

2000

Josiah Macy, Jr. Foundation
Annual Report



Report of the Josiah Macy, Jr. Foundation

For July 1, 1999 through June 30, 2000

Josiah Macy, Jr. Foundation
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About the Foundation

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



Kate Macy Ladd (1863-1945)

A Heritage of Philanthropy

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

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

Until 1945, the Foundation focused its grantmaking on medical research in such fields as traumatic shock and war-related

psychiatric disorders, geriatrics and aging, arteriosclerosis, genetics and human development, and psychosomatic medicine. The Foundation's extensive conference and publication program was also begun during this period.

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

Since the mid-1970s, the Foundation has awarded more than 70 percent of its grants to projects that broaden and improve the education of physicians and other health professionals. For example, the Foundation has funded programs to recruit and retain underrepresented minority students in premedical collegiate programs and in medical schools, provide sabbatical leaves for medical school faculty, expand pediatric training programs in developing countries, and develop medical history programs in U.S. medical schools. The Foundation also has supported projects in emergency medicine and the education of physician assistants.

In 1981, the Foundation refocused its Minorities in Medicine program to support academic enrichment programs for minority high school students interested in careers in medicine and the sciences. These high school programs were so successful that, in 1990, the Foundation established Ventures in Education, now an independent corporation, to replicate these programs across the nation.

Also during the 1980s, the Foundation funded studies at medical schools and universities in the cognitive sciences in medicine, including studies of the clinical decision-making process used by physicians and the application of basic science knowledge to clinical reasoning. Additionally, the Foundation supported programs at medical schools and research institutions that encouraged doctoral candidates in biomedical science to pursue careers in research relevant to human disease by providing them with special educational programs in human pathology and physiology.

President's Statement

The advent of the new millenium has brought with it an awareness of how far the human race has come with the help of scientific endeavor, accompanied by a sense of hopefulness for the near future. In no sphere is that more evident than in biomedical research and “high” technology. Hopes for the utilization of genetic insights, arising from impending successes in mapping of human and other genomes, are probably the most highly touted of the anticipated successes; but across a number of other broad biological frontiers there are tantalizing vanguards of hopeful progress that seem almost ready to coalesce into new assaults on human disease. As the calendar turned, that sense of biomedical achievement and promise provided momentum for efforts to double the budget of the National Institutes of Health in the hopes that, with enhanced research funding, further powerful insights and interventions will be in the offing. Implicit in Congress’ endorsement is the message that health is a national priority.

Yet there is often an intrinsic confusion between medical intervention on the one hand, and health on the other; between technically correct application of curative drugs or surgeries and achievement or restoration of true health. They can coincide, of course, but all too often they do not, especially when systems of health care focus on acute illness. Thus, while the news is good on the biomedical research front per se, one must express a sense of concern, for lurking in the shadows are serious impediments to the deployment of cascading scientific insights in the interest of the health of the public. To regain a perspective on these matters, it is edifying to revisit the comments of Mrs. Kate Macy Ladd in her 1930 letter of endowment of the Macy Foundation, in which she noted that “no sound structure of social or cultural welfare can be maintained without health, [and] that health is more than freedom from sickness...”

It is helpful, in assessing future need, to look at issues of health and medical care through increasingly wide lenses of focus.

At the narrowest level of reductionist science, for instance, computational power and sophisticated molecular sequencing are now becoming so specialized and arcane that no single investigator can encompass the necessary sciences alone. That means that coordination across many disciplines is needed; and yet we have not done well in the past at educating young scientists about cooperation, collaboration and synergistic research effort. Furthermore, the translation and application of such new knowledge to medical need requires systematic studies of

efficacy for which we lack enough trained clinical investigators, and brings out important questions about ethics and the interests of human subjects that become more complex with each additional intervention under study.

With a somewhat broader view, computer technology and the internet suddenly provide a veritable cornucopia of “information” which, at a distance, seems to be a way of providing the public with freedom from professional paternalism — at least for those who are both literate and on the right side of the so-called digital divide. And yet, on closer inspection, the spate of “information” turns out to be a poorly sorted melange of useful wisdom, recently validated data, arguable opinion, untested assertion and (all too often) quackery. In short, the need for control of quality of health-relevant information available on the internet grows ever more acute as the public turns in that direction to fill gaps in their participation in the health care system.

Broadening the range of view still further: as was noted earlier, at the level of individual care, illness long since superseded sustenance of health as a prime focus of medical endeavor; and cure became a tacit gold standard against which all interventions should be weighed. The genuine prospect of cure in clinical contexts that were once hopeless is sometimes real and is a feat to be celebrated loudly, just as is “absolute” prevention, such as the eradication of smallpox. These dramatic accomplishments attest to the power of twentieth century science, to be sure, but they are a limited part of the picture. Even in relatively straightforward circumstances, communication lies at the heart of effective clinical care. We have paid far too little attention to matters of health communication, and its efficiency becomes more and more important. Yet present systems of care threaten to curtail opportunities for therapeutic interchange between patients and providers, with a direct, negative effect on health outcomes.

The issue of communication becomes even more central when one realizes that the truly significant change in human outlook at the millenium lies in markedly increased longevity. A life expectancy of about 40 in the year 1900 has ballooned to well over 80 for some, and over 70 for most. That does not pertain to all sectors of humanity, of course, and that caveat in itself should be a cause for our concern as citizens of a truly global village. But even more to the point, the chances that those additional years will be spent in good health are related directly and linearly to socioeconomic status. Thus, while there is a need to understand and hold at bay the “ravages of aging,” there is an even greater need to delineate more fully

the determinants of health. That will require a population-based perspective on health and an increased appreciation of “non-curative” measures that optimize healthy life in the presence of chronic conditions. That, in turn, calls for a new focus of health care professional aspirations on sustenance of good health rather than quick diagnosis-treatment-cure expectations that have been so dominant in the golden age of reductionist medicine.

Broadening the focus yet again, even that adaptation to longevity and the need for chronic care and support is of no help if care is unavailable; and here is where the millennial scene becomes murky indeed, especially in the United States. In the past few years ambitious efforts to expand access to care collapsed under the weight of complex systems and escalating costs, and the numbers of people lacking health insurance grew inexorably. From old habits of mind, and at a time when the episodic short-term success of welfare reform created the illusion that simple interventions could be good and effective, it is still widely assumed that such uninsured status represents sloth — in a word, indigency. And yet the shameful truth is that the great majority of the medically uninsured are working people, that a disparate proportion are children, and that the result of un-insurance creates a stunning health disparity among different segments of our United States population at a time of unprecedented national affluence.

Finally, a broad, population-based view forces one to see and acknowledge human diversity in both its most promising and its most divisive forms as one of our greatest challenges to be met in the United States. At the millenium California became the first state to record the transition of so-called Caucasians from “majority” to “plurality” status. Across the country, in any large urban hospital center the need for translators now ranges from 30-100 languages, while the need for cultural translation in the context of illness and health care is often both poignant and unmet. Clearly, the composition of the health care provider community needs to become commensurately diverse; and yet in the past year serious slippage has occurred in efforts even to maintain the status quo.

Health Professional Education

The preceding overview is intended to provide a context in which the mission of the Macy Foundation can be articulated: simply put, it is our purpose to find ways to improve health professional education that will enhance the health of the public. In the face of a rapidly changing, turbulent health care industry that now consumes nearly 15% of the GDP, it is daunting to try to identify ways to make a difference with limited resources. But surely health professional education lies at the core of effective future health care delivery and is crucial to the deployment of the biomedical wonders that continue to accumulate. With such a pace

of change, it is compelling to conclude that commensurate adjustments in educational approaches will be needed.

I am optimistic that our focus on education will put us in a position to make truly fundamental changes in the health care of the future. The past century saw a remarkably productive application of biomedical reductionism and application of the scientific method to problems of human health. The transformation of health professional (especially medical) education in the wake of the Flexner Report of 1911 paved the way for the increasing realization of that potential. The upcoming century stands to be even more exciting, but only if we channel the energy of discovery into educational strategies that will affect the function of pertinent groups of health professionals, without whose delivery of care those discoveries will simply remain inaccessible or arcane.

A Fresh Look at Medical Education

At a time of such turbulence, perspective is particularly difficult to achieve and maintain. Thus it is noteworthy and propitious, at this juncture, that an historic study of medical education has been published during the past year. I am proud to say that the Macy Foundation played a partial role in its creation. Time to Heal: American Medical Education from the Turn of the Century to the Era of Managed Care, by Kenneth Ludmerer, M.D.,¹ has been referred to in a review by Jerome P. Kassirer, M.D. in the New England Journal of Medicine as “the classic work on medical education in the twentieth century.”² The author chronicles the grand progress of medicine (and of medical education) in the twentieth century that followed in the wake of the Flexner report, with admiration but also with increasing alarm.

He identifies the end of the twentieth century as a time in which “...a second revolutionary period in American medical education had begun. Major characteristics of this period included the erosion of the clinical learning environment, the diminishing of faculty scholarship, and the reemergence of a proprietary system of medical schools in which the faculties’ financial well-being was placed before education and research.”³ He goes on to note that these pressures are threatening to separate medical schools from universities and that hospitals are again beginning to dominate medical schools in establishing directions and policies — both of which trends reverse the Flexnerian dynamics that seem to have provided the base for so much progress in medical education.

He concludes that future leadership of American medicine must be based on restoring “the tattered social contract” between medicine and society; and that while the erosive forces threatening medical education are powerful, there is still time to recapture a constructive course of action.

Dr. Ludmerer's study is both valuable and timely, and to it one could give voice to similar echoes of alarm about other health professions. The present shortage of nurses is unlike those that went before in seemingly cyclic fashion, for deep demographic changes are at work there; the same is true to an even greater degree for pharmacy. Dentistry is experiencing a major loss of numbers due to a reduction in training but also — and more fundamentally — to an ill-advised societal conclusion that dental care is a luxury. And public health, judged to be in “disarray” in a landmark study undertaken more than a dozen years ago,⁴ is undervalued and imperiled more worrisomely than ever. The embattled status of the several health professions should provide a strong stimulus to stand together and to provide strategies whereby their distinctive roles can enhance the overall outcome in matters of health.

Thus the Macy Foundation's attention to health professional education, while ostensibly dealing with only one set of issues in a profoundly complex health care system, is fundamental both to resolution of many threats and realization of remarkable opportunities in the health care of upcoming years.

Macy Programs

Against that backdrop, the mission of the Macy Foundation — to make a difference in education for future health professionals — presents intriguing challenges. We are not large enough to invest in one-by-one institutional changes, however individually worthy the projects may be. Nor can we afford to attack the broad array of troubles that assaults the health care system and health policy, or to take on the detailed, thorny issues of health care delivery.

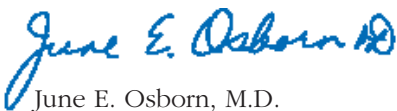
Rather, we have tried to search for innovative and fundamentally creative projects that can, if successful, light the way for imitation and/or provide “proof of concept” that will inspire other, larger funders to take the next step. Above all, we have tried to stay close to issues of diversity, of teamwork among health professionals, and of humanism that must be integral to any efforts to “modernize” and upgrade health professional education and health care.

The following project descriptions represent brief accounts of ongoing activities of the past fiscal year. They fall into four categories of grant-making: 1) improvements in health professional education; 2) ways to increase teamwork between and among multiple health professions; 3) educational strategies that will lead to increased access and utilization of health care resources by underserved populations; and 4) projects that will increase diversity among health care professionals.

Teamwork and Complexity: Some Final Thoughts

The preceding discussion has been intended to bring out interlacing themes of complexity that make reductionist biomedicine — and medical education based on it — only a partial response to society's needs. With increasing longevity come issues of old age and of chronic disease, as well as the need to reframe health care goals in the language of optimizing health and well being. When one looks at the overall burden of disease on the United States population, specific curable illness is greatly overshadowed by complex chronic conditions such as obesity, asthma, and substance abuse and addiction, for which our health professionals are not well prepared. These are not insurmountable problems, but they require a re-grouping and a new commitment to teamwork among health professionals in the interest of the health of the public. That in turn requires a much better understanding and trust between and among the several health professions, for which we must refocus our educational programs.

Our understanding of determinants of health must be broadened. Impending shortages of health care professionals and retrogression in efforts at increasing diversity among them must be recognized as severe threats to the overall mission. Above all, returning to Dr. Ludmerer's invocation of the social contract of which medicine is a part, we must work to reduce the unconscionable numbers of people who lack the ability to gain access to or utilize the health care resources that should serve their needs. These issues must be addressed with as much vigor as has been applied to biomedical science, if we are to take full advantage of the promising advances of the past century as well as the flowering of upcoming progress, all in the interest of realizing the full potential of the health of the public.



June E. Osborn, M.D.

- ¹ Ludmerer, K. M. Time to Heal: American Medical Education from the Turn of the Century to the Era of Managed Care. 1999. Oxford University Press, New York.
- ² Kassirer, J. P. Time to Heal (book review). *New Engl. J. Med.* **341**(25): 1939, 1999.
- ³ Ludmerer, *ibid*, p. 399.
- ⁴ The Future of Public Health. Institute of Medicine. 1988. National Academy Press, Washington, D. C.

Programs

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

NEW INITIATIVES

Fast Track for Academic Nursing

A grant to accelerate the preparation of nurses
for academic careers (up to \$588,954 for five years)
Beginning Date: February 2000
Completion Date: January 2005
University of Michigan School of Nursing
Principal Investigator: Ada Sue Hinshaw, Ph.D., R.N.

This proposal seeks to address the “graying” of nursing faculties, a problem which has become especially acute in academic nursing where the average assistant professor is now nearly 50 years of age. A typical academic nursing career pattern includes completion of the R.N. or B.S.N., a number of years in practice, and, possibly, time out for a family before beginning an academic career. Many academic nurses have such

*Selected graduate
nurses will fast
track an R.N./Ph.D.
degree with
academic career
incentives.*

a late start that by the time they complete doctoral programs their faculty careers are frequently limited to less than 15 years.

The proposed program would provide academic nursing with a faster track, one that is analogous to medicine’s M.D./Ph.D. programs. The initial pilot project will identify promising nursing undergraduates, then provide career counseling and incentives to encourage them to progress

directly from a baccalaureate or master’s program to a five year program that would lead to a Ph.D. in Nursing. While moving directly from undergraduate to Ph.D. work is not an absolute requirement, applicants are expected to have completed their R.N. training less than three years before being considered for the fast track program.

The initial funding for the program provided by the Macy Foundation is being matched by the University of Michigan School of Nursing. The Macy grant will provide for three cohorts of five students for a period of five years, while the nursing school will assume full responsibility for the final two years of the proposed seven year program.

Realistic Patient Simulation

A grant to support development of a realistic patient simulation program for training students in critical care and emergency medicine (up to \$615,997 for three years)

Beginning Date: November 1999

Completion Date: October 2002

Massachusetts Institute of Technology (MIT)

Principal Investigator: Martha L. Gray, Ph.D.

Mannequins have been effectively used to train anesthesiologists since the mid-1980s, but despite their effectiveness in this field, mannequins have not been used to complement training with real patients in other settings. This program seeks to explore the use of mannequins for teaching techniques in emergency medicine. If successful, the use of mannequins would reduce the need for young health care professionals to learn their skills on live patients as they undergo medical emergencies.

MIT's new
computerized
mannequin in a
"realistic" intensive care
patient simulation.



This particular project builds upon previous work by the team at MIT's Health Sciences and Technology Center which has spent the past five years assessing new ways computerized mannequins might be used for realistic patient simulation. With this grant, the team will develop basic standards for diagnosing and treating acute respiratory problems in the Emergency Room and Intensive Care Unit setting, then design appropriate tests to measure how well students meet those standards.

The grant also will enable the team to test these sophisticated computer models for accuracy and design a curriculum based on these models. Before mannequins are used in a teaching setting, experienced clinicians will evaluate their ability to depict accurately the problems to be tested,

and an engineering team will make any needed design and software changes. The program will then be tested on physicians in training, initially drawn from residency programs at the affiliated hospitals of the Harvard Medical School. These residents will be trained through a period of observation, mentoring and independent learning, and other programs will later be extended to medical students. The overall goal of this program is to permit students to learn from mistakes, explore alternative approaches and practice their new skills repetitively outside of a real life critical care situation.

The first year of the grant will be devoted to development of software design plans and training models. In the second year, approximately 40 residents will be trained and an emergency medicine physician will be added to the team to develop modules specific to emergency care. In the third year, 40 medical students will join the program and the training will be expanded to include cardiovascular critical care as well as pulmonary critical care.

Stanford Clinical Medicine and Faculty Development Program

A grant to continue funding a program to train medical school faculty to teach clinical medicine in the context of a complex and changing health care environment (up to \$131,383 for an additional 15 months)

Beginning Date: October 1999

Completion Date: December 2000

Stanford University School of Medicine

Principal Investigator: Kelley M. Skeff, M.D., Ph.D.

During its history, the Stanford Faculty Development Program has had an impact on clinical teaching in at least half of the medical schools in the United States. Three years ago, the program obtained funding from the Josiah Macy, Jr. Foundation to expand its existing work. Dr. Skeff had expected that federal funding would be available to continue the work at the end of that grant so that further Macy support would not be needed. Since federal funding did not materialize, the Macy Foundation is providing an additional 15 months of support to continue this program.

In the three years since receiving its initial funding from the Macy Foundation, the Stanford Faculty Development Program has trained 36 faculty members from different medical schools to retool their teaching skills to meet the demands of a complex and changing setting. These 36 faculty members have since returned to their home institutions where they, in turn, each taught these new skills to approximately 20 of their colleagues. In all, more than 700 medical school faculty members have now received this type of training.

This program for retraining faculty members has proven so effective that last year 85 young and mid-career clinical faculty members competed for the 18 available training positions.

This final 15-month extension not only allows further training, but also permits Dr. Skeff and his colleagues to incorporate other issues raised by managed care and other health system changes into faculty development programs.

ONGOING PROGRAMS

Macy Initiative in Health Professional Communications

University of Massachusetts Medical School,
New York University School of Medicine and
Case Western Reserve University School of Medicine
Principal Investigators: Aaron Lazare, M.D., Mack Lipkin, Jr., M.D.,
Theodore Parran, M.D. and Susan Wentz, M.D.

Responding to the frequent patient complaint that “my doctor doesn’t listen”, the Josiah Macy, Jr. Foundation continues its major initiative aimed at teaching physicians how to communicate more effectively with their patients. Now in its second year, this four-year project will lead to the establishment of a Macy Scholars in Health Communications program to prepare interested faculty members to bring health communication skills to their institutions.

A consortium of medical schools is developing core competencies in health communication throughout medical school and residency training. Future faculty scholars will be trained in health communications.

As a centerpiece of the Macy Foundation’s agenda, this project is addressing the problems that occur when patients and physicians don’t communicate. These include: errors in diagnosis; failure to help patients follow agreed upon diagnostic and treatment plans; inefficiency; defensive and excessive use of laboratory and high-tech testing; greater potential for iatrogenic problems; higher costs of care; decreased satisfaction with care on the part of both patient and physician; and an increased rate of physician burnout.

As currently structured, the initiative has four specific objectives: 1) to support three medical schools whose administration and faculty have agreed to define fundamental competencies in health communications and develop an innovative curriculum that includes attention to communication issues

throughout training; 2) to develop objective evaluation techniques to measure the communications competence of students and residents;

3) to develop and disseminate a national model for teaching the skills of health communications; 4) to develop a Macy Scholars in Health Education program that will both educate faculty in the knowledge and skills needed to pursue careers in health communications and enable them to bring new communications initiatives into their medical institutions. The University of Massachusetts Medical School, the New York University School of Medicine and Case Western Reserve University School of Medicine are now implementing the new curriculum. Evaluation will occur at each step of the process.

In the fourth year, preparations will be made for the Macy Scholars program. The goal of this final phase will be identification of leaders/scholars in health communications who possess the teaching and administrative skills needed to both bring about change at their own institutions and train future generations of leaders.

The three institutions are following independent paths to curriculum development and implementation. This deliberately designed diversity will enhance the effort to broaden dissemination.

The three medical school grantees are experienced and have expertise in the field of health communications. As a condition of their participation, the three institutions have agreed to the goal of integrating health communications in all four years of the medical school curriculum and, further, to involve residents in the process. Because the process of developing core competencies is already underway, dissemination of the results may be swift. Indeed, a number of schools have already contacted the principal investigators expressing their interest in the effort.

Building upon these efforts, this Macy initiative aims to enhance the communication skills of future physicians through appropriate education of medical students and house officers and achieve an ultimate goal of developing faculty capable of providing this much needed education. Future Macy Scholars will provide new scholarship as they follow a new, and distinct, career path in health communications.

Implementation of the Vermont Integrated Curriculum

University of Vermont College of Medicine
Principal Investigator: Diane Magrane, M.D.

The 1998 Macy Conference on The Implications of Genetics for Health Professional Education emphasized the need to prepare both faculty and students for the avalanche of new genetic information and the impact this information will have on the care of all patients, not just those with rare genetic disorders but those with common chronic problems, as well. This

proposal was designed to give core support to Vermont's pioneering effort to prepare medical students to deal with the impact of the new findings in genetics.

The Vermont initiative reflects other conference presentations which explored how the new genetic information, when woven together with epidemiological data and with careful attention to the many ethical issues raised by the new findings, could produce a major and positive change in the way medicine is taught and practiced. Specifically, the new information offers the potential to individualize prevention, diagnosis and treatment, based on both genetic and population-based data. In effect, this would return the focus of medical care from specific disease to individual patient.

While the core funding in this grant is only a small fraction of what will be needed to complete the task, it supports the development of testing and evaluation measures that will prove crucial to assessing the overall effect of the revised curriculum.

Harvard Macy Institute

Harvard Medical School

Project Directors: Elizabeth G. Armstrong, Ph.D.
and Robert G. Kegan, Ph.D.

*Harvard's Medical,
Public Health,
Education and
Business Schools
developed the
Institute for physician
educators and
leaders, producing
medical educators
committed to
innovative change.*

Since it was created with an initial grant in 1994, the Harvard Macy Institute has established its position of national leadership in the effort to promote innovative change in medical education. The Institute's programs have involved dozens of medical education leaders, from junior and senior faculty members to deans from medical schools throughout the nation. With this continuation grant, now in its final year, the Institute continues to offer its proven programs, refining them as needed and assessing their overall impact on medical education. Ultimately, the Institute hopes to consolidate the cumulative results of its efforts to provide a permanent, national resource for curriculum innovation and change. The Institute owes much of its success to date to the collaborative involvement of faculty members from the Harvard Medical School, the Harvard Graduate School of

Education, the Harvard Business School and the Harvard School of Public Health in the Institute's three professional programs.

The Institute's basic Program for Physician-Educators has targeted mid-career physicians with no prior experience as educational leaders within the educational programs of their own institutions. After first proposing a year-long project at their home institution, successful applicants have

participated in two intensive ten-day sessions at Harvard. These sessions provide quick immersion in education theory and practice through sessions that combine the themes of learning and teaching, curriculum, evaluation and leadership. Each year, the Institute has received between 140 and 200 applications for 30 positions, demonstrating the success and wide appeal of the Program for Physician-Educators. Past participants from different medical schools already have produced a ripple effect, spreading the enthusiasm and vision for educational change across many medical schools.

The second program operated by the Institute, the Program for Leaders in Medical Student Education, is designed for deans and senior faculty members. It has offered a one-week course on techniques for promoting organizational change for approximately 50 deans, department chairs, course directors and other administrators involved with defining and implementing medical school curricula. Through problem-based learning and case-method teaching, participants consider how educational change could be achieved within the organizational structure of their own institutions. The program has placed special emphasis on developing the specific leadership skills needed to promote change within medical schools.

The Institute's third program has offered a Fellowship in Medical Education Reform to a small number of senior faculty who have been identified as leaders of curricula reform efforts at their home institutions. Fellows are able to consult with appropriate faculty members at Harvard about their specific reform projects. This grant has supported up to five fellowships a year.

Together the Institute's three programs have produced a community of medical education leaders interested in reform. That community now encompasses many of the nation's medical schools. Through the coordinated efforts of this growing group, the Institute hopes to reach its goal of fostering lasting change in medical education.

The Virtual Patient Project

Harvard Medical School and the Beth Israel Deaconess
Mount Auburn Institute for Education and Research
Project Director: Michael Rosenblatt, M.D.

This project differs from earlier programs that used actors as patient-surrogates to help train medical students. Instead this CD ROM-based educational program is being carried out by a group of Harvard faculty at Beth Israel, Mount Auburn and Deaconess hospitals and the Harvard Medical School. Participating faculty members are experienced in both clinical medicine and computerized interactive program development

tracking. Their long-term goal is to create as many as fifty CD ROM teaching programs to represent the central clinical experiences in medicine that should be encountered by every medical student.

With the support of Harvard Medical School and leaders of the Harvard Macy Institute, this new teaching technology includes an interdisciplinary approach designed to provide a patient perspective that keeps the human experience central. The actual products are easily updated teaching tools to help students learn the pathophysiologic aspects of clinical situations on their own time so that student-faculty interaction can focus directly on patient issues, not details of history, physical exam or laboratory findings.

Students follow a decision tree approach, with built-in programmed corrections if a student gets too far off-track. As part of the training, the program keeps a running record of the costs incurred by the laboratory and diagnostic procedures selected by the student. By the end of the Macy startup funding, fifteen such CD ROMS will be at or near completion, allowing the investigators to demonstrate proof-of-concept as they seek additional resources for expansion and dissemination of the products.

Training for Hospitalist Care

University of California, San Francisco

Principal Investigator: Robert M. Wachter, M.D.

Managed care and other health care delivery changes have forced many significant shifts in the practice of medicine. Since fewer patients are hospitalized under managed care, primary care physicians now spend most of their time in ambulatory care settings. The few patients who are hospitalized tend to be sicker and, while their stays may be short, they often need intensive care and highly technical procedures for both diagnosis and treatment. The companion trend to either consolidate or close hospitals has made it increasingly difficult for a patient's primary care doctor to make regular hospital visits, simply because of the travel time and distances required. The collective impact of these trends has prompted the development of a new training track within internal medicine, termed the hospitalist program. These are physicians who practice exclusively in a hospital setting, with patients transferred into their care by their primary physician for the duration of their hospital stay. After discharge, patients return to their own caregiver. These new specialists must maintain their competence in meeting the technical and pharmacological needs of seriously ill patients. They also provide much needed continuity of care for hospitalized patients, a component rapidly disappearing in many hospitals due to cut backs in residents and staff.

With this grant investigators have surveyed members of the National

Association of Inpatient Physicians to identify training needs and, based on the findings, are developing a model hospitalist elective for internal medicine residents. In their final year of funding they will identify research and quality improvement needs, and will evaluate the overall hospitalist residency program as it has developed.

MD2000 Curriculum

Brown University School of Medicine
Principal Investigator: Stephen R. Smith, M.D.

After the visit of an accreditation team in 1990, Brown University School of Medicine began the process of full-scale curriculum reform. Brown's new competency-based curriculum, known as MD2000, was fully implemented in 1996 and since then has been adopted, almost without change, by several other medical schools.

With this award in 1998, under the direction of Robyn M. Tamblyn, formerly of McMaster University in Canada, Brown launched a study to evaluate the impact of this new approach on the practice patterns of its graduates.

Increasing Teamwork Between and Among Multiple Health Professions

NEW INITIATIVES

Support for the PBS television series “Our Genes/Our Choices”

A planning grant to support development of the scientific content of the proposed Public Broadcasting System television series

“Our Genes/Our Choices” (up to \$59,900 for one year)

Beginning Date: February 2000

Completion Date: January 2001

Fred Friendly Seminars, Inc. New York

Principal Investigator: Richard Kilberg

Fred Friendly Seminars, Inc., a non-profit educational organization, is developing a three part series on “Our Genes/Our Choices” to be shown by Public Broadcasting System in 2001. The series will explore the many personal, social, political, legal and medical challenges created by the recent explosion of knowledge about the human genome.

In keeping with its interest in issues surrounding this explosion in genetic knowledge, the Macy Foundation supported the work of an advisory board and other experts to develop the concepts and issues to be addressed by the series. This board also will be responsible for scientific accuracy and the scope of the content.

DNA from the Beginning

A grant to develop 15 genetic-disorder modules for the Cold Spring Harbor genetics website (up to \$548,063 for two years)

Beginning Date: July 2000

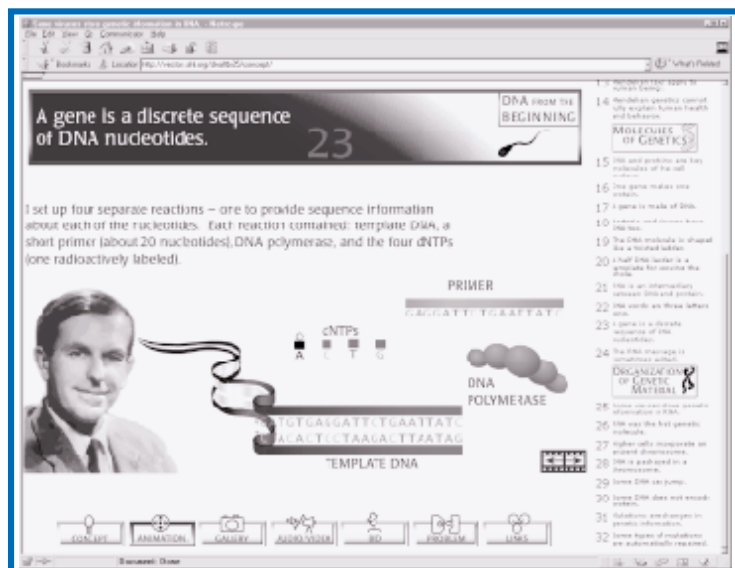
Completion Date: June 2002

Cold Spring Harbor Laboratory DNA Learning Center

Principal Investigator: David Miklos

This grant continues work begun in 1997 when the Macy Foundation supported the development by the DNA Learning Center at Cold Spring Harbor of an interactive website to teach the fundamentals of molecular biology and genetics to interested users from middle school age through adulthood. This website, “DNA from the Beginning,” offers “an animated primer on the basics of DNA, genes and heredity” and was developed

by a team with expertise in biological science, computer science, art and publishing.



A screen page from the Cold Spring Harbor Laboratory's interactive website on molecular biology and genetics

In this second phase, the same team and the same interactive website format will be further developed to look at the disease consequences of some known variations in the human genome. The first disease examined in this format will be cystic fibrosis. Using materials from the Cystic Fibrosis Foundation and other sources, the website will include basic information about the disease, clinical symptoms, epidemiology and frequency of the disorder, the underlying genetics, as well as providing users with a sense of what it is like to have cystic fibrosis.

Based on their experience with this approach, the team will develop similar websites for 14 other genetically transmitted conditions with Macy resources, and will then be in a position to extend their work with long-term funding and resources. Once developed, the websites will be kept current to provide an up-to-date source of reliable information for health providers and patients.

ONGOING PROGRAMS

A Maternal and Child Health Clinical Training Site

University of California San Diego School of Medicine
Principal Investigator: Philip Nader, M.D.

This planning grant supported the design of a new maternal and child health program which will have, at its center, a community clinical training site in maternal and child health that emphasizes training in both medicine and public health with real-life clinical populations and services.

The program is being developed by and based on partnerships between the Division of Community Pediatrics, the Department of Obstetrics and Gynecology and the Department of Family and Preventive Medicine

at the University of California San Diego School of Medicine and the Graduate School of Public Health at San Diego State University. The program includes a community-based clinic that integrates training in medicine and public health and a broad-based partnership with members from both fields.

Macy Scholars Program in Medicine and Public Health

Mailman School of Public Health, Columbia University
Principal Investigator: Allan G. Rosenfield, M.D.

A 1998 Macy Conference, reported in a monograph Education for More Synergistic Practice of Medicine and Public Health, addressed the need to increase respect and understanding between the two professions. Participants concluded that one way to enhance both synergy and mutual understanding would be to increase the number of students earning degrees in both fields. While medical educators have come to recognize the need to include population-based, prevention-oriented material in the medical curriculum for all students, they have also identified a valuable role in education, medical care and the delivery of public health for those with degrees in both medicine and public health.

A number of institutions have tried different approaches toward this goal: some have tried to compress public health content into an already crowded four-year medical school curriculum or have provided a fifth year in public health. The latter approach provides more leeway but does not address the remaining problem of cost and increase of medical students' debt burden.

In addition to assessing the outcomes of past efforts to create MD-MPH programs at other institutions, this award supports 12 medical students per year, chosen from New York City's seven medical schools (Columbia, Cornell, New York University, Mount Sinai, Albert Einstein, Sophie Davis/CUNY and SUNY/Brooklyn) to spend an additional year at the Mailman School of Public Health at Columbia University between the third and fourth medical school year, with funding arranged so that additional debt burden is not incurred for the extra year.

The program will draw upon Columbia School of Public Health faculty in epidemiology, biostatistics, sociomedical sciences, environmental health sciences and health care policy and management as well as faculty from the Columbia School of Business and the School of International and Public Affairs.

An Integrated Curriculum for Substance Abuse and Addiction

New York University School of Medicine
and the Hazelden New York Residential Alcoholism Treatment Center
Principal Investigator: Marc Galanter, M.D.

To bridge the substantial disconnect between medical and community treatment approaches to substance abuse, this project integrates bio-medical treatment approaches with an Alcoholics Anonymous 12-step model. The project brings together Hazelden's Physicians-in-Residence program, which is aimed at residents planning for primary care careers, with the NYU Fellowship program for physicians who intend to specialize in substance abuse treatment.

This effort to link the two disparate approaches builds upon three previous Macy Foundation initiatives: the Morchand Center project of standardized patients, Hazelden-New York's Physicians-in-Residence program for substance abuse, and the 1994 Conference on Training Primary Care Physicians about Alcohol and Substance Abuse chaired by Dr. David Lewis. A curriculum has been developed integrating the best of both approaches. This year the curriculum is being used in both the NYU Fellowship program and the Hazelden Physicians-in-Residence program, with simultaneous efforts to measure its effectiveness. Training and evaluation will continue in the third and final year.

Integrating Population/Community Health into Curriculum Reform

University of Rochester School of Medicine and Dentistry
Principal Investigators: Nancy M. Bennett, M.D., M.S.
and Lowell Goldsmith, M.D.

With its goal of offering a required, year-long community health experience for medical, nursing and public health students, this grant responds to recommendations published in a 1999 Macy Foundation monograph entitled: Education for More Synergistic Practice of Medicine and Public Health. It also conforms to the models for curricular change being developed by the Association of Academic Health Centers and the New York Academy of Medicine. As part of curriculum reform, the faculties of medicine, nursing and public health have been working with the Center for the Study of Rochester's Health, an organization which includes the Monroe County Health Department, to find ways to incorporate a population-based focus. As a pilot-effort, four "Health Action" student electives were offered in the spring of 1998. At that time, 70 medical, nursing and public health students worked in seven teams on

community-based child and adolescent health projects.

This program builds on the experience of the Health Action electives. The program begins at the mid-point of the third year of medical school. After an introduction to the center and to the community health improvement process, teams of medical, public health and nursing students will be formed and supervised by both a faculty member and a preceptor from the community agency. Each interdisciplinary team will select and carry out a Health Action project.

In addition to providing students with an opportunity for interdisciplinary collaboration, the community health experience provides a model upon which to base new approaches for engaging the community in achieving health promotion goals.

Health Promotion/Disease Prevention

University of Pennsylvania School of Medicine
Principal Investigator: Alfred P. Fishman, M.D.

In 1996-97, Dr. Fishman made an inventory of the various research and clinical activities related to prevention taking place throughout the University of Pennsylvania Medical Center. Unexpectedly, he discovered literally hundreds of discrete prevention efforts with little interaction between them. After a May 1997 retreat to review these findings, the Medical Center decided to find ways to coordinate these activities so they would become an integral part of overall education and research efforts within the Medical Center.

This grant supports implementation of integrated programs in health promotion and disease prevention at the Medical Center. A governing forum, headed by Dr. Fishman and based in the medical school Dean's office, awards seed money grants for appropriate initiatives, helps foster interdisciplinary activities, and promotes efforts to incorporate the concepts of health promotion and disease prevention into the medical curriculum. In contrast to many traditional preventive medicine programs which are usually the responsibility of a single department, the goal of the University of Pennsylvania program is to make prevention a visible and valued effort throughout the medical center. It is hoped that this effort can serve as a prototype for other large academic medical centers.

Core Curriculum Development for Students from Several Health Professional Schools

State University of New York at Stony Brook
Principal Investigator: Norman H. Edelman, M.D.

*A core curriculum
for all health
science schools
will advance
interprofessional
communication
and serve as a
prototype.*

The growth of ambulatory and managed care has made a team approach to care delivery increasingly important, and at the same time has highlighted the need to improve understanding and foster mutual respect among health professionals.

Dr. Edelman and fellow deans at Stony Brook have identified a number of skills and content areas that are common to the curricula of the health science schools. Interprofessional communication is the essential starting point for course development. This core content includes such topics as medical ethics, medical terminology, issues in health policy

and health care delivery, legal aspects of health care, introduction to research methods, communication and counseling.

As a pilot effort, the Common Interest Core is being offered for 12 weekends as a three-credit elective course for students from medicine, nursing, dentistry, social welfare, health technology and management. This effort to identify a core of common interest and instruction in a common setting could provide a prototype for other interdisciplinary educational programs.

Institute for Academic Nursing Practice

University of Pennsylvania School of Nursing
Project Director: Norma M. Lang, Ph.D., R.N.

As the demand for primary care has grown, the University of Pennsylvania School of Nursing has established a number of clinics, known as the Penn Nursing Network, to provide such care for specific patient populations in the Philadelphia area. Advanced-practice nurses manage and staff these practices and ambulatory care clinics with varied levels of physician input and collaboration depending on need. This innovative approach to primary care has proven so effective that the Penn Nursing Network clinics have been regularly visited by faculty from other nursing schools who want to learn how academic standards can be maintained while nurses provide optimal care in non-traditional settings. This project formalizes the role already played by the University of Pennsylvania by

establishing two week-long summer educational programs to serve as a resource for 20 university nursing schools.

The Macy Foundation Educational Institute for Academic Nursing Practice at the University of Pennsylvania was offered in the summers of 1999 and 2000. Each session accommodated three representatives from each of 10 selected schools of nursing. The goal of these institutes was to provide guidance for the replication of advanced-practice nurse clinics as teaching sites in other university-based schools of nursing.

Genetics in Primary Health Care

University of Minnesota

Co-Principal Investigators: Dianne M. Bartels, R.N., M.A.,
Bonnie S. LeRoy, M.S. and Patricia M. Veach, Ph.D.

The number of trained and certified genetic counselors in the United States has failed to keep up with growing demand as researchers discover new links between genetics and susceptibility to specific diseases. The focus of today's genetics is no longer solely on single-gene and rare disorders such as Huntington's disease but has moved to more complex and common disorders, including several types of cancer. This change has increased the need for informed genetic counseling in primary care settings.

This project evaluates the current state of genetic counseling, assesses provider practices, and identifies the needs of current genetic counselors. Investigators are also working with the American Medical Association, the American Nursing Association and the National Society of Genetic Counselors to identify current pressures on primary care providers in the realm of genetic counseling. Investigators are developing educational materials to help primary care providers present genetic information to patients, with special attention to sensitive ethical issues.

Educational Strategies to Increase Care for Underserved Populations

NEW INITIATIVES

A Monograph on Physician Supply

A grant to support the preparation and publication of a monograph entitled "Supply of US Physicians 2000-2020" (up to \$61,000 for 18 months)

Beginning Date: February 2000

Completion Date: July 2001

Eisenhower Center for the Conservation of Human Resources,
Columbia University

Principal Investigators: Eli Ginzberg, Ph.D.
and Panos Minogiannis, M.S., A.B.D.

For several decades, Dr. Ginzberg, a noted health economist, has provided continuing and valuable assessments of the variations and trends in health manpower. His current studies explore the potential mismatch between the numbers of physicians being trained in the United States and the anticipated need for their services. His, and other, studies have concluded that the nation now has a physician surplus of about 20 percent, or about 150,000 of the 750,000 practicing physicians, with more being trained each year. Compounding the basic problem of too many physicians, the move to train more generalists that started early in the 90s seems to have been short-lived while the trend to training of more specialists appears to be continuing.

In this new effort, Dr. Ginzberg will direct a staff of young social scientists, headed by senior economics research associate Panos Minogiannis. This group will analyze these and related trends in health manpower and publish their findings in a monograph, along with recommendations for correcting those imbalances that are identified.

ONGOING PROGRAMS

Academic Primary Care Faculties

Boston University School of Medicine

Principal Investigator: Robert H. Friedman, M.D.

This grant supports an essential data collection phase of the National Study of Academic Primary Care, a survey of the current status, problems and issues confronting primary care faculties in the nation's medical schools. The design and analysis phases of the study have been funded by the

Health Resources and Services Administration, a federal agency which is part of the Department of Health and Human Services. Because federal agencies are prohibited by law from certain categories of survey activity on the American population, either directly or indirectly, independent funding was needed to carry out the data collection phase of the study.

Based on information gathered from the deans of the nation's 125 allopathic and 19 osteopathic medical schools, the study evaluates the current status of academic primary care faculties, as well as general attitudes towards primary care and plans for future support. In addition to the deans, the chairs of family medicine, general internal medicine and pediatrics are being asked to assess their programs and the levels of support. A final report will be prepared based on analysis of the collected data. These data will also serve as the basis for several papers to be published in peer-reviewed journals.

Family-Centered Core Curriculum

The Uniformed Services University of the Health Sciences
Principal Investigators: Col. Virginia F. Randall, M.D., M.P.H.
and Janice L. Hanson, Ph.D.

Families with high-risk patients - either children with disabilities and special health care needs or adults with chronic illness - have intense and frequent experiences with the health care system. This project has developed a teaching program based on the experiences of a group of families with special needs and is designed to incorporate this program into the curriculum as a strategy to teach a family-centered approach to primary care.

In a pilot project involving some 70 families of children with disabilities and special health needs, the pediatric faculty at the Uniformed Services University of the Health Sciences observed that the core competencies of physicians, as identified by parents of children with special needs, provided a useful basis for a more family-centered approach to medical education. This project builds upon those initial findings to include the experiences of adult patients with chronic illness and their family members, again with the goal of identifying the specific skills needed by medical students to improve their ability to provide family-centered care.

The immediate beneficiaries of this effort will be students at the USUHS and military families throughout the world. When they complete their military service, though, many of these physicians will practice and teach in the civilian sector which will also benefit from this family-centered approach. The project findings may be especially valuable to families of high-risk patients who have been negatively affected by rapid changes in the health care system.

Health Professions National Service Program

University of Rochester School of Medicine

Principal Investigators: Jules Cohen, M.D. and Karen C. Pryor, M.S.

In May of 1997, the Macy Foundation funded a feasibility study for an updated version of the National Health Service Corps that would help new medical school graduates complete their training in a way that would help relieve their debt burdens and, at the same time, provide care to underserved areas and populations. Largely because the existing National Health Service Corps does not allow for completion of graduate training or address the issue of the debt burden faced by most new physicians, enrollment has dropped dramatically.

The concept for this new approach was developed after discussions with groups from academic medicine and the federal agencies responsible for the National Health Service Corps. A feasibility study for a revised program has now been completed and pilot academic health center sites have been selected from diverse geographic locations.

The Association of Academic Health Centers has become a collaborating partner in this project. In addition, investigators have also had extensive input from such groups as the National Council on Graduate Medical Education, the Institute of Medicine, representatives of academic nursing and medicine, and involved government agencies. This project is intended to provide the framework needed to permit the revitalized Health Professions National Service Program to seek federal support for large-scale implementation.

Primary Care Training in Underserved Communities

Sophie Davis School of Biomedical Education,

City University of New York Medical School

Principal Investigator: Marthe R. Gold, M.D., M.P.H.

The Sophie Davis School of Biomedical Education of the CUNY Medical School offers a five-year integrated baccalaureate and pre-clinical medical program, with subsequent clinical training completed at one of the cooperating New York medical schools. Sophie Davis has one of the highest proportions of minority medical student enrollment in the country. All students have committed to serving at least two years after residency training as primary care providers in one of New York's many underserved communities.

To expand its dual commitment to both minority students and underserved

communities, the Sophie Davis School has developed a formal affiliation between CUNY and nine health centers in New York's underserved communities. The school is working with selected clinical faculty at those health centers and is developing an Introduction to Primary Care curriculum, which will form an 11-week block during the fourth year of the CUNY medical sequence (which is equivalent to the first year of medical school).

The health clinics serve as sites for courses in medical interviewing and physical diagnosis, and expose students to first-hand experience in a community setting. Students also participate in research projects at the clinics.

Training for Medical Leadership and Managed Care

The National Public Health and Hospital Institute in cooperation with the Robert Wagner School of Public Service, New York University.
Project Director: Jo Ivey Boufford, M.D.

Although physicians in leadership positions at the nation's "safety net" public hospitals are fully committed to the survival of their institutions, many lack the skills needed to manage as efficiently and effectively as their competitors at other institutions. These training institutes, completing their second and final year, have been designed to equip these physician leaders with the skills needed to meet the growing challenges to these public hospitals.

A primary goal has been to teach physician directors and department chairmen both the business and clinical skills of managed care and medical leadership. A secondary objective is the creation of a peer network of trained leaders committed to maintaining and strengthening the nation's public hospital system.

Minorities in Medicine

NEW INITIATIVES

Herbert W. Nickens Memorial Awards

Support of one faculty fellowship and five student scholarships in each of the first two years of the Herbert W. Nickens Memorial Fund (up to \$80,000 for two years)
Beginning Date: January 2000
Completion Date: December 2002
Association of American Medical Colleges
Principal Investigator: Vanessa Northington Gamble, M.D., Ph.D.

As founding Vice President for Community and Minority Programs at the AAMC, Dr. Herbert W. Nickens designed and directed the Association's "Project 3000 by 2000," aimed at increasing the number of under-represented minority students qualified to compete for admission to the nation's medical schools. When Dr. Nickens died in 1999 at the age of 51, the AAMC established the Herbert W. Nickens Memorial Fund in his honor with a one million dollar endowment as its goal, to continue his pioneering work for minorities in the medical profession.

Recognizing that some time would be needed to accumulate endowment funds, the Macy Foundation grant is intended to provide the support needed to allow the fellowship and scholarship programs envisioned by the fund to get underway at once. In each of the first two years of the Herbert W. Nickens Memorial Fund, the Macy grant will provide a fellowship for one minority junior faculty and five annual scholarships of \$5,000 each to outstanding minority medical students. At the completion of the grant period, it is expected that the endowment will be sufficient to perpetuate both the fellowship and scholarship awards.

ONGOING PROGRAMS

Female Medical Faculty Careers

Massachusetts General Hospital and
the Harvard Medical School
Principal Investigators: Phyllis L. Carr, M.D. and Thomas Inui, M.D.

Although women now make up about 40 percent of medical students nationally, they are still greatly underrepresented on medical school faculties, particularly at the senior levels. This project is intended to provide greater understanding of determinants that affect the careers of female faculty members by identifying factors that enhance career

productivity and satisfaction and those that impede faculty progress.

In the past, the investigators have utilized a large data set gathered by the Association of American Medical Colleges concerning faculty careers of women and minorities, to look at the variables that affect the progress of minority faculty members. This study uses that data set to look at the same issues as they affect female faculty. Investigators also plan to conduct follow-up interviews on mentoring, negotiating, and discrimination experienced by female and minority medical school faculty members as well as assessments of the relationship of family responsibilities to career productivity. As has been done with the earlier assessments, the findings will be published in peer-reviewed journals.

New York Post-Baccalaureate Program Assessment

Associated Medical Schools of New York
Project Director: Marc Nivet, M.S.

In 1991, the Associated Medical Schools of New York, in cooperation with eight of the state's medical schools, established a post-baccalaureate program to improve the qualifications of minority students who narrowly missed acceptance to a participating New York medical school. Under the program, such students could undergo an assessment of areas that needed strengthening. They could then take and successfully complete additional pre-medical school courses as further preparation. After successful completion, they would then have a summer enrichment program and be admitted (by prior agreement) to the participating New York medical school to which they had applied.

After six years, the program had reached the maximum funding provided

Successful graduates of the Associated Medical Schools of New York's post-baccalaureate program on their way to medical school



by the federal Office of Disadvantaged Assistance Health Career Opportunity Program, forcing the leaders to reduce the scope of the program even though informal assessments suggested the goals were being met.

Macy funding has permitted the program to continue while a more formal evaluation is completed. The program is contributing significantly to the growing numbers of physicians from underrepresented minorities currently being educated in New York State.

Neurology Fellowships for Minority Physicians

Beth Israel Medical Center and St. Luke's/Roosevelt
Hospital Center, New York City
Principal Investigator: Susan Bressman, M.D.

Even though stroke is a major cause of disability in African-American, Latino and Asian-American populations, minority physicians are underrepresented in the practice of neurology.

With the special opportunity afforded both by their location and the sizable minority populations in their care, Beth Israel and St. Luke's/Roosevelt are increasing efforts to attract minority physicians to the practice of neurology by offering this training fellowship. Native New Yorkers are given preference for training fellowships, since a stated goal of the program is to increase specialty care in targeted minority communities within New York City. The program also aims to increase minority participation in stroke prevention and effective treatment programs.

Substance Abuse Training for Minority Medical Students

National Medical Fellowships, Inc.
Project Director: Maritza Myers, M.P.H.

This program is designed to meet two needs by training physicians in the field of substance abuse diagnosis and treatment and fulfilling an urgently expressed need from minority populations for physicians from their own communities who have that special expertise.

In 1996, the National Medical Fellows Inc., the only national non-profit organization providing scholarships and fellowships to minority medical students, began a pilot program in substance abuse treatment training. Instruction is provided by the National Center on Addiction and Substance Abuse at Columbia University (CASA) and the University of Pennsylvania Center for Studies of Addiction.

Initial funding for the program was provided by Pew Charitable Trusts and the National Institute of Drug Abuse. This grant supports an expanded program over three years, after which it is anticipated that federal and other support will be more readily available.

The expanded program will support training for a total of 45 additional minority physicians in substance abuse research and treatment during the course of their medical education.

Minority Faculty Summer Research Fellowships

Marine Biological Laboratory, Woods Hole, MA
Project Director: John E. Burris

Many of the summer biological research and education programs offered by the Marine Biological Laboratory are unique. This is especially true of programs in mycology and parasitology, which are sparsely populated fields of academic microbiology. Participation in these programs may provide a major competitive advantage for scientists seeking faculty positions or advancement at medical schools where research is a major qualification. This fellowship program for minority scientists aims to improve the medical school faculty employment opportunities for this underrepresented group through both faculty mentoring and expanded opportunity for laboratory research. Summer fellowships cover participation costs for three junior or senior minority scientists at Woods Hole. In addition, the fellowship provides support for one student each to share in the Woods Hole experience with the faculty fellow.

Biological research student and mentor at Marine Biological Laboratory



Macy Conferences

Education of Health Professionals in Complementary/Alternative Medicine

Support for a November 2000 Macy Conference in Phoenix, AZ
Chairman: Alfred P. Fishman, M.D.

In the continuing tradition of addressing issues in health professional education, the goal of this Macy Conference is to provide guidance on an issue many medical schools have all but ignored, the use of complementary and alternative medicine therapies. Because of their increasing and widespread use, medical education needs to recognize and address these non-conventional approaches to health care. The task is complicated by the relative lack of data on the efficacy and appropriate usage of these therapies which makes it difficult for medical schools to assess precisely what and how much to teach their students about these therapies.

The conference should offer both guidance and recommendations about the kind and amount of education that medical schools should provide in the area of complementary and alternative medicine. Drawn from both academic medicine and complementary medicine, conference participants will attempt to identify the role health professional education should assume in clarifying the present somewhat confusing situation for practitioners and patients.

Enhancing Interactions Between Medicine and Nursing: Opportunities in Health Professional Education

Support for a July 2000 Macy Conference in Bermuda
Chairman: Sheila Ryan, Ph.D., R.N.

Continuing a four-decade tradition of exploring ways to improve the education of health professionals, the Josiah Macy, Jr. Foundation planned a conference to identify educational strategies for improving interactions

between the professions of medicine and nursing. Held in Bermuda, July 2000, the conference agenda was developed by a planning committee chaired by Dr. Sheila Ryan, Charlotte Peck Leinemann and Alumni Distinguished Chair and Professor, University of Nebraska Medical Center College of Nursing. In keeping with the usual Macy Conference format, invited attendees from both medicine



Josiah Macy Jr. Foundation Board members
at our Medicine and Nursing conference



and nursing spent two and one-half days analyzing current roadblocks to closer working relationships between the two professions and assessed existing programs aimed at improving the current situation. They developed a set of recommendations on ways to improve education of both nurses and physicians to improve interactions between the two professions.

Participants in the recent Macy conference — Enhancing Interactions Between Medicine and Nursing

Macy-Morehouse Conference on Primary Care for the Underserved

Support for a September 1999 Macy Conference in Atlanta, GA
Chairman: Henry W. Foster, Jr., M.D.



From left:
Louis W. Sullivan, M.D.,
President, Morehouse
School of Medicine;
Henry W. Foster, M.D.—
conference Chairman;
and June E. Osborn, M.D.
at the Macy-Morehouse
conference on Primary Care.

This appropriation supports two Macy-Morehouse Conferences on Primary Care jointly sponsored by the Macy Foundation and the Morehouse School of Medicine. The ultimate goal of the conferences will be a set of recommendations to strengthen health professional education in ways that will enhance the access to and utilization of health care by the underserved. The first conference took place in Atlanta in September 1999. That conference explored the history

and background of primary care and examined the current status of primary care for underserved populations. The conference in 2002 will explore future scenarios of health care access and utilization, and will focus on specific educational strategies needed to prepare health professionals to meet the primary care needs of the underserved. The second and final conference is intended to coincide with the dedication of the National Center for Primary Care currently under construction at Morehouse.

Staff Grants Awarded

Fiscal Year 1999-2000

Amfar AIDS Research Foundation

To contribute to the continuation of AIDS research programs \$ 5,000

Bay Area Video Coalition — San Francisco

Video training project to teach cultural competence and diversity skills to postgraduate students in psychiatry, psychology, primary care, social work, counseling, allied mental health disciplines and nursing 25,000

Center for Women's Health at Columbia University

To support a symposium on Women's Health for health care professionals 15,400

The College Fund (UNCF)

To support the College Fund/UNCF Premedical Summer Institute at Fisk University 10,000

Global Strategies for HIV Prevention

To assist in worldwide distribution of the Durban Declaration supported by doctors and scientists who affirm HIV as the cause of AIDS 10,000

Health, Safety and Research Alliance of New York State, Inc.

To support a project to educate the public concerning the responsible use of animals in research and safety testing 5,000

National Association of Medical Minority Educators

To partially support a Pre-Health Advisory Seminar to increase the numbers of underrepresented minority students who choose health careers 10,000

National Public Radio

To provide partial support for on-going training of a health journalist at National Public Radio 25,000

New York Academy of Medicine

To support a symposium sponsored by the New York Academy of Medicine Center for Urban Bioethics entitled: *Bioethics in the Urban Context: A National Symposium* 10,000

New York Long-Term Care Ethics Network

To support the continuation of the Long-Term Care Ethics Network 15,000

New York Public Library

To provide free access to health information for the public, to expand information collections and train staff for the Community Health Onsite Information Centers program (CHOICES)

15,000

Partnerships for Quality Education/Harvard Medical School

To evaluate the Partnerships for Quality Education initiative on intensive ambulatory practice-based experience for residents in primary care

25,000

Physicians for Human Rights

To address racial and ethnic bias in diagnosis and treatment in the U.S. health care system

25,000

The Population Institute

To support the implementation of the Program of Action established at the International Conference on Population and Development

5,000

Roswell Park Cancer Institute — New York

To support a project to expand the pool of nurses who are adequately trained to work with cancer patients and to retain more nurses in the field of oncology

5,000

Society of Professors of Child and Adolescent Psychiatry

To partially support a Year 2000 meeting to enhance graduate and postgraduate medical education, patient care and research in the field of child and adolescent psychiatry

10,000

State University of New York Science Center at Brooklyn

To provide partial support for the Second National Conference on Quality Health Care for Culturally Diverse Populations

25,000

Tufts/Northeastern Dual J.D./M.P.H. Program

To support a conference at Northeastern School of Law to forge new collaborations between public health professionals, lawyers and legal academics

5,000

United Hospital Fund

To support a one-year analysis of “model practices” in ambulatory care utilizing 20 New York City ambulatory care centers

3,600

University of California — San Francisco

To support the Fourth International Medical Workforce Conference

20,000

University of Vermont	
To support the activities of the Medical Alumni Association	1,000
Yale University	
To support the publication of a supplement to the <u>Journal of General Internal Medicine</u> that will focus on the care of patients who have substance use disorders	20,000
VZV Research Foundation	
To partially support the production and dissemination of a booklet dedicated to providing information on post-herpetic neuralgia: <u>Living with PHN: A Survivor's Guide</u>	10,000
Total:	<hr/> \$ 300,000