

PREPARING NURSING LEADERS

JOSIAH MACY JR. FOUNDATION

2016 ANNUAL REPORT



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

Cover: A nurse and a greeter at the patient kiosk at Community Health Center, Inc.



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2016 ANNUAL REPORT

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DENA H. HASSOUNEH, PHD, ANP, PMHNP



OREGON HEALTH & SCIENCE UNIVERSITY

2011 Macy Faculty Scholar

Dr. Hassouneh is a professor at Oregon Health & Science University School of Nursing. As a Macy Faculty Scholar, Dr. Hassouneh conducted a national study about the experiences of faculty of color in nursing, medicine, pharmacy and dentistry. She recently completed work on a book manuscript disseminating findings from this national study. The manuscript will be subject to peer review and is expected to be published in spring 2017.

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



DREXEL UNIVERSITY

2011 Macy Faculty Scholar

Dr. Waite is a professor in the College of Nursing and Health Professions, with appointments in both the Doctoral Nursing Department and the Health Systems and Science Research Department. Dr. Waite continues to cultivate leadership development among students in the health professions through interprofessional educational initiatives. She has expanded her work to now include public health students.

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



JERSEY COLLEGE

2012 Macy Faculty Scholar

Dr. Beard is the associate vice president for curriculum and instruction at Jersey College, and founding director of the Center for Multicultural Education and Health Disparities. As a Macy Faculty Scholar, Dr. Beard developed a multicultural education workshop to strengthen workforce diversity. Her manuscript on multicultural education training was recently accepted for publication in the Journal of Professional Nursing.

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PRESIDENT'S STATEMENT

George E. Thibault, MD

President



It has been an exciting and productive year at the Macy Foundation as we continued to build bridges between health professions education and healthcare practice to help improve the health of all Americans.

This year, we took a close look at nursing education and practice, focusing our annual conference on the ways in which registered nurses can help transform primary care and investing in an exciting new nurse-led interprofessional education (IPE) initiative through the National Center for Interprofessional Practice and Education, in addition to our ongoing efforts to support nurse leaders.

Numbering nearly four million, nurses are the largest segment of America's healthcare workforce, and so it is critical that nursing education prepares them for practice in the 21st century health system and that they be allowed to practice up to their training and license. We chose to focus this year's annual report on the importance of aligning nursing education with changing societal needs and reflect on some of the important work underway to help nurses advance patient-centered care, effective communication, and teamwork within our transforming health care system.

For many years, the Macy Foundation has worked closely with nursing leaders and educators to support and expand interprofessional education, which prepares nurses, physicians, and other health professionals to work together in high-functioning, patient-centered care teams.

This year, we were thrilled to once again work with our philanthropic partners to provide additional support to the National Center for Interprofessional Practice and Education at the University of Minnesota. With a new grant to the National Center from Macy, Robert Wood Johnson Foundation, Gordon and Betty Moore Foundation, and John A. Hartford Foundation, 16 graduate nursing schools will spearhead the development of robust, innovative, and sustainable community-based interprofessional education programs across the country.

“...local and regional innovations could add up to national innovations if we could describe, encourage, and disseminate them.”

Over the years, we've also made investments to help advance the careers of nursing faculty. Most notably, our Macy Faculty Scholars program was designed from the beginning to support the career development of academic leaders in both nursing and medicine.

In 2016, we welcomed two new nurse leaders as part of our sixth class of Macy Faculty Scholars. The two nurses in our 2016 class are focused on developing innovative interprofessional curricula, one on palliative care, the other on the integration of mobile technology and patient-centered care. We now have a total of 31 faculty scholars, 12 of whom are nurse leaders and educators. You can read about the work of these nurse scholars, as well as our most recent scholars, in this report.

In 2015 and 2016, I was honored to participate on a National Academy of Medicine committee assessing progress of the IOM report, *The Future of Nursing: Leading Change, Advancing Health*.

The IOM's landmark 2010 report galvanized the nursing community and led to significant advancement for nurses in expanding scope of practice, in achieving higher levels of education, and in collaborating and leading healthcare delivery redesign. These advances were documented by the Assessing Progress Committee that I was privileged to be a member of. The committee made additional recommendations on how further advances for nurses can be achieved.

Enhanced roles for registered nurses (RNs) in primary care had not been a particular focus of the previous report, and with the encouragement of the American Academy of Nursing we decided to make this the subject of our 2016 Macy Conference. This was designed to continue and expand the future of nursing themes while also continue the work we have been engaged in about improving primary care. The recommendations from the conference, published in the report, *Registered Nurses: Partners in Transforming Primary Care*, outline how educators and health system leaders can harness the potential of RNs to help meet the urgent needs of primary care. The report has been well received in both the nursing and primary care worlds and national discussions of the recommendations are already taking place.

In addition to our work in nursing, we also undertook important work this year to help spread innovations in graduate medical education (GME)—another issue we have long been identified with. America's GME system is the pathway that more than 120,000 resident physicians take every year to be certified for independent practice in the various specialties in medicine. Like all sectors of the health professions education system, GME also needs to adapt to the changes occurring in patient care.

But while national-level discussions around GME reforms appear to have stalled, the GME system itself is innovating under local leadership and in response to local needs. I have seen these

innovations up close on my travels around the country and hypothesized that local and regional innovations could add up to national innovations if we could describe, encourage, and disseminate them. That led us to partner with six academic health centers around the country to co-host regional conferences on GME innovations. A report, *Innovations in Graduate Medical Education: Aligning Residency Training with Changing Societal Needs*, summarizes the six conferences, synthesizes their themes, highlights the innovations we encountered, and is available on our website.

We have continued to support further innovations in interprofessional education and have broadened into new content areas and disciplines. We are excited to be supporting IPE initiatives in humanism, diagnostic error, and obstetrical care. We are also pleased to build upon past successes at Case Western Reserve University and expand IPE opportunities with strong leadership from the university and all four health professional schools. The further maturation and visibility of IPE nationally is a source of great pride.

Turning our attention to 2017, we are looking forward to our next annual conference, which will be held in Atlanta in June. The topic will be competency-based, time-variable education in the health professions, which is and has been the focus of several Macy grants. Competency-based education is an important and timely subject as we seek ways to make our education programs more efficient, more tailored to individual learners' needs across the educational continuum, and more responsive to changing societal needs.

Finally, please allow me a few lines to thank everyone who contributed to our work in 2016—those who participated in our annual conference and those who attended one or more of our six



George Thibault speaking at the 2016 Annual Meeting of the Macy Faculty Scholars.

regional conferences on GME innovations as well as our scholars, grantees, and so many others in our growing Macy family. My thanks would not be complete without also recognizing the Foundation's extraordinary board members, who provide wise counsel for our efforts, as well as our staff members, who work tirelessly toward the goal of improving the health of the public by advancing the education and training of health professionals.

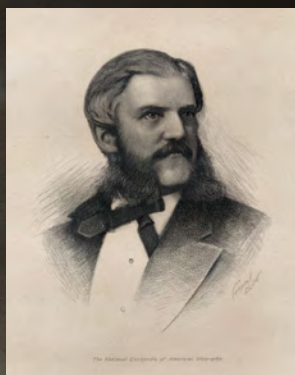
Thank you all. I found all of you and our work in 2016 to be inspiring, and I look forward to an equally invigorating 2017.

A handwritten signature in black ink that reads "George E. Thibault MD". The signature is written in a cursive style.

GEORGE E. THIBAUT, MD



Kate Macy Ladd



Josiah Macy Jr.



A BRIEF HISTORY

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

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

For more on the Foundation's history, please visit our website:

www.macyfoundation.org



PREPARING NURSING LEADERS

A Community Health Center, Inc. greeter helps patients use the automated kiosk to check in for their appointments.

Nurses, numbering nearly four million, are the largest segment of America's healthcare workforce. From the perspective of patients and families, they also are the most visible of all healthcare professionals because they not only provide needed care, they often serve as bridges to the rest of the system—responsible for connecting patients to other services and other providers.

With the transformation of healthcare delivery, nursing is evolving. Nurses are coordinating, managing, communicating, treating, educating, encouraging, and comforting. They are uniquely

positioned to help meet the healthcare needs of a nation burdened by chronic disease and an aging population.

Given their large number and central role in health care, it is critical that nursing education keep pace with changes in healthcare delivery and patient needs.

“Nursing education reform is an essential element in the alignment of health professions education with changing societal needs,” said Macy president George Thibault.

Unfortunately, significant barriers keep nurses from realizing their full potential within the 21st century healthcare system, including an education system that remains focused on acute care. This was one of the conclusions of an influential report, *The Future of Nursing: Leading Change, Advancing Health*, published by the Institute of Medicine (now the National Academy of Medicine) in 2011 and revisited in 2015 to assess its impact and refresh its recommendations.

PREPARING REGISTERED NURSES FOR ENHANCED ROLES IN PRIMARY CARE

The field of nursing comprises many different types of nurses, largely differentiated by their areas of practice and their educational backgrounds. Registered nurses (RNs), who have earned an associate or baccalaureate degree in nursing, are the largest group by far within nursing. Most RNs today practice in hospitals and other acute care settings, reflecting the dominant focus in nursing schools on teaching and learning the skills needed to provide this type of care.

But the health system itself is shifting toward an emphasis on primary care delivered by high-functioning healthcare teams in community-based settings. As a result, nursing schools need to better prepare their graduates for careers in primary care and other non-acute care settings. This will require curricular changes in the baccalaureate and associate degree to baccalaureate programs. Not only that, but the primary care enterprise has not yet reconfigured itself to take full advantage of RNs (and other health professionals) in a team-based, patient-centered approach to primary care.

This challenge was the central focus of the Macy Foundation's annual conference in 2016, which was held in Atlanta in June. The conference, *Preparing Registered Nurses for Enhanced Roles in Primary Care*, was hosted with the encouragement of the American Academy of Nursing, whose immediate past president, Diana Mason, PhD, RN, FAAN, was a conference co-chair, along with Thomas Bodenheimer, MD, MPH, from the University of California, San Francisco School of Medicine.

"Registered nurses represent an opportunity to increase our nation's primary care capacity and transform current delivery models to better meet the health needs of individuals, families, and communities," said Mason, who also is Rudin Professor Emerita and Co-Director, Center for Health, Media & Policy, Hunter College, City University of New York and Senior Policy Service Professor, The George Washington University School of Nursing. "We know, for example, that well-prepared RNs can support patients with chronic illness, including teaching them about their condition, coaching them in making healthier choices, and helping to manage their medications. We have examples of primary care practices that already are incorporating RNs in more meaningful ways such as this, and they report that clinical outcomes are better and the model is affordable."

In addition to chronic care management, RNs can help primary care practices increase access to care for all patients, provide patient-centered care for an increasingly older and more complex patient population, improve care for patients when they are moving between home and hospital or other care facilities, and much more.

But, as the conferees discussed, there are several barriers in the way.

Many RNs working in primary care, for example, spend too much of their time triaging patients according to the urgency of the patients' healthcare needs. While this is important, RNs' time must be balanced between traditional triage and these other roles.

Also, RNs may lack the skills and competencies needed for primary care practice because most are not exposed consistently to the full range of primary care content in the classroom or through instructional clinical experiences.

Additional barriers include restrictions on RNs practicing to the full extent of their licensure as well as the need for new payment models to facilitate the growth of primary care teams that include RNs.

Conference participants—including more than 40 leaders and experts from academic nursing and medicine, healthcare delivery organizations, professional nursing associations, and healthcare philanthropy as well as nursing students—identified the following six headline recommendations

to address the barriers noted above and enhance the role of RNs in primary care. Each of these main recommendations was accompanied by several actionable sub-recommendations. The full report and the conference commissioned papers are available on our website.

1. Leaders of nursing schools, primary care practices, and health systems should actively facilitate culture change that elevates primary care in RN education and practice.
2. Primary care practices should redesign their care models to utilize the skills and expertise of RNs in meeting the healthcare needs of patients—and payers and regulators should facilitate this redesign.
3. Nursing school leaders and faculty should elevate primary care content in the education of pre-licensure and RN-to-BSN nursing students.
4. Leaders of primary care practices and health systems should facilitate lifelong education and professional development opportunities in primary care and support practicing RNs in pursuing careers in primary care.
5. Academia and healthcare organizations should partner to support and prepare nursing faculty to educate pre-licensure and RN-to-BSN students in primary care knowledge, skills, and perspective.
6. Leaders and faculty in nursing education and continuing education programs should include interprofessional education and teamwork in primary care nursing curricula.

Preparing registered nurses for enhanced roles in primary care is an urgent issue; exemplary practices show that these enhanced roles are achievable.

To succeed in this endeavor, primary care and nursing education need to undergo fundamental culture change, assisted by the engagement, support, and commitment of a wide variety of stakeholders. Patients will be the ultimate beneficiaries.

The Macy conferees agreed that these recommendations are both necessary and achievable. They also agreed that enhancing the role of RNs on primary care teams will improve patient care while also helping to reduce burnout and increase job satisfaction among all team members.

“The forward momentum in primary care means we are moving in the right direction, toward higher value care that is focused on improving the health of the public,” said George Thibault. “But we have a long way to go. We simply can’t meet the primary care needs of the nation unless registered nurses are part of the solution, and we must prepare them appropriately and then use them in that role.”

TRAINING NURSES AS PART OF A TEAM

We know that health care delivered by well-functioning teams of nurses, doctors, and other health professionals leads to better outcomes.

Over the years, the Macy Foundation has supported the development, implementation, and evaluation of interprofessional education

“The forward momentum in primary care means we are moving in the right direction, toward higher value care that is focused on improving the health of the public” —George Thibault

curricula within and across a number of health professions schools with the goal of achieving collaborative practice and better patient outcomes. All of these projects have engaged schools of nursing and many have been led by nurses serving as either principal or co-principal investigators (PI or co-PI).

One example: With support from Macy, the University of Washington School of Nursing’s Brenda Zierler, PhD, RN, FAAN, co-created a simulation-based training program to educate medical, nursing, pharmacy and physician assistant students about teamwork and developed an interprofessional faculty development training program. Dr. Zierler currently serves as co-PI on a Macy-funded grant to create a series of regional centers for faculty development in interprofessional education at the University of Washington, University of Missouri-Columbia, and the University of Virginia.

Another example: At New York University (NYU), Terry Fulmer, PhD, RN, FAAN, and Marc Triola, MD, served as co-PIs on a Macy grant that supported the launch of an interprofessional patient safety and quality improvement curriculum. Called *NYU3T: Teaching, Teamwork and Technology*, the curriculum leverages online



2015 Macy Faculty Scholar Cheryl Woods Giscombé with a group of interprofessional learners.

learning and computer-assisted instruction to engage nursing and medical students in learning and working together.

The American College of Nurse-Midwives (ACNM) in partnership with the American College of Obstetrics and Gynecologists (ACOG) will develop a joint curriculum for nurse midwife graduate students and obstetrical residents at four pilot sites. Each site will develop and implement an IPE curriculum, including didactic, laboratory simulation and clinical practice experiences for graduate midwifery students and ob-gyn residents. Melissa Avery, PhD, CNM of the ACNM is the co-PI with John Jennings, MD of ACOG.

In 2016, the Macy Foundation partnered with three other foundations—Robert Wood Johnson Foundation, Gordon and Betty Moore Foundation, and the John A. Hartford Foundation—to fund an exciting, new, nurse-led effort to significantly advance interprofessional education in health professions schools focused on community outreach. The *Accelerating Interprofessional Community-Based Education and Practice Program* will be administered by the

National Center for Interprofessional Practice and Education (NCIPE) at the University of Minnesota—a national resource center launched in 2012 with funding support from the Health Resources and Services Administration and three foundations (Macy, Robert Wood Johnson, and Gordon and Betty Moore).

“The whole idea behind this grant is to develop nurses and schools of nursing as leaders in interprofessional education,” said Barbara Brandt, PhD, director of NCIPE. “We are thrilled because it helps us to push the envelope on what we mean by interprofessional education and practice. It will take the concept out into the community like never before.”

The grantee nursing schools will be partnering not just with other health professions schools, but also with lawyers, architects, and urban planners to form teams to learn and work together with patients and their families. This will result in stronger education and training not only of nurses, but also other health professionals, as groups of students are closely taught and guided by the teams in community-based clinical settings.

16 NURSING SCHOOLS SELECTED FOR THE ACCELERATING INTERPROFESSIONAL COMMUNITY-BASED EDUCATION AND PRACTICE PROGRAM

1. Arizona State University College of Nursing and Health Innovation
2. University of Arkansas for Medical Sciences College of Nursing
3. University of California, San Francisco School of Nursing
4. University of Colorado College of Nursing
5. Creighton University College of Nursing
6. University of Hawaii at Manoa School of Nursing
7. University of Maryland School of Nursing
8. University of Michigan School of Nursing
9. University of Missouri-Kansas City School of Nursing and Health Studies
10. University of Nebraska Medical Center College of Nursing
11. New York University Rory Meyers College of Nursing
12. Oregon Health & Science University School of Nursing
13. University of Pittsburgh School of Nursing
14. University of Rochester School of Nursing
15. University of Utah School of Nursing
16. Washburn University of Topeka School of Nursing

DEVELOPING NURSE LEADERS AND EDUCATORS

Over the years, Macy has supported career development of nursing school faculty with the goal of nurturing creative leaders devoted to educational reform. A highlight of these efforts has been the Macy Faculty Scholars program. Through its Faculty Scholars program, the Macy Foundation is investing in growing the cohort of medical and nursing faculty leaders who are transforming health professions education.

In addition to implementing innovative educational reform projects at their own institutions, the scholars receive mentoring and take part in networking and professional development activities organized by the Macy Foundation.

“When you are a maverick, you need other mavericks around you,” said Afaf Meleis, PhD, DrPS (hon), FAAN, professor of nursing and sociology at the University of Pennsylvania School of Nursing, and member of the Macy Faculty Scholars National Advisory Committee. “By bringing them together, by having them talk to each other about their educational innovations, by having them support each other and work through obstacles and advance their scholarship together, they are developing shared values. They are learning to be transformative together, as a team.”

To date, 12 of the 31 scholars have been nurses. There is tremendous diversity across the subject areas they are tackling, including cultural competence, workforce diversity, community outreach, palliative care, integration of technology in patient care, and more.

Macy is proud to have supported so many nurse faculty over the years.

Their educational innovations have ranged, for example, from the creation, at Drexel University, of an interprofessional leadership curriculum for undergraduate health professions students; to a project, at the University of Washington, to develop interprofessional experiences for pediatric dental residents, advanced practice nursing students, and social work students to care for underserved children; to the implementation, at the University of North Carolina at Chapel Hill, of an interdisciplinary curriculum to teach health professions students about the root causes of mental health disparities. And these awards have led to greater opportunities for our scholars. According to Meg Zomorodi, PhD, RN, CNL, University of North Carolina at Chapel Hill School of Nursing, “having the Macy name attached to my work gave me a seat at the table and helped get my project off the ground.”

Macy is proud to have supported so many nurse faculty over the years to bring about change in

the classroom and to advance the careers of these leaders who continue to impact our future nursing workforce—leaders like Terry Fulmer, PhD, RN, FAAN, a former Macy grantee who went on to lead Northeastern University’s Bouvé College of Health Sciences and is now president of the John A. Hartford Foundation and a Macy Foundation board member.

“I became a co-PI on a Macy grant while at New York University School of Nursing, and it elevated the stature and substance of my work in interdisciplinary team training to a new level of engagement with the school of medicine and beyond,” said Fulmer. “Awards from esteemed foundations bring notoriety and convey an importance and rigor to the work that is especially helpful to career advancement. Further being a Macy awardee confers a ‘club’ membership that is highly prestigious and visible.”



Attendees of the 2016 Annual Meeting of the Macy Faculty Scholars.

WRENETHA A. JULION, PHD, MPH, RN, FAAN



RUSH UNIVERSITY

2012 Macy Faculty Scholar

Dr. Julion is a professor and the newly appointed chairperson of the Department of Women, Children and Family Nursing at Rush University College of Nursing. As a Macy Faculty Scholar, Dr. Julion has worked to transform interprofessional education and promote cultural competency through a community-based service learning course at her institution. The course, started at the College of Nursing, is now being expanded to include students at Rush University's College of Health Sciences.

LISA DAY, PHD, RN, CNE



DUKE UNIVERSITY

2013 Macy Faculty Scholar

Dr. Day is an associate clinical professor at Duke University School of Nursing where she focuses on teaching and learning with an emphasis on professional identity formation and values-based education. Dr. Day and her colleagues developed a process-based course in values clarification and professional identity for beginning nursing students. The course is now taught in four nursing schools in the US and one in Taiwan.

MAYUMI WILLGERODT, PHD, MPH, RN



UNIVERSITY OF WASHINGTON

2013 Macy Faculty Scholar

Dr. Willgerodt is a professor in the School of Nursing and Health Studies at the University of Washington, Bothell and adjunct professor in the School of Nursing University of Washington, Seattle. As part of her Macy Faculty Scholar project, Dr. Willgerodt implemented and evaluated interprofessional education curriculum for pediatric dental residents, advanced practice nursing students, and social work students.

MACY FACULTY SCHOLARS PROGRAM



2016 Annual Meeting of the Macy Faculty Scholars.

This year, we proudly welcomed our sixth class of Macy Faculty Scholars. Comprising two nurse educators and three physician educators, this group of scholars will, for the next two years, undertake innovative educational reform projects at their institutions. And they will become a part of the national Macy network of scholars and educators that will extend beyond these two years of support.

Their projects include: development of a national interprofessional palliative care education center; an effort to teach medical students how to recognize and manage implicit bias in clinical decision-making; expansion of an interprofessional collaborative care model involving patients and families as team members; development of a working-learning health system where providers engage with patients outside of the hospital; and the design and implementation of an innovative interprofessional curriculum on mobile and connected health technologies.

With the five new scholars, the family of active and alumni Macy Faculty Scholars has grown to 31 individuals at health professions schools around the country. The program was launched six years ago to support the career development of dynamic and innovative leaders in health professions education. Those chosen as Macy Faculty Scholars have demonstrated a commitment to reforming the educational system in which they work in order to produce physicians, nurses, pharmacists, social workers, occupational and physical therapists, dentists, and other health professionals who are better prepared to work in our rapidly changing healthcare delivery system and deliver quality care that meets the evolving needs of today's patients.

Macy Faculty Scholars receive up to \$200,000 in salary support over two years, enabling them to devote significant time and attention to their educational reform project as well as participate in career development activities that prepare them for leadership roles in health professions education.

INTRODUCING THE 2016 MACY FACULTY SCHOLARS

DORANNE DONESKY, PHD, RN

University of California, San Francisco School of Nursing



DorAnne Donesky, a nurse practitioner and associate professor of nursing, has dedicated her career to palliative care, which takes a team-based approach to improving quality of life for patients living with serious illness.

Although palliative care is interprofessional by definition, very little, if any, educational programming has been designed to collaboratively engage learners from across the core palliative care disciplines—medicine, nursing, social work, and spiritual care. As a Macy Faculty Scholar, Dr. Donesky will develop an interprofessional center for palliative care education at USCF that will become a national model for other institutions to follow.

“The real challenge,” Donesky said, “is that we’re going beyond the more widely known model of interprofessional education, in which medical and nursing students learn together, to also involving social work, spiritual care, and others. Some IPE programs may involve social workers, chaplains, or pharmacists, or others, but having all of the core palliative care disciplines together in the faculty team and the learner cohort is unusual. These groups are not used to being educated together and the interprofessional faculty is not used to developing curriculum together. We’re working through all the implications of that dynamic along with all the other challenges that accompany implementation of an IPE curriculum.”

CRISTINA M. GONZALEZ, MD, MED

Albert Einstein College of Medicine



Growing up in rural Pennsylvania, in one of the only Latino families attending her school, Cristina Gonzalez, an associate professor of clinical medicine, is familiar with bias. “Growing up, I was always working against stereotypes,” she said. As a Macy Faculty Scholar, Dr. Gonzalez will design, implement, and rigorously evaluate a longitudinal curriculum for medical students in implicit bias recognition and management.

Implicit biases are the unconscious assumptions we all make about other people. These assumptions can be based on race, ethnicity, gender, education level, physical attributes, and much more. Explicit biases are conscious negative attitudes and beliefs about others, including prejudice and racism.

“Unlike explicit biases, we all have implicit biases. I have them. They’re ubiquitous; they live in our subconscious. We learn them without knowing it,” said Gonzalez. “And implicit biases can impact

patient care—good doctors with the best intentions to help their patients can make decisions based on unconscious assumptions that may not be accurate.”

Dr. Gonzalez’s overall goal for the new curriculum is to improve patient safety and decrease provider contributions to healthcare disparities by mitigating the influence of implicit bias on clinical decision-making.

TEMPLE RATCLIFFE, MD, FACP

University of Texas School of Medicine at San Antonio



As a Macy Faculty Scholar, Temple Ratcliffe will expand a successful collaborative care model at University Health System, which is transforming the way practitioners and patients interact in the hospital and contributing to favorable trends in length of stay and reductions in unnecessary hospital days.

In this collaborative care model, decisions are made in the patient’s room and all members of the care team are involved in making them, including patients and their families. Team goals and care plans are posted in patients’ rooms, where everyone can see and refer to them. Daily workflows also are modified to facilitate collaboration, and teams engage in daily group reflection to foster improved communication and enhance team dynamics.

“What really sticks out about the collaborative care model is that patients and families are part of the redefined care team along with physicians, nurses, case managers, pharmacists, and others,” said Ratcliffe.

Dr. Ratcliffe, who co-directs the internal medicine clerkship at the University of Texas School of Medicine at San Antonio, will develop orientation materials, curricula, and assessment tools to foster positive learner experiences and evaluate the impact of the model on participating learners.

TYLER REIMSCHISEL, MD, MHPE

Vanderbilt University School of Medicine



Imagine members of a clinical care team going out into the community, meeting with patients in the places where they live their lives, rather than patients always going to the care team’s clinic. This will soon become a reality for some patients at Vanderbilt University Medical Center where Macy Faculty Scholar Tyler Reimschisel is implementing a new care model called the working-learning health system.

“In this model, panels of patients drive the clinical service, education and training of interprofessional health care teams,” said Reimschisel, who is

an assistant professor of pediatrics and neurology. “This model will significantly enrich the educational experiences of all health care professionals in the system. Learners—both students and faculty—will be taking care of the whole person, following the same patient panel over time and interacting with them at all points of their lives. They will see the full spectrum of their patients’ human experiences and how those experiences affect their health.”

In this academic year Dr. Reimschisel plans to pilot the new model with clinical teams and a small panel of patients in an adult clinic for the underserved, in pediatric pulmonology clinics, and in developmental pediatrics.

JING WANG, PHD, MPH, MSN, RN

University of Texas Health Science Center at Houston School of Nursing



Millions of people in the US use mobile or wearable devices to track health-related information. The trend is so pervasive that Jing Wang, an associate professor of nursing, wants to educate health professions students about the latest technologies and how they can be integrated into practice.

“Mobile and connected technologies represent tremendous opportunities to better serve underserved populations, to expand the value and use of electronic health records, to facilitate communication between providers and patients, and to facilitate team-based, patient-centered care,” said Dr. Wang.

As a Macy Faculty Scholar, Dr. Wang is developing an online interprofessional curriculum on mobile and connected health technologies. Students will form interprofessional teams and analyze the need for mobile and connected infrastructure in their chosen setting—either a primary care clinical setting or an aging-in-place community-based setting—and design a mobile or connected health project.

The new curriculum, which will involve six health science schools at the University of Texas Health Science Center at Houston and their clinical, community, and technology development partners, will launch in fall 2017. The curriculum will help produce a healthcare workforce ready to serve the increasing numbers of patients bringing the devices to clinical visits and deliver team-based, patient-centered care.

CATCHING UP WITH THE 2015 SCHOLARS

LAUREN COLLINS, MD

*Sidney Kimmel Medical College
at Thomas Jefferson University*

Dr. Collins is launching a comprehensive, integrated interprofessional education and collaborative practice (IPE/C) curriculum at Thomas Jefferson University. Dubbed VERTICAL, the curriculum will prepare a new cohort of highly competent health professions students who are: Value-driven, Ethical, Responsible, Team-based, Interprofessional, and Collaborative Aligned Leaders. Progress to date has included the creation of new IPE/C clinical placement sites, adoption and embedding of new IPE/C curricular requirements, and the launch of two advanced IPE electives. Progress also has been made on the development of a new IPE/C certification program as well as the creation of a mobile app version of a competency-based assessment tool.

CHERYL WOODS GISCOMBÉ, PHD, MSN, RN, PMHNP

*University of North Carolina at
Chapel Hill School of Nursing*

Dr. Giscombé's Interprofessional Leadership Institute for Mental

Health Equity teaches health professions students about the root causes of mental health disparities. In the Institute's first year, 13 undergraduate and graduate students from psychiatric nursing, marriage and family therapy, psychology, medicine, nursing leadership, pre-pharmacy, and criminal justice participated in direct experiences at the partnering community agency. They reported satisfaction and professional/personal growth and a deeper understanding of health disparities. Dr. Giscombé also expanded and restructured a required, graduate-level population health and epidemiology course (which included an enrollment of 92 students over two semesters) to include greater emphasis on the social determinants of mental and physical health and health disparities. Modules for Year 2 have been created and the Institute has been expanded beyond clinical training to also include research training and mentoring, leadership development, technical assistance, clinical site development, and co-ordination and implementation of a mindfulness-based cross-listed IPE course for health

professions students to enhance their leadership development and enable them to be equipped to address goals related to the quadruple aim (better outcomes, lower costs, improved patient experience, and improved clinician experience).

DEEPTHIMAN GOWDA, MD, MPH

*Columbia University College of
Physicians and Surgeons*

In February 2016, in an effort to facilitate teamwork, Dr. Gowda and his colleagues launched a 12-month narrative medicine intervention at three clinics affiliated with New York Presbyterian Hospital: Farrell Family Medicine Clinic, Rangel Internal Medicine Clinic, and Rangel Pediatrics Clinic. The intervention occurs during required interprofessional team meetings at the clinics and engages team members through literature, art and writing, and sharing their writing with each other. The sessions last 30-40 minutes and occur three times a month at Farrell Clinic and once a month at each Rangel Clinic. Seventy-eight interprofessional staff members from across a wide range of educational attainment levels are enrolled in



2015 Macy Faculty Scholars (left to right) Bridget O'Brien, Lauren Collins, Lisa Kitko, Cheryl Woods Giscombé, and Deepthiman Gowda

the program. Participants have shown high levels of engagement and initial findings indicate that stepping away from usual activities to engage with creative works and take time to reflect, may be restorative and enjoyable.

.....
LISA KITKO, PHD, RN, FAHA

*Pennsylvania State University
College of Nursing*

Dr. Kitko and her colleagues are developing an online post-graduate certificate program in primary palliative care for community-based clinicians from medicine, nursing, pharmacy, psychology, social work, and chaplaincy. The goal of the three course program, which will also include an intensive, in-person practicum, is to expand the pool of providers with knowledge in basic palliative care. The first online course and two pilot

studies were launched in fall 2016. For the first pilot study, learners from medicine, nursing, and chaplaincy were identified to participate in interdisciplinary practicum experiences with online reflection, team-based projects, and case studies. The second pilot includes learners from medicine and nursing engaged in visual thinking strategies. Focus groups will be used to gather feedback following each pilot study.

.....
BRIDGET O'BRIEN, PHD

*University of California, San
Francisco School of Medicine*

Dr. O'Brien is developing resources to help interprofessional teams negotiate roles, achieve a shared understanding of complex situations, and ensure the contribution of each team member to quality patient

care. She has assembled a research team that is reviewing videos of 15 interdisciplinary teams participating in an interprofessional standardized patient exercise that requires them to interview a standardized patient and develop a follow-up plan of care. In the videos, the researchers expect to find patterns in the teams' interactions that point to important areas for intervention. The researchers will develop video-based scenarios of these teachable moments to help faculty identify and respond to similar types of interactions they may observe when supervising interprofessional simulations or interprofessional groups in practice.

2016 BOARD GRANTS

CENTER FOR MEDICAL SIMULATION

Project Title: Creating an Interprofessional Community of Practice for Continuous Learning and Development of Health Professions Educators

The Center for Medical Simulation has more than a 20-year track record of offering on-site interprofessional faculty development programs and train-the-trainer programs. In response to feedback from their alumni, the Center is developing an Interprofessional Community of Practice (iCoP), a collective learning process by a group of people with a shared interest. The iCoP will provide a mechanism for ongoing faculty development. The learning will be primarily experiential and involve deliberate and reflective practice. With a grant from Macy, the Center will develop many components of the iCoP concept in a two-phase pilot. The first phase would utilize alumni of the program, members of the National Center for Interprofessional Practice and Education, and participants in the T3 Train-the-Trainer Interprofessional Faculty Development Program to provide information on achieving an engaged membership and enhanced performance through a convenient, easy-to-use, central, and needs-driven platform. During the second phase, the Center will offer iCoP to all students of the Institute for Medical Simulation courses.

The iCoP will provide the following to participants:

- Regular reinforcement of new skills
- Focused practice with appreciative feedback from expert coaches
- Spaced learning activities
- Learning available on their schedule
- On-demand and just-in-time asynchronous modules

- Peer-to-peer feedback and support
- The choice to work asynchronously or to video conference synchronously with peers

From the feedback of dozens of educators who have experienced the Center's virtual platform, participants will be empowered and motivated to develop themselves further and mentor faculty within their institutions. The pilot group will be mentored by experienced faculty who model interprofessional collaboration, self-critique, and self-reflection.

The iCoP would not replace but rather provide a desired and needed complement to on-site programs. Over time, if successful, the iCoP could contribute significantly to better health professions education and better health care delivery.

Principal Investigators: Janice Palaganas, PhD, RN, NP; Roxane Gardner, MD, MPH, DSc

Award: \$386,347

Duration: 2 years

Board Date: January 2016

EMORY UNIVERSITY

Project Title: Faculty Development for the Interprofessional Teaching of Humanism

For fifteen years, Dr. Branch at Emory University and colleagues at other US medical schools have created an ongoing project to develop humanistic faculty role models and teachers. The number of schools involved has grown from an initial group of five to twenty-three and engagement by busy faculty members participating in the groups has remained consistent, which has led to few drop-outs and high attendance. Utilizing this curriculum, Dr. Branch and colleagues at Emory have successfully translated the model to create a pilot

interprofessional education (IPE) curriculum and have used it for an interprofessional group of faculty at Emory. IPE is widely accepted and considered crucially important for the future of the health practice, but IPE has been slow to develop at many health sciences institutions, and Dr. Branch believes it requires strong collaborative relationships between teaching faculty members in the different professions to lay the groundwork for more effective IPE.

Through this grant, the pilot curriculum will expand to an additional seven universities. The proposed IPE curriculum will begin and end with personal reflective narrative-writing sessions to take advantage of synergies between reflective learning and the mastery of skills and topics. The purpose of including this type of appreciative inquiry is to help the participants get to know each other and learn of the shared goals, values and motivations. Each university's groups will be required to conceive, plan, implement, and report on at least one IPE project in humanism by the end of the two years. The groups will end their curricula by discussing additional initiatives they might mount in IPE. At the end of each year of the project, an evaluation will be administered to each site. The first questionnaire will ask individual participating faculty members' experiences in the group and the likely impact of the project on the individual regarding IPE. The second questionnaire will record detailed demographics and track faculty career trajectory especially regarding IPE-related work and projects before, during, and after participation in the group.

Principal Investigator: William T. Branch, Jr., MD, MACP, FAACH

Co-Principal Investigator: Corrine Abraham, DNP, RN

Award: \$224,400

Duration: 2 years

Board Date: January 2016

UNIVERSITY OF MINNESOTA

Project Title: Promoting Nursing Leadership in Interprofessional Education in Community Settings

The Institute of Medicine's report entitled *Assessing Progress on the Institute of Medicine Report the Future of Nursing* underscored the critical need for continued development of clinical, community-based interprofessional educational opportunities in which graduate and advanced practice nursing students work with learners from other professions to lead and collaborate in community-based models of care. The report emphasizes the imperative that nurses lead efforts to broaden partnerships within and outside of the nursing profession to improve health care, and ultimately the health of the nation.

Together, the Josiah Macy Jr. Foundation, the John A. Hartford Foundation, the Robert Wood Johnson Foundation, and the Gordon and Betty Moore Foundation will support 16 nursing school-led community-based programs to develop interprofessional activities. This project will increase the number of graduate and advanced practice nursing schools/programs that have robust and sustainable interprofessional clinical courses and experiential learning opportunities in community settings. Those nursing schools/programs awarded grants will develop interprofessional courses and activities while cultivating partnerships among health professions, education, and community partners.

The project will utilize the significant interprofessional practice and education research, experience, and resources of the National Center for Interprofessional Practice and Education. The National Center leverages public-private investments (particularly the standardized data and program implementation experience of the Nexus Innovations Network and the 41 Health Resources and Services Administration Nursing Education, Quality, Practice and Retention (NEPQR) grantees) to create toolkits and training programs to align education and practice, known as the Nexus. While the primary focus of this project is

nursing education, the National Center will facilitate collaboration across disciplines, in education and in practice, to strengthen the culture and commitment to interprofessional collaboration across participating organizations.

Principal Investigator: Barbara Brandt, EdM, PhD

Award: \$300,000

Duration: 3 years

Board Date: January 2016

CASE WESTERN RESERVE UNIVERSITY

Project Title: Interprofessional Learning Exchange and Practice (I-LEAP)

Building on the success of the I-LEAD project (where students in medicine, nursing, dentistry, and social work participated in interprofessional learning labs and a faculty-supervised free clinic), this initiative will bring together Case Western's health professions schools (medicine and physician assistant, dentistry, nursing, and applied social sciences) and three clinical practices in an interprofessional clinical education program (I-LEAP).

The goal of I-LEAP will be to refine, implement and test a scalable model for interprofessional clinical education that will:

- Enhance student knowledge, skills, attitudes and behaviors regarding collaborative care;
- Prepare faculty to facilitate learning experiences that promote interprofessional collaboration;
- Create opportunities for student teams to provide added value to clinical partners, patients, and population health;
- Develop an understanding of clinical site components that enhance interprofessional learning;

- Inform and enhance existing curricula and interprofessional initiatives with the goal of training all students within a collaborative education model that leads to successful practitioners working within a model of collaborative care.

Principal Investigator: Ellen Luebbers, MD

Award: \$628,131

Duration: 4 years

Board Date: May 2016

UNIVERSITY OF CALIFORNIA, SAN FRANCISCO

Project Title: Transforming the Teaching Clinic: Tools for Implementation

In a previously funded Macy initiative, the UCSF Center for Excellence in Primary Care developed the 10 + 3 Building Blocks Model for Teaching Practices after evaluating the factors that created high-performing primary care teaching clinics. Now, the Center will work with 20 academic primary care practices nationwide interested in being transformed from the traditional teaching program, evaluate those practices at the outset, develop tools for the practices to use based on the 10 + 3 Building Blocks Model for Teaching Practices, work with the practices to transform, and evaluate the results.

Principal Investigators: Reena Gupta, MD; Nwando Olaywiola, MD, MPH

Award: \$399,352

Duration: 2 years

Board Date: May 2016

AMERICAN COLLEGE OF NURSE-MIDWIVES

Project Title: The American College of Nurse-Midwives/The American College of Obstetricians and Gynecologists Maternity Care Education and Practice Redesign

The American College of Nurse-Midwives (ACNM) in partnership with the American College of Obstetrics and Gynecologists (ACOG) will develop a joint curriculum for nurse midwife graduate students and obstetrical residents at four pilot sites. Each site will develop and implement an IPE curriculum, including didactic, laboratory simulation, and clinical practice experiences for graduate midwifery students and ob-gyn residents at their sites. Learning materials will be shared and collated through ACNM, and a model IPE curriculum for use by others will be accessible by the end of the project. Results will be analyzed and presented to both organizations as well as presented nationally and submitted for publication. The immediate goals are to prepare learners for collaborative practice, align the core competencies in the professions, and increase the number of nurse midwife graduates. The long term goal is to help address the critical issues of access to quality obstetrical care in the US.

This project builds on the work of the ACNM-ACOG Interprofessional Education Workgroup, established two years ago, to plan the development of a model IPE curriculum to change practice and increase the maternity care workforce. The group includes members of the accrediting agencies for each organization who will develop IPE criteria for accreditation that will be adopted by both professions.

Principal Investigators: Melissa Avery, PhD, CNM; John Jennings, MD

Award: \$374,266

Duration: 3 years

Board Date: October 2016

SOCIETY TO IMPROVE DIAGNOSIS IN MEDICINE

Project Title: An Interprofessional Consensus Curriculum to Improve Diagnosis

Together with four medical schools and their partner health professional schools, the Society to Improve Diagnosis in Medicine will develop an interprofessional consensus curriculum to educate new health professionals about ways to improve diagnosis. This project grows out of recognition that diagnostic error is an important problem in health care and from recommendations in a recent report from the National Academy of Medicine (NAM) indicating that addressing the challenge of improving diagnostic accuracy requires interprofessional collaboration. Over a three-year period, the curriculum will be developed, piloted at the schools (each of which has committed to interprofessional partnerships), and prepared for wider dissemination.

The curriculum design process will be based on the successful University of California, Davis interprofessional pain management curriculum supported by the Macy Foundation.

Principal Investigator: Mark Graber, MD

Award: \$477,400

Duration: 3 years

Board Date: October 2016

2016 PRESIDENT'S GRANTS

THE GEORGE WASHINGTON UNIVERSITY

This grant supports the first Josiah Macy Jr. Foundation Award for Excellence in Social Mission in Health Professions Education. The award will recognize extraordinary achievements in social mission in medical education from exceptional people and programs and will be a strategic asset to the campaign to promote social mission in medical education. The award will be presented at the next Beyond Flexner Conference, which is organized by the Beyond Flexner Alliance, a coalition of organizations committed to promoting social mission in medical and health professions education.

\$35,000

Award: January 2016

ACCREDITATION COUNCIL FOR CONTINUING MEDICAL EDUCATION

This grant supports a second Leadership Summit for jointly accredited organizations to share outcomes, challenges, opportunities, and strategies for success with interprofessional continuing education. The summit will produce a comprehensive report on optimal accreditation standards for interprofessional continuing education in medicine, nursing, and pharmacy.

\$26,000

Award: February 2016

CENTER FOR INDEPENDENT DOCUMENTARY

This grant supports, *Why Doctors Write: Finding Humanity in Medicine*, a documentary film that focuses on the importance of narrative writing to physicians. The documentary will make the case for renewing humanism, through the use of the narrative, in the practice of medicine.

\$10,000

Award: February 2016

LONG ISLAND UNIVERSITY

This grant supports integrating interprofessional education (IPE) competencies into existing curricula within the Long Island University health professions schools and providing opportunities for students and faculty to gain hands-on experience that improves their understanding of current paradigms in interprofessional practice. The expansion will build upon current IPE programming in more than 20 health programs across allied health, nursing, pharmacy, public health, social work, counseling, and health administration.

\$35,000

Award: February 2016

NATIONAL MEDICAL FELLOWSHIPS, INC.

This grant supports the NMF/Josiah Macy Jr. Foundation Scholarship Program, which provides support to underrepresented second and third year medical students on the basis of financial need and academic merit.

\$22,000

Award: February 2016

NEW YORK UNIVERSITY SCHOOL OF NURSING

This grant supports the *Interprofessional Oral-Systemic Health National Symposium* at New York University. The symposium will bring together up to 150 current and aspiring interprofessional oral-systemic health research, education, and practice thought leaders from across the country for two days to disseminate evidence-based national initiatives and models that advance integrating oral health into at least 50 percent of emerging person-centered care models.

\$35,000

Award: February 2016

THE ADDICTION MEDICINE FOUNDATION

This grant supports the expansion of addiction medicine fellowship training programs and integrating addiction-related content into medical education and training more broadly. The Addiction Medicine Foundation will bring together medical schools and state addiction authorities from Washington, DC, Delaware, Pennsylvania, Maryland, Virginia, and West Virginia to create and test a model of engagement that can be used in other regions of the country.

\$35,000

Award: April 2016

INSTITUTE FOR PATIENT- AND FAMILY-CENTERED CARE

This grant supports the *7th International Conference on Patient- and Family-Centered Care: Partnerships in Care, Interprofessional Education, and Research*. The conference will showcase interprofessional educational approaches, activities, and curricula developed and conducted in partnership with patients and families.

\$15,000

Award: April 2016

PARTNERS HEALTHCARE SYSTEM

The grant will support *The Healthcare Quality and Equity Action Forum*, a two-day conference for healthcare delivery leaders. The forum will provide participants with the tools and skills to identify and address racial and ethnic disparities in health care within their organization, and empower them to implement these strategies and transform their organizations to focus on quality and equity.

\$10,000

Award: April 2016

NORTHEASTERN UNIVERSITY

This award supports the *Nurse Innovation and Entrepreneurship Summit and Hackathon*, which brings together nurses, engineers, coders, and other stakeholders who advocate for greater nurse involvement to transform patient care in the technology and data realms. During the summit, the goal will be to incubate ideas and create tools and startups that transform patient care.

\$17,000

Award: May 2016

ALPHA OMEGA ALPHA HONOR MEDICAL SOCIETY

This award supports the dissemination of the proceedings from a conference entitled *Medical Professionalism Best Practices in Education: Professionalism in the Modern Era*. This conference will bring together leaders and experts in medical professionalism for a two-day think tank to identify best practices in medical professionalism and professional identity formation for medical students, residents, and physicians. These best practices and recommendations will be incorporated into a monograph to be distributed by Alpha Omega Alpha.

\$35,000

Award: June 2016

UNIVERSITY OF WISCONSIN

This award supports the integration of the Database of Patient Experience (DIPEX) module—focusing on young adults’ experiences with depression—into the third-year primary care clerkship rotation at the University of Wisconsin-Madison. The pilot will be evaluated using a mixed methods approach to assess change in several competency areas defined by the Association of American Medical Colleges.

\$34,875

Award: May 2016

AMERICAN ACADEMY OF NURSING

This award supports the dissemination of the recommendations from the Macy Conference *Preparing Registered Nurses for Enhanced Roles in Primary Care*. The Academy will host a policy discussion on the recommendations during the AAN annual conference; and regional meetings across the country with stakeholders such as universities, colleges, payers, state/federal agencies, elected officials, philanthropy, and health professional associations.

\$35,000

Award: June 2016

MGH INSTITUTE OF HEALTH PROFESSIONS AND HARVARD MEDICAL SCHOOL

This award supports the development of a cross-institution interprofessional program. The program will integrate first-year medical and dental students with first-year nursing, physical therapy, and speech-language pathology students into two experiential activities where the students will participate in simulation, health mentor learning, and home visits.

\$35,000

Award: June 2016

THE WARREN ALPERT MEDICAL SCHOOL OF BROWN UNIVERSITY

This award supports the interprofessional conference *The Patient, the Practitioner, and the Computer: Holding on to the Core of Our Health Professions in a Time of Technological Change*. The conference will bring together practitioners, patients, researchers, educators, electronic health record (EHR) and device designers, and others to develop a consensus statement about the best practices for EHR integration in direct clinical care.

\$17,500

Award: June 2016

NATIONAL ACADEMY OF SCIENCES

This award supports the *Outcomes and Metrics of Graduate Medical Education* workshop. The workshop will bring together stakeholders to discuss issues and generate ideas for developing measures and collecting outcome data on graduate medical education. Following the workshop, the National Academy of Medicine will publish a summary of the proceedings.

\$35,000

Award: August 2016

NATIONAL ACADEMY OF SCIENCES

This award supports the *Vital Directions for Health and Health Care* initiative, which will provide the next US presidential administration, policy makers, opinion leaders and the public with nonpartisan, evidence-based analysis of opportunities and priorities in health and health care for 2017 and beyond. Through the initiative, a series of papers with policy recommendations will be published; individual, group, and public meetings to discuss the papers will occur; and a synthesis report of the policy recommendations will be released and made available to the Presidential transition team and the public.

\$35,000

Award: September 2016

PLEASE VISIT OUR WEBSITE (WWW.MACYFOUNDATION.ORG) FOR MORE INFORMATION ON MACY GRANTEES.

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



INDIANA UNIVERSITY, **2014 Macy Faculty Scholar**

Dr. Reising is an associate professor of nursing at Indiana University and clinical nurse specialist and magnet program co-director at Bloomington Hospital, Bloomington. As a Macy Faculty Scholar, Dr. Reising developed a program where nursing and medical student teams collaborated with transitional care nurse managers and project managers to make home visits to patients at high risk for readmission after an acute care discharge.

MEG ZOMORODI, PHD, CNL, RN



UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL
2014 Macy Faculty Scholar

Dr. Zomorodi is a clinical associate professor at the University of North Carolina at Chapel Hill School of Nursing. Dr. Zomorodi has developed, implemented, and evaluated an interprofessional team-based course that blends students and healthcare professionals in primary care clinics. In the fall of 2015 students from six health professions enrolled in the course. The following spring, students from the course completed a clinical immersion experience at three practice sites.

CHERYL WOODS GISCOMBÉ, PHD, MSN, RN, PMHNP



UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL
2015 Macy Faculty Scholar

Dr. Giscombé is an associate professor at the University of North Carolina at Chapel Hill School of Nursing. As a Macy Faculty Scholar, Dr. Giscombé plans to develop the Interprofessional Leadership Institute for Mental Health Equity, which will address factors contributing to mental health disparities, including stigma; perceived incongruence of culture, values, and priorities between patients and providers; and access to and use of health care among underrepresented and underserved groups.

LISA KITKO, PHD, RN



PENN STATE UNIVERSITY, **2015 Macy Faculty Scholar**

Dr. Kitko is an assistant professor in the College of Nursing at the Pennsylvania State University. As a Macy Faculty Scholar, Dr. Kitko is developing and implementing a palliative care graduate certificate program that combines interprofessional practicum and joint didactic courses. Through this certificate program Dr. Kitko hopes to increase the number of healthcare professionals able to effectively deliver primary palliative care regardless of practice setting.

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STATEMENTS OF FINANCIAL POSITION

YEARS ENDED JUNE 30, 2016 AND 2015



	<u>2016</u>	<u>2015</u>
Assets		
Cash and cash equivalents	\$ 2,167,061	\$ 2,652,707
Investments, at fair value	118,161,963	134,654,449
Due from broker	2,940,554	37,582
Accrued interest and dividends receivable	6,122	102,263
Prepaid expenses and other assets	74,800	121,407
Property and equipment, at cost, less accumulated depreciation	<u>4,774,948</u>	<u>5,020,363</u>
Total Assets	<u><u>\$128,125,448</u></u>	<u><u>\$142,588,771</u></u>
Liabilities and Net Assets		
Liabilities		
Grants payable	\$ 642,264	\$ 640,584
Other accrued liabilities	212,609	108,062
Deferred federal excise tax	<u>122,854</u>	<u>231,394</u>
Total Liabilities	977,727	980,040
Net Assets		
Unrestricted	<u>127,147,721</u>	<u>141,608,731</u>
Total Liabilities and Net Assets	<u><u>\$128,125,448</u></u>	<u><u>\$142,588,771</u></u>

STATEMENTS OF ACTIVITIES

YEARS ENDED JUNE 30, 2016 AND 2015

	<u>2016</u>	<u>2015</u>
Revenue		
Dividends, interest and other income on investments	\$ 2,432,877	\$ 2,957,078
Net realized and unrealized loss on investments	(8,069,394)	(5,340,346)
Investment counsel and custodian fees	(734,163)	(825,009)
Provision for taxes		
Current excise tax	(44,653)	(33,950)
Deferred excise tax benefit	108,540	66,965
	<u>(6,306,793)</u>	<u>(3,175,262)</u>
Total Revenue (Loss)		
Expenses		
Salaries	1,724,620	1,652,687
Employee benefits	322,909	324,128
Professional services	169,497	228,390
Equipment and minor improvements	56,773	69,269
Utilities, insurance and building maintenance	73,921	76,051
Travel	62,769	80,158
Director meetings expense	51,406	54,764
Other administrative expenses	165,282	189,875
Depreciation	246,319	254,422
Grants, Conferences and Publications		
Health professional education grants	2,807,980	2,849,376
Grant refunds	(60,361)	(281,820)
President's discretionary grants	477,375	488,250
Matching gift grants	148,710	141,864
Macy faculty scholars grants and related expenses	1,653,338	1,444,521
Conference expenses	150,562	230,697
Publications	83,067	113,962
Organizational dues	20,050	44,530
	<u>8,154,217</u>	<u>7,961,124</u>
Total Expenses		
Decrease in net assets	(14,461,010)	(11,136,386)
Net assets, beginning of year	<u>141,608,731</u>	<u>152,745,117</u>
Net Assets, End of Year	<u><u>\$127,147,721</u></u>	<u><u>\$141,608,731</u></u>



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