

JOSIAH MACY JR. FOUNDATION
FACULTY SCHOLARS PROGRAM
ANNUAL MEETING



JUNE 2-3, 2015

HOTEL PLAZA ATHÉNÉE
37 EAST 64TH STREET
NEW YORK, NY 10065



Cover Photo (left to right): **First Row:** Christine A. Tanner, Patricia M. Davidson, Dena H. Hassouneh, Roberta Waite, Lauren Meade, Afaf I. Meleis, George E. Thibault, Kelly Karpa, Madeline Schmitt
Second Row: Mark Langdorf, Ted James, Eve R. Colson, Judith A. Halstead, Marilyn H. Oermann, Memoona Hasnain, Meg Zomorodi **Third Row:** Charles Vega Jr., Mayumi Willgerodt, Samuel O. Thier, Laura Hanyok, Wendy S. Madigosky **Fourth Row:** Sandrijn M. van Schaik, Jennifer S. Myers, Deanna Reising, Kenya V. Beard, Alison J. Whelan, Kelley M. Skeff **Fifth Row:** David M. Irby, Alan Dow, Peter Goodwin, Stephen C. Schoenbaum, Douglas Larsen **Sixth Row:** Wrenetha A. Julion, Sarah Peyre



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INTRODUCTION

The Fourth Annual meeting of the Macy Faculty Scholars Program was held on June 2nd and 3rd 2015. It was described by one of the Scholars as “the most engaging, motivating, and inspiring conference that I have attended.”

As in the past, the first year scholars presented their projects with commentary by their institutional and National Advisory Committee mentors followed by insightful discussions with all participants. The second year scholars presented the progress and lessons learned in their maturing projects.

Our two alumni classes participated in panel discussions focused on career transitions and overcoming barriers in implementing interprofessional education. Each of the panels challenged and engaged the audience and sparked conversations that continued for the remainder of our time together and beyond.

Linda Cronenwett, former Dean of the University of North Carolina Chapel Hill School of Nursing and Co-Director of the Robert Wood Johnson Foundation Executive Nurse Fellows Program, led a very personal and inspirational conversation over lunch — talking about her career and lessons in leadership. We all dined together under the tent at the President’s Residence, and warmth, energy and humor more than filled the space.

All left after a day and half together with a sense of renewal and affirmation. The careers of the Macy Faculty Scholars are in ascendency, and our collective mission of educational reform for better alignment with societal needs is well underway. We are proud of the growing family we are building with the Macy Faculty Scholars Program, and we are anticipating even more excitement to come.

George E. Thibault, MD



AGENDA

JUNE 2, 2015

WELCOMING REMARKS AND PRESENTATIONS BY THE CLASS OF 2014 SCHOLARS

George E. Thibault, MD – President

MODERATED BY STEPHEN SCHOENBAUM, MD, MPH

LAURA HANYOK, MD

Presentation
Mentor Commentary (Patricia M. Davidson)
NAC Mentor Commentary (Samuel O. Thier)
Discussion

DOUGLAS LARSEN, MD, MED

Presentation
Mentor Commentary (Alison J. Whelan)
NAC Mentor Commentary (Kelley M. Skeff)
Discussion

SARAH PEYRE, EDD

Presentation
Mentor Commentary (Madeline Schmitt)
NAC Mentor Commentary (David M. Irby)
Discussion

Break

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

Presentation
Mentor Commentary (Judith A. Halstead)
NAC Mentor Commentary (Christine A. Tanner)
Discussion

CHARLES VEGA JR., MD

Presentation
Mentor Commentary (Mark Langdorf)
NAC Mentor Commentary (George E. Thibault & Stephen C. Schoenbaum)
Discussion

MEG ZOMORODI, PHD, RN, CNL

Presentation
Mentor Commentary (Marilyn H. Oermann)
NAC Mentor Commentary (Afaf I. Meleis)
Discussion

SUMMARY COMMENTS

George E. Thibault, MD – President

RECEPTION & DINNER AT PRESIDENT'S RESIDENCE

Scholars, Mentors, NAC, Macy Staff & Board

JUNE 3, 2015

LIGHT BREAKFAST

WELCOMING REMARKS

George E. Thibault, MD – President

MODERATED BY GEORGE E. THIBAULT, MD

"OVERCOMING INSTITUTIONAL BARRIERS WHEN IMPLEMENTING INTERPROFESSIONAL EDUCATION" PANEL DISCUSSION

George E. Thibault, MD - Moderator
Eve R. Colson, MD, MHPE
Alan Dow, MD, MSHA
Wrenetha A. Julion, PhD, MPH, RN, FAAN
Wendy S. Madigosky, MD, MSPH
Sandrijn M. van Schaik, MD, PhD



2014 Macy Faculty Scholars (left to right) Douglas Larsen, Laura Hanyok, Deanna Reising, Sarah Peyre, Charles Vega Jr. and Meg Zomorodi

PROJECT UPDATES BY THE CLASS OF 2013 SCHOLARS

MAYUMI WILLGERODT, PHD, MPH, RN
LAUREN MEADE, MD, FACP

Break

KELLY KARPA, PHD, RPH
MEMOONA HASNAIN, MD, MHPE, PHD
LISA DAY, PHD, RN, CNE

LUNCHEON

Conversation with
Linda Cronenwett, PhD, RN, FAAN

"MANAGING AND ANTICIPATING CAREER TRANSITIONS" PANEL DISCUSSION

George E. Thibault, MD - Moderator
Kenya V. Beard, EdD, GNP-BC, NP-C, ACNP-BC, CNE
Ted James, MD, MS, FACS
Jennifer S. Myers, MD
Roberta Waite, EdD, PMHCNS-BC, FAAN, ANEF

CLOSING REMARKS

George E. Thibault, MD - President

ANNUAL MEETING ATTENDEES



2014 SCHOLARS

(Front row left to right)

DOUGLAS LARSEN, MD, MED

LAURA HANYOK, MD

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

SARAH PEYRE, EDD

CHARLES VEGA JR., MD

MEG ZOMORODI, PHD, RN, CNL

2014 MENTORS

(Back row left to right)

ALISON J. WHELAN, MD, FACP

PATRICIA M. DAVIDSON,
PHD, MED, RN, FAAN

JUDITH A. HALSTEAD,
PHD, RN, ANEF, FAAN

MADELINE SCHMITT,
PHD, RN, FAAN, FNAP

MARK LANGDORF,
MD, MHPE, FACEP, FAAEM, RDMS

MARILYN H. OERMANN,
PHD, RN, ANEF, FAAN

2013 SCHOLARS

LISA DAY, PHD, RN, CNE

MEMOONA HASNAIN, MD, MHPE,
PHD

KELLY KARPA, PHD, RPH

LAUREN MEADE, MD, FACP

MAYUMI WILLGERODT, PHD, MPH, RN

2012 SCHOLARS

KENYA V. BEARD,
EDD, GNP-BC, NP-C, ACNP-BC, CNE

TED JAMES, MD, MS, FACS

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

WENDY S. MADIGOSKY, MD, MSPH

SANDRIJN M. VAN SCHAİK, MD, PHD



2014 Scholars, Mentors and National Advisory Committee

2011 SCHOLARS

- EVE R. COLSON, MD, MHPE
- ALAN DOW, MD, MSHA
- DENA H. HASSOUNEH, PHD, ANP, PMHNP
- JENNIFER S. MYERS, MD
- ROBERTA WAITE, EDD,
PMHCNS-BC, FAAN, ANEF

MACY STAFF

- GEORGE E. THIBAUT, MD - PRESIDENT
- STEPHEN C. SCHOENBAUM, MD, MPH
- PETER GOODWIN, MBA
- YASMINE R. LEGENDRE, MPA
- ELLEN J. WITZKIN
- ERIC HOFFMAN

NATIONAL ADVISORY COMMITTEE

- GEORGE E. THIBAUT, MD - PRESIDENT
- DAVID M. IRBY, PHD
- AFAF I. MELEIS, PHD, DRPS (HON), FAAN
- KELLEY M. SKEFF, MD, PHD
- CHRISTINE A. TANNER, PHD, RN, FAAN
- SAMUEL O. THIER, MD

LUNCHEON SPEAKER

- LINDA CRONENWETT, PHD, RN, FAAN

INVITED GUEST

- GREGORY H. WARNER, MBA
JOSIAH MACY JR. FOUNDATION
BOARD MEMBER





2014 FACULTY SCHOLAR BIOGRAPHIES



LAURA HANYOK, MD

Johns Hopkins University School of Medicine

Laura Hanyok is an Assistant Professor in the Department of Medicine at Johns Hopkins University School of Medicine with a joint appointment in the School of Nursing. She serves as Director of Interprofessional Education for the School of Medicine. She also directs the residency continuity practice for the Johns Hopkins Bayview Internal Medicine Residency Program, and serves as Director of Faculty Development for the Alike Initiative, a patient-centered learning initiative.

Dr Hanyok's Macy Faculty Scholars project will implement and evaluate a novel curriculum in interprofessional primary care practice to prepare medical, nursing, pharmacy, and pastoral care trainees to meet the needs of complex patients in a patient-centered medical home. Primary care internal medicine residents will participate and will be mentored to become effective teachers of interprofessional primary care practice.



DOUGLAS LARSEN, MD, MED

Washington University in St. Louis School of Medicine

Douglas Larsen is an Associate Professor of Neurology & Pediatrics at the Washington University in St. Louis School of Medicine. He is the Director of Medical Student Education for the Division of Pediatric Neurology. Nationally, Dr. Larsen serves as the Director of the Education Research Colloquium in the American Academy of Neurology and is a member of their Education Research Subcommittee.

Using principles of self-regulated learning and socio-cultural learning theory, Dr. Larsen's Macy Faculty Scholars project will create a curriculum-wide program of weekly personal learning goals directed at patient care for medical students throughout their third-year clinical clerkships. The program will train students, residents, and faculty to use these student-generated goals in their clinical teams as tools for dialogue and collaboration focused on professional identity formation and patient-centered learning.



SARAH PEYRE, EDD

University of Rochester Schools of Medicine and Nursing

Sarah Elizabeth Peyre is currently the Director of the Center for Experiential Learning, Associate Professor of Surgery, and Assistant Professor of Nursing at the University of Rochester. She also serves on the Executive Board and Board of Directors for the Medical Center's Institute for Innovative Education. As a health professions educator, her career began in the field of surgical expertise and cognitive task analysis.

Dr. Peyre's Macy Faculty Scholars project will focus on identification and education of best practices in the patient and family-centered use of the electronic medical record (EMR). Building on the traditions of the University of Rochester, she is interested in nourishing humanism alongside technology as educational programs are created that promote effective communication with the EMR.

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

Indiana University School of Nursing

Deanna Reising is an Associate Professor at Indiana University School of Nursing; Clinical Nurse Specialist and Magnet Program Co-Director at Indiana University Health Bloomington Hospital, both in Bloomington, Indiana; and System Magnet Coordinator for Indiana University Health. She teaches nursing students in baccalaureate, masters, and doctoral programs. Dr. Reising’s career focus has been in developing experiential learning environments for undergraduate nursing students.

Dr. Reising’s Macy Faculty Scholars project engages interprofessional nursing and medicine student teams to serve as navigators for patients at risk for hospital readmission in the Indiana University Health Bloomington service area. The project aims to use interprofessional student navigator teams to facilitate safe transition of patients between health care environments, and to simultaneously develop interprofessional relationships with experienced health care professionals. The project will advance scalable models of interprofessional education and practice that enhance patient quality and safety during transitions of care.



CHARLES VEGA JR., MD

University of California, Irvine School of Medicine

Charles Vega is a Health Sciences Clinical Professor of Family Medicine at UC Irvine. He is also Director of UCI’s Patient-Centered Advanced Clinical Education (PACE) Program and Executive Director of UCI’s Program in Medical Education for the Latino Community. He has cared for the same patient panel in Orange County’s largest safety-net health clinic for 19 years.

As a Macy Faculty Scholar, Dr. Vega has brought the PACE curriculum to UC Irvine. He aims to make all teaching activities at the School of Medicine reflect back on patient care. Elements of PACE include a longitudinal primary care clerkship during the first two years of medical school, intersessions featuring interprofessional education, and peer-based teaching using a flipped classroom format.



MEG ZOMORODI, PHD, RN, CNL

University of North Carolina at Chapel Hill School of Nursing

Meg Zomorodi is a Clinical Associate Professor at the University of North Carolina at Chapel Hill School of Nursing. Dr. Zomorodi is the Coordinator for the Health Care Systems graduate program, Chair of the Master’s Executive Committee, and Coordinator for the undergraduate comprehensive adult health course and graduate Clinical Nurse Leader program.

Dr. Zomorodi’s Macy Faculty Scholars project is to develop an interprofessional academic certificate program for preparing graduate level healthcare providers with the competencies for managing populations while improving quality, safety, and reducing costs. As a Macy Faculty Scholar, her overall goal is to lead innovations in the removal of curricular boundaries that educate healthcare professionals in silos.



2014 FACULTY SCHOLAR PROJECT SUMMARIES



Patricia M. Davidson (Mentor),
George E. Thibault and
Laura Hanyok

LAURA HANYOK, MD

Johns Hopkins University School of Medicine

PREPARING LEARNERS FOR INTERPROFESSIONAL PRACTICE IN PRIMARY CARE: DEVELOPING INTERPROFESSIONAL CLINICAL LEARNING TEAMS

BACKGROUND

A high functioning primary care workforce is essential to improve the health of our nation. This requires passionate and dedicated healthcare providers from all professions who are able to work in effective teams to provide patient-centered care. Effective interprofessional education (IPE) teaches learners the values, skills, and behaviors necessary to practice in effective interprofessional teams. Successful IPE programs have been developed in classrooms and selected clinical environments (student-run free clinics and educational home visits, for instance); incorporating learners into a real-world interprofessional practice occurs less often. Some groups, such as the Veterans Health Administration's Patient Aligned Care Teams, have been successful in training resident physicians in interprofessional teams. The goal of this project is to align educational, practice, and health system goals around primary care practice to construct highly functioning interprofessional clinical learning teams for students and trainees working in patient-centered medical homes (PCMHs) within Johns Hopkins Medicine.

AIMS


1. To develop, implement, and evaluate an innovative curriculum in interprofessional primary care practice to prepare medical, nursing, and pharmacy students and pastoral care trainees to meet the needs of complex, primary care patients in a patient-centered medical home.
2. To mentor primary care internal medicine residents to become skilled and effective teachers of interprofessional practice in primary care.
3. To create a working model of an interprofessional clinical learning team that can be adopted in other patient-centered medical homes and outpatient practices through our health system.

PROJECT PARTNERS

This project is a collaboration between educational and practice groups within the Johns Hopkins University and Johns Hopkins Medicine, and the Notre Dame of Maryland University School of Pharmacy. Participating faculty and learners are from the Johns Hopkins University Schools of Medicine and Nursing, the Clinical Pastoral Education program in the Department of Spiritual Care at Johns Hopkins, and Notre Dame of Maryland University School of Pharmacy. Participating practices are part of Johns Hopkins Community Physicians, a multispecialty group of over 30 community-based practices, eleven of which are NCQA certified patient-centered medical homes.

PROGRESS TO DATE

The project began with a literature review focusing on teamwork and learning in patient-centered medical homes, clinical interprofessional education programs, and power and relationships in health professions teams. Following this, a targeted needs assessment



was performed. This was done using (1) focus groups of medical and nursing students who are part of the Primary Care Progress group at Johns Hopkins University, (2) key informant interviews with internal medicine residents who are currently working in the practices which will be part of the program, (3) a focus group of members of the Johns Hopkins Bayview Medical Center's Patient Family Advisory Council, and (4) key informant interviews with educational and practice leaders. We then undertook a programmatic review to determine how this program will fit into the required coursework/rotations of the learners. We also worked with the clinical practices and the nursing faculty leading the public health nursing practicum course to make one of the participating practices a new clinical site for the practicum course, thus allowing nursing students to be part of the interprofessional clinical learning team. Finally, we developed the project's evaluation plan. Throughout the process, we have worked to build relationships with all involved parties, including establishment of a steering committee to assist with project planning and implementation.

INITIAL FINDINGS

The student focus groups and resident physician key informant interviews identified that understanding roles and responsibilities is an important learning need. Students want a longitudinal clinical team-based experience. Residents would like to learn interprofessional practice in the context of caring for complex patients in a primary care setting. Practice leaders understand the importance of interprofessional practice and want to provide patient care this way, but thus far have been limited by external factors including current systems of payment.

PLAN FOR PROJECT IMPLEMENTATION AND EVALUATION

Initial pilot implementation will begin in July 2015 with educational sessions for all resident physicians who will be part of the program. The interprofessional clinical learning teams will begin in September 2015 to coincide with the start of the fall semester. Each patient-centered medical home will have a clinical learning team, each consisting of one internal medicine resident physician, two pharmacy students, four to six nursing students, and one clinical pastoral education (chaplain) intern. The team members will rotate based on the length of the clinical rotations for which the learners are assigned to the practices. The team will have a small panel of patients (we estimate six to ten) and will augment the care provided by the patient's primary care provider, who may be the resident physician. With patients, they will develop patient-centered goals and will work as a team to assist the patient in achieving those goals. The program will be ongoing for the 2015-2016 academic year. Our planned evaluation will include assessment of learners' attitudes and skills before and after participating in the clinical learning teams. It will also include evaluation of team process metrics. We also plan to evaluate effects on the individual patients who are seen by the interprofessional clinical learning teams.

NEXT STEPS

We are currently developing the educational methods that will be used for the training sessions for internal medicine residents and for the pre-work that students will do prior to joining the interprofessional clinical learning teams. We are also creating the framework for the weekly clinical team meetings, including a worksheet to be used for the group to develop, implement, and assess the patient-centered goals for each patient's health needs. Lastly, we are finalizing the program's schedule and personnel.

ACKNOWLEDGEMENTS

I wish to acknowledge my primary mentor, Dean Patricia Davidson, for her guidance and support. I also would like to acknowledge my project partners: Maura McGuire, MD (Director of Education for Johns Hopkins Community Physicians), Paula Teague, DMin (Director, Johns Hopkins Department of Spiritual Care and Chaplaincy), Nicole Culhane, PharmD, and Regine Beliard, PharmD, (Faculty, NDUOM School of Pharmacy), and Sonja Emerson, MSN, MPH (Faculty, JHU School of Nursing).

2014 FACULTY SCHOLAR PROJECT SUMMARIES



Alison J. Whelan (Mentor),
George E. Thibault and
Douglas Larsen

DOUGLAS LARSEN, MD, MED

Washington University in St. Louis School of Medicine

PATIENT-CENTERED LEARNING GOALS: A TOOL FOR CULTURE CHANGE

BACKGROUND

For an educational intervention to change culture, it must change daily practice. One of the principle goals of health professions education is to develop providers who are self-regulated, life-long learners who are driven by learning from and for their patients. Despite this objective self-regulated learning is seldom taught as an explicit component of the curriculum. In most programs that incorporate learner-generated goals, the time span often covers months. This timescale is unlikely to create the self-monitoring to truly change practice. Generating learning goals on a weekly basis is frequent enough to influence daily activities without creating an unsustainable burden on students and faculty. To emphasize the central role of patients in students' self-regulated learning, this initiative is known as the Patient-Centered Learning Goals Program. By incorporating this program across all of the core clerkships, students will develop longitudinal habits of monitoring and learning from their practice that will hopefully persist throughout their training and careers.

PATIENT-CENTERED LEARNING GOALS PROGRAM DESIGN AND METHODS


During the 2014-2015 academic year, five core clinical clerkships implemented the Patient-Centered Learning Goals Program: Neurology, Internal Medicine, Pediatrics, OB/GYN, and Surgery. During each of these clerkships the students engage in the following activities in the rotations that used the goals:

1. Students generate two learning goals per week focused on their role as patient-care providers with a specific plan for implementation and tracking.
2. Each submission after the first week includes a follow-up section evaluating the previous week's goals.
3. Students submit their goals to their attendings and residents for feedback and incorporation into the week's activities.

Across the five clerkships, approximately 129 medical students, 271 faculty, and 332 residents engaged in the Patient-Centered Learning Goals Program during this academic year. Students were oriented to the program during an hour-long workshop as part of their third-year orientation and as part of each clerkship orientation. Faculty and residents were oriented to the program through 19 presentations and workshops across the five departments as well as numerous individual meetings.

OUTCOME MEASURES

We have used post-clerkship surveys and an end-of-year survey to capture a broad sample of students' perceptions of the Patient-Centered Learning Goals Program. However, semi-structured interviews have given us the greatest insights into the complexities and nuances of how students use the learning goals in their various clinical settings. For the interviews, students were selected through a randomized process across all clerkships. We have conducted 14 student interviews to date and are in the process of coding these interviews for themes. Perceptions of faculty are also an important outcome measure in our study. We



are using semi-structured interviews to understand how attendings across all of the clerkship use the learning goals in their interactions with students. So far, we have conducted six interviews with faculty and plan to conduct approximately nine more. We will also develop longitudinal methods of evaluating how students continue to use learning goals in their careers.

FINDINGS TO DATE

Our findings at this point are preliminary because our coding of interviews is still underway. However, important themes are already beginning to emerge. Students' experiences with the goals do not seem to be dependent on which clerkship they are on (e.g. surgery versus pediatrics) or to some degree how much experience they have had with the goals (i.e. the goals do not necessarily become easier or more effective over time). Rather, the individual interactions of students with supervisors (faculty and residents) seem to be the greatest determinant of the efficacy of the learning goals. Students describe how engagement is not only important for valuing the goals, but they also identify collaboration with supervisors as essential for optimal learning from the goals. We also find that students to varying degrees struggle to exert intentional control over their learning in clinical environments. For example, in some circumstances students have difficulty identifying and pursuing goals because they are uncertain of their role on the clinical team or they do not know what types of patients that they will be seeing. In contrast, in other circumstances they feel that they can identify ways to improve and clear objectives that they want to accomplish. The ability to exert intentional control or not over learning does not appear to be a static characteristic. The same student may find himself or herself having difficulty with goals in one setting and succeeding in another. As we delve deeper into our data, we anticipate that we will better understand the specific factors that characterize learner interactions with both their supervisors and the learning environment. These findings will allow us to begin to construct a model of how self-regulated learning can be optimized.

NEXT STEPS

In the coming months we will complete the research activities that are currently underway as we analyze our student and attending data. Once this is finished we will submit our findings for publication. Also, given the scope of the effort involved in this project, ongoing faculty, resident, and student training will be an important focus of the next academic year. We are in the process of expanding the Patient-Centered Learning Goals across all four years of our medical school curriculum. These efforts will be directed at including learning goals as part of the patient encounters during the clinical skills courses in our first two years of medical school. Fourth-year students serve as clinical mentors for our first-year students in these encounters. In the coming academic year, these new fourth-year students (who will have just completed a year using Patient-Centered Learning Goals) will be the supervisors that work with new first-year students on their goals. This will provide an important opportunity to study what happens when the students become the teachers in facilitating self-regulated learning.

CONCLUSIONS

Overall, this first academic year of the Patient-Centered Learning Goals Program has brought successes and challenges as we have worked to implement this initiative across our clinical curriculum. Despite the scale of change that we face, we have developed excellent momentum during this first year with strong support from the school and clerkship leadership. In the coming year, we will focus on embedding this program deeper within our culture and better understanding how to improve it through ongoing research.

ACKNOWLEDGEMENTS

This work would not be possible without the support of my mentor Alison Whelan, MD, Senior Associate Dean for Education as well as Michael Awad, MD, PhD, Associate Dean for Medical Student Education. I would also like to thank the clerkship directors for their support in implementing this program.

2014 FACULTY SCHOLAR PROJECT SUMMARIES



Madeline Schmitt (Mentor),
George E. Thibault and
Sarah Peyre

SARAH PEYRE, EDD

University of Rochester Schools of Medicine and Nursing

PATIENT CENTERED USE OF THE ELECTRONIC MEDICAL RECORD: LEVERAGING TECHNOLOGY FOR PATIENT ENGAGEMENT

BACKGROUND

The electronic medical record (EMR) has dramatically influenced the delivery of healthcare leading to changes in communication, workflow and systems integration. Becoming more than a technological tool; EMR has reshaped scope of practice for providers and accelerated delivery and access to care for our patients. Despite its wide presence, there has been reported resistance to adoption and full utilization. As educators, we need to consider how workplace practice and work identity are shaped through the use of the EMR. This will require a strong framework for consideration and alignment of our educational programs with care delivery.

The EMR is also changing how we interact with patients and families. Patient centered care is widely recognized as a hallmark of excellence in care delivery and at the University of Rochester, we have a long history of using a patient centered lens and the biopsychosocial model in the education of our learners. Considering the influence of technology on clinical practice, a patient centered care focus needs to be prioritized in the development and implementation of EMR utilization best practices.

PURPOSE/AIMS

The aim of this project is to identify patient centered needs in regards to the utilization of the EMR in the ambulatory setting including workflow, communication patterns, and provider motivation with the goal of developing an educational intervention that will improve and enhance patient centered care.


PHASE 1: PATIENT AND FAMILY CENTERED ADVISORY COUNCILS

In the fall of 2014, focus groups were conducted with seven patient and family advisory councils throughout the University of Rochester Medical Center system. The aim was to identify patient centered needs in regards to utilization of the EMR. These focus groups were audio recorded, transcribed, and using grounded theory, analyzed for emerging themes. Identified were four strong elements:

Interactions: Communication was a central theme. Patients and families describe it as a dialectical relationship that needs attention. EMR and technology should be about how it serves the patient and providers and not providers and patients serving the system.

Ergonomics: In-office use of technology should be "shared" between providers and patients. Patients want to see and engage in their care. The equipment/computer is situated at the expense of this relationship often facing away from patients which is disengaging.

Information: Patients are worried that the EMR is fueling a disconnection between them and the providers, that the format allows for greater mistakes in information input, and that their privacy is at risk. Patients want more information related to care



delivery, specifically who took care of them, what are the providers decisions, who was on the support teams, and if changes are made to the care plan.

Access: The most dominant theme that emerged centered on access to the system, information, their care team and education. They requested areas in MyChart for patients to enter data, concerns and questions. While they are in our institutions they want to have greater access to EMR that would allow for communication without direct interactions. They want more of MyChart to increase communication and facilitate information exchange.

Patients want more EMR. For them it is not a barrier to care, but facilitates more interaction, information and education largely facilitated through the patient portal. This has lead to questions such as who is the EMR a problem for? Is the reported struggle on the provider side, and why is it a struggle?

PHASE 2: AMBULATORY OBSERVATIONS

Parallel to the focus groups, six direct observations (18 hours) in ambulatory clinical practices were also conducted to see how the EMR is being utilized. Using workplace-learning theory as a conceptual framework, observations around workflow and communication patterns are being mapped to the fundamental elements of social-cultural learning environment, technical-organizational learning environment and workplace practice. Initial review reflects EMR has changed scope and workflow for providers. There is also variation in the levels of resilience and work-arounds for information gathering between disciplines, and siloed support models within team roles that are consistent with rigidity and concerns about collaborative practice.

PHASE 3: PROVIDER MOTIVATION – FOR WHOM IS THE EMR A BURDEN?

An emerging concern is the variance in motivation of providers to “fully” engage in the functionality of the EMR, specifically through the patient portal, as it relates to patient engagement. In collaboration with the University of Rochester Department of Psychology, I have begun to explore the role of self-determination theory (SDT) to see if the constructs of relatedness, autonomy and competence are connected to a lack of motivation in providers’ engagement with their patients in the patient portal. Has the EMR decreased relatedness by de-emphasizing the personal relationship between providers and patients? Do providers have a low sense of competency in delivering care in a virtual environment? Has the ever-present impact of EMR/MyChart de-motivated providers autonomy with a loss of control over time and choice?

To answer these questions, we have begun to develop an EMR distress scale that will be paired with other previously validated measures of self-regulation, perceived autonomy support and basic psychological needs satisfaction scales. We are planning on identifying high and low users of MyChart, and in parallel administer the provider SDT survey, while also surveying their patient populations on user experience. We hope the results will inform us of provider motivation and belief statements, and observe if this is correlated to high or low engagement with patients in the MyChart space.

NEXT STEPS

- Map field notes to workplace learning model to develop framework for additional inquiry and intervention
- Refinement and implementation of self determination theory based instrument that includes an EMR distress scale on high and low end users of MyChart and their patient populations
- Development of an educational intervention targeted to ambulatory practices to increase patient engagement within MyChart

EMR is more than a widget; in effect it is creating whole new modes of care delivery. We are also seeing technology as an accelerant for patient engagement. Importantly, we need to consider our working definitions of what the EMR represents, as well as the role of technology as a member of the healthcare team.

2014 FACULTY SCHOLAR PROJECT SUMMARIES



Judith A. Halstead (Mentor),
George E. Thibault and
Deanna Reising

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

Indiana University School of Nursing

EDUCATIONAL INNOVATION: SCALABLE MODELS OF INTERPROFESSIONAL COLLABORATIVE PRACTICE (IPCP) AFFECTING PATIENT OUTCOMES

BACKGROUND

Groundbreaking Institute of Medicine (IOM) reports released in 1999, 2001, and 2003 highlight the importance of interprofessional collaboration and communication in improving patient safety and quality of care. Health professions schools are working to meet the challenge issued by the IOM reports, breaking down traditional silos in health professions education.

Indiana University Schools of Nursing and Medicine in Bloomington, Indiana have created a continuing and expanding program of interprofessional education. Training in interprofessional communication using standardized patients and simulation has been ongoing since 2008 and focuses on developing and testing interventions for building Interprofessional Educational Collaborative (IPEC) competencies. As our work evolved, so too did the desire for having a direct impact on patient outcomes. At the same time, Indiana University was selected as a Nexus Incubator site for the National Center for Interprofessional Practice and Education. While we are very fortunate to have significant support for interprofessional education at our institution, adding direct interprofessional practice experiences to the simulated experiences required significant faculty time and investment. My selection as a Macy Faculty Scholar has allowed us to make significant progress toward our practice integration goals.


PURPOSE/AIMS

The purpose of this educational innovation is to develop an Interprofessional Collaborative Practice (IPCP) model that will use interprofessional student teams as patient navigators to facilitate safe and effective transitions across the continuum of care. The aims of this project are to advance the Institute for Healthcare Improvement's (IHI) Triple Aim while simultaneously preparing health professions students for practice in a complex health care environment.

METHODOLOGY

As a part of our continuing interprofessional education program, junior nursing students and first year medical students are placed into teams of one medical student and one to two nursing students. These teams continue for two years, until nursing students graduate. Additionally, we have a smaller group of third year medical students who also work with a subset of senior nursing students. Besides simulation, we also provide co-education for ACLS training using our academic and practice nursing and medicine experts. Pre-briefing and debriefing occurs in an interprofessional method with both nursing and medicine faculty providing student feedback, demonstrating the desired performances we are cultivating in the interprofessional teams.

The target group for the navigator intervention are these teams when they are in their senior year for nursing students, and second year for medical students. In the intervention, student teams are assigned a hospitalized patient who is at risk for 30-day readmission, or is currently a 30-day readmission, and make a visit to the patient home after discharge. In



a joint session, students were oriented to the purpose, flow, and follow up for the home visit, including effective patient communication, expected team communication, and managing problems during the home visit. The patient is assigned by the Transitional Care Manager, a nurse, at Indiana University Health Bloomington Hospital. A team leader is assigned by faculty. The team leader is responsible for accessing the patient record, reviewing notes by case management, and securing the discharge plan of care. The team leader communicates with the other team members and they plan the home visit. For the pilot this past spring, the parameters of the home visit were structured solely according to the transitional care post home visit report. Post visit, the team huddles to complete their report and communicate follow-up care to the Transitional Care Manager and faculty.

INITIAL FINDINGS

The purpose of the spring pilot was to detect any flow issues, and thus process data was collected before proceeding to full implementation. Students, faculty, and the Transitional Care Manager provided feedback on managing scheduling, supplies, additional information about the patient (including follow-up about how the patient was progressing), handoff tools, and other possible assessments that could be made in the home.

Students detected and initiated action on issues regarding medications, coordination of care, and supplies. The reports that teams completed and supplied to faculty and the Transitional Care Manager demonstrated the ability of the teams to expand the capacity of the Transitional Care Manager, while securing needed resources for patients and their families. The reports provided insight into other possible data points within the IHI Triple Aim goals.

NEXT STEPS

In April, it was announced that a new Regional Academic Health Center will be constructed, including new hospital and academic structures. This announcement signals significant impact of our work in health professions, formally bridging academic health science schools and clinical practice. We are eager for the infrastructure and additional support.

Additionally, we have been working with our colleagues in the Schools of Public Health and Social Work to employ their students' expertise as consultants in our navigator home visits. Faculty and leaders in these schools have been instrumental in advancing the goal of improving the health of our regional population. Along with continuing support from the National Center for Interprofessional Practice and Education, our work is buoyed by additional funding from AACN/CDC, Community Foundation of Bloomington and Monroe County, Sigma Theta Tau-Alpha Chapter, and Indiana University Scholarship of Teaching and Learning (SOTL).

ACKNOWLEDGMENTS

I wish to acknowledge the incredible leadership support of our practice partner, Indiana University Health Bloomington Hospital, and the tremendous work of our Transitional Care Manager, Kara Bierbaum. I also wish to acknowledge the dedication of my core teammates, Dr. Douglas E. Carr (Medicine), and Dr. Rebecca A. Feather (Nursing). Dr. Judith Halstead and Dr. Christine Tanner have provided me with invaluable mentorship, not only for my Macy project, but across the span of my professional career.



Charles Vega Jr.,
George E. Thibault and
Mark Langdorf (Mentor)

CHARLES VEGA JR., MD

University of California, Irvine School of Medicine

TOWARD A PATIENT-CENTERED CURRICULUM AT THE UNIVERSITY OF CALIFORNIA, IRVINE

AIM

To transform the medical school curriculum so that every teaching activity is ultimately focused on the patient.

BACKGROUND

The University of California, Irvine (UCI) School of Medicine has developed innovations within medical education. We have also developed longitudinal programs to create physician-leaders for California's most vulnerable communities. However, some improvements in our educational model are clearly needed. In the 2013 survey of our senior medical students nearly 40% of students, which was over three times the national average, felt that we failed to demonstrate the clinical relevance of the basic sciences.


THE PATIENT-CENTERED ADVANCED CLINICAL EDUCATION (PACE) CURRICULUM AT UC IRVINE

The concerns cited above call for more than some course improvements; they require a real and lasting change. The PACE Curriculum is designed to address this issue and take our university to another level. It is multifaceted and longitudinal, and it also capitalizes on the potential at UCI for interprofessional education. The PACE Curriculum is summarized below, and each section includes an update on progress to date.

PACE CLERKSHIP

The hallmark of the PACE Curriculum is the longitudinal clerkship which spans the first and second years of medical school. The clerkship is designed to address the failure to connect the basic and clinical sciences at UCI and build the nascent clinical skills of junior medical students. Beginning in the 2015 – 2016 academic year, students will be assigned to clinical practice sites for weekly half-day sessions of clinical teaching. These sessions should feature active learning and the chance for independence. We will be conducting reflection sessions during the course of the clerkship to contextualize the students' experience and use peer interaction to help them grow as clinicians. Student evaluations will reflect competencies evaluated during their clinical training as senior medical students and residents, and patient evaluations will also contribute to their course grade. Students are required to complete a performance in practice project during their second year of PACE.

Progress thus far: The Clerkship has certainly been the most demanding part of PACE. The original plan was to supplant clinical clerkships on outpatient Internal Medicine and/or Family Medicine with a MS-1 and MS-2 clerkship, but this proposal was met with strong departmental opposition. With fewer university-based resources than expected, recruitment of community practices, which was always part of the PACE plan, became even more critical. We have been able to recruit 75 new volunteer faculty to UCI, which is a large asset in and of itself. A clerkship with over 200 students involved per year presents other challenges. Faculty development and support will be absolutely essential to making the



clerkship successful. We have developed and recorded an online course on best practices in clinical teaching which apply cognitive principles, and we will complete live faculty training as well.

COMMITMENT TO ACTIVE AND SELF-DIRECTED LEARNING

The PACE Curriculum is designed to be time-neutral in terms of total student contact hours. The addition of PACE elements should be offset by a reduction in lecture time.

Progress thus far: We have been successful in adding time for active and self-directed learning to the curriculum in the MS-1 and MS-2 years. Compared with a total number of student contact hours of 1295 in 2014 – 2015, we will have 1400 hours in 2015 – 2016. All of the additional hours are spent in active learning, the bulk of which are delivered in the PACE Clerkship. Reducing the total number of lecture hours is an ongoing effort, although we have added substantial learning flexibility through technology in the past year.

INTERPROFESSIONAL AND PEER-BASED EDUCATION

The PACE Curriculum for third- and fourth-year medical students will be primarily delivered through intersessions which will bring our split campus together. These intersessions will feature small group, case-based learning exercises which will include peer-based teaching and students from UCI's School of Medicine and School of Nursing.

Progress thus far: The 2015 – 2016 academic calendar is now finalized, and our Medical Education team will turn its attention to creating one-week intersession blocks during the 2016 – 2017 academic year. Beyond the guidelines above, we are also developing content for the intersessions. They will feature themes of ethics, spirituality, and humanities in medicine, while remaining case-based. They will also feature integrative themes from basic to clinical science and a team-based approach to problem-solving and research.

CHARTING A COURSE THROUGH CURRICULUM REFORM AND BEYOND: THE CURRICULUM INTEGRATION COMMITTEE

A new Curriculum Integration Committee (CIC) has been formed and tasked to oversee the process of student education at UCI. It consists of faculty and medical students and will add patients to lend their perspective in the coming year.

Progress thus far: The CIC is focused on educational processes, not just content. Therefore, we are using a project logic model to first identify the types of knowledge, skills, and attitudes that we want to create, and then work backward to establish what resources are available or need to be developed to best achieve these goals. Overall, the CIC should be an important instrument in navigating curriculum reform at UCI in 2015 – 2016 and beyond.

PACE CURRICULUM EVALUATION

We will apply standard course reviews as well as data from the AAMC Graduation Questionnaire to evaluate the value of PACE. In addition, we have already conducted a quantitative baseline survey focused on curriculum integration and clinical exposure among first-year medical students. We will follow this up with another survey at the end of the next academic year. In addition, we will conduct focus groups among our medical students to further evaluate these themes prior to the beginning of the PACE clerkship in September.

REFLECTION AND NEXT STEPS

The tasks ahead are significant. It will take a strong effort to make the PACE Clerkship run well from the outset. It is also critical to establish intersessions and develop meaningful content presented meaningfully to an interprofessional group of students. The CIC can provide a destination for the reform effort and eventually lead to innovation in student evaluation as well. All of these elements will lead us to become a stronger campus that produces high-quality healthcare professionals for our patients.



Marilyn H. Oermann (Mentor),
George E. Thibault and
Meg Zomorodi

MEG ZOMORODI, PHD, RN, CNL

University of North Carolina at Chapel Hill School of Nursing

DEVELOPING AN INTERPROFESSIONAL PROGRAM FOR POPULATION HEALTH AND SYSTEMS MANAGEMENT: EMPOWERING THE CURRENT AND FUTURE WORKFORCE

BACKGROUND

The U.S. healthcare system is in need of change to improve the health and well-being of patients and populations and to reduce overall healthcare costs. With the Affordable Care Act (ACA), there are new demands for collaborative care that ensure coherent, efficient care for patients with chronic diseases, with healthcare professionals working in teams to increase quality of patient care, decrease costs, and improve patient outcomes. Research evidence suggests that a team-based, patient-centered approach can increase patient and healthcare provider satisfaction, optimize care transitions, and reduce readmission rates. However, few healthcare professionals are trained to employ this system-thinking approach, which promotes interprofessional collaboration and care transitions.

PURPOSE/AIMS

The purpose of this educational initiative is to develop, implement, and evaluate an interprofessional team-based model that blends students and healthcare professionals in primary care clinics to improve patient care. Specific outcomes are as follows:

1. Provide an integrated and collaborative learning experience for students and providers.
2. Develop and deliver contemporary content focused on population health, quality improvement, patient safety, health economics, informatics, and outcomes management.
3. Develop interprofessional partnerships for clinical education and practice.
4. Facilitate student learning to engage students in real world patient care as members of an interprofessional team.
5. Facilitate learning of current healthcare professionals to develop the current workforce, foster interprofessional development, and encourage professionals to practice at the highest level of their specialty.

PROJECT PARTNERS

The Schools of Nursing, Medicine, Pharmacy, Public Health, and Social Work at the University of North Carolina at Chapel Hill have committed to training students on interprofessional collaboration and population health management.

The UNC Physicians Network (UNCPN) is a regional network of more than 36 practices and 170 physicians and advanced practice providers who deliver a full range of primary care and specialty services to communities in nine North Carolina counties. UNCPN clinics care for approximately 2,000 patients daily and 150,000 patients annually.



METHODOLOGY

To address our overall goals, we are in the process of developing six modules for student and provider learning about interprofessional collaboration, population health, quality improvement, and patient and community engagement. We will then test the effectiveness of these modules of learning by assessing knowledge, skills, and attitude change. A pilot group of graduate health affairs students (n = 24) will complete an interprofessional course during the 2015 fall semester that will prepare them for a clinical immersion experience at UNCPN beginning January 2016.

The immersion experience will embed students in clinical sites where they will work alongside current healthcare professionals as team members. In this experience students and providers will work in interprofessional teams, will identify a system-based problem, and will develop an intervention based on evidence. The teams will implement the project and measure outcomes as they relate to the patient and health care system. By training students alongside healthcare professionals, we can empower the current workforce to make change, while educating the future workforce on population health management and team-based patient centered care.

PROGRESS THUS FAR

The faculty in the professional schools worked collaboratively with the practice partners to complete a content outline of the modules. An interprofessional team, composed of faculty and graduate students, developed the content through a review of the literature and educational websites, and discussions with faculty experts. The content is currently undergoing content evaluation by experts in population health and interprofessional education. The interprofessional course "Population Health: Interprofessional Management in a Changing Health Care System" has been approved by the curriculum committees, and students are being identified and registered for the course.

Clinical site development is ongoing. Two practices have been identified for the clinical immersion experience, and a needs assessment for the quality improvement projects is underway. Site visits have focused on educational needs by the experts including leadership development, preceptor development, and interprofessional education.

NEXT STEPS

Following a content review, the content will be revised based on recommendations by the experts. The content will then be formatted into educational modules. Assessment and evaluation measures will be finalized in preparation for the launch of the course in fall 2015.

Health professionals at the UNCPN sites will be trained using the modules, along with the identified needs for preceptor and leadership development. Students will begin the immersion experience with their team members in January 2016.

ACKNOWLEDGMENTS

I wish to acknowledge the incredible leadership support of Dr. Robert Gianforcaro and Jan Hutchins and their team at the UNCPN, as well as my team members Betty Nance-Floyd and Dr. Becky Kitzmiller (Nursing); Drs. Julie Byerley, Beat Steiner, and Anthony Viera, (Medicine); Drs. Mary Roth-McClurg and Nicole Pinelli, (Pharmacy); Dr. Lisa Zerden (Social Work); Drs. Lorraine Alexander and Rachel Wilfert, (Public Health); Dr. Beth Mayer-Davis and Amanda Holliday (Nutrition). I also thank Dr. Marilyn Oermann and Dr. Afaf Meleis for their invaluable insight on this project.

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MAYUMI WILLGERODT, PHD, MPH, RN

University of Washington School of Nursing

Project goals: Create, pilot and evaluate an interprofessional didactic-to-clinical-to-practice curricula focused on oral health care among underserved children for advanced health trainees; establish the Center for Pediatric Dentistry (CPD) as a model for team-based care for the University of Washington (UW) Health Sciences Schools; and explore avenues for team-based models of oral health care for underserved children.

Accomplishments: IPE and collaborative practice opportunities for advanced health trainees have increased significantly, and awareness about the need for team care around oral health have steadily increased. The *Interprofessional Teams Engaged in Education for optimal Health (i-TEETH)* curriculum was developed and implemented, and is now used in other UW curricula. Other outcomes of this project include the following activities— faculty development workshops on communication, faculty shadowing experiences, PNP-dental faculty joint practice explorations, interprofessional capstone and community-based projects. Team training was conducted at the CPD and partnerships between nursing and oral health-focused community leaders and organizations have been created. By engaging health professions students, practitioners and community members, the foundation to establish CPD as a collaborative practice center has been created.

Personal Achievements: Dr. Willgerodt has presented at national and international conferences, spoken at and/or consulted with universities on interprofessional education, and led faculty development workshops. Peer-reviewed articles have been published in *The Journal of Interprofessional Care*, *Journal of School Nursing* and *School Nurse*. Dr. Willgerodt is the founding Associate Editor for *The Journal of Interprofessional Education and Practice*, leads the leadership advisory and evaluation team on two HRSA-funded grants and is a Co-Investigator on a PCORI Pipeline to Proposal award focused on creating family/community partnerships to improve care coordination among school-aged children. Moving forward, she plans to continue her work with facilitating interprofessional practice at the CPD, engaging with key stakeholders to develop and support interprofessional education in clinical and community settings, and supporting care coordination among school-age children.



LAUREN MEADE, MD

Tufts University School of Medicine

A Safe and Effective Discharge from the Hospital

The hospital discharge is a complex physician activity and a high stakes time for patients, populations, and healthcare costs. The Educational Research Outcomes Collaborative (the Collaborative) developed and implemented a curriculum of workplace assessment for the discharge in 15 Internal Medicine (IM) residency programs.

In 2013, the Collaborative utilized interprofessional teams of patients, nurses and physicians, to generate the curriculum components of a *Safe and Effective Discharge from the Hospital (SAFE-D)*. Six behavior categories emerged from 187 interprofessionally generated behaviors: Medication Reconciliation, Discharge Summary, Patient/Caregiver Communication, Team Communication, Active Collaboration, and Anticipation of Post Hospital Needs. For the SAFE-D curriculum, attendings directly observe residents during hospital care in these behavior categories, until the attending determines the resident competent.

Over the next two years, the Collaborative and Dr. Meade implemented the SAFE-D curriculum. They utilized a step approach to curriculum implementation; 11 programs implemented in the first year, eight of those

programs continued into a second year, and, five new programs started the curriculum in the second year. A total of 616 residents and 464 attendings implemented the curriculum. Attendings performed a total of 515 workplace assessments on residents; 70% of assessments determined the resident competent to discharge a patient with indirect supervision. Comparing those programs that had implemented curriculum with those who had not yet, the Collaborative and Dr. Meade found that the discharge curriculum increased physician direct observation, feedback, and entrustment of competence. Attendings perceived an increase in patient related interprofessional decision making, but did not perceive an increase in interprofessional communication or collaboration.

The Collaborative has developed and implemented an interprofessional discharge curriculum that improves some educational targets. This work has been presented at several national conferences in 2015 including, Alliance for Academic Internal Medicine, Society for Hospital Medicine, and Society for General Internal Medicine. Other innovative discharge curriculum for training residents in interprofessional communication and collaboration can be found in *TRACER: an 'eye opener'*, Journal of Community Hospital Internal Medicine, 2015.



KELLY KARPA, PHD, RPH

Penn State College of Medicine

Interprofessional Pharmacology Clinical Reasoning (i-PCR) Curriculum

Goal: The overall goal of Dr. Karpa's project has been to develop an interprofessional clinical pharmacology curriculum. This was launched at Penn State's regional campus for medical, nurse practitioner, and pharmacy students.

Major Accomplishments: Fifteen hours of active learning content using standardized patients and team-based-learning pedagogies, 12 medication-related OSCE stations, and two focus groups were developed and implemented.

Results: Currently, Dr. Karpa is in the process of collecting follow-up RIPLS data from students, and she is also in the process of coding data from focus groups. Data from mid-year OSCEs demonstrate a clear indication that students participating in the interprofessional curriculum outperformed their peers in communication behaviors relevant to history-taking skills.

Personal Achievements: Dr. Karpa is delighted that the content of this curriculum has been "absorbed" into a new, large course for third year medical students and the interprofessional aspect continues to grow and evolve. Since the onset of this award, Dr. Karpa has received tenure

at her institution and been named as a Co-Director to a new Office of Interprofessional Collaborative Education and Teamwork (ICE-T). Dr. Karpa has been the recipient of two institutional awards pertaining to teaching and scholarship, appointed to two editorial boards, elected to serve as Secretary/Treasurer of the Division of Pharmacology Education for ASPET, received two educational grants as Primary Investigator, and received funding as a Co-Investigator on a HRSA grant and a NIH R13 award. In the past two years, Dr. Karpa has been fortunate to facilitate four workshops at national meetings and have four manuscripts accepted for publication. Dr. Karpa presented four posters at national/regional meetings, and has five additional manuscripts submitted and under review.

Next Steps: Next steps will involve developing new interprofessional education (IPE) experiences for students at the point of patient care, community engagement as well as implementing faculty development opportunities for colleagues to implement IPE in their own clinical environments.



MEMOONA HASNAIN, MD, MHPE, PHD

The University of Illinois at Chicago College of Medicine

Longitudinal Team-based Interprofessional Education to Care for Special Needs Populations

The main goal of Dr. Hasnain's project is to develop, implement and evaluate an interprofessional team-based training program for health professions students at the University of Illinois at Chicago (UIC). The program aims to equip learners with essential skills to improve health care for underserved populations and transform health disparities through interprofessional education, research and collaborative practice. Dr. Hasnain and her colleagues successfully designed, developed and launched the new course "Interprofessional Approaches to Health Disparities (IAHD)." This involved substantial groundwork including getting buy in from the leadership of various health professions colleges at UIC; establishing a team of interprofessional faculty colleagues who served as course faculty; developing a sound curriculum; and, recruiting learners. Twenty-eight students from medicine, nursing, pharmacy and public health participated in the inaugural program year, working in five focus areas: Domestic Violence, Geriatrics, HIV/AIDS, Homelessness, and Immigrant and Refugee Health. Student teams engaged in didactic and experiential learning activities, including mentored community-based participatory research (CBPR) and quality improvement (QI) projects. A substantial element of learning included training in CBPR

methodology and hands on work with vulnerable persons and staff at community agencies. All teams developed and carried out CBPR projects. Program evaluations indicate that learners viewed the learning experience positively. Learners also provided constructive feedback for strengthening the program. An important lesson from this experience is the reminder that designing and implementing interprofessional education is not an easy task. Dr. Hasnain remains optimistic that this project will lead to meaningful contributions in advancing the medical education sciences towards discovering new models for training the future healthcare workforce to address the needs of our evolving patient populations and reduce health disparities.

Dr. Hasnain has engaged in a steady stream of scholarly activity. At UIC, Dr. Hasnain became a member of the "Collaborative for Excellence in Interprofessional Education" and at their invitation is serving as Chair of the Evaluation subcommittee. She is also serving on a newly-created Interprofessional Education Strategic Planning Taskforce at UIC. Dr. Hasnain's work has received multiple recognitions.



LISA DAY, PHD, RN, CNE

Duke University School of Nursing

Interprofessional Affective Domain Learning

The goal of Dr. Day’s project was to make affective domain learning—including values—more visible in health professions education. In 2014, Dr. Day introduced *The Power of Nursing*, a process-based course written by Rachel Remen, MD, to students in the Accelerated Bachelor of Science in Nursing (ABSN) program at Duke University School of Nursing (DUSON). The class sessions included exercises in guided reflection, writing, collage, and personal sharing in small groups. Participants’ found the course offered unique and valuable learning experiences and that the sessions were beneficial to their professional formation and helped strengthen their commitment to professional values. Dr. Day plans to continue to offer this course for ABSN students and will expand it to include graduate students at DUSON.

This year, with ABSN, DPT and MD students and faculty, Dr. Day piloted a similar process-based course to determine the feasibility and perceived benefits of this method for promoting cross professional understanding and support. Participants found the course beneficial to increasing their understanding of different professionals’ experiences and comfort in communicating with one another. Dr. Day plans to continue to work with the Duke faculty to develop this course using ideas from contemplative pedagogies like

mindfulness, reflective practice and narrative medicine, and will offer a revised version next year.

Over the past two years, Dr. Day presented a webinar for the International Association of Medical Science Educators outlining her Macy Faculty Scholar’s project; co-facilitated workshops on using the arts and humanities to promote affective domain learning at DUSON’s regional nursing education conference, and co-facilitated workshops on interprofessional collaboration for a North Carolina Area Health Education Center; is first author on a paper in development on *The Power of Nursing*; and will co-facilitate a session on professional formation at the Duke Academy for Health Professions Education and Academic Development’s regional conference.



PANEL DISCUSSION SUMMARIES



George E. Thibault, MD
Moderator

Eve R. Colson, MD, MHPE

Alan Dow, MD, MSHA

Wrenetha A. Julion,
PhD, MPH, RN, FAAN

Wendy S. Madigosky,
MD, MSPH

Sandrijn M. van Schaik,
MD, PhD

OVERCOMING INSTITUTIONAL BARRIERS WHEN IMPLEMENTING INTERPROFESSIONAL EDUCATION

Five Scholars (two from the class of 2011 and three from the class of 2012) each gave very personal and insightful accounts of the interprofessional educational journey in his or her institution. There were issues specific to each project and institution but there were some common lessons learned in successfully overcoming obstacles. Among these were:

1. Success is dependent upon building relationships across schools and with administration. This takes time.
2. Flexibility and adaptability are essential. Listen to feedback from all parties (including students and patients) and be ready to change.
3. A clear rationale for change, based on both theory and evidence, must be established.
4. There is a need to understand and be respectful of established structures and resources in order to influence change in a way that is fair and accepted.
5. Success is gradual and cumulative with small wins and more allies creating an "interprofessional spirit."

All felt they had made great progress, but the work was far from complete. They are all looking to the Macy Faculty Scholars and larger Macy community to help sustain the continued momentum for change.



MANAGING AND ANTICIPATING CAREER TRANSITIONS

Four scholars (two from the Class of 2011 and two from the Class of 2012) offered their very personal insights about their own career odysseys. Each spoke compellingly about finding your own passion, achieving focus within that passion and not losing faith in the pathway chosen. Some common issues that each has confronted include:

1. Understanding the structure and hierarchy of the system. This includes dealing with issues of power, privilege and race.
2. The need to understand and participate in resource decisions — know where the money is.
3. The need for self-audit and self-evaluation — not relying only on external measures.
4. Understanding that personal change involves both a “push” and a “pull”, and that you always want to be open to new prospects and opportunities.

Each of the scholars acknowledged the importance of the help of others on this journey and of the important ongoing role of this community of Macy Faculty Scholars for support, guidance and inspiration.

George E. Thibault, MD
Moderator

Kenya V. Beard,
EdD, GNP-BC,
NP-C, ACNP-BC, CNE

Ted James, MD, MS, FACS

Jennifer S. Myers, MD

Roberta Waite,
EdD, PMHCNS-BC,
FAAN, ANEF

2012 FACULTY SCHOLAR CAREER UPDATES



Kenya V. Beard
EdD, GNP-BC, NP-C,
ACNP-BC, CNE

KENYA V. BEARD
EDD, GNP-BC, NPC,
ACNP-BC, CNE
Jersey College

Dr. Beard is the Associate Vice President for Curriculum & Instruction and Director of the Center for Multicultural Education and Health Disparities at Jersey College. In her new role, she broadens the capacity of faculty to teach culturally diverse learners and ensures that the curriculum prepares future nurses to meet the complex health care needs of a pluralistic society. Her workshop, *Multicultural Education & Transformational Teachers*, strengthens the multicultural awareness and preparedness of faculty in creating culturally responsive learning environments and continues to be requested on a national level. Her work in transforming and advancing excellence in nursing education has resulted in her becoming a 2015 Fellow in the Academy of Nursing Education. Dr. Beard's research focuses on improving the quality of health care by graduating a culturally rich body of nurses who are prepared to challenge social injustices and eliminate health care disparities. Her paper, "Moving towards Health Equity: Using the ESFT Model to Facilitate Cross-Cultural Communication", was published in the American Journal



Ted A James,
MD, MS, FACS

of Nursing and provides nurses with a valuable resource for promoting health care quality. She recently led the Future of Nursing, New York State Action Coalition Diversity Committee in creating a toolkit that provides valuable resources for those who seek to strengthen diversity and inclusivity at their institution.

TED A JAMES, MD, MS, FACS
University of Vermont
College of Medicine

Dr. Ted James is Professor of Surgery and Medical Director of Clinical Simulation at the University of Vermont where he leads training and education programs to enhance clinical performance and improve patient outcomes throughout the academic medical center. In this role he developed an interprofessional oncology program to address communication, teamwork and collaborative practice in the care of cancer patients. In 2015, he received a grant to develop a simulation-based faculty development program in patient-centered communication. Dr. James also serves as program director for patient safety education and provides training in patient safety and quality improvement for medical, nursing and pharmacy students. Dr. James was invited to join the Faculty Advisory Committee for the AAMC Teaching for Quality



Wrenetha Julion,
PHD, MPH, RN, FAAN

program, served as an Education Consultant to the American Board of Surgery for the Complex Surgical Oncology Certification Exam, and is a member of the editorial board for the American Journal of Medical Quality. Dr. James has become an adjunct lecturer for the Harvard Macy Institute Health Educators Program and provided a workshop entitled Designing Interprofessional Education to Transform Health Care. His work was recently published in the Journal of Cancer Education in an article titled Advancing the Future of Patient Safety in Oncology: Implications of Patient Safety Education on Cancer Care Delivery. Dr. James continues to provide surgical services in the multidisciplinary care of cancer patients and leads the Skin and Soft Tissue Surgical Oncology program for the department of surgery. He has ongoing funded research investigating mechanisms of cancer metastases as well as outcomes research in cancer care delivery. His translational and clinical cancer research activities have been presented nationally and internationally, and these efforts have generated peer-reviewed publications in the oncology literature. Dr. James holds leadership roles in professional cancer organizations including a Vice Chair position in the American Cancer



Wendy S. Madigosky,
MD, MSPH



Sandrijn van Schaik,
MD, PhD

Society and Vermont State Chair for
the Commission on Cancer.

**WRENETHA JULION,
PHD, MPH, RN, FAAN**

Rush University College of Nursing

Dr. Julion is a Professor and the newly appointed Acting Chairperson of the Department of Women, Children & Family Nursing. She has served as a nursing academician for over 15 years, and teaches and advises nursing students across Masters and Doctoral programs. Dr. Julion is currently the principal investigator of a four year NIH-funded RO-1 research study to test a fatherhood intervention called "Building Bridges to Fatherhood." She is also a member of the Nursing and Related Clinical Sciences Study Section for the National Institutes of Nursing Research at the National Institutes of Health. Dr. Julion is a board member of the African American Family Institute, and was selected to be a member of the 2015 Class of Leadership America. Her Macy Faculty Scholars project was to develop an elective interprofessional cultural competency course that engages students in community based service learning. Continuing to build on her project, Dr. Julion is further translating her course into a sustainable model. During her tenure as a Scholar, Dr. Julion was inducted as a fellow in the American Academy

of Nursing. Most recently, she was selected by her alma mater, Southern Illinois University, Edwardsville, to receive the 2015 Hall of Fame Award for the School of Nursing.

**WENDY S. MADIGOSKY,
MD, MSPH**

**University of Colorado
School of Medicine**

Dr. Madigosky is an Associate Professor in the Department of Family Medicine and Director of the Foundations of Doctoring Curriculum at the University of Colorado School of Medicine. In addition, as a result of her Macy Faculty Scholars project, she is an Assistant Director for the Interprofessional Education (IPE) Program, representing the interests of the School of Medicine to the IPE Council, and Director of the Interprofessional Education and Development (IPED) course for the University of Colorado Anschutz Medical Campus. As IPED Course Director, she oversees a two year curriculum for almost 800 students from seven health professions programs (anesthesia assistant, dental medicine, nursing, medicine, pharmacy, physical therapy, physician assistant). This curriculum, which has both classroom and online offerings, assures that students obtain fundamental knowledge and skills in teamwork/collaboration, values/ethics and safety/quality. Following the IPED course, students participate in simulation and clinically-based learning experiences. Dissemination of the results of this work will occur at upcoming Association of American Medical Colleges' Integrating Quality and Collaborating Across Borders meetings. Dr. Madigosky also serves as Faculty Network Advisor to the Institute for Healthcare Improvement Open School, Medicine Representative to the Vermont Summer Symposium

Interprofessional Leadership Team, and Faculty Member for the Telluride Patient Safety Camps.

SANDRIJN VAN SCHAIK, MD, PHD

**University of California, San
Francisco School of Medicine**

Dr. van Schaik is an Associate Professor in Pediatrics, Fellowship Director for Pediatric Critical Care Medicine, and Education Director for the UCSF Kanbar Center for Simulation and Clinical Skills at the University of California, San Francisco. Starting in September 2014, she was tasked to design and organize faculty development for the new UCSF School of Medicine Bridges Curriculum, which represents a major curricular overhaul. Alongside this new responsibility, Dr. van Schaik continues to pursue her research in interprofessional feedback, which was also the focus of her Macy Faculty Scholars project. Her work in this area has led to several presentations at regional and national conferences and four separate manuscripts, one currently in print with Academic Medicine and three under peer review. She was an active participant in the 2015 Josiah Macy Jr. Foundation conference on Enhancing Health Professions Education through Technology, for which she co-authored a paper on the future of health professions education. She continues to be an active member of the WGEA, of the Simulation Interest Group for the AAMC and of the planning committee for the AAMC Medical Education meeting. She is the founding chair of the newly formed University of California Simulation Consortium, which is a collaborative effort between five University of California Simulation Centers with a goal to share resources and engage in collaborative scholarly work.

2011 FACULTY SCHOLAR CAREER UPDATES



Eve R. Colson, MD, MHPE



Alan Dow, MD, MSHA



Dena H. Hassouneh,
PhD, ANP, PMHNP

EVE R. COLSON, MD, MHPE

Yale University School of Medicine

Dr. Colson is a Professor of Pediatrics at Yale University School of Medicine. She is Chief of the Section of Education in the Department of Pediatrics and is Co-Director of the Longitudinal Clinical Experience, an innovative year-long program for nursing, medical and physician associate students that is a direct result of her work with the Macy Foundation. During the past year, Dr. Colson has presented her work on interprofessional education at national meetings including the Pediatric Academic Societies Annual Meeting, the All Together Better Health meeting, the Council on Medical Student Education Annual Meeting and was a visiting professor at Dartmouth. She is coauthor on a paper related to interprofessional education, currently in press, and another that has been submitted for review. She also joined her Macy colleagues at the AAMC where they ran a workshop addressing some of the challenges of implementing interprofessional education. In addition, she continues to present and publish about infant mortality prevention which now includes approaches to changing hospital practice through interprofessional collaboration. She is also part of a four-member team from Yale selected to participate in the AAMC Core Entrustable Professional Activities for Entering Residency pilot. Locally, she recently joined the Dean's Committee and Education Committee, both in preparation for an upcoming LCME site visit.

ALAN DOW, MD, MSHA

Virginia Commonwealth University

Alan Dow is Assistant Vice President of Health Sciences for Interprofessional Education and Collaborative Care at Virginia Commonwealth University. In this role, he works across the university, health system, and surrounding community to increase effective interprofessional

practice through training and programmatic interventions. Under his leadership, his university is developing a sequence of interprofessional education experiences to train the collaborative workforce of tomorrow. Currently, over 1500 students each year participate in these programs. He was recently funded by the Centers for Medicare and Medicaid Services to develop workforce training programs through the State Innovation Model program. Dr. Dow writes and speaks nationally about interprofessional education and practice in a variety of venues. He serves on the board of the American Interprofessional Health Collaborative and the editorial boards of the Journal of Interprofessional Care and the Journal of Interprofessional Education and Practice.

DENA H. HASSOUNEH, PHD, ANP, PMHNP

Oregon Health & Science University School of Nursing

Dr. Hassouneh is a Professor at Oregon Health & Science University School of Nursing where she is engaged in research, teaching, and service. Dr. Hassouneh's scholarly work focuses on mental health in marginalized communities, diversity and inclusion in health professions education. Over the past year, Dr. Hassouneh has served as principal investigator on a National Institute of Disability and Rehabilitation Research funded project focused on dissemination and implementation of Healing Pathways — a peer program designed to treat depressive symptoms in women with physical disabilities. Dr. Hassouneh currently has two federal grants pending that build on this work. Dr. Hassouneh's educational work has included collaboration with OHSU School of Medicine faculty on a study of research mentorship for underrepresented minorities in medicine, along with continued work disseminating results from her national study of the experiences of faculty of color in nursing, medicine,

pharmacy, and dentistry funded by the Macy Foundation, Sigma Theta Tau, OHSU School of Nursing, and the OHSU Foundation. Dr. Hassouneh published two papers, one in Public Health Nursing and the other in Medical Education Online, and presented research at local, regional, and international professional meetings over the past year. Selected service includes chairing the OHSU School of Nursing Appointment, Promotion, and Tenure Committee and the OHSU School of Nursing PhD Curriculum Committee.

JENNIFER S. MYERS, MD

**University of Pennsylvania
Perelman School of Medicine**

Over the past year, Dr. Myers has continued to expand her role as the Associate Designated Institutional Official for Quality and Patient Safety at the University of Pennsylvania. As part of this role, she designed and led a half day symposium for 60 faculty members on teaching and mentoring residents and fellows in quality improvement work; created an online toolkit of teaching resources in quality, safety, handoffs, and value for educators; collaborated with Penn's Institutional Review Board to pilot and disseminate a pathway for QI work and research; and launched a novel walk rounds program within graduate medical education to focus on the clinical learning environment. She has published two articles and has another in press on this topic. She has spoken at the Accreditation Council for Graduate Medical Education (ACGME) Annual Meeting and the Association of American Medical Colleges (AAMC) Integrating Quality Conference on the topic of aligning GME with hospital quality and safety agenda, and continued to lead the national Quality and Safety Educators Academy which was sold out in May of 2015 for the fourth consecutive year in a row.

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

**Drexel University College of
Nursing and Health Professions**

Dr. Roberta Waite is an Associate Professor at Drexel University, College of Nursing and Health Professions (CNHP) in the Doctoral Nursing Department with a secondary appointment in the Health Systems and Health Services Research Department. She is also Assistant Dean of Academic Integration and Evaluation of Community Programs at the Stephen and Sandra Sheller 11th Street Family Health Center (henceforth 11th Street) of Drexel University. In these roles, she teaches in the doctoral nursing program, leads a team of interdisciplinary faculty that teach in the Macy Undergraduate Leadership Fellows Program, leads efforts on integrating outpatient behavioral health services offered by CNHP faculty and graduate students at 11th Street, and continues to embed trauma-informed principles into 11th Street's everyday practice as they work towards Sanctuary Certification. As a Director of the Continuing Medical Education Institute, Physicians Postgraduate Press, Inc. Waite developed a teleconference presentation entitled *Culturally Competent Approaches to Assessing ADHD in African American Adults and Overcoming Cultural Issues With Patients and Families*. Waite has published 11 peer-reviewed articles, and one book—*ADHD Across the Lifespan* released November 2014. She was also inducted as a Fellow in the National League for Nursing, Academy of Nursing Education and she successfully earned promotion to full professor, effective September 2015.



Jennifer S. Myers, MD



Roberta Waite,
EdD, APRN, CNS-BC, FAAN

LUNCHEON SPEAKER: LINDA CRONENWETT



LINDA CRONENWETT, PHD, RN, FAAN

Linda Cronenwett, PhD, RN, FAAN, is the Beerstecher Blackwell Term Professor and Dean Emeritus of the School of Nursing, University of North Carolina at Chapel Hill. She earned her master's degree in parent-child nursing from the University of Washington and her undergraduate and doctoral degrees in nursing from the University of Michigan. Prior to her appointment as Dean, she was the Sarah Frances Russell Distinguished Professor of Nursing Systems at UNC-Chapel Hill. From 1984-98, she was an administrator in the Department of Nursing, Dartmouth-Hitchcock Medical Center, and provided leadership in nursing and inter-professional research utilization and quality improvement projects.

Dr. Cronenwett is the principal investigator of a national initiative, Quality and Safety Education for Nurses, currently in its third phase of funding from the Robert Wood Johnson Foundation. She is also the Nursing Program Director for the Robert Wood Johnson Foundation Executive Nurse Fellows Program, in partnership with David Altman of the Center for Creative Leadership in Greensboro, North Carolina. She serves as a member of the Board of Directors of the Institute for Healthcare Improvement, the North Carolina Institute of Medicine, and the North Carolina Center for Hospital Quality and Patient Safety and is an appointed member of the Special Medical Advisory Group on Veterans Affairs.

Dr. Cronenwett is an elected fellow of the American Academy of Nursing and the North Carolina Institute of Medicine. Her past service includes terms of office on the National Advisory Council for Nursing Research at the National Institutes of Health, editorial advisory boards of Applied Nursing Research, Online Journal of Knowledge Synthesis for Nursing, Journal of Nursing Measurement, and the Joint Commission Journal of Quality Improvement, and numerous offices in professional associations, including President of the New Hampshire Nurses Association and Chair of the American Nurses Association's Congress of Nursing Practice.





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