2002

Josiah Macy, Jr. Foundation Annual Report

Report of the Josiah Macy, Jr. Foundation

For July 1, 2001 through June 30, 2002

Josiah Macy, Jr. Foundation
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www.josiahmacyfoundation.org

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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.

A Heritage of Philanthropy

Mrs. Ladd descended from Thomas and Sarah Macy, who immigrated 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.

In the early part of the 1990s considerable emphasis was placed on health educational strategies that would enhance primary care in the U.S. health care system. Then, with the retirement of Dr. Thomas Meikle, Jr. as the fifth president of the Foundation, the Board of Directors of the Macy Foundation devised a policy statement to give focus to discussions with potential successors for that position. Central among the points made in that statement was the mission to "develop, monitor, and evaluate projects which demonstrate new approaches to addressing problems in health professions education."

With the guidance of that mission statement, the new president, June E. Osborn, M.D., formulated four areas of particular emphasis in grant-making. They are: 1) projects to improve medical and health professional education in the context of the changing health care system; 2) projects that will increase diversity among health care professionals; 3) projects that demonstrate or encourage ways to increase teamwork between and among health care professionals; and 4) educational strategies to increase care for underserved populations.

While no effort is made to achieve a strict proportion of Foundation activities across the four areas at any one time, an overall balance is attempted. In addition, they provide useful guidance in assessing the relevance and importance of grant proposals as well as in determining and designing conferences sponsored by the Macy Foundation.

Kate Macy Ladd (1863-1945) — A Woman of Foresight

President's Statement

Much of the year just past has been dominated by concerns that were once unthinkable. As we have learned the details of the attacks of 9/11/01 and their sequelae — including the debut of anthrax as a threatening shadow and the persistent specter of smallpox risen from its grave — we have been forced to expand our imaginations with respect to the limits of evil. Established strategies, designed to meet familiar if expanded threats, have come to seem like foolish idealism in the face of unfettered terrorist ambitions. And new efforts to understand our ongoing peril have been crippled by a lack of appreciation of the extreme ranges of human variation — including both the possibility of unmitigated evil and the patent danger posed by genuine zealotry. It is truly sad that in our society, which has done so much to advance and celebrate human diversity, such lessons were forced upon us. It seems likely that we are all still grieving as we continue to pay the price for a hard lesson learned.

The need to regain and sustain momentum has been as challenging institutionally as it has been personally. The mission of the Macy Foundation, as delineated in 1931 by Mrs. Kate Macy Ladd, has been to improve the education of health professionals, drawing from the whole range of advancing knowledge from biology to the social sciences. To that end she urged that the Foundation deal with ideas rather than physical structures, and that it undertake few projects rather than many. Thus the Macy Foundation was positioned from its inception to play a unique and central role in trying to advance and improve health professional education.

Success in that task comes slowly, by definition, for the outcome of an intervention is often much delayed. And well-conceived efforts can be met with disappointment: on one occasion or another, members of the Macy Board have even commented, with exasperation, that "we've been trying to fix that for years! What good does it do to try again?!" I suppose that the generic answer is that "it" hasn't worked well enough to date, but if the need for improvement is important, it is imperative to keep trying for we are often alone in the effort.

But what is "it"? What needs fixing? When discussing American health and health care, many answers come to mind. Clearly there are issues of health care financing and delivery that are assuming awesome importance in our nation's economy and are (or should be) challenging the country's sense of fairness and equity. A startlingly large wedge of our economic

pie chart is occupied by health care costs. And yet a daunting forty million of our people — most of them employed but unable to afford the escalating cost of health insurance — are uninsured and thus unprotected against unpredictable or chronic illness. For them there is no system at all — or at least not one that is accessible. How very frightening it must be to know that helpful, healing capabilities are "out there" and yet to find oneself excluded — to have to press one's nose helplessly against an impervious windowpane blocking access to care. Those anxieties must be even more powerful as the new, unimaginable threats of terrorism are tacked on to a lengthening list of worries.

Clearly a health-literate public would be better able to deal with the uncertainties that unsettle us all at present; and their uniform access to what is available would ease the way to an effective overall response to both the chronic and the unique fears we now face. For instance, recently I listened with sadness to a tense diatribe about what should be the exact boundaries of "post-traumatic stress disorder (PTSD)." The issue arose from the fact that insurance costs of mental health care have been widely disallowed in our gerrymandered system, such that much of the terrible aftermath of 9/11/01 lay in a "gray zone" of coverage. The speaker argued that sharp definitions of PTSD were important since their boundaries would determine who could seek (that is to say, afford) help. How tragic that our brave new world of coping with terror should be contorted by such concerns. The on-going "parity" debate is ironic in itself, since no one can rationally separate biologic, neurological and "mental health" functions. And yet that contentious issue continues to becloud such dominant needs as mental health care, substance abuse treatment, and now PTSD. Interestingly, some specific governmental responses to 9/11/01 have tacitly acknowledged the irony of that distinction. Indeed, the whole "parity" argument has been finessed as well, at least for the moment, with inclusive provisions that allow for intervention in the face of post-traumatic stress symptoms, even when the full precision of a diagnosis of PTSD may not yet have been achieved.

In any event, the needs of the U.S. health care system are vast, both in the context of parity and in the absolute matter of access to care, and they have only been intensified by our recent urgencies of need.

As to the recent challenges, it has been gratifying to follow the instruction of the Macy Board with respect to 9/11/01. The need for immediate help

has provided a vent for the urge to be of use; the general outpouring of aid and energy and resources goes far to affirm belief in the essential goodness of humankind. In the case of the Macy Foundation, the "Post-9/11" special fund for projects of direct relevance both to the tragedy and to the Macy Foundation's established themes of philanthropy was a new vehicle created by the Macy Board to that end (see page 38).

In the bigger picture, though, as a small foundation we cannot tackle health care financing, delivery of care, or public health education *per se* — they are beyond both our mission and our means. Fortunately there are other, larger foundations that take on those enormous issues as their main mandate.

There is, however, the area that is distinctly in our purview — that of health professional education; and there the opportunities for intervention and improvement are several-fold. Fifty years ago, the need to understand acute illness and strive for cure gave impetus to biomedical science, and the results have been extraordinary — indeed, they have threatened to overwhelm students and teachers alike in health professional education. And the advancing edge of insight keeps moving.

But now adaptation to that flood of information seems to be the easier direction to go. Admittedly, there is need to find ways to incorporate the exponential growth of scientifically valid information into the knowledge base of health professionals, and the tasks of teaching and learning have escalated commensurately. It has long been evident that the "half-life" of specific health-relevant facts was being shortened; now that interval is so brief that something taught early in medical school may not still be valid as the learner enters practice five or seven years later. The imperative need for a habit of "life-long learning" has surely been established.

Happily the advent of computer-based instruction has been timely. There is still a caveat: what isn't known must be appreciated for its uncertainty. But as long as one knows enough to ask a question, a currently valid answer can be found more readily than in the past. Some of the present and recent grants of the Macy Foundation have been focused on demonstration of the utility of information technology to organize and/or update current information.

As noted above, however, that is the easier part: for adroitness in use of scientific facts does not, of itself, equate to excellence in health care, just as the rate of learning of a few thousand foreign words does not equate to fluency in that language. Whether it be facts or elements of vocabulary, the trick lies in converting them into graceful usage. In the case of health care, that means that they must ultimately be put into service to augment

our ability to deliver personal and compassionate care. And therein lies the challenge to health professional education.

Thus it is that I return, each time I embark on this analysis, to the conviction that our efforts must center on how to improve the usability of that which is included in the curricula of medicine, nursing, dentistry, public health, pharmacy and allied health professions. That premise underlies our major initiative in health communication. It informs our interest in psychiatry and related mental health professions, neglect of which threatens the usefulness of myriad other insights. And, at its very core, that focus on patient/physician communication and professionalism is what is most needed — but severely threatened — as our increasingly diverse population and our newly worrying external environment evolve. In short, in the face of increasing scientific complexity and decreased time available for patient/care-giver interaction, we must find ways to improve the central skill of communication among health care professionals, and to hold fast to the magical importance of "bedside manner" in deploying our advancing excellence in biomedical insight.

A number of approaches taken by the Macy Foundation in recent years can be assessed in light of that emphasis on patient/health professional interaction. Several of them involve strategies of patient simulation or surrogacy of one sort or another. The most well-entrenched, by now, is the simulation of patients by use of actors — schooled to feign an illness or condition — who test the interpersonal aplomb of health professional students in sensing and dealing with the anxieties and agonies of illness. So useful has this strategy proven to be, as a means of training students without imposing on or delaying care of genuinely suffering patients, that it has achieved nearly universal use. In fact it now is elevated to what many view as the ultimate imprimatur of acceptance: a segment of the testing of medical students on the National Boards. The surrogate patient strategy has been quite central to the Health Communications project that is an ongoing centerpiece of the Macy grant program, and indeed the University of Massachusetts at Worcester, a key site for our current project, will be one of the established sites for national testing as it comes on line as part of national board examinations.

A different way of separating the teaching of compassionate bedside care from purely factual assessment has been undertaken at the Beth Israel Deaconess Mount Auburn Institute for Education and Research in conjunction with Harvard Medical School, in an effort entitled "The Virtual Patient Project." In that endeavor the data-driven analysis of disease presentations has been converted for teaching purposes into a CD ROM-interactive format, so that students can exercise recall and learn to synthesize diagnostic findings and laboratory data at their leisure.

Hopefully, that use of computers frees "bedside" interaction time for mentors to underscore for their students the human and personal side of illness. Clearly the task of adapting didactic classroom material to interactive presentations is onerous and long-term in its aspirations; but it lends itself well to updating as well as self-paced instruction, and promises to provide a useful vehicle for a "lifetime of learning" approach to clinical medicine. The Macy Foundation support at the outset of that effort has provided initial "proof of concept" and momentum, which now can be developed and enhanced more broadly.

Yet another use of simulation or surrogacy is the deployment of realistic patient "simulators" — highly sophisticated, computerized life-sized mannequins — for use in the instruction of students about responses to the urgent necessities of emergency care. As every health care professional knows (usually with sad or at least anxious memories), the mantra of past times in urgent care was "see one, do one, teach one." What that meant in real life was that beginners, of necessity, got their initial experience with life-saving techniques by practicing directly on people in desperate straits.

Now, in a Macy-funded project undertaken by the Heath Science and Technology Center of the Massachusetts Institute of Technology, mannequins have been programmed to react physiologically (well or badly) to interventions by neophyte health care professionals in defined situations. If a student gets it right and a sign of distress is alleviated, one can hear and observe the resultant easing of the "crisis." If the care-giver's response is misdirected, the mannequin expresses extreme anxiety (or worse) along with programmed physiologic indicators of distress. What is more, the simulated reactions, however dire, can be slowed down: that is, there can be a pause in responses to ill-advised therapies so that the neophytes, in consultation with an instructor, can learn from decisions that have gone awry. In short, true disaster can be contemplated but averted; yet the realism of the situation is such that lessons of life-or-death intervention can be deeply (and safely) learned.

Thus at several levels, simulation of patients by way of new technologies has come to the aid of health professions educators. These projects provide hopeful and promising modes whereby new technologies can meet the challenges of delivering new insights to the arena of actual health care.

And yet, when I think about these strategies, there is clearly room for improvement, for there is by definition no such thing as a "virtual patient," much less a virtual care provider. There is a limit to surrogacy. The ability of freshly trained health professionals to interact personally with their

patients in the interest of their health and well-being must, at some point, be put to the direct test. Mercifully there are times — usually in traumatic or acute situations — in which gruff or taciturn intervention serves, at least in the short term. But far too often disparities in education, experience, attitude or culture actually interfere with well-informed and well-intended delivery of care.

Such lack of what has sometimes been referred to as "cultural competency" may have outcomes as dire as would stark ignorance. In a striking reportorial account, Ann Fadiman described the relentlessly disastrous outcome of a complete cultural mismatch between well-trained and dedicated American physicians and a Hmong family in California; as they tried to treat the little Hmong daughter who had presented with a progressively disabling convulsive disorder, the chasm of misunderstanding widened steadily. There were no villains in the tragedy, and yet the end result was lethal. The book in which Ms. Fadiman tells the story, The Spirit Catches You and You Fall Down, should surely be required reading for health professional students as they attempt to grasp the range of human diversity and the extent to which failure to appreciate it can impede health care interactions.

Linguistic barriers are difficult in themselves; as our urban complexity has been amplified, thirty or more languages may be needed in urgent care settings to interpret minimally the needs of patients seeking care. But appreciation of the cultural innuendoes that accompany such heterogeneity can be even more critical to achieving healthy outcomes of care. Our western insistence on "evidence-based medicine" serves us well up to a point — but we can be thwarted, if not gainsaid, when perceived heterocultural experience and/or beliefs contradict western wisdom.

It is a dramatic fact that more than half of patients seeking standard health care in the United States are also participants in one or more "complementary or alternative medicine" approaches. It is even more striking to note that almost two-thirds of those do not tell their western-trained physicians about the alternatives they are using, even though the mixture of approaches may not be wise or even safe. That suggests uneasiness on the part of patients about the hardiness of their relationship with their physicians, even though it is clear that the latter is fundamental to the functions of care and healing.

Thus the efforts to improve health communication extend naturally to an appreciation of diversity of language, culture and ethnicity of persons in need of care. But there is another facet of diversity that is at least as important: health care professionals, too, should reflect the remarkable

and growing variety of people and cultures in our society. Indeed, recent studies have provided distressing documentation that lack of diversity of health professionals can have a direct and measurable negative impact on quality of care. At present there is a striking (and increasing) under-representation of minority practitioners and students in the health professions, even as we approach a time not so far in the future when the "majority" will become simply a plurality in our diverse society. A number of Macy Foundation programs have been undertaken in order to speak directly to that need.

Finally, as we try to find special strategies in health professional education whereby the Foundation can make a difference, the issue of teamwork arises. There are many health professions for a reason — and yet a remarkable amount of the current malaise and dysfunction in the health care system can be traced to lack of coordination among health professionals. The potential for synergy is lost when that occurs — and the concept of "teamwork" in learning, teaching and practice thus constitutes another focus of our efforts.

In summary, our mandate to deal with matters of health professional education does not leave us out of the loop in the current health care crisis. Rather, the long lag time inherent in training to a high level of professional excellence puts our efforts at the forefront of need to adapt thoughtfully to current forces for change — both expected, through demographic trends and biomedical advance, and urgent, through current exigencies of terrorism.

Several points deserve emphasis. First, our radically changing world makes issues of health care more urgent than ever. Aging, with its chronic conditions and lingering illnesses, tests skills that were perhaps less central when acute diseases were front and center and lent themselves to brisk intervention and even cure. Second, justifiable pride invested in our expanding knowledge of health maintenance, disease prevention and disease management should by tempered by an awareness of potential inability to deliver effective care. Some of the inability arises from health economic considerations or strategies of delivery; we must not shrink from that awareness. But we must also worry about the potential loss, in all this complexity, of the humane aspects of care-giving and the importance of compassion. That, in turn, is made especially problematic and difficult if we fail to acknowledge and respond to the diversity of populations in need of care. And ultimately, the importance of that aspect of care is made all the more serious by a relative lack of diversity among health care providers — with demonstrably negative impacts on the health of the public.

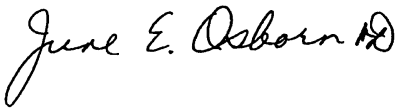
These thoughts lie behind the programs and strategies of grant-making presented in this report. As mentioned before the four areas of principal attention are:

Projects to improve medical and health professional education in the context of the changing health care system;

Projects that will increase diversity among health care professionals;

Projects that demonstrate or encourage ways to increase teamwork between and among health care professionals; and

Educational strategies to increase care for underserved populations.



June E. Osborn, M.D.

Programs

Minorities in Medicine

NEW INITIATIVES

Women in Medicine

A grant to support the study of women physicians, 1970s through 2000
(up to $277,412 for two years)
Starting Date: July 2002
Completion: July 2004
University of Pennsylvania
Principal Investigator: Jerry A. Jacobs, Ph.D.

The last comprehensive assessment of the impact of women physicians on American medicine was made at a 1976 Macy Conference on Women in Medicine. Since that time, little has been written about the topic so any recent information is mostly anecdotal. This study will address that gap, using a number of existing databases to examine the impact of the growing numbers of women physicians on the practice of medicine over the past 30 years.

In the course of the study, the principal investigator, Jerry A. Jacobs, who is Merriam Term Professor of Sociology at the University of Pennsylvania, and a post-doctoral fellow will look at a number of specific questions, including why women enter medicine; the course of their professional development during medical school and their choice of specialty; whether women practice differently from men; where women practice and the impact of managed care on that choice.

The impact of growing numbers of women physicians on American medicine will be studied

Data to answer the identified questions will be drawn from a number of different sources, among them national surveys of the career plans of college students; three sets of data collected over the past three decades by the Association of American Medical Colleges from interviews with students before, during and after medical school; data from a study done by the Jefferson University Medical School that followed students through medical school over the last 25 years; data on physician attitudes and practices from the Community Tracking Study; and data from Medicare that link provider characteristics with patient case files.

Findings from this long-overdue analysis will be published in peer-reviewed publications and/or a book, and will provide valuable background material for a possible future Macy Conference on Women in Medicine.

Increasing Diversity Among Health Care Professions

A grant to support a study assessing the impact of federal, state and institutional policies from 1960-2000 on diversity in US medical schools (up to $375,000 for three years)
Starting date: September 2002
Completion: September 2005
University of California-San Francisco
Principal Investigator: Philip R. Lee, M.D.

This grant will support an assessment of the impact of federal, state and institutional policies on the goal of increasing the representation of minorities in medicine. Dr. Philip Lee, who will serve as principal investigator, has been involved in this issue throughout the 40-year period proposed for the study, first as Assistant Secretary for Health in the Johnson Administration and then, 25 years later, in the Clinton Administration. In the intervening years, he created and headed the Institute for Health Policy Studies at UCSF, an organization that has focused on health policy and its impacts on human health and illness. He is now Professor of Social Medicine Emeritus at the Institute.

Under Dr. Lee's direction, the assessment team will look at the impact of policies on the actual matriculation and graduation of minority medical students, beginning with case studies from Stanford and UCSF for which extensive data is available. This initial examination will compare the impact of various policies on a state and a private institution. In the second phase, the team will extend the study to Texas, Florida, New York, Maryland, and the District of Columbia.

In addition to already available data, the study will draw upon an extensive literature review; federal, state and university archival research; oral history interviews with administrators and faculty, graduates and students; document analysis; and the collection and analysis of secondary data on medical school applicants, admissions and graduates.

At the project's conclusion, the team will prepare special briefing reports geared to a number of audiences, including federal and state policymakers, national medical education associations and institutional decision-makers, in addition to peer-reviewed journal articles and oral histories.

Women's Health in Medical Curricula

A grant to assess the extent to which material relevant to women's health has been incorporated into medical school curricula (up to $99,000 for 18 months)
Beginning Date: December 1, 2002
Completion: November 2003
Yale University School of Medicine
Principal Investigator: Janet B. Henrich, M.D.

Recognizing that gender specific issues are essential to the quality of health care provided for women, a number of academic medical institutions have established centers for women's health and attempted to identify gender specific material, which should be included in medical curricula. On the whole, though, issues affecting health care for women are not well represented in either medical education or medical research.

Studies of national medical school curricula will consider whether gender-specific and women's health issues are included

In 1995, the Council on Graduate Medical Education (COGME) conducted a major study on the status of women's health in medical curricula and published the findings in "Women's Health in the Medical School Curriculum: Report of a Survey and Recommendations." Dr. Janet Henrich, author of that report and the national consultant to the COGME Advisory Group on Women in Medicine in 1995 will be the principal investigator for this grant. Dr. Henrich is Associate Professor of Medicine and Obstetrics/Gynecology at the Yale University School of Medicine. The 1995 report remains the most comprehensive assessment of the subject to date and will serve as a basis of comparison for the results of this new study.

With this grant, Dr. Henrich will analyze data from a medical curriculum data base called CurrMIT, a restricted website being developed by the AAMC, to determine the number of schools that now teach some or all of the gender-specific topics included in the earlier survey. She has been assured access to the site and the database by AAMC. The findings will help policy makers, professional organizations and individual institutions assess the progress that has been made in integrating the key elements of women's health into the medical curriculum, as well as pinpoint areas where additional effort is needed.

ONGOING PROGRAMS

A Grant to Extend Funding for a New York Post-Baccalaureate Program

Associated Medical Schools
Through 2003
Principal Investigator: Mark Nivet, M.S.

A number of states have experimented with the concept of a post-baccalaureate program to try to meet the increasing need for underrepresented minorities in the medical profession. In this program, participating medical schools identify promising minority applicants who did not quite make the cut in the admissions cycle. The schools then work with those students to identify areas that could be strengthened, develop appropriate academic programs, and provide summer instruction to prepare them to join the next entering medical class. If they complete the post-baccalaureate program successfully, selected students are assured of admission into the New York State medical school to which they had almost gained admission the previous year.

The now eleven-year-old post-baccalaureate program conducted by eight members of the Associated Medical Schools of New is considered to be one of the best in the country. For the first six years of the program, 20 slots per year were funded by the Federal Health Careers Opportunity Program. Since funding from that program has a strict six-year limit, the Macy Foundation Board approved a grant to support 12 students for each of the next three years in 1998. A supplemental grant from the State of New York paid for eight additional students, bringing the total for each year to 20. To date, 182 students have graduated from the post-baccalaureate program and 177 have completed medical school. Two transitional years were supported by the Macy Board in 2001 to allow for transition to a New York State medical school-based source of durable funding.

The performance of these students in medical school has been at least acceptable in the preclinical years and indistinguishable from their peers in the clinical years and beyond. Preliminary data suggests that many are choosing careers in primary care. In addition, first year minority enrollment in participating New York State medical schools has increased from 11 percent in 1998 to 14 percent in 2000, an increase the Associated Medical Schools attributes to this post-baccalaureate program and the support of the Macy Foundation.

Evaluations have shown this model of a post-baccalaureate program to be very effective. Associated Medical School will institutionalize the post-baccalaureate program at the SUNY-Buffalo campus. The process should be completed in 2003.

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 and the treatment of stroke patients.

Beth Israel and St. Luke's/Roosevelt are increasing efforts to attract minority physicians to their programs through this training fellowship. New Yorkers are given preference since a stated goal of the program is to increase effective specialty care for stroke patients in targeted minority communities within New York City. Now in its final year, the program also aims to increase minority participation in stroke prevention and treatment programs.

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

NEW INITIATIVES

A Blueprint for Pediatric Residency

A grant to update the 1996 guidelines for residency training in general pediatrics
(up to $499,983 for three years)
Beginning Date: January 2002
Completion: January 2005
Ambulatory Pediatric Association, Greensboro, NC
Principal Investigator: Kenneth B. Roberts, M.D.

The 1996 guidelines for residency training in general pediatrics are currently used by 80 percent of the pediatric residency training programs in the country. Since those guidelines were adopted, though, the Accreditation Council on Graduate Medical Education has moved from process-based criteria to outcomes-based criteria for residency programs. This grant will support revision of the current guidelines to reflect that change and place emphasis on communication skills and self-directed learning assessment.

The Ambulatory Pediatric Association, an organization of general pediatric faculty at academic pediatric residency programs, and one of seven national pediatric associations, has been designated by the Federation of Pediatric Organizations, the umbrella organization, to take the lead in developing the revised guidelines. Dr. Kenneth Roberts, Professor of Pediatrics at the University of North Carolina School of Medicine, currently serves as chairman of the Federation and is the immediate past president of the Ambulatory Pediatric Association.

Revised educational guidelines for pediatric residencies will include communications, self-directed learning and outcomes-based criteria

In the first year of the grant, section editors will be identified. They will then select authors for each component of the new guidelines. In the second year, new content will be finalized and mounted on the association's website and then field-tested by selected pediatric residency programs. In the third year, the revised and final form of the guidelines will be available on the Internet and will be disseminated throughout the nation. The Federation of Pediatric Organizations will evaluate the revised guidelines for two additional years.

Improved Clinical Training

A grant to support a program in Education for the Clinical Transition
to strengthen the fundamental clinical training of medical students
(up to $991,731 for 40 months)
Starting date: September 2002
Completion: January 2006
New York Academy of Medicine and Association of American Medical Colleges
Principal Investigator: Jeremiah Barondess, M.D.

Over the past decades, the actual clinical, or bedside, training of medical students has become increasingly fragmented, due both to the growing dominance of fact-driven biomedical science and the simple reality that senior clinicians no longer have sufficient time to teach clinical acumen and interpersonal techniques to medical students.

This is not a new problem but it has not been corrected. A strongly worded report in the mid-1980s called clinical clerkship an unstructured, haphazard apprenticeship that often failed to contribute to the overall educational objectives established for the medical student education program, but this report had little impact. Instead, the situation continued to deteriorate. In most medical schools the third and fourth year clinical clerkships, which are the core of clinical education, are designed and conducted by faculty in clinical departments and no attempt is made to coordinate programs or provide any central oversight. In addition, shorter lengths of hospital stay and changes in the delivery of care have exacerbated the situation.

In 2000, Michael Whitcomb, M.D., Senior Vice President of the Association of American Medical Colleges (AAMC) and Dr. Donald Nutter, Executive Associate Dean of Northwestern University Medical School, studied the current state of clinical education in American medical schools, a study supported in part by the Macy Foundation. Their report is to be widely disseminated.

At the same time, Jeremiah Barondess, M.D., President of the New York Academy of Medicine (NYAM), created an advisory group of academic physicians, all with considerable experience in medical education but currently in positions that permit them to take a broad look at the fundamental problems in clinical training. Building on the AAMC work, the group was asked to identify the changes in both medical education and health care that have contributed to the growing deficiency in clinical education.

In addition to Drs. Barondess and Whitcomb, members of the group include Daniel D. Federman, M.D., former dean of students at Harvard Medical School; John Frymoyer, M.D., former dean at the University of Vermont School of Medicine; David Greer, M.D., former dean of Brown University School of Medicine; Gordon P. Harper, M.D., associate professor of psychiatry at the Harvard Medical School; Edward Hundert, M.D., former dean of the University of Rochester School of Medicine and currently President of Case Western Reserve University; Jerome P. Kassirer, M.D., former editor of the New England

Journal of Medicine; and Thomas Q. Morris, M.D., senior associate dean of the College of Physicians and Surgeons, Columbia University.

After meeting for two years, the advisory group recommended that the NYAM and AAMC work together to identify new objectives for the content of clinical education for medical students and to support innovative models for the education of future physicians in the clinical transition.

To launch the process, a three-day invitational conference, supported by the New York Community Trust, is scheduled at the New York Academy of Medicine in September 2002. At that meeting, leaders in medical education plan to develop principles and recommendations for restructuring clinical medical education. Based on that guidance, the investigators will develop a request for proposals for models of innovative teaching during the first year of the grant. Those proposals will include strategies for both long and short-term evaluation.

Then, based on the proposals received, the advisory group will conduct a number of site visits and eventually select four sites. This grant provides $75,000 per site to carry out the proposed innovative model of clinical education. During the period of this grant, the group will continue to serve as an advisory committee, meeting with investigators, conducting site visits, and overseeing evaluation. Modest funding at the end of the grant will support final evaluation, publication, and dissemination of results.

ONGOING PROGRAMS

A Fourth-Year Medical School Curriculum

University of California-Los Angeles School of Medicine
Principal Investigator: Gerald S. Levey, M.D.

Over the past several decades, the fourth year of medical school has become increasingly flexible to give students a head start in their chosen specialty. Often this flexibility has been expanded through the introduction of audition electives, which permit senior students to opt for elective clerkships in their hoped-for field and improve their chances for being selected for choice residencies. Indeed, this trend to flexibility has become so extreme that in some institutions the fourth year is now entirely elective.

A new fourth year medical curriculum offers five career path choices

This effort to restructure the fourth year of the medical school curriculum at the UCLA School of Medicine has, as its stated goal, to recover the fourth year of medical school in order to better prepare medical students for the challenges of providing care and conducting research in the fast-changing world of health care. Rather than start as a pilot program, the UCLA proposal includes all fourth year students and has been designed to serve as a national model.

A core group of faculty leaders has developed a five-colleges program for fourth year students. In this program students belong to the college most closely suited to his or her anticipated career paths and will spend half of their time within the chosen college, with the remaining half available for electives. The five colleges are 1) primary care, including general internal medicine, pediatrics, family medicine, obstetrics/gynecology, and psychiatry; 2) acute care, including emergency medicine and intensive care; 3) applied anatomy, including surgical specialties, radiology, radiation oncology, pathology and related areas; 4) medical science, designed for students interested in academic careers in research and/or teaching; and 5) underserved communities.

The UCLA Medical School, which is particularly strong in primary care, has a long-standing partnership with the Drew Postgraduate Medical School. Drew students receive a UCLA medical degree and are participating in the new curriculum. The recent joint graduating class of 200 was polled to see what their interest in the different colleges would have been, had the option been available to them. The underserved communities college was selected primarily by Drew students who, in the past, have chosen to work in underserved communities. The survey showed that 40 percent of the students were interested in primary care and 20 percent were interested in each of the other three tracks. That distribution is consistent with the career and residency choices of UCLA M.D. graduates in recent years.

Each college offers a college-specific curriculum block of three to four weeks at the beginning of the fourth year. Students participate in a yearlong advisor/mentor program and evening seminars related to the focus of the college, and also acquire experience in pertinent patient care or research, as well as required clinical core rotations and electives. In addition they have an opportunity to pursue individual projects.

The first of three classes of fourth-year medical students entered in August of 2001. Each class will be evaluated and, if the model proves successful, dissemination to other schools will begin during the final year. The Macy grant supports released time for faculty and provides for administrative support in each of the five colleges. It is being matched by UCLA.

Alcoholism and Drug Addiction Core Curriculum

Mt. Sinai School of Medicine
Principal Investigator: Mary Foley, Ed.D.

Building on their experience with a 15-hour didactic course on the subject, faculty members at Mount Sinai School of Medicine are developing a core curriculum in treating alcoholism and other drug dependencies for primary care resident physicians. The goal is to improve knowledge and clinical

skills in screening, early diagnosis and management of alcohol and other drug abuse. The program is available to residents from the departments of internal medicine, emergency medicine, and adolescent medicine.

Ten residents are participating in each of three years funded by the grant. After completing the course, residents take a two month elective in either the Narcotic Rehabilitation Center or the Adolescent Health Center. Faculty include Dr. Mary Foley, an Assistant Professor of Community Medicine, and Elizabeth J. Garland, M.D., an Assistant Professor in both Community Medicine and Prevention and in Pediatrics. Barry Stimmel, M.D., Dean for Graduate Education at Mount Sinai and Editor of the Journal of Addictive Diseases, is providing oversight for the program.

An Integrative Program in Complementary and Alternative Medicine

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

As their primary recommendation, participants at the November 2000 Macy Conference on Complementary and Alternative Medicine, or CAM, recognized that medical students need to be exposed to the various forms of CAM currently practiced in this country. Medical students need this information, participants concluded, so that they will be able to inform their patients about the potential benefits and risks of different CAM practices, to refer interested patients to practices where benefit has been established and harm is not an issue, and to understand potential interactions between western medicine and CAM interventions.

This issue has been explored in depth at the University of Pennsylvania where a multidisciplinary faculty group has been developing an approach that would meet this goal for their students and could serve as a model for other medical schools. The program integrates CAM into western scientific medicine without undermining the principles or practices of evidence-based medicine. Building on the close proximity of the professional school on their campus, the group developed a set of core competencies in integrative medicine across the professional schools educational continuum. In the final years of the grant they plan to disseminate this program to other institutions, to evaluate the competencies, and to promote and publish research on various CAM modalities.

The grant supports the multidisciplinary team at Pennsylvania, and the other CAM practitioners and institutions and the non-medical health practitioners working with them, to develop this pioneering CAM/evidence-based medicine integrative program.

Fast Track for Academic Nursing

University of Michigan School of Nursing
Principal Investigator: Ada Sue Hinshaw, Ph.D., R.N.

The project addresses the "graying"of nursing faculties, a problem which has become especially acute in academic nursing where the average assistant professor is 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 a late start that by the time they complete doctoral programs their faculty careers are frequently limited to less than 15 years.

This program provides academic nursing with a faster track, one that is analogous to medicine's M.D./Ph.D. programs. The initial pilot project identified promising nursing undergraduates, then provided 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. The Macy grant provides for three cohorts of five students for a period of five years, while the nursing school will assumes full responsibility for the final two years of the scheduled seven-year program.

Realistic Patient Simulation

Massachusetts Institute of Technology (MIT)
Principal Investigator: Martha L. Gray, Ph.D.

This program explores the use of mannequins for teaching techniques in emergency pulmonary medicine, and is establishing that the use of mannequins reduces the need for young health care professionals to learn their skills on

Faculty demonstrating intubation on a robotic human simulator.

live patients as they undergo medical emergencies. It builds upon previous work by a 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. The team is now developing standards for diagnosing and treating acute respiratory and cardiac problems in the emergency room and intensive care unit setting and also designing appropriate tests to measure how well students meet those standards.

The grant enables the team to test sophisticated computer models for accuracy and then design a curriculum based on these models. The mannequins are being used in a teaching setting, and experienced clinicians are evaluating the work to be sure the mannequins accurately depict the problems being tested. An engineering team makes any needed design and software changes. The students and physicians in training, drawn from Harvard Medical School and residency programs at its affiliated hospitals, are being evaluated on an ongoing basis. 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 and to gain experience in teaching with this important new modality.

The grant funds development of software design plans, training models to accommodate 40 residents and medical students, and simulator-based teaching methods. An emergency medicine physician has been added to the team to develop modules specific to emergency care.

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.

As a centerpiece of the Macy Foundation's agenda, this project addresses 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 three specific objectives: 1) to support the 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 across the three schools to measure the communications competence of students and residents; 3) to develop and disseminate a national model for teaching the skills of health communications.

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 have expertise in the field of health communications. As a condition of their participation, these 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.

A number of other schools have already contacted the principal investigators expressing their interest in a similar effort and CME is planned for those schools interested in developing communication competencies. The communication competencies, student and faculty evaluations, CME courses and a series of in-depth articles will be published to broadly disseminate the results of this program at the three schools.

Harvard Macy Institute

Harvard Medical School
Project Directors: Elizabeth G. Armstrong, Ph.D.
`and Robert G. Kegan, Ph.D.

The Harvard Macy Institute has become a national leader in the effort to promote innovative change and improvement in medical education. Since 1994 the Institute's programs have involved hundreds of medical education leaders, from junior and senior faculty members to deans from almost every medical school in the nation. In that period, the Institute has produced a national community of medical education leaders interested in reform and bringing about improvements in education at their institutions. At the conclusion of this grant, the Institute will continue under the aegis of The Harvard Medical International.

Now at the end of its last year, the Institute continues to offer proven programs, refining them as needed and assessing their overall impact on medical education. The Institute owes much of its success 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. Successful applicants have participated in two intensive ten-day sessions at Harvard. Each year, the Institute has received between 140 and 200 applications for 30 positions, demonstrating the success and broad 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 60 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 Institute also offered a Fellowship in Medical Education Reform to a small number of senior faculty who were identified as leaders of curricula reform efforts at their home institutions.

Increasing Teamwork Between and Among Multiple Health Professions

NEW INITIATIVES

Macy Scholars Program

A grant to support two additional years of the Macy Scholars in Medicine and Public Health and a final year to evaluate the effectiveness of the program and examine several other models of medical students and physicians obtaining the MPH degree (up to $1,065,797 for three years)
Beginning date: July 2002
Completion: July 2005
Mailman School of Public Health, Columbia University
Principal Investigator: Allan Rosenfield, M.D.

A cost-neutral opportunity for New York medical students to obtain both M.D. and M.P.H. degrees

The Macy Scholars Program at the Columbia School of Public Health permits medical students from New York medical schools to take a cost-neutral year between the third and fourth years of medical school to obtain an M.P.H. as well as an M.D. at the end of five years. Initiated in 1999, the program is now in its third year.

As this program has grown in both visibility and popularity, it has received more applicants than it can accept. Fewer than half of the applicants for the third cohort could be accommodated. In addition, a number of other medical schools have inquired about the program.

As designed, no more than half of each cohort can be from Columbia Medical School. To date, six of the seven New York medical schools have had students enrolled in the program. The need for cost-neutrality of this additional year has been reinforced by the fact that almost all unsuccessful applicants have not been able to pursue the dual degree because they had already reached their debt limit and could not afford tuition for the additional M.P.H. year.

In its first two and a half years, the Macy Scholars Program has funded 37 medical students from six medical schools who have enrolled in almost all tracks at the school: Population and Family Health (13), General Public Health (9), Biostatistics (1), Health policy and Management (6), Epidemiology (4) and Sociomedical Sciences (4). Minority students comprise about half of the current cohort.

Since the first graduates are only now in their residency training, the direct impact of the program on their careers, and on the practices and communities in which they will work, cannot be assessed. However, the need for individuals who can bridge the gap between medicine and public health was apparent in the aftermath of the terrorist attacks of 9/11/01 and the

recent anthrax incidents that highlighted the deficiencies in the public health infrastructure.

This new grant provides funding for two additional cohorts of 12 students per year, bringing the total to 61. During this period the program will be evaluated to compare MD/MPH graduates of the Macy Program with other formats that lead to the two degrees, both at Columbia and at other institutions. The focus in the third, and final, year will be on evaluation of the effectiveness of the training in meeting the primary goal of enhancing collaboration between medicine and public health, and on determining the impact of public health training on the practice of traditional medicine by graduates of the program. Much of the funding for the first two years will be for partial tuition support—Columbia will provide the rest. The budget for the final year will be at a lower level to facilitate evaluation.

An Inter-professional Curriculum

A grant to support the implementation and evaluation of an inter-professional curriculum among several health professional schools (up to $803,475 for three years)
Beginning Date: December 2001
Completion: December 2004
University of Washington School of Nursing
Principal Investigator: Pamela H. Mitchell, Ph.D., R.N.

Many recent activities of the Macy Foundation have identified inter-professional teaching of students as an essential step towards developing greater teamwork among health care professionals. Though several pilot studies have looked at how inter-professional teaching might be accomplished, further work is needed to explore both the concept and the feasibility. This grant will help meet that need.

With six health sciences schools—Dentistry, Medicine, Nursing, Pharmacy, Public Health and Community Medicine, and Social Work—and an Information School which already have a record of working together, the University of Washington provides an ideal setting for this effort. The grant will support a three-year project—formally titled The Inter-professional Bridges Program: Classroom and Clinical Linkages in the Health Sciences Curricula— to extend classroom and clinical inter-professional education into the required curricula of the seven schools.

The project builds upon pilot programs that already have involved approximately 700 undergraduate and graduate health science and information school students in elective offerings and seminars. A Center for Health Sciences Inter-professional Education, housed in the School of Nursing, has been created by deans of the collaborating schools to support the program. The grant will make it possible to both expand and consolidate the

program, and to reach 350 students each year. If the project is successful, it will provide guidance for other institutions interested in implementing inter-professional teaching.

ONGOING PROGRAMS

Public Health Teaching Cases to Develop Physician Skills

State University of New York at Syracuse
Principal Investigator: Lloyd F. Novick, M.D., M.P.H.

The 1998 Macy Conference on improving the interface between medicine and public health called for members of the two professions to learn to work together more effectively to improve the health of the public. Since that conference, the Association of American Medical Colleges (AAMC) identified the need for a better working relationship between medicine and public health as a central theme to be developed in medical education. Also, the AAMC and the Centers for Disease Control and Prevention agreed to work together to promote the inclusion of population studies into medical school curricula.

This group from SUNY-Syracuse has already developed a number of teaching cases that fit those criteria. These cases provide interactive, patient-oriented scenarios for medical students and residents and included sexually transmitted disease in adolescents; prevention of adolescent suicide; and cost-effectiveness of bicycle helmets. Based on actual patient and community data, each case has helped physicians develop skills needed to prevent disease and promote health. These cases are filed in the library of the Association of Teachers of Preventive Medicine and at least ten medical schools have used them.

This grant allows the group to expand their work by collaborating with other schools so that these cases can be adapted to new communities. The group also identified other new problems that might be suitable for this teaching approach and is developing additional teaching cases: outbreak of tuberculosis in a homeless shelter; a cluster of legionella cases; colon cancer; breast cancer; cardiovascular disease; infant mortality; lead levels and toxicity; and an outbreak of measles in an under-immunized community.

The University of Rochester and other institutions intend to incorporate these new cases into their curriculum, working with health data from their own county health departments. They will help to evaluate the effectiveness of the new teaching cases using their own community data.

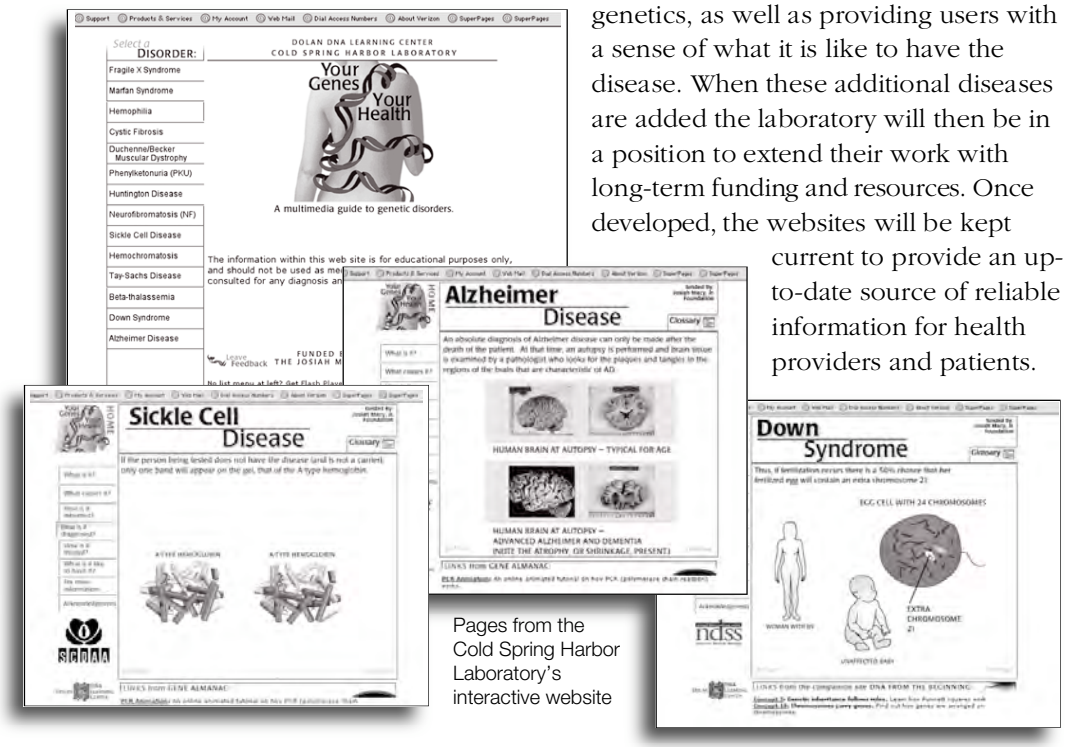
Your Genes/Your Health

Cold Spring Harbor Laboratory DNA Learning Center
Principal Investigator: David Micklos

This grant continues work begun in 1997 when the Macy Foundation supported the development by the DNA Learning Center at Cold Spring Harbor, New York, of an interactive website to teach the fundamentals of molecular biology and genetics to interested users from middle school age through adulthood. That 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. The use of the site continues to grow.

In the second phase, the same team and the same interactive website format is being further developed to look at the disease consequences of some known variations in the human genome. The diseases included in this new site are Cystic fibrosis, Fragile X syndrome, Hemophilia, Marfan's syndrome Duchenne/Becker Muscular Dystrophy, Phenylketonuria, Huntington's Disease, Neurofibromatosis, Sickle Cell Disease, Hemochromatosis, Beta-thalassemia, Tay-Sachs disease, Down syndrome and Alzheimer's.

Using materials from the related genetic disease foundations and support groups, the website includes basic information about the disease, clinical symptoms, epidemiology and frequency of the disorder, and the underlying genetics, as well as providing users with a sense of what it is like to have the disease. When these additional diseases are added the laboratory 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.



Pages from the Cold Spring Harbor Laboratory's interactive website

Educational Strategies to Increase Care for Underserved Populations

NEW INITIATIVES

A Fund Responsive to 9/11 Issues

An internal allocation for a Post-9/11 Fund to be used for specific response to issues and needs raised by the events of 9/11/01 ($250,000)

At the October 4, 2001 meeting, the Board discussed ways the Macy Foundation could respond to the local and national crises initiated by the terrorist attacks in ways that were consistent with the foundation's mission. This fund of $250,000 is to be used, as appropriate, to support proposals that meet that criteria.

The Macy Foundation initially responded with staff grants of $25,000 each to the United Way and to the American Red Cross of Greater New York, and with a subsequent grant to the Chairman of Microbiology at the Sophie Davis School of Biomedical Sciences (CUNY), representing the national organization of microbiology department chairs, to support the addition of a module on what should be taught to medical students in preparation for bio-terrorism.

Later grants included $50,000 to the Health Care Chaplaincy of New York to assess the effectiveness of Post –9/11 counseling and bereavement aftercare; $21,875 to the American Family Therapy Academy for partial support of a conference on "Terror and Trauma: Family and Community Resilience" and $10,000 to the New York City Police Foundation to address post-traumatic stress disorder for policemen and their families. Upon depletion of this fund, additional allocations may be designated by the Board.

ONGOING PROGRAMS

Leadership Training for Safety Net Hospitals

The National Association of Public Hospitals and the
Robert F. Wagner School of Public Service of New York University
Principal Investigator: Betsy Carrier, Vice President for Education and Operations, NAPH

Many medical institutions are now led by individuals with extensive management and leadership training, often putting the nation's safety net hospitals at a disadvantage because their physician leaders lack these skills. In 1999, the Macy Foundation awarded a grant to the Wagner School at New York University (NYU) and the National Association of Public Hospitals (NAPH) to develop a program that would help public hospital leaders gain this needed expertise. That effort was remarkably successful, with 137 participants involved in 12 meetings. These participants represented 49 hospitals and 38 medical schools in 22 states and included representatives from 63 percent of NAPH member hospitals.

This project builds upon the success of that initial effort and makes it possible for the group to continue its work, with a goal of involving 100 additional medical directors and department chiefs, potentially reaching all of the safety net institutions. In addition, at the request of past participants, the group has a new session on implementing quality improvements in large safety net institutions. The NYU/NAPH is establishing a database, posting instructional materials on the Web, and developing a resource guide for safety net hospital physician leaders. This project also is producing a peer network of trained leaders committed to maintaining and strengthening the nation's public hospital system.

Family-Centered Core Curriculum

The Uniformed Services University of the Health Sciences (USUHS)
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 incorporating this program into the USUHS curriculum.

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 found that the core competencies of

physicians that were identified by parents of children with special needs could be used as the basis for a more family-centered approach to medical education. This project builds upon those findings by including 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. Families are actively involved in teaching the students.

The immediate beneficiaries of this effort are 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.

Staff Grants Awarded Fiscal Year 2001-2002

Annenberg Center for Health Sciences at Eisenhower Medical Center, Rancho Mirage, California
To provide partial support for a conference on *Sleep Disorders in Infancy and Childhood* — $ 10,000

Association of Academic Health Centers
To support a conference in April 2002 to evaluate options for resolving the nursing crisis and examine roles of nursing schools in academic health centers — 15,000

Doctors Without Borders
To contribute to the provision of worldwide medical relief — 25,000

Foundation for Island Health, Massachusetts
To support a project by the Dukes County Health Council to bring University of Massachusetts Medical School students and family practice residents to Martha's Vineyard to work with primary care physicians — 25,000

National Foundation for Infectious Diseases
To support the Steven R. Mostow Endowment for Outreach Programs to deliver and teach rural health care — 2,000

New York Academy of Medicine
To support a symposium in New York in April 2002 co-sponsored with the Royal Society of Medicine entitled: *The Changing Health Care System: An Anglo-American Dialogue* — 10,000

NYC Recovers, Columbia University
To support a community mobilization project to develop an educational manual and video — 15,000

Rhodes College, Memphis, Tennessee
To partially support a pilot program to provide research experience to pre-medical undergraduates in partnership with St. Jude's Research Hospital — 25,000

Robert Wagner School of Public Service, New York University
To support the African Public Service Fellowship Program to build partnerships with African Universities and develop training programs tailored to specific needs — 25,000

SUNY-Binghamton University Foundation To provide support for the 3rd International Congress of Rural Nurses, a professional education program for nurses and health care providers	25,000
The Acadia Institute /University of Pennsylvania To co-sponsor a symposium with the University of Pennsylvania's Center for Bioethics to be held in November 2002 to examine the reasons for physicians' decisions to scale back or leave the practice of clinical medicine	10,000
The National Center on Addiction and Substance Abuse at Columbia University To provide partial support for a conference *Substance Abuse in the 21st Century: Positioning the Nation for Progress*	25,000
Tufts University School of Medicine To provide interim support for Tufts/University of Massachusetts Health Careers Opportunities Program (HCOP)	19,500
University of Vermont School of Medicine To support "Building Collaborative Bridges Across Clinical Clerkships" – a project to develop a restructured clinical clerkship education program	15,000
University of Virginia Health System To support the development of a model curriculum to enhance the health literacy practices of students and residents	18,500
Weill Medical College of Cornell University To support the *Gateways to the Laboratory 10th Anniversary Symposium* in June 2003	25,000
World Conference on Religion & Peace, New York To fund an initiative in Fall 2001 to increase the capacity of African communities to provide care, services and assistance to children and their families affected by HIV/AIDS	10,000
Total:	**$ 300,000**

Guidelines for Grant Applications

The Foundation can act favorably on relatively few of the more than five hundred grant requests received each year. Many proposals must be declined even though they are appropriate to the Foundation's areas of interest and appear to be of merit.

Proposals are evaluated on the importance of the project and its relevance to the Foundation's areas of interest; the significance of the project's expected results and potential applicability to similar situations; and the sponsor's commitment to continue successful programs after the Foundation's support ceases. Grants are made only to tax-exempt institutions or agencies; no grants are made directly to individuals. The Foundation does not consider requests for general undesignated support or for construction or renovation projects.

Applications may be made at any time for support of activities consistent with the Foundation's guidelines. There are no special application forms. A preliminary letter of inquiry is often useful in helping the staff to determine whether submission of a full proposal is appropriate.

Grant proposals should be addressed to the president and should include:

- the name of the sponsoring agency or institution;
- a description of the project;
- the names and qualifications of the persons who will be responsible for the project;
- the expected cost and duration of the project, including an itemized budget;
- documents substantiating the tax-exempt status of the sponsoring institution; and
- a letter of endorsement from the sponsoring institution.

After a review and evaluation by the staff of the Foundation, requests that are not likely to be funded are promptly declined. Proposals that the officers recommend for grant support are submitted to the Board of Directors for final consideration.