educators could believe in and support. Seeking to break the lockstep Flexnerian models of medical school, NYU School of Medicine launched an accelerated three-year pathway to the MD degree in 2012. This pathway links an accelerated MD program with residency training in a variety of specialties within our health system. We recognized that the concept was disruptive and that we could not gain momentum and broad acceptance of this model by ourselves. Throughout the planning process, George provided sage advice—contributing his unique and broad perspective across undergraduate and graduate medical education and helping us see potential future trends in healthcare that would intersect with our efforts. The Macy Foundation supported the creation of a new consortium

of schools with similar accelerated pathways. Formed in 2015 with eight medical schools, the intent was to study several aspects of these programs and to develop and promote best practices for implementation. After the first year, five additional schools joined the consortium. It was the Macy Foundation and their ability to convene this consortium, that provided the tipping point for this important trend.

The Macy Foundation has dramatically transformed the field of medical education over the past 10 years, a particularly dynamic time. Emerging technologies, novel methods of teaching and learning supported by data and analytics, new relationships between schools and health care systems, changing perspectives on student debt and the societal costs of residency training are all challenging long-held ideas. One characteristic that George and the Foundation have unflinchingly shown is the courage to face each of these issues head on. The Macy Foundation has convened national meetings, addressed controversial topics, and supported unified calls to actions. Every effort by them is undertaken with rigor, under a broad tent of stakeholders, with clear and resolute purpose.

Everyone reading this already knows that George is among the most impactful and influential leaders in modern health professions education. He is an unmatched mentor, a scholar, a statesman, a consensus builder, and he always pushes us to question the status quo in the relentless pursuit of improvement. His impact at the helm of the Macy foundation has touched every corner of medical education and I have no doubt he will continue to be a leader even after leaving this role. I am tremendously thankful to George for his and the Foundation’s support of our work and for his mentorship and guidance over these past 10 years.

initiative across the medical center. Such institutional transformation has occurred at the University of Washington, Columbia University, University of Colorado, Arizona State University, Vanderbilt University, University of Virginia, Case Western Reserve University, and University of New England (our first major IPE grant to include an osteopathic medical school). IPE also became a stimulus for the enhanced use of innovative educational technologies, as was illustrated in one of our early IPE grants to New York University to support their Teaching, Technology, Teamwork program. This technology theme has been a part of several subsequent IPE grants.

The other dividend of this body of grants is that many of the grant principal investigators became national leaders and spokespersons for IPE and related topics. This spread their influence and the impact of our grants, well beyond their own institutions. These include: Brenda Zierler, PhD, RN, FAAN, University of Washington; Terry Fulmer, PhD, RN, FAAN, New York University (now President of the John A. Hartford Foundation); Marc Triola, MD, New York University; Rita Charon, MD, PhD, Columbia University; Mark Earnest, MD, University of Colorado; Bonnie Miller, MD, MMHC, Vanderbilt University; Gerri Lamb, PhD, RN, FAAN, Arizona State University; Andrea Pfieffe, EdD, University of Kentucky (now at Indiana University); Sarah Schrader, PharmD, University of Kansas; and Barbara Brandt, PhD, University of Minnesota.

As a consequence of the enhanced visibility and status of IPE in health professions education and as a consequence of our recognized leadership in the field we were instrumental in helping to create the National Center for Interprofessional Practice and Education in 2012. The idea for the center came out of discussions among private and public funders about how best to advance the field of IPE. I am

proud that we led these discussions that resulted in a unique partnership between a federal agency (the Health Resources and Services Administration (HRSA)) and three private foundations (Macy Foundation, Robert Wood Johnson Foundation, and Gordon and Betty Moore Foundation) to create a National Center for Interprofessional Practice and Education. A national competitive process was conducted for a HRSA contract to establish the Center. The Center would then have co-operative funding from the private foundations. The University of Minnesota won the competition for the HRSA contract. The National Center located there is now in its sixth year, with ongoing funding from the three original private foundations, the John A. Hartford Foundation, and the University of Minnesota. Barbara Brandt has been a transformative leader of the Center since its inception. We have had an ongoing role in advising and sustaining the Center. It serves as a neutral convener for educators, practitioners, and leaders across the professions; a clearinghouse for best practices in IPE and collaborative practice; and a source of data and tools for IPE programs nationally. We are very pleased that there have been strong synergies between the Center, many Macy grantees and grant sites, and Macy Faculty Scholars.

The other national movement we have helped to create is that of interprofessional faculty development for IPE. This work built on the initiative started by the Interprofessional Education Collaborative (IPEC), which established core competencies for IPE and initiated a series of excellent faculty development programs. We realized there was even a greater need to prepare faculty to lead IPE efforts in their institutions. After an initial pilot grant to the University of Missouri, Columbia, we gave a four-year grant to the University of Washington to create a national program at three sites (University of Washington, University of Virginia,



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*“In addition to grant  
funding awarded by the  
Macy Foundation,  
Dr. Thibault’s mentorship,  
support, and innovative  
thinking has transformed  
the field.”*

The Macy Foundation has had a tremendous impact on my career at the University of Washington (UW) through grant funding, mentorship, referrals to other Macy grantees, invitations to participate in Macy-sponsored conferences, and the opportunity to mentor a Macy Faculty Scholar. In 2007 the deans of Medicine and Nursing at the UW asked me to co-lead a grant application to the Macy Foundation with Brian Ross, MD, PhD. We were funded to develop interprofessional simulations for medical, nursing, pharmacy and physician assistant students focused on teamwork and team communication. Using these grant funds, we developed and evaluated two IPE activities – TeamBITs Simulation and Error Disclosure. The four-hour TeamBits simulations and the error disclosure training have been sustained and are two of the most highly rated IPE activities at the UW. In addition to training health professional students, numerous faculty involved in the development of these two IPE activities funded by the Macy Foundation are now IPE leaders in their schools.

In addition to developing innovative ways for students to practice together using high fidelity simulators or standardized actors, we were able to build the capacity of IPE faculty facilitators. Two subsequent funded grants (one pilot and one larger scale grant) led by Dr. Les Hall and myself as co-PI’s focused on developing future faculty to lead and facilitate IPE. This faculty development grant, called Train-the-Trainer Interprofessional Faculty Development Program (T3-IFDP), is administered and led by IPE faculty at three academic health centers: UW, University of Virginia, and University of Missouri (Columbia). The T3-IFPD includes a 3.5 day in-person training for interprofessional teams followed by coaching calls,

webinars, and IPE resources for one year. The interprofessional faculty team participants identify an IPE project in education or practice at their sites and work on this together throughout the year. The impact of this program has been to build the capacity of faculty equipped to lead IPE at their institutions. Many of the participants of the T3-IFDP have gone on to be leaders at their institutions.

Macy support has also had an impact on our Center for Health Sciences Interprofessional Education, Research, and Practice (CHSIE). Using grant funding from the Macy Foundation, eight faculty from Medicine, Nursing, Pharmacy, and Dentistry were chosen to participate in the UW Teaching Scholar’s Program. They collaborated to develop interprofessional projects and several are now leaders of IPE, one faculty (Willgerodt) was subsequently awarded as a national Macy Faculty Scholar.

In addition to grant funding awarded by the Macy Foundation, Dr. Thibault’s mentorship, support, and innovative thinking has transformed the field. I have had the privilege to serve on an Institute of Medicine Global Forum on Innovations in Health Professional Education with Dr. Thibault and have observed first hand his thoughtfulness, enthusiasm, and collaborative nature. He is always pushing the envelope to transform health professions education to meet the needs of practice. Dr. Thibault’s leadership in IPE has influenced education and practice nationally and internationally.

and University of Missouri, Columbia). The program is designed on a train-the-trainer model. Institutions send an interprofessional team of faculty to one of the sites for intensive, hands-on training, and they then become the institutional core faculty for IPE faculty development.

In recent years our IPE grants have focused less on institutional transformation and more on the application of IPE to important content areas including humanism (Emory University), pain management (University of California, Davis), simulation (Center for Medical Simulation), professionalism (Drexel University), and obstetrical care (American College of Nurse Midwives and the American College of Obstetricians and Gynecologists).

## NEW MODELS FOR CLINICAL EDUCATION

Our board grant activities in new models for clinical education have focused principally on the reform of undergraduate (UME) and graduate medical education (GME) with an emphasis on the continuum of education that is necessary to produce the physician for tomorrow. Examples in this area include our partnership with the AAMC to sponsor a consortium of new medical schools to encourage innovation. The consortium promoted the dissemination of new curricular and pedagogical ideas that are possible with the “green field” of a new school but which also are applicable to established schools. We also partnered with New York University to sponsor a consortium of medical schools piloting three year pathways to the MD degree in order to promote the dissemination of selection and assessment strategies that would be broadly applicable to a competency-based approach to education. In another partnership with the AAMC, we have supported a consortium of four academic medical centers (University of California,

San Francisco; University of Utah; University of Minnesota; and University of Colorado) to pilot a new model for pediatric education (the Education in Pediatrics Across the Continuum (EPAC) program). This program establishes a continuum of undergraduate and graduate education in pediatrics on a competency-based, time-variable basis. EPAC served as case study for the Macy conference on competency-based, time-variable education.

In the sphere of GME reform, a Macy grant was the principal source of funding for the IOM study on the *Governance and Funding of Graduate Medical Education* that led to the 2014 report, *Graduate Medical Education That Meets the Nation’s Health Needs*. This study was the direct result of recommendations from the two Macy conferences on GME held in 2010 and 2011. Subsequent to this report, we provided grants to co-sponsor regional meetings highlighting examples of GME reform with Vanderbilt University; University of Texas MD Anderson Cancer Center; University of California, San Francisco; University of Washington and the WWAMI program; Partners Healthcare and the Massachusetts General Hospital; and the University of Michigan. The resounding message from these regional meetings is that GME reform is taking place at the local level, and many initiatives involved empowering residents to be more involved in improving care in their institutions and in their communities. In addition, we have funded work to improve faculty roles in enhancing the development of competency by surgical residents (University of Michigan) and to improve the outpatient educational experiences of primary care residents (University of California, San Francisco).

## NEW CURRICULUM CONTENT

Our board grant activities in new curricular content have focused on integrating the principles of quality improvement and patient safety into health





**BARBARA F. BRANDT  
PHD**

*Director, National  
Center for Interprofessional  
Practice and Education*

*Associate Vice President,  
University of Minnesota*

*Principal Investigator, National  
Center for Interprofessional  
Practice and Education*

**It started at the Thibault  
dining room table at the  
Macy Foundation ...**

The idea of interprofessional teamwork in healthcare and education has been around for decades, but until recently, lived in the margins. In 2006, many thought the field was on life support when the organization convening IPE colleagues changed directions. To keep the field going, my colleagues and I started the Collaborating Across Borders conferences and created the American Interprofessional Health Collaborative to complement the new Canadian IPE movement. Then, a constellation of events such as the IPEC competencies, the Affordable Care Act, the patient safety and quality improvement movements, and the Triple Aim coalesced to

not only infuse life into the field but also to accelerate interprofessional collaboration to an extent today that we could never imagine back then. It was a pivotal time to shift the conversation from the barriers to the opportunities. A 2011 meeting around the Thibault dining room table with five funders at the Macy Foundation provided the accelerant for the field and my career—ironically at a time when I was preparing to leave my University of Minnesota vice president position after eleven years to return to the faculty.

What resulted from the dining room table meeting was a unique public-private collaboration and vision to create a public-private collaboration to fund a national coordinating center for interprofessional education and collaborative practice. A HRSA peer-review process awarded the center to the University of Minnesota, and I am honored to have the opportunity to carry out the funders' vision as the first National Center for Interprofessional Practice and Education director with many colleagues. Since 2012, the funders have remained as active advisors. George particularly is always a call away as a strong supporter and mentor as I have navigated the complex implementation of the National Center.

In early 2017, several of us nominated George to receive the prestigious Association of American Medical Colleges Flexner Award. I was pleased to be with him and his wife, Barbara, when he received the award at the November AAMC meeting. Here is the essence of what I wrote in my nomination:

Through my role with the National Center, I am often on the speaker platform with George in numerous venues such as professional association meetings, medical schools, academic health centers, and advisory boards. Therefore, I have a unique perspective to see his national impact in all of these places throughout the U.S. As a history

major, I tend to view and write about interprofessional education through the lens of history and trends. Abraham Flexner was a thought leader during a major paradigm shift in medical education at a very specific time. His work had an impact not only on the profession of Medicine but also on all professions.

Since becoming the President of the Macy Foundation, George's work has had a similar national impact, perhaps greater. The Foundation convenes thought leaders to produce not just one report, but many in a series on a variety of topics. The various Macy Foundation reports and targeted funding during his presidency has his personal stamp on them. His work is often behind the scenes yet extends the entire learning continuum: medical education including undergraduate education, graduate medical education, interprofessional education and continuing professional development. I have personally participated in four Macy Foundation meetings focused on aligning interprofessional education with clinical practice redesign; engaging patients, families and communities in health care and education; time-variable competency-based education; and improving the learning environment in the health professions. These three-day experiences are remarkable when forty people come together for lively and often challenging discussions. The reports stimulate breakthrough, provocative thinking, are influential and translated into action over time.

George's legacy is solid. I am confident that when we look back in ten years we will recognize that the Thibault era at the Macy Foundation made a big difference in health professions education and collaborative practice because of his bold vision for health care and health professions education.



professions education, and most of this work has been interprofessional. Grants have been awarded to Mayo Clinic, the Institute for Healthcare Improvement (to create a consortium of six paired medicine and nursing schools to develop quality and safety curricula) and Geisinger Health. Other grants have supported the introduction of new content such as humanism, professionalism, and improving the diagnostic process. Recently a grant to Boston University introduced the new and timely topic of refugee health.

## EDUCATION FOR THE CARE OF UNDERSERVED POPULATIONS

In the priority area of care for the underserved we have funded a novel program in rural medicine for medical students (Tulane University) and in urban medicine for medicine/pediatric residents (Johns Hopkins). The latter program has expanded with independent funding, and it has had an important impact on the content of the residency program for all internal medicine and pediatric residents at Johns Hopkins. Through the American Academy of Pediatrics, we have sponsored a national program to incorporate community outreach and care of the underserved in pediatric residency programs. This grant involved 10 residencies, over 600 residents, and over 150 community partners. And in a series of grants to the American Board of Internal Medicine and the Oregon Health and Science University we have created the Professionals Accelerating Clinical and Educational Redesign (PACER) program. This is a national program to collaboratively train faculty in internal medicine, family medicine, and pediatrics to educate residents in new models for primary care. Currently it involves 10 academic medical centers with more to be added. The program is the result of an unprecedented collaboration among the Boards of Internal Medicine, Pediatrics, and Family Medicine (another example of Macy's matchmaking role). This program also is now interprofessional in both faculty and learners.

## CAREER DEVELOPMENT

In the priority area of career development, our largest activity is our Macy Faculty Scholars Program, created in 2010, which is dealt with in a separate section of this report. In addition to this major program we funded several studies (including an IOM report) on new models for continuing education and professional development. This body of work calls for a continuing professional development model that is more experiential, practice-based, and interprofessional. In the area of under-represented minorities in medicine, we funded a study of promotion and retention of a diverse faculty (Yale University). And through grants to the National Health Policy Forum and *Health Affairs* we sponsored programs and publications to educate policy makers about important issues in health professions education for the development of an optimal health care workforce.

## CONCLUSION

The multi-year board grants represent our largest investment in institutions as agents of change, and in most instances the programs we have supported have been institutionalized. But even that is not a full measure of their impact. By intention, each grant is part of a larger body of work that we support in that domain. The idea is that they collectively will serve as models for others. It is difficult to assess the number of additional programs that have been modeled after the successful programs of Macy grantees. Finally and importantly, each grant is also a career development opportunity for principal investigators and co-principal investigators. Successful grants lead to expertise and national visibility for our grantees. We have seen this particularly in the area of IPE where Macy grantees have become national leaders in the field.



*Primary Care Progress, 2014 President's Grant*



*The Kraft Center for Community Health, 2013 President's Grant*



*Collaborating Across Borders, 2015 President's Grant*

# PRESIDENT'S GRANTS





*Dr. Gary Butts awarding a scholarship to a medical student*

**NATIONAL  
MEDICAL  
FELLOWSHIPS,  
INC.**

*“As a thought leader and President of the Josiah Macy Jr. Foundation, Dr. Thibault has forcefully supported NMF’s mission, which is to provide scholarship support for underrepresented minorities in medicine and the health professions.”*

As a nonprofit organization that has been part of the US landscape for more than 70 years, National Medical Fellowships (NMF) faces a formidable challenge: How can we help others see our mission as urgent—as urgent today as it was 30 or 40 years ago? How can we celebrate progress, when so much remains to be done? No one has a better answer to this than George Thibault. As a thought leader and President of the Josiah Macy Jr. Foundation, Dr. Thibault has forcefully supported NMF’s mission, which is to provide scholarship support for underrepresented minorities in medicine and the health professions. This support is part of something larger: a shared commitment to building a more diverse healthcare workforce, which will have the knowledge and experience to deliver high-quality healthcare to all of our communities. The Josiah Macy Jr. Foundation has a long history of supporting NMF; and Dr. Thibault recognizes the significant progress that has been made. What we appreciate is his sense of urgency, about the need to do more. He has asked us to redouble our efforts; he has issued a “call to arms” to the foundation community and our great education and healthcare institutions—asking us to work together to achieve a truly inclusive healthcare workforce.

Since 2001, the Josiah Macy Jr. Foundation has provided generous scholarships to outstanding 2<sup>nd</sup> and 3<sup>rd</sup> year medical students from groups underrepresented in medicine. The NMF/Josiah Macy Jr. Foundation Scholarships are awarded on the basis of financial need, academic excellence, leadership and commitment to service. They provide critical financial assistance to medical students who come from, and often return to serve, communities in need of better medical care. Significantly, the NMF/Macy Scholarships are general scholarships: eligibility is extended to outstanding scholars nationwide,

without requirements as to the student’s area of interest or proposed career specialization, or participation in a service learning project. As such, the NMF/Macy Scholarships are at the core of NMF’s mission; over 70 years we have built generations of physician leaders, for the most part, historically, through general scholarships. We deeply appreciate the President’s Grant that has enabled us to keep the door open to general scholarships, which are critical to our students at a time of rising medical school tuition—and critical to our building a diverse healthcare workforce for the future.

In addition to funding general scholarships, the Josiah Macy Jr. Foundation, and Dr. Thibault have reached out to others in the medical and foundation communities to make the case for our shared mission. We are honored that Dr. Thibault has become a kind of celebrity at our annual New York Champions of Health Awards in New York City. This event brings together physician leaders from New York’s world-class medical schools, hospitals, and healthcare providers, including our community of NMF Alumni and current scholars. Dr. Thibault has attended nearly every year. His enthusiasm for the mission, and his personal interest in our scholars touches everyone. It was as Keynote Speaker at the 2015 event that Dr. Thibault inspired us with his call to arms and his vision for the future. NMF and our Board of Directors are honored that Dr. Thibault has agreed to receive the NMF/Lifetime Achievement Award at the 2018 New York Champion of Health Awards.

Esther R. Dyer, MLS, DLS  
*President and CEO  
and Principal Investigator*

## — PRESIDENT'S GRANTS —

**P**resident's grants (up to \$35,000) are given throughout the year and are reported to the Board three times per year. Over the past 10 years, 196 President's grants have been awarded, totaling \$5,162,604, with an average grant size of \$26,340. President's grants are given for focused activities, usually less than one year in duration. The activity may relate to a meeting, workshop, or seminar; a publication or other media product; a pilot project; or the support of an individual or group of learners.

We have used President's grants to diversify our portfolio and to connect with a greater number of people and institutions than would be possible through our Board grant program alone. The goal of diversifying the portfolio is reflected in the primary priority area of the 196 President's grants shown in Table 2.

### INTERPROFESSIONAL EDUCATION

While IPE figures prominently in our President's grants, it constitutes only about 20% of these in contrast to about 50% of our Board Grant portfolio. Though most of our activity in IPE has been through Board grants, the Macy Faculty Scholars Program, and our conferences, some President's grants in this area have been quite impactful. A President's grant to the Association of American Medical Colleges (AAMC) (along with three other funders) helped to launch the release of the Interprofessional Education Competencies that were developed by the Interprofessional Education Collaborative (IPEC, a consortia of six health professional educational associations). The IPEC competencies have played a very important role in advancing the field of IPE. A President's grant to the Society for Simulation in Healthcare helped to establish an IPE component

Table 2: President's Grants by Priority Area

Priority Area	No. of Grants	% of all Grants
Interprofessional Education	41	21%
New Curriculum Content	60	31%
New Models for Clinical Education	11	6%
Education for the Care of Underserved Populations	33	16%
Career Development	51	26%
<b>Total Grants</b>	<b>196</b>	





Students at the Gregg Stracks Leadership Summit.

## PRIMARY CARE PROGRESS

*“As a new organization, we were deeply impacted by the myriad of timely insights from the 2010 Macy primary care report, and saw our grassroots approach to primary care educational reform as an important piece of the puzzle.”*

It is hard to overstate the profound impact of the Josiah Macy, Jr. Foundation on our non-profit, Primary Care Progress, since our formation 8 years ago. Firstly, the Foundation’s seminal work promoting the importance of revitalizing our primary care system and creating greater alignment between health professions education and the realities of care delivery helped set the compass heading for our team when we launched in 2010. As a new organization, we were deeply impacted by the myriad of timely insights from the 2010 Macy primary care report, and saw our grassroots approach to primary care educational reform as an important piece of the puzzle. Secondly, we were fortunate to be awarded a President’s grant. This was essential for us—not just in terms of the financial lift—but in terms of the endorsement from George Thibault and the Foundation. When you’re a new organization without a track record or some of the essential infrastructure of more typical groups, it can be hard—and sometimes impossible—to get traction. This is especially the case when you’re using a novel strategy—like grassroots organizing in academic settings. George and the Foundation’s belief in us and our approach was an incredible boost, opening doors and conversations with other funders and thought leaders that were essential to us getting Primary Care Progress off the ground. The Macy Foundation network includes groups and institutions, doing cutting edge work, all full of passionate, thoughtful people who were pushing the envelope in a variety of ways. Having access to those groups and being in conversation with so many of them, helped accelerate the necessary “cultural drift” within our own organization—as we were profoundly impacted by the groups around us. Initially, we were an organization of physicians and physicians-in-training.

Being a part of the Macy network—and fortunate to attend a Macy convening on the role of nurses in primary care—opened our eyes to the essential need to be interprofessional—and I’m proud to say that’s what we’ve been ever since. The direct conversations we had with George, Yasmine and other members of the Foundation staff helped us be more strategic in our work. They challenged us to spend less time figuring out what we were going to do, and more time being clear on what we would not do—the ultimate challenge for a non-profit. Thank goodness for that! Finally, it’s impossible to talk about the impact of the Foundation on our organization without talking about George Thibault and the profound personal influence he has had on me. I’ve known George since I was a third year medical student, and at each stage of my professional life, I can vividly remember interactions with him that helped shape my ultimate trajectory. Whether those were helping me understand how to most effectively make the most of my unique third year clerkship experience, encouraging me to spread the grassroots strategy we were using beyond our Boston medical school, or really challenging me to carefully consider the ramifications of a change in strategy we were briefly contemplating at Primary Care Progress years ago, his words, curiosity and kindness were extremely powerful. I feel blessed to have been able to benefit from George’s mentorship and we at Primary Care Progress feel the same way about being in the Macy Foundation orbit.

Andrew F. Morris-Singer, MD  
Chair and Founder  
and Principal Investigator

of that national society which has grown and thrived. Serial grants to the host institutions for the *Collaborating Across Borders* meetings have helped to establish this meeting as the most important North American gathering of interprofessional educators. A President's grant to the Accreditation Council for Continuing Medical Education (ACCME) supported a summit to promote and set the standards for interprofessional continuing education across medicine, nursing and pharmacy. All of these are examples of how we have worked to make President's grants synergistic with and complementary to our other work.

## NEW CURRICULUM CONTENT

President's grants have been used frequently to highlight new curricular content (30% of grants), through the development of new course material or the sponsorship of workshops or symposia in new content areas. Among the new content areas supported by President's grants have been LGBT health (AAMC and Fenway Institute), humanism in medicine (Arnold P. Gold Foundation and The Schwartz Center for Compassionate Healthcare), medical professionalism (Institute on Medicine as a Profession, the American Board of Internal Medicine, New York University and Alpha Omega Alpha) medical ethics (Institute of Medicine, Cleveland Clinic), addiction medicine (American Board of Addiction Medicine Foundation) and health policy (Hunter College and New York University). In each of these content areas we have given more than one President's grant so that there will be reinforcement and synergy.

## CAREER DEVELOPMENT

The next most common priority area for President's grants has been career development, with a particular emphasis on underrepresented minorities

in the health professions through support of the National Medical Fellowships and the National Hispanic Medical Association. A President's grant to URU, The Right to Be Inc. supported the production of a film and a book on Black Women in Medicine that has achieved national and international acclaim. President's grants to other organizations (Jonas Center, Arnold P. Gold Foundation, and The Schwartz Center for Compassionate Health Care) have directly supported learners in their professional development. Other President's grants have focused on leadership development (Primary Care Progress) and on the role of coaching in medical education (Massachusetts General Hospital).

## EDUCATION FOR THE CARE OF UNDERSERVED POPULATIONS

Sixteen percent of President's grants have focused on preparing health professionals for the care of the underserved. Most of these have been related to promoting primary care and to sponsoring educational programs related to primary care (Primary Care Progress; University of California, San Francisco; and Harvard Medical School). Some have focused on specific underserved populations such as the homeless (Women of Means), veterans (IAVA-Veterans of America), and immigrants (Georgetown University). A series of recent President's grants have promoted education in and heightened awareness of the social mission in health professions education (George Washington University, University of Minnesota, and EqualHealth).

## NEW MODELS FOR CLINICAL EDUCATION

New models for clinical education is the priority area with the smallest number of President's grants (6%) reflecting the fact that proposals in this area are usually larger and more comprehensive. President's grants in this area generally are related to a focused



*Beyond Flexner Alliance Retreat*

## BEYOND FLEXNER ALLIANCE

We convened a conference in 2012 under the banner of “Beyond Flexner: Social Mission in Medical Education” and more than 200 people travelled to the University of Oklahoma at Tulsa School of Community Medicine to participate. You were good enough to serve as conference rapporteur and, after two and a half intense days, you played back to the assembly what they had said and bid them go home and work to implement social mission. You subsequently joined the Board of Trustees of the Beyond Flexner Alliance as a founding member and have been steadfastly supportive of the growing movement that is about to hold its fourth national conference. You were insistent with me that, despite the comfort that I and others enjoyed working in the familiar medical education zone, we needed to make the movement interprofessional. We did. You were right. We have found great interest and real openness in nursing education, dental education and elsewhere but you didn’t tell me what hard work it would be. It’s one thing to declare yourself “interprofessional” but another to recruit other professions to

participate. We are making progress and it is exciting work.

In 2016, I approached you with an idea that was developing around the Beyond Flexner conferences that needed a sponsor. The idea was to mount an Academy Awards for social mission in health professions education with awards for excellence in individual, program, school, and lifetime achievement categories. You were an immediate partisan of the idea and have supported two rounds of the event (2016 and 2018) which takes place with suitable fanfare at the Beyond Flexner conferences, known now as the Macy Awards for Excellence in Social Mission in Health Professions Education. We do hope that the Foundation sees the importance of celebrating the heroes in social mission as validation of their work and will keep supporting the awards program.

GME! An often neglected but critical period to the making of a physician. You have been a champion of GME recognition and reform and that has made a huge contribution to the health policy conversation in this country. Unfortunately, those institutions that receive major benefit from Medicare GME have tended to band together to stifle discussion about reform. It is no secret that it has been hard to crank up the discussion of a complicated topic about which the public has little knowledge or interest. You have been at it from the beginning of your tenure sponsoring conferences, reports, and research on GME. You provided support to my group at GW including, particularly, Candice Chen and to Stephen Petterson, Bob Phillips and Andrew Bazemore of the Robert Graham Center of the American Academy of Family Practice to undertake analytic work on GME

which produced several studies that are important contributions to the lean literature in the field of GME outcomes. You have walked the walk with the people, the ideas and the institutions that are trying to reform the system.

Your biggest bet in GME, of course, was providing the principal funding for the National Academy of Medicine GME study, Graduate Medical Education That Meets the Nation’s Health Needs. I was privileged to sit on the NAM committee and live through the fascinating and instructive two years of the process. And you have kept the debate cooking by sponsoring follow-on meetings and regional deliberations. The forces of opposition remain potent and our dysfunctional Congress is in no shape to deal with something as nuanced and political as GME. Nonetheless, the Report stands out as an island of lucency in a sea of complexity, purposeful disinformation, and self-interest. Bravo, George! It will have impact in the long run when intelligent people of good faith sit down to figure out GME.

Thanks, George, for all you have done and for the support you have given me. I look forward to continuing to work on social mission with you as we both continue to progress in years and wisdom.

Fitzhugh Mullan, MD

*Professor of Health Policy  
and Management,  
Professor of Pediatrics,  
George Washington University*

*Board Chair  
and Principal Investigator,  
Beyond Flexner Alliance*

meeting or publication on reform of undergraduate or graduate medical education (Association of American Medical Colleges, American Medical Association, National Academy of Medicine).

## DIVERSIFICATION

In addition to the role the President's grants play in diversifying our portfolio, they also connect us with different organizations and reach different target audiences. While approximately 80% of Board grants go to academic educational institutions, more than 50% of the President's grants go to professional associations or other non-profit organizations such as the Arnold P. Gold Foundation, Jonas Center, National Medical Fellowships, National Hispanic Health Foundation, Primary Care Progress, Physicians for Human Rights, and Physicians for Social Responsibility. This enables us to support worthwhile organizations with missions related to ours, and this is another means for diversifying our portfolio.

President's grants are stimulated in a variety of ways. A Macy Conference report, the publication of findings from a Macy grant, or a visit to or from an organization may be the stimulus. In prioritizing the President's grants we are looking for connections to our other work, but with a novel twist related to new content or target audiences. In that way President's grants are not "stand alone" but rather add to the critical mass of our work and have enhanced impact. Sometimes a President's grant may lead to a Board grant. This was the case with a President's grant to the Institute on Medicine as a Profession to pilot a small grants program on the teaching of professionalism. The subsequent Board grant supported 19 institutions over four years in developing innovative professionalism education projects. This grant ultimately resulted in a conference of grantees and a publication on *Educating and Training to Professionalism*.

Most President's grants are intentionally single grants, so that we can maximize our diversification and the audiences we reach. However, it has sometimes been very productive to have an ongoing relationship with a grantee through serial President's grants aimed at sustaining a program or a particular mission. The support for successive *Collaborating Across Borders* meetings is an example of this. With a series of grants to George Washington University, we have supported the *Beyond Flexner Alliance* which works to promote the social mission in health professions education. Our support has helped this very worthwhile movement to become a national organization which has just held its fourth national meeting and now gives a series of Josiah Macy Jr. Foundation Awards for Excellence in Social Mission in Health Professions Education. Our serial support for the National Medical Fellowships through President's grants has contributed importantly to sustaining its mission of scholarship support for underrepresented minorities in the health professions. Serial President's grants to Primary Care Progress have supported a national organization that has helped to strengthen primary care education and presence in academic medical centers across the U.S. And through serial grants to Hunter College and New York University, we have supported "Macy Scholar" graduate students in the health professions to participate in a year-long series of discussions on health policy with senior figures in the Hermann Biggs Society.

## CONCLUSION

The President's grant program adds to the richness and impact of the Macy Foundation. It serves as proof that a small grant program (average size of about \$25,000) can make a difference if the grantees and institutions are chosen carefully and if the overall grant program is connected and synergistic with larger programs.





*2017 Annual Meeting of Macy Faculty Scholars Program*



*George Thibault and keynote speaker Linda Cronenwett at 2014 Annual Meeting of Macy Faculty Scholars Program*



*2015 Annual Meeting of Macy Faculty Scholars Program*

# MACY FACULTY SCHOLARS PROGRAM





## ALAN DOW

2011 Macy Faculty Scholar

*“So many people have been personally influenced by George. His energy and passion have touched hundreds if not thousands.”*



(Left to right) Alan Dow, George Thibault, Paul Mazmanian (mentor)

**“Courage is not the absence of fear. It’s the willingness to do something despite your fear.”**

The central premise of this quote, variations of which have been attributed to FDR, Mandela, and others, is people taking action despite risk. But why do people take a risk? What moves people to achieve great things? George Thibault might have the answer.

Seven years ago, I sat in the library of the Macy Foundation making conversation with Peter Goodwin. It was a few moments before my interview with the selection committee for the Macy Faculty Scholars, and I don’t think I had been that nervous since my wedding day. I felt my heart racing and my throat going dry. Peter was gracious, but I honestly just wanted to get out of that room and get this interview over.

My time came.

I climbed the steps to the large double doors. They swept open revealing a long table surrounded by figures in formal dress.

Grinning at the head of the table was George who I recognized from the Foundation’s website. While luminaries of our field flanked him, it was George’s grin that transfixed me.

It was grin that said, “Welcome.”

It said, “Do not be afraid.”

It was a coach saying to the player before the key moment of the game, “You’ve got this.”

I just focused on the grin and stopped being nervous. We had a great conversation. The hour flew by. And, I guess it went okay since I joined the Scholar family a couple months later.

Becoming a scholar was transformative for me, my students, and my community. I began thinking about healthcare and health professions education much more broadly. Since then, I have worked to reshape how we deliver both. But, it started with that grin.

That might sound too mystical, but I’ve seen George have similar impact in many other places. In my field of health

professions education, particularly interprofessional education, George is spoken of with reverence by individuals across professions in forum after forum, conversation after conversation. So many people have been personally influenced by George. His energy and passion have touched hundreds if not thousands.

Yet, that is not the full scope of his impact. People from outside health professions education have similar admiration for George. Marc Williams and Jon Perlin spring to mind. These are leaders doing some of the best work of our time, and they point back to George as a profound influence on their careers.

So what makes people do great things? Perhaps it’s confidence. Perhaps it’s a nudge in the right direction. Perhaps it’s gaining a new perspective or meeting someone with a different background. I don’t know the answer. But, I do know how I might start.

I’d ask George.

## — MACY FACULTY SCHOLARS PROGRAM —

**W**hen I arrived at the Foundation in January 2008, I had a dream to start a new, unique faculty development program to support mid-career faculty who were educational innovators and future leaders. My prior experience as an educator and medical school faculty member had convinced me that there was a great need for such a program. I had a strong belief that we could not generate or sustain meaningful reform of health professions education if we did not properly develop and nurture the faculty to lead these efforts. Such careers were not currently being sufficiently supported.

### THE PROGRAM

My review of prior Macy Foundation career development programs revealed that we had never had a program exactly like what I envisioned. In my first year I reviewed more than 50 past and present fellow or scholar programs of other foundations to identify program characteristics that were associated with successful outcomes. After this review and further discussion with other educators, I proposed the Macy Faculty Scholars program to our Board. The program has the following characteristics:

- It is interprofessional, targeting nursing and medicine faculty. This reflects our commitment to the support of interprofessional education and our recognition of the importance of leadership across the professions.
- It is mid-career, so that candidates have an established career pathway and

accomplishments in education, but still have a significant career ahead to have impact.

- Candidates must be nominated by the dean of either the medical school or nursing school, and each school can nominate only one candidate. This forces recognition of the individual and the program at the highest level of the organization and creates competition for these coveted slots.
- The Scholars stay in residence at their home institution conducting an educational innovative project with a local senior faculty mentor. Staying in their institution is less disruptive of their career for the Scholars and enables them to benefit their institutions and be change agents there.
- The Scholars have at least 50% of their time supported by the Macy Foundation for two years for the pursuit of their project and for further career development as an educational leader. We insist that our money be used to pay salary to protect their time; that is the most valuable commodity at this point in their career.
- The Scholars become part of a national network of educators through the Macy Foundation, and they will remain part of the network throughout their career. This is fundamentally a career development program and we are committed to nurturing and supporting them for the long run.

The program was launched in 2010 with the following goals:

“The program seeks to accelerate the Scholars’ careers by selecting early to mid-career faculty that have shown great promise and providing them with protected time, mentoring, and a national network of peers. The program will support educational change in the Scholar’s institution and create a national cohort of educational innovators and leaders. Over the next decade, it is envisioned that the Macy Faculty Scholars will become the drivers for change in health professions education. The goal of this change will be to create an educational system that better meets the health needs of the public.”

The program is now in its eighth year, and it has exceeded our expectations in all ways. To date seven cohorts of Scholars have been selected for a total of 36, and the selection process for the eighth cohort is underway as this report is being written.

Since its inception, the Macy Foundation has invested \$10 million in the Macy Faculty Scholars Program and it currently represents nearly one-quarter of our programmatic investments on an annual basis.

## THE SCHOLARS

The characteristics of the 36 scholars at time of acceptance are shown in Table 3.

*Table 3: Characteristics of Scholars on Entry*

<b>Mean Age (Range)</b>	42 (33-53)
<b>Medicine/Nursing Faculty</b>	21/14 (1 both)
<b>Academic Rank</b>	15 Assistant Professors / 20 Associate Professors/1 Clinical Professor
<b>Gender</b>	28 Females/8 Males

From the beginning, the interest in the program has been very high with an average of 84 applications a year, for five positions. There have been over 60,000 unique visits to the Macy Faculty Scholars home page since its inception in 2011.

Interest is also expressed in every institution I visit. There is a competition within each institution as to whom they will nominate, and I am regularly told that the application process itself has been beneficial to the individual and the institution even if the candidacy is unsuccessful.

The program is greatly enhanced by a distinguished National Advisory Committee (NAC) made up of David M. Irby, PhD, University of California San Francisco School of Medicine; Afaf I. Meleis, PhD, RN, University of Pennsylvania School of Nursing; Kelley M. Skeff, MD, PhD, Stanford University School of Medicine; Christine A. Tanner, PhD, RN, Oregon Health & Science University School of Nursing; and Samuel O. Thier, MD, Harvard Medical School.

All of the NAC members have been a part of the program since its inception. They (along with senior Macy staff) conduct the selection process, advise on programmatic issues and serve as external mentors for the Scholars. They are fiercely loyal to the program and totally supportive of the mission.

The next four pages list the 36 scholars by cohort with their institutional affiliations when they entered, and their project titles.



## 2011 MACY FACULTY SCHOLARS

(left to right)

### Jennifer Myers, MD

University of Pennsylvania  
School of Medicine  
*Project: Toolkit for Advancing  
Safety Culture for Residents*

### Alan Dow, MD, MSHA

Virginia Commonwealth  
University School of Medicine  
*Project: IPE Curriculum for 5  
Health Sciences Schools*

### Dena Hassouneh, PhD, ANP, PMHNP

Oregon Health and Science  
University School of Nursing  
*Project: Promote Diversity in  
the Health Professions*

### Roberta Waite, EDD, APRN, CNS-BC

Drexel University  
School of Nursing  
*Project: Preparing Diverse,  
Innovative, Competent  
Nurse Leaders*

### Eve Colson, MD

Yale University  
School of Medicine  
*Project: Longitudinal  
Interprofessional Clinical Team  
(Medicine, Nursing, Physician  
Associate)*



## 2012 MACY FACULTY SCHOLARS

(left to right)

### Wrentha A. Julion, PhD, MPH, RN

Rush University  
College of Nursing  
*Project: Developing and  
Implementing an Evidence-  
Based Cultural Competency  
Program*

### Sandrijn M. van Schaik, MD, PhD

University of California,  
San Francisco  
School of Medicine  
*Project: Interprofessional  
Feedback: the Hidden  
Challenge*

### Ted James, MD, FACS

University of Vermont  
School of Medicine  
*Project: University of Vermont  
Patient Safety Interprofessional  
Education Program*

### Wendy Madigosky, MD, MSPH

University of Colorado  
School of Medicine  
*Project: Achieving the  
Vision—A Longitudinal and  
Interprofessional Patient Safety  
and Healthcare Improvement  
Curriculum*

### Kenya Beard, EDD, AGACNP-BC, NP-C, CNE, ANEF, FAAN

Hunter College of the  
City University of New York  
School of Nursing  
*Project: Using Multicultural  
Education to Strengthen  
Diversity for Nursing*





## 2013 MACY FACULTY SCHOLARS

(left to right)

### Lauren Meade, MD

Tufts University School of Medicine

*Project: Developing a patient-centered interprofessional milestone-based educational approach to promote safe and effective discharge (SAFE-D)*

### Mayumi Willgerodt, PhD, MPH, RN

University of Washington School of Nursing

*Project: Pilot a Didactic-to-Clinical-to-Practice Team-Based Curricula to Address Pediatric Oral Health*

### Memoona Hasnain, MD, MHPE, PhD

University of Illinois at Chicago College of Medicine

*Project: Longitudinal Team-Based Interprofessional Education to Care for Special Needs Population*

### Kelly Karpa, PhD, RPH

Penn State University College of Medicine

*Project: Interprofessional Longitudinal Education in Clinical Pharmacotherapeutics for Medicine, Physician Assistant and Nurse Practitioner Students*

### Lisa Day, PhD, RN, CNE

Duke University School of Nursing

*Project: Establish a course in value clarification and affective domain learning for first semester accelerated BSN and medical students*



## 2014 MACY FACULTY SCHOLARS

(left to right)

### Douglas Larsen, MD, MEd

Washington University School of Medicine

*Project: High-Frequency Learning Goals: A Tool for Cultural Change*

### Laura Hanyok, MD

Johns Hopkins University School of Medicine

*Project: Preparing Learners for Interprofessional Practice in Primary Care: An Interprofessional Primary Care Experience Co-Taught with Primary Care Internal Medicine Residents*

### Deanna Reising, PhD, RN, ACNS-BC, ANEF

Indiana University School of Nursing

*Project: Educational Innovation: Scalable Models of Interprofessional Collaborative Practice (IPCP) Affecting Patient Outcomes*

### Sarah Peyre, EdD

University of Rochester School of Medicine/ School of Nursing

*Project: The Patient and Family Centered (PFC) Medical Record: Using EPFCMR to Enhance Communication and Care*

### Charles Vega Jr., MD

University of California, Irvine School of Medicine

*Project: Patient-Centered Curriculum at UC Irvine*

### Meg Zomorodi, PhD, RN, CNL

University of North Carolina at Chapel Hill School of Nursing

*Project: Developing an Interprofessional Certificate for Primary Care and Systems Management*



**2015**  
MACY FACULTY  
SCHOLARS

(left to right)

**Bridget O'Brien, PhD**

University of California,  
San Francisco  
School of Medicine  
*Project: Crossing Professional  
Boundaries for Interprofessional  
Collaboration*

**Lauren Collins, MD**

Thomas Jefferson University  
School of Medicine  
*Project: Creating a VERTICAL  
Interprofessional Education  
and Collaborative Practice  
Curriculum*

**Lisa Kitko, PhD, RN**

Penn State University  
College of Nursing  
*Project: Interprofessional  
Palliative Care Training Program*

**Cheryl Giscombé-Woods,  
PhD, MSN, RN, PMHNP**

University of North Carolina at  
Chapel Hill School of Nursing  
*Project: Emerging Leaders  
Program in Mental Health  
Equity*

**Deepthiman Gowda,  
MD, MPH**

Columbia University  
School of Medicine  
*Project: Integration of  
Interprofessional Education into  
a Patient-Centered Medical  
Home: A Contextualized  
Approach to Achieving  
Education and Team  
Effectiveness*



**2016**  
MACY FACULTY  
SCHOLARS

(left to right)

**Cristina Gonzalez,  
MD, MEd**

Albert Einstein  
School of Medicine  
*Project: Implicit Bias  
Recognition and Management:  
Teaching the Next Generation  
of Physicians*

**Tyler Reimschisel, MD**

Vanderbilt University  
School of Medicine  
*Project: Interprofessional  
Immersive Working-Learning  
Health System*

**DorAnne Donesky,  
PhD, ANP-BC, ACHPN**

University of California,  
San Francisco  
School of Nursing  
*Project: Interprofessional  
Center for Palliative Care  
Education*

**Temple Ratcliffe,  
MD, FACP**

University of Texas,  
San Antonio  
School of Medicine  
*Project: Implementing  
Collaborative Care on  
General Medicine Teams*

**Jing Wang,  
PhD, MPH, MSN, RN**

University of Texas Health  
Science Center at Houston  
School of Nursing  
*Project: An Innovative  
Interprofessional Curriculum on  
Mobile and Connected Health  
Technologies*





## 2017 MACY FACULTY SCHOLARS

(left to right)

### Maja Djukic, PhD, RN

New York University  
School of Nursing  
Project: *Integrating Management of Patient Panels Across the Curriculum with Technology (IMPPACT) Project to Prepare RN Students for Enhanced roles in Primary Care*

### Jennifer Kesselheim, MD, MEd, MBE

Harvard Medical School  
Project: *Systematic Integration of Interprofessional Education in the Pediatric Core Clerkship at Harvard medical School*

### Ashley Darcy-Mahoney, PhD, RN, NNP

George Washington University  
School of Nursing  
Project: *Pediatric Equity Scholars Program*

### Jeanette Tetrault, MD, FACP, FASAM

Yale University  
School of Medicine  
Project: *Improving Health Professional Student Education in Substance Use and Addiction: An Interprofessional Longitudinal Clinical Curriculum*

### Jed Gonzalo, MD, MSc

Penn State University  
College of Medicine  
Project: *Developing an Interprofessional Co-Learning Health Systems Science Academy to Promote Excellence in Clinical Learning Environments*

Table 4: Theme of Macy Faculty Scholars Projects

Theme	Primary	Secondary
Interprofessional Education	15	9
New Curriculum Content	8	7
New Models of Education	8	3
Education for the Care of the Underserved	1	7
Career Development	4	5

## THE PROJECTS

The projects of the Scholars have reflected the five Macy Foundation funding priorities, but often have emphasized different components not otherwise reflected in our grant portfolio. Table 4 lists the primary and secondary priority areas for the 36 Macy Faculty Scholars projects.

The projects chosen by the Macy Faculty Scholars represent the diversity of their educational interests. They also are a reflection of the educational goals in their institutions, as they must be aligned to garner the institutional support they need. Interprofessional education has represented a strong area of intersection of Scholars' interests, institutional need, and Macy Foundation priorities. The Scholars individually and collectively have made important contributions in this area, helping to advance interprofessional education locally and nationally. They also have made contributions in all the other Macy priority areas as is reflected in their project titles and the distribution across the Macy priority areas.

The project selection is important as it reflects each Scholar's area of scholarly interest and also speaks to their values. The project work they do with their institutional mentors helps to advance their careers and also puts them in the position to bring about institutional change. They are simultaneously learning scholarship (becoming educators) and lessons in change management (becoming leaders). As a group, they are pedagogical innovators who also have a strong sense of social justice and social mission.

## CAREER DEVELOPMENT

The projects have been uniformly innovative and have brought about important institutional changes

that can be models for changes elsewhere. But as important as are the projects, even more important and impressive is the career growth of these outstanding individuals. Each has been supported in their home institution to pursue their work after Macy funding has ended. Four have been recruited to other institutions with enhanced responsibilities, on the basis of the work they have done as Macy Faculty Scholars. Of the first three cohorts, 11 of 15 are now full professors, and the list of new important institutional responsibilities is long and growing daily. This is particularly impressive since historically educators have advanced more slowly in most academic institutions.

Scholars now hold institutional leadership positions in IPE, are assistant and associate deans, are department chairs and hold endowed professorships. Clearly the accomplishments and leadership potential of the Scholars are being recognized.

Scholars also are being recognized nationally by serving on editorial boards, giving invited lectures, and serving on national panels and advisory boards. They have frequently been invited to speak together on panels, and they have prepared presentations and commentaries collaboratively. They are clearly taking advantage of this opportunity to connect nationally and to be part of a national movement for health professions education reform.

## MACY FACULTY SCHOLARS ANNUAL MEETING

One of the great highlights of the program has been the Annual Meeting of the Macy Faculty Scholars. The meeting is attended by all classes of Scholars since the inception of the program along with the National Advisory Committee, Macy staff, and Board members. First year scholars attend with their institutional mentors, and they present their projects

for feedback and constructive criticism from the entire Macy Faculty Scholar community. Throughout the two-day meeting Scholars lead discussion groups on educational and career development topics. There have been extraordinarily strong intra-group and cross-group bondings that have facilitated mutual learning and support. Most notable is the career mentoring from the National Advisory Committee members to all Scholars and from more senior Scholars to more junior Scholars. The Scholars uniformly report that this is the most exhilarating meeting they attend in the course of the year.

## CONCLUSION

We felt from the beginning that the career development aspect of the program would lead to its most lasting benefit. We envisioned that the Scholars would collectively become the voice and face for change in health professions education. I cautioned the Board that I thought it would take a decade for that to be manifested. It has happened even sooner than I had imagined. But there is still much to do, and much to hope for in the next decade for these Scholars and for future Scholars.

We also hoped that there would be a ripple effect from this program, and this is beginning to happen. Some institutions whose candidates were not successful are supporting them to carry out the work proposed in their application. We hope the success of this program will generate more discussions about the importance of supporting careers in educational leadership and innovation. We need more institutional and organizational support for the many talented faculty who aspire to be just like our Macy Faculty Scholars. As successful as they are, 36 innovators—or even the 50 that we will have at 10 years of the program—are not enough to lead and sustain change in health professions education across the country.

The Macy Faculty Scholars Program has been, for me, one of my greatest joys as Macy President. This has brought me back to my core career role as a teacher and mentor. There is no greater reward than that of seeing talented young people grow in skills and stature, flourish in their careers, and then be in a position to pass this on to others. I have come to believe that this is perhaps the most important role that foundations can play in society to confer lasting benefit. We are in the career development business. I truly hope others can experience this joy.



2015 Annual Meeting of Macy Faculty Scholars Program



(Left to right) Marilyn Oermann (mentor), George Thibault, Meg Zomorodi

**‘Your dream job does not exist—  
You must create it!’**

The Macy Foundation has allowed me the opportunity to create my dream job at the University of North Carolina at Chapel Hill. When I interviewed for the Macy Faculty Scholars program, I simply wanted an opportunity to champion interprofessional education (IPE) at UNC; and I knew funding as a Scholar would serve as a catalyst for building IPE and practice opportunities at UNC. While I had been implementing interprofessional (IP) opportunities in my nursing courses, I knew that in order to create sustainable change, we were going to have to dream big. Our team, along with support from my national Macy mentors, created an interprofessional population health course and clinical immersion experience. In the first year, we were able to offer the course to 24 students from six health professions and partner with two clinical sites. This year, the course is offered to every health professional student (including dentistry!) as part of the Rural Interprofessional Health Initiative (RIPHI). Through the connections that I have made with community partners and

champions, we have been able to develop a collaboration of interprofessional clinical learning environments in rural communities across NC. I have been able to participate in national think tanks with NCICLE and RWJF, and to travel internationally presenting my work with my colleagues. The connections I have made through the Macy Foundation have allowed me to highlight the value of nursing on an IP team. I’ve been able to represent my profession as part of the American Medical Association Accelerating Change platform, serve on the Editorial Board for the Journal of Interprofessional Education and Practice, and present my work annually as faculty at the Harvard Macy Institute. During my interview for the Macy Scholars program, I discussed my dream of bridging opportunities between UNC and Duke, and with Dr. Thibault’s encouragement, this dream was realized through partnership with my colleagues at Duke AHEAD. Dr. Diana McNeill and I formed a partnership stronger than the basketball rivalry with “Blending of the Blues.” This program allows both schools to come together to host IP initiatives and faculty development opportunities throughout the



**MEG ZOMORODI**

*2014 Macy Faculty Scholar*

*“The Macy Foundation has given me an incredible network of individuals who share my passion for advancing education.”*

year. Being recognized as a Macy Faculty Scholar has allowed me to create opportunities that I would never have imagined on my own. In 2018, the UNC system established the Office for Interprofessional Education and Practice, of which I now serve as the Assistant Provost. The Macy Foundation has given me an incredible network of individuals who share my passion for advancing education. I truly have a Macy Family. We encourage each other, we brainstorm strategies, and we support wholeheartedly. We take care of each other, and have role models who encourage family, work life balance, and self-care. Dr. George Thibault is at the center of this family—his wall of vacation photos shows us what is important—and that our mission should be to always ‘do good in the world.’ He believes in all of us, his Scholars, and willingly offers his time through phone calls or even an email of support. He’s shared stories of his own journey, allowing us to see how he made his own path, and inspiring us to create our own way. The Macy Foundation offered more than an opportunity for me to champion IPE at UNC—it became a champion for me.

SANDRIJN  
VAN SCHAIK

2012 Macy Faculty Scholar

*“The generous financial support... allowed me protected time to conduct research”*

It has been almost six years since I first became the beneficiary of the Josiah Macy Jr. Foundation’s generosity, through my selection for the Foundation’s Faculty Scholars Program. Reflecting back on where I was in my career before that time and where I am now, I realize the tremendous impact that the Foundation has had on my career. At the time, I was an assistant professor, fairly new in my two education leadership roles of Pediatric Critical Care Fellowship Program Director and Education Director of UCSF’s simulation program. I was just starting to become a bit more known among educators at my own institution, but did not have much of a national presence. While I would go to meetings and conferences, I lacked the confidence to make my voice heard because I did not have the knowledge or understanding to make meaningful contributions. Fast forward to where I am now: a full professor with several more educational leadership roles at my institution and beyond, frequently asked to participate in national initiatives to advance health professions education, and the recipient of several awards including most recently a prestigious presidential chair for my contributions in simulation. I cannot deny that I am incredibly

proud of these accomplishments, but what is much more important is the impact all of this has on my ability to contribute to the overall mission: improving the health of the public by advancing the education and training of health professionals.

The generous financial support offered through the Scholars program allowed me protected time to conduct research and provided me with opportunities to pursue course work and visit with my research mentors at the Center for Health Education Scholarship in Vancouver. As a result, I advanced my skills in educational scholarship and was able to produce high quality research reports on interprofessional communication that were published in top tier journals. This work adds to a growing body of research that helps understand the gap between the ideals of interprofessional education and the reality of the workplace, which can guide us in creating solutions to overcome this gap. The Foundation’s support also allowed me to go to Harvard Macy courses and attend several national conferences, where I developed leadership skills and learned about innovations implemented at other institutions. I brought these skills and ideas back to guide my work as Director of Faculty Development for the new School of Medicine curriculum at UCSF, but they also

inspired and empowered me to become the founding chair of the University of California Simulation Consortium.

Perhaps the Foundation’s most important impact comes from the network of peers and mentors it provides: a growing number of talented educators are joining the “Macy Family”. Two characteristics define these educators: “excellence” and “generosity”. Whether I need advice or feedback, am looking for collaborators or supporters, this group has become my go-to resource. It is this network that provides me with the inspiration and ideas that inform initiatives such as the brand new “Developing Educators of the 21st Century” course which we just held for the first time in San Francisco. The course, which I co-directed, attracted over 130 educators from across the country, and engaged them to think about transforming health professions education at their own institutions.

These stories are not unique; I am only one of now more than 30 faculty scholars, and each and every one of them has similar experiences. So when I am asked to talk about the impact of the Josiah Macy Jr. Foundation on health professions education, my first reaction is: how much time do you have?



(Left to right) David Irby (mentor), Sandrijn van Schaik, George Thibault





*George Thibault, Linda Cronenwett, Kelley Skeff, and Sam Thier at 2014 Annual Meeting of Macy Faculty Scholars Program*



*Kenya Beard and Ted James at 2015 Annual Meeting of Macy Faculty Scholars Program*



*Stephen Schoenbaum and Afaf Meleis at 2014 Annual Meeting of Macy Faculty Scholars Program*



*2014 Annual Meeting of Macy Faculty Scholars Program*





2017 Macy Conference, Achieving Competency-Based, Time-Variable Health Professions Education

# MACY CONFERENCES



DIANA J. MASON,  
PHD, RN, FAAN

THOMAS  
BODENHEIMER  
MD, MPH

*Co-Chairs  
Preparing Registered Nurses  
for Enhanced Roles  
in Primary Care*

*“We’ve been to a lot  
of meetings and this  
was one of the best  
we’ve ever experienced.”*



*(left to right) Thomas Bodenheimer, George Thibault, and Diana J. Mason*

George Thibault has been a leader in helping the nation re-envision primary care from an interprofessional perspective. One of his most recent endeavors was the June 2016 Josiah Macy Jr. Foundation national meeting on “Preparing Registered Nurses for Enhanced Roles in Primary Care,” in collaboration with the American Academy of Nursing. George asked us to co-chair the meeting. We’ve been to a lot of meetings and this was one of the best we’ve ever experienced. Under George’s visionary direction, the meeting was meticulously planned such that all attendees actively participated in creating a detailed report with recommendations on: 1) how primary care practices could enhance the RN role in order to better meet patient needs, 2) how nursing schools could rebalance their curricula to create more emphasis on primary care nursing, and 3) how key stakeholders could support this transformation. The impact of this report is to re-orient the national discussion on the primary care workforce from “How many primary care doctors do we need?” to “What mix of health professionals—

physicians, nurse practitioners, physician assistants, nurses, and others—can work together to provide primary care to the U.S. population and what is the specific role that RNs can play?”

Both the planning and the meeting itself were high points in our professional lives. George taught us so much about how to create a detailed meeting plan that guarantees success. During the meeting, we wondered whether George would take over from us as co-chairs and essentially run the meeting. That did not happen. George supported us in our roles as meeting facilitators and made only occasional—and very helpful—suggestions. Our personal view of the future of primary care changed as our appreciation grew regarding the enormous contributions that nurses could make if they were able to practice to the top of their education and training. We thank George and the Macy Foundation for elevating the level of our national discussion about the future of health care.

## — MACY CONFERENCES —

**T**he Macy Conference has been a signature Macy Foundation event for several decades. I inherited an excellent model for the conference and have further refined it. Participants describe the conference experience as unique and exhilarating (and also exhausting). Most importantly, the combination of topic selection, conference process, and quality of conferees has produced recommendations that have endured and have had impact.

Conference planning begins with topic selection, usually a year before the expected conference date. Topics arise from discussions with the Macy staff, discussions during my visits and meetings, and consultation with various thought leaders. Topics are selected for timeliness and relevance to major health professions education issues broadly. We look for areas of controversy or uncertainty, but where there is a body of information available to be the basis for cogent, actionable recommendations. Once a topic is selected we assemble a planning committee of seven or eight senior leaders with recognized expertise in the area but representing diversity of background, geography, and institution. The planning committee writes the charge for the conference, decides on the titles and authors of commissioned papers, and compiles a list of potential conferees. The goal is to have 40 conferees that are national experts from different professions, geographies, and institutions. The rules of engagement are important. All conferees must agree to be present for the entire two and one-half day meeting, all need to agree to participate in a consensus process leading to a first draft of recommendations by the conclusion of the meeting, and all need to agree that they are participating

because of their individual perspective and broad expertise and not as the representative of any organization.

Reflecting on the 11 conferences over the past decade, certain themes emerge.

### THEME: REFORM OF PHYSICIAN EDUCATION

A very strong theme has been new models for the education of physicians, at this time of dramatic changes in health care delivery, population demographics, and disease burden. *Revisiting the Medical School Educational Mission at a Time of Expansion* (2008) and the two graduate medical education (GME) conferences, *Ensuring an Effective Physician Workforce* (2010 and 2011) made strong recommendations to better align undergraduate and graduate medical education with changing societal needs. All three conferences called for changes in the educational model to introduce new relevant content; to have clinical training that is more longitudinal, community based, and immersive; and to incorporate a greater emphasis on teamwork and interprofessional education. Taken together the reports challenge the status quo and emphasize the need for medical education to be more accountable to the public. As a result of these conference reports the Macy Foundation undertook a number of other projects to promote change in medical education. Through the AAMC, we sponsored a consortium of 15 new medical schools to exchange information and promote educational innovations. We commissioned three special reports by Michael Whitcomb, MD on *New and Developing Medical Schools: Motivating Factors*,



*Regional Challenges, and Planning Strategies*. These three reports described the process of launching 21 new allopathic medical schools that admitted their inaugural classes between 2009 and 2017. A separate report described the process of opening 11 new osteopathic medical schools between 2003 and 2014. We were the major funder of the IOM Report *Graduate Medical Education That Meets the Nation's Health Needs* that called for the creation of a GME Transformation Fund to promote innovations in GME. We were the co-sponsor (with six academic medical centers) of six regional conferences on innovations in GME. These conferences resulted in a monograph, *Innovations in Graduate Medical Education: Aligning Residency Training with Changing Societal Needs*. A number of Board Grants and President's Grants supported the creation of new models for medical education and/or the introduction of new curricular content into medical education (see sections on Board and President's Grants). The themes for reform of physician education were also broadly applicable to the other health professions and were synchronous with our important work in interprofessional education.

### THEME: EDUCATION FOR PRIMARY CARE

A second conference theme was the need to address critical training needs for primary care and the necessity of an interprofessional approach to address current deficiencies in providers and services. *Who Will Provide Primary Care and How Will They Be Trained* (2010) resulted in several recommendations about strengthening the education and training of physicians, advance practice nurses, and physician assistants to be primary care providers. The recommendations also emphasized important steps that need to be taken to support successful and fulfilling careers in primary care. *Registered Nurses: Partners in Transforming Primary Care* (2017) addressed the importance of preparing

registered nurses for enhanced roles in primary care. Conference recommendations focused on changes needed in nursing education to give RNs the requisite knowledge and skills in primary care and changes needed in primary care practice to fully utilize RNs for the benefit of their patients. An additional major theme of this conference was the importance of teamwork and interprofessional collaboration to create an optimal primary care system. Throughout the decade there were many Board and President's Grants to support educational initiatives and faculty development in primary care.

### THEME: INTERPROFESSIONAL EDUCATION

The theme of interprofessional education (IPE) and collaboration was strongly expressed through all of the Macy conferences in this decade. *Interprofessional Education* (2012) highlighted the work of our IPE grantees up to that time (representing 23 institutions) and led to several conclusions about the important success factors for IPE:

1. Leadership from the top is essential. Deans, provosts, and chancellors must support IPE to overcome the predictable logistical and political barriers.
2. Intensive planning with clear educational goals and metrics must lay the groundwork for all IPE initiatives. IPE experiences must be as rigorous as all other parts of the formal curriculum.
3. Interprofessional learners must be engaged through real, meaningful work that advances patient care and their own professional development. These experiences must be reinforced in a developmentally appropriate way throughout the entire educational trajectory.



Martha (Meg) Gaines



Terry Fulmer



MARTHA (MEG) GAINES  
JD, LLM

TERRY FULMER  
PHD, RN, FAAN

*Co-Chairs  
Partnering with Patients,  
Families, and Communities to  
Link Interprofessional  
Practice and Education*

*“The Macy conference  
was instrumental in identifying  
partnership as the prize on  
which we must keep our eyes.”*

The 2014 Macy Conference “Partnering with Patients, Families, and Communities to Link Interprofessional Practice and Education” came at a crucial time in the health professions education landscape. While the notion of engaging patients, families, and communities as partners in education was emerging in various places, progress was stalled by confusion about what exactly effective engagement looks like and how to achieve it. We were trying to zero in on the concept, with little sense of how to engage the work.

The conference began as a search for knowledge about how to engage patients, families, and communities but quickly transformed into a search for how to partner with them. Historically patients have been tapped by educators to function as “Exhibit A”—examples of individuals living with a particular diagnosis or condition—with little or no agency

in the classroom or input into educational goals. There is still little scholarship documenting experiences where educators join with patients, families, and communities as co-creators of learning objectives, curriculum, evaluation, and as teaching partners, but the field is growing, thanks to visionary leaders like George Thibault!

The Macy conference was instrumental in identifying partnership as the prize on which we must keep our eyes. The flexibility George Thibault and the Macy Foundation brought to this process was remarkable and seamless; the assembled group redefined the goals and parameters of the discourse. Over the course of several days, a diverse group of patients, advocates, teachers, clinicians, administrators, and policy makers described the “state of the state” in education partnerships with patients, families, and communities, crafted common

language, articulated shared values, and drafted recommendations for enhancing a culture of partnership and teaching the requisite skills to both educators and patients.

Change in health professions education has evolved at a glacial pace in part due to limitations imposed by accrediting bodies and curriculum committees. Likewise, progress toward engaging patients as partners in our work has progressed slowly. That said, the conference provided an invaluable grounding document for future conversations, and spawned new collaborations across institutions around the globe. Finally, we would be remiss if we did not comment on the true joy of engaging in a Macy Conference! The caliber of the people and the quality of the reports speak for themselves but the bonding of people and ideas and new relationships are a true gift. Thank you, George!



4. Innovative use of educational technology can help overcome logistical barriers. Simulation, online and asynchronous learning, and other new technologies can be accelerators for IPE.
5. Much attention must be paid to faculty development. Most faculty have had no prior experience with IPE and must gain experience in dealing with faculty and learners from other professions. These experiences turn out to be very positive and are often a source of faculty renewal.

IPE remained the highest concentration of our grant activity throughout the decade, and this work was an important backdrop for a trilogy of conferences around transforming education and health care delivery systems together: *Transforming Patient Care: Aligning Interprofessional Education with Clinical Practice Redesign* (2013); *Partnering with Patients, Families, and Communities to Link Interprofessional Practice and Education* (2014); and *Enhancing Health Professions Education Through Technology: Building a Continuous Learning Health System* (2015). Together, these conferences made a strong case for breaking down the silos between the professions and creating much closer links between education and the delivery system. They further made the case that improved patient care is the primary goal of both education and delivery and that technology, appropriately used, can be an ally in achieving this common goal. Importantly all three of these conferences had interprofessional co-chairs (as have many other Macy Conferences). The recommendations from these three conferences provide a blueprint for the redesign of both health professions education and health care.

## THEME: PEDAGOGICAL REFORM

A final theme from the conferences has been the examination of some very fundamental pedagogical issues in health professions education. The last two conferences of the decade have undertaken an ambitious look at the health professions education system writ large: *Achieving Competency-Based, Time-Variable Health Professions Education* (2017) and *Improving the Environment for Learning in the Health Professions* (2018).

The first of these called for a movement from a “fixed time” approach to health professions education—our current model—to one in which time is a variable used as needed for learners to achieve predetermined competencies. We have historically used time in place as a proxy for competency. And we have had a system that is too rigid to allow learners to move through at a pace appropriate for their learning. There is strong theoretical underpinning for a competency-based, time-variable approach, and there are a number of pilot projects (some Macy-funded) to demonstrate feasibility. The conference conclusions assert that such an approach will improve the efficiency of the process of educating health professionals, particularly in smoothing transitions in the educational trajectory. But more importantly, this approach will more reliably produce competent practitioners who will be true life-long learners. Our patients will be the ultimate beneficiaries. Though only recently released, these recommendations have generated great interest and have already resulted in a special issue of *Academic Medicine*.

The last conference in the series also deals with some very fundamental pedagogical issues: *Improving the Environment for Learning in the Health Professions*. There is a growing realization that negative aspects of the environment in which



2015 Macy Conference, Enhancing Health Professions through Technology

learning takes place can overwhelm the best of educational planning and goals. This is particularly true in the clinical learning environment, but it also applies to classroom and “virtual” learning environments. Addressing these environmental issues will be essential for successful learning and for successful professional development and career satisfaction. The results of this conference are not yet available at the time I am writing this report. I believe this will be an important area of work going forward. The optimization of the learning environment will require close working relationships among learners, educators, front line providers, system administrators, and technology experts.

## CONCLUSION

It is difficult—even with a 10 year perspective—to directly attribute change to specific conference recommendations. What we can say is that the topics we have chosen have remained on the agenda of

health professions educators, leaders in health care delivery and policy makers over this period of time. In each domain we have seen changes directionally consistent with the conference recommendations. And we can also say that because the participants and the process are highly respected, the recommendations have had credibility and have endured over this period of time. Finally, like every other aspect of our Macy Foundation activities, the conferences serve an important career development role. Conference participants uniformly report this to be an extremely valuable growth and learning experience. Conferees regularly make new professional associations that are sustained. The chair or co-chairs of the conference also become strongly identified with the recommendations and the subject matter of the conference and are often asked to speak and write on them for some time afterward. Thus both the conference products and the conference participants become important elements in an on-going change process.

MALCOLM COX

MD

MARY NAYLOR

PHD, RN, FAAN

*Co-Chairs*

*Transforming Patient Care:  
Aligning Interprofessional  
Education with Clinical  
Practice Redesign*

*“... there is little doubt  
that the foresight of the  
Foundation’s leadership  
and its continuing  
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to the recent flowering of  
interprofessional education  
in the United States.”*



Malcolm Cox

Interprofessional education has had a long and checkered history, in part because of dogged professional isolation resistant to even strenuous efforts to breach silos and in part because of a failure to recognize that to be truly successful interprofessional initiatives must be deployed across the full learning continuum. For the most part, educators have focused on curriculum and pedagogy rather than the ‘health’ of the clinical learning environment, which dominates in determining whether educational reforms will flourish. Likewise, investigators have tended to focus on short-term learning outcomes even though it is long-term outcomes, including patient and population health outcomes and system efficiency and cost outcomes, which drive public policy.

Addressing these realities was the primary goal of an interprofessional conference convened by the Josiah Macy Jr. Foundation in January 2013 in Atlanta, GA. The recommendations that emerged were built around a new vision, the development



Mary Naylor

of “a healthcare system in which learners and practitioners across the professions are working collaboratively with patients, families, and communities and with each other to accomplish the Triple Aim.” Enabling action areas included: (1) engaging patients, families and communities in the design, implementation, and evaluation of efforts to link interprofessional education with collaborative practice; (2) accelerating the design, implementation, and evaluation of innovative models linking interprofessional education and collaborative practice; (3) reforming the education and life-long career development of health professionals to incorporate interprofessional learning and team-based care; (4) revising professional regulatory standards and practices to permit and promote innovation in interprofessional education and collaborative practice; and (5) realigning existing resources to establish and sustain the linkage between interprofessional education and collaborative practice.

In the intervening years, much

has been accomplished although even more still remains to be done. Public and private policy increasingly promotes the centrality of individuals, families, and communities in setting directions for care. The Interprofessional Education Collaborative (IPEC) has refined its earlier core competencies for interprofessional collaborative practice and expanded its membership from 6 to 20 health professions. Many health professions schools and graduate education programs have developed interprofessional learning opportunities for their students; this includes the majority of U.S. nursing and medical schools. A number of these efforts have been significantly influenced by interprofessional demonstration projects supported by the Macy Foundation itself.

Some accreditation bodies now require interprofessional training, although the nature of the training requirements varies considerably. In 2014, the Health Professions Accreditors Collaborative (HPAC) was formed to provide harmonized guidance for health professional education; HPAC has recently expanded to include 23 health professional accrediting bodies. More recently, the National Collaborative for Improving the Clinical Learning Environment (NCICLE), together with the Accreditation Council for Graduate Medical Education (ACGME) and others, has emerged as a convener for discussions about how to optimize the clinical environment for interprofessional education and practice.

New initiatives for collaborative professional development across the professions and sectors that directly or indirectly affect health and wellness now abound, including

interprofessional leadership development programs sponsored by the Robert Wood Johnson Foundation, the Macy Foundation itself, and the U.S. Department of Veterans Affairs (Quality Scholars Program, Centers of Excellence in Primary Care Education). The National Clinical Scholars Program, jointly funded by five host universities and the U.S. Department of Veterans Affairs, is the most recent example of such a program.

The National Academy of Medicine (previously the Institute of Medicine) has long recognized the importance of interprofessional education to the quality and safety of health care. More recently its Global Forum on Innovation in Health Professional Education, with membership from some 50 different health professions, has devoted several workshops and reports to interprofessional education, including a consensus study on *Measuring the Impact of Interprofessional Education on Collaborative Practice and Patient Outcomes*. In some ways this work can be seen as an outgrowth of the Atlanta Macy conference, sharing both participants and ideas.

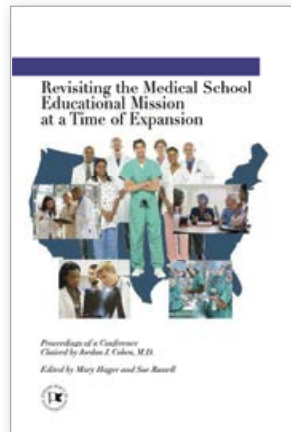
An even more direct lineage is evident in the creation of the National Center for Interprofessional Practice and Education (NEXUS), developed with both public and private funding, including funding from the Macy Foundation itself, to support “evaluation, research, data and evidence that ignites the field of interprofessional practice and education and leads to better care, added value and healthier communities.” In recent years, NEXUS has emerged as one of the most important clearinghouses, data repositories,

and conference conveners for the U.S. interprofessional research and education communities.

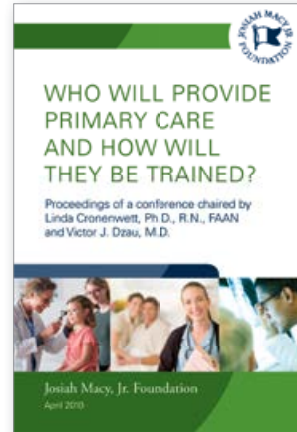
Of course, none of these developments can be ascribed solely to the Atlanta Macy conference or even more generally to the Macy Foundation itself. However, there is little doubt that the foresight of the Foundation’s leadership at the time, and its continuing support over the years, has contributed greatly to the recent flowering of interprofessional education in the United States. Much more needs to be done and future efforts will require even greater collaboration—especially between the public and private sectors—than in the past. The emphasis must be on clinical education and strengthening the evidence that collaborative practice promotes positive patient, population, and system outcomes. Only then will the artificial distinctions between the health professions, distinctions that hinder better care and patient safety, be laid to rest.



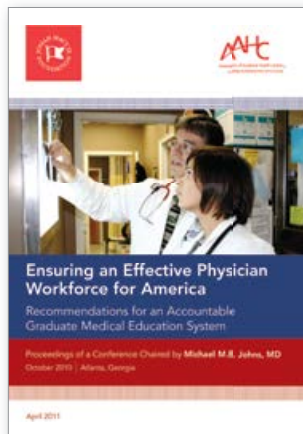
LIST OF MACY  
CONFERENCES



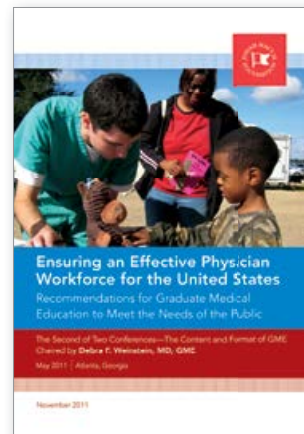
**OCTOBER 2008**  
***Revisiting the Medical School Educational Mission at a Time of Expansion***  
Chaired by  
Jordan J. Cohen, MD



**APRIL 2010**  
***Who Will Provide Primary Care and How Will They Be Trained***  
Co-Chaired by  
Linda Cronenwett, PhD, RN, FAAN  
Victor J. Dzau, MD



**OCTOBER 2010**  
***Ensuring an Effective Physician Workforce for America***  
***Part 1: Financing and Governance of Graduate Medical Education***  
Chaired by  
Michael M.E. Johns, MD

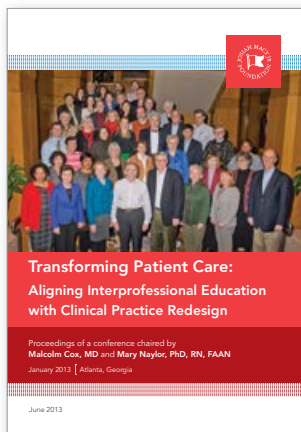


**MAY 2011**  
***Ensuring an Effective Physician Workforce for the United States***  
***Part 2: Content and Format of Graduate Medical Education***  
Chaired by  
Debra Weinstein, MD



**APRIL 2012**  
***Conference on Interprofessional Education***  
Chaired by  
George E. Thibault, MD

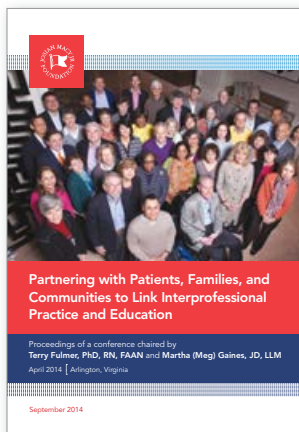




**JANUARY 2013**

***Transforming Patient Care:  
Aligning Interprofessional  
Education with Clinical  
Practice Redesign***

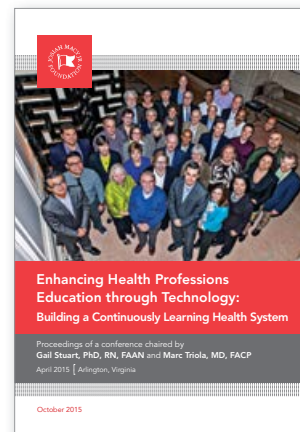
Co-Chaired by  
Malcolm Cox, MD  
Mary Naylor, PhD, RN, FAAN



**APRIL 2014**

***Partnering with Patients,  
Families, and Communities  
to Link Interprofessional  
Practice and Education***

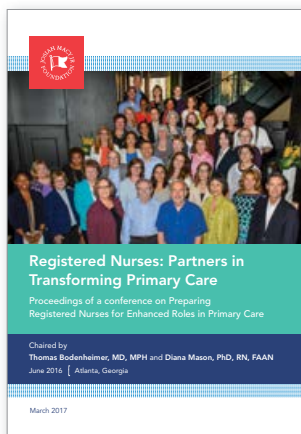
Co-Chaired by  
Terry Fulmer, PhD, RN, FAAN  
Martha (Meg) Gaines, JD, LLM



**APRIL 2015**

***Enhancing Health Professions  
Education through Technology:  
Building a Continuously Learning  
Health system***

Co-Chaired by  
Gail Stuart, PhD, RN, FAAN  
Mark Triola, MD, FACP



**JUNE 2016**

***Registered Nurses: Partners in  
Transforming Primary Care***  
  
*Preparing Registered Nurses for  
Enhanced Roles in Primary Care*

Co-Chaired by  
Thomas Bodenheimer, MD, MPH  
Diana Mason, PhD, RN, FAAN



**JUNE 2017**

***Achieving Competency-Based,  
Time-Variable Health  
Professions Education***

Chaired by  
Catherine R. Lucey, MD



**APRIL 2018**

***Improving the Environment  
for Learning in the  
Health Professions***

Chaired by  
David M. Irby, PhD



April 2010 Conference, Who Will Provide Primary Care and How Will They be Trained



Barbara Brandt at the January 2013 Conference, Transforming Patient Care: Aligning Interprofessional education with Clinical Practice Redesign



Uma Kotagal and Vincent Dumez at the April 2014 Conference, Partnering with Patients, Families, and Communities to Link Interprofessional Practice and Education



June 2016 Conference, Registered Nurses: Partners in Transforming Primary Care





*Michelle Morse speaking at the plenary session of the April 2018 Conference, Improving the Environment for Learning in the Health Professions*



*Lee Learman and Holly Humphrey during a breakout session at the April 2018 Conference, Improving the Environment for Learning in the Health Professions*



*Conferees beginning to draft recommendations at the April 2018 Conference, Improving the Environment for Learning in the Health Professions*



*Robert Phillips and Linda Cronenwett during plenary session at the April 2010 Conference, Who Will Provide Primary Care and How Will They be Trained*



*George Thibault during small group discussion at the to May 2011 Conference, Ensuring an Effective Physician Workforce for the United States*

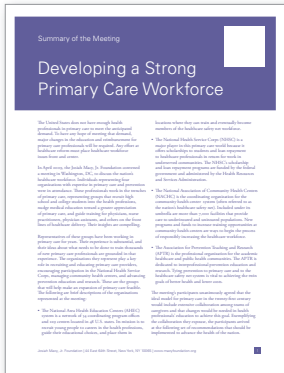


# OTHER MACY PUBLICATIONS

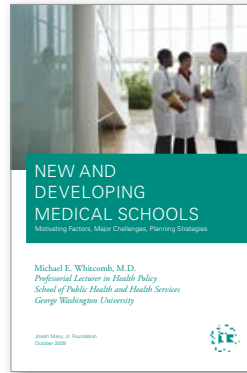




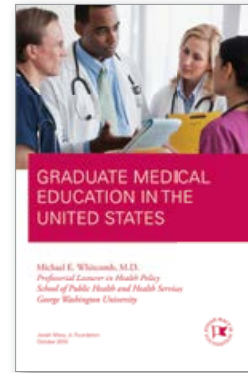
OTHER MACY PUBLICATIONS



**APRIL 2009**  
*Developing a Strong Primary Care Workforce*



**OCTOBER 2009**  
*New and Developing Medical Schools, Part 1*  
Michael E. Whitcomb, MD



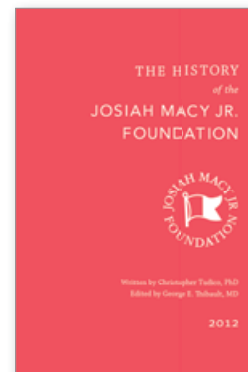
**OCTOBER 2010**  
*Graduate Medical Education in the United States*  
Michael E. Whitcomb, MD



**JUNE 2010**  
*Educating Nurses and Physicians: Toward New Horizons*



**FEBRUARY 2011**  
*Team-Based Competencies: Building a Shared Foundation For Education and Clinical Practice*



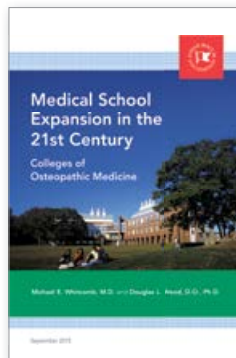
**2012**  
*The History of the Josiah Macy Jr. Foundation*  
Written by Christopher Tudico, PhD  
Edited by George E. Thibault, MD



**JULY 2013**

***New and Developing Medical Schools, Part 2***

Michael E. Whitcomb, MD



**SEPTEMBER 2015**

***Medical School Expansion in the 21st Century: Colleges of Osteopathic Medicine***

Michael E. Whitcomb, MD and Douglas L. Wood, DO, PhD



**NOVEMBER 2016**

***Innovations In Graduate Medical Education: Aligning Residency Training with Changing Social Needs***

A Report on Six Regional Conferences from the Josiah Macy Jr. Foundation and Vanderbilt University Medical Center, University of Texas MD Anderson Cancer Center, University of California, San Francisco School of Medicine, University of Washington – WWAMI Regional Medical Education Program, Partners HealthCare, and the University of Michigan Medical School



**APRIL 2018**

***New and Developing Medical Schools, Part 3***

Michael E. Whitcomb, MD



**JUNE 2018**

***Report from a Convening of Grantees on Educating and Training to Professionalism***

Josiah Macy Jr. Foundation and Institute on Medicine as a Profession

“This ten years of continuous learning has been part of the pleasure and excitement of this journey for me.”

—GEORGE E. THIBAUT, *PRESIDENT*

# LESSONS LEARNED





*George Thibault and Daniel Federman (keynote speaker) at 2013 Annual Meeting of the Macy Faculty Scholars Program*



*(Left to right) Edward M. Hundert, George Thibault, and David A. Hirsch celebrate the new George E. Thibault Academy Professorship at Harvard Medical School, established by the Josiah Macy Jr. Foundation*



## — LESSONS LEARNED —

**W**hen I arrived at the Macy Foundation on January 1, 2008 I had had no experience in the foundation world. I spent my first six months visiting foundation presidents (who were uniformly generous with their time) to learn about foundation operations. I also visited with leaders in health professions education and health care to help sharpen my thinking about the priorities for the Foundation. I have continued to learn from conversations with current and prospective grantees, from guidance by my incredibly committed and talented Board, and from working with Steve Schoenbaum and Peter Goodwin who blessed me and the Foundation with their more than 35 years of prior foundation experience. This ten years of continuous learning has been part of the pleasure and excitement of this journey for me. Below I have tried to summarize succinctly the ten most important lessons I have learned as a “new” foundation president.

1. Giving grants is not easy. It takes a lot of time and interaction to get grant-making right. I have learned a lot from those more experienced in the art and science of it than I was. The iterative process of agreeing that a grant is potentially worthy of board presentation and then getting it ready usually takes nine to twelve months, and sometimes longer. But that sets the stage for continued interaction once the grant is given. Once we support someone as a Principal Investigator or as a Macy Faculty Scholar we are committed to help them succeed. We also say “no” to about 90% of applicants for grants and the Macy Faculty Scholars Program, and we try

to let down gently and with encouragement. Everyone who applies for a grant or Scholars position is capable of making a difference in their own institution, and we often interact with them again.

2. There are good ideas and innovations in a lot of places. The best way to find them is to visit institutions and participate in meetings nationally. I always ask to talk to the leaders of the institution and to the principals in any given activity. During institutional visits I also ask to talk with learners and with leaders in more than one health profession. I also have had an open door to visitors at the Foundation. All of these visits and conversations are part of my learning. They have expanded my horizons about the wide spectrum of institutions and individuals involved in innovations in health professions education, and they have greatly increased my network of professional colleagues. They also give me an opportunity to describe our foundation priorities and our philosophy of change in health professions education.
3. It is important to stay focused. There are a lot of good ideas and good potential projects, but we have to stay consistent with our priorities to have a coherent body of work. Our impact does not come from a single grant or meeting, but from the cumulative effect of all of our activities. These need to relate to one another and build on each other. Our body of work in interprofessional education and its impact is one example of the benefit of focus.



*Becoming an honorary fellow of the American Academy of Nursing*

4. The most important reward of this work is helping careers thrive and seeing others put changes in place. I believe foundations should see themselves as career developers. Our Macy Faculty Scholars, grantees, and conferees are our greatest resources through whom we effect change now and into the future. They essentially are the Macy Foundation. I think my greatest legacy as a foundation president will be the careers that we helped to develop.
5. To be effective, our influence must go far beyond the amount of money we have to distribute. The bully pulpit is equally, or more, important. I take advantage of every opportunity to influence the ideas, programs, and priorities of other organizations and to inform others about our priorities and philosophy. I do this through speaking, writing, and participating in conferences and symposia. Our greatest leverage comes from having others embrace our ideas.
6. My time is my most valuable asset I have to manage. How to use my time for greatest impact and how to also allow time for my own continued learning and sharpening of judgment are things I think about constantly.
7. We need all the partners we can get to do our work. Whenever possible we should partner with other foundations, professional organizations, educational institutions, and governmental agencies. Though this is not always easy, it is worth working at. We also should promote partnerships and collaborations among academic institutions, professional organizations, and foundations. Foundations can be and should be matchmakers. I am particularly proud of our leadership in the partnership of foundations and government that led to the creation of the National Center for Interprofessional Practice and Education.
8. Having a great board is essential to our success both for the quality of advice I get and for our external credibility. Choosing and



*June 2014 Annual Meeting of the Macy Faculty Scholars Program*

recruiting candidates for the board, getting to know the board members individually, keeping the board informed and making use of their expertise are among the most important jobs of the President. I have spent more time on this than I had expected, and it has been very rewarding and fulfilling.

9. Having a well-functioning staff who understand and embrace our mission and who have clear roles and responsibilities in achieving that mission is critical. They are our face to the world, and they must be nurtured and appreciated. Building a team takes time and attention.
10. Finally, foundations have a privileged position in society, and we must always think about how we are using this privilege for the public good. We must be catalysts to activate projects and people that will benefit the public. We also must do everything we can to see that the work and people we support will subsequently be supported by their institutions or other organizations. Catalyzing

change is not enough, it must be sustained if it is to confer societal benefit. It is hard to ensure sustainability, but I have come to believe it is one of the most important responsibilities we have as leaders of foundations.

This has been a glorious 10 and one-half years for me. I am enormously grateful for the opportunity that the Macy Foundation Board gave me. And also I am grateful for all the help I have had from the Board, my staff, our grantees, scholars, and conferees in this journey. It has been a privilege to be part of this Macy family. Because of all the wonderful people I had the privilege of working with, I am confident that this important work for the benefit of society will go forward, in perpetuity.

**GEORGE E. THIBAUT, MD**





*Back row: Yasmine R. Legendre, Stephen C. Schoenbaum, Peter Goodwin, Heather Snijdewind  
Front row: Karen Butler, George E. Thibault, Ellen J. Witzkin*

# STAFF

George E. Thibault, MD  
*President*

Peter Goodwin, MBA  
*Chief Operating Officer and Treasurer*

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