

Picker Gold Graduate Medical Education Challenge Grant Program

Letter of Intent Deadline: **May 12, 2021**

Full Proposal Deadline: **July 19, 2021 – 9am ET**

Purpose

The purpose of the **Picker Gold Graduate Medical Education (GME) Challenge Grant Program** is to provide 18 month grants to support the research and development of innovative projects within the graduate medical education setting, designed to facilitate successful patient-centered care initiatives. Our goal is to help future physicians incorporate practices that bring patient needs and wishes into the center of all health-care interactions.

The Picker Gold GME Challenge Grant Program is seeking proposals for specific interventions and innovations in GME programs that facilitate the development of patient-centered healthcare and humanism in medicine within an interprofessional environment. Additionally, the Gold Foundation has specific interest in projects that include a focus on the values of diversity, equity, inclusion and anti-racism.

The expected outcome of a grantee's project will be a demonstration, including a robust dissemination plan, of the measurable effects and sustainability of the effort to enhance compassionate, patient-centered-care in residency education. Examples of past projects can be viewed [here](#).

The improvement should be consistent with at least one or more of the Arnold P. Gold Foundation's criteria to advance humanistic care, and/or Picker Institute Principles of Patient-Centered Care. We have identified select ACGME core competencies for residency programs that best represent the inclusion of patient-centered care in residency training – there should also be alignment with at least one of these competencies. See page 4 for additional detail.

Eligibility

Faculty from any graduate medical education program that is accredited by ACGME or one of the Canadian certification colleges (CFPC or RCPSC) are eligible to apply to the Challenge Grant Program.

Funding Level

During the 2021-23 grant cycle, deserving proposals that pursue the goal of enhancing patient-centeredness and humanism in medicine will be selected to receive a Challenge Grant from the Arnold P. Gold Foundation of up to \$25,000, but no less than \$15,000, for a project period of up to 18 months. **The grantees and/or their institutions will be required to provide a 100% matching contribution to the proposed project** in the form of financial resources, committed and dedicated measurable time by project staff, other approved matching commitments or all of the above. **A Letter of Support is required from a Department Chair or Designated Institutional Official stating the intention to provide the matching funds.**

Application Process:

*Any LOI or Proposal that does not contain ALL of the required elements or any of the required documents will be considered incomplete.

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The LOI should succinctly explain, in no more than two pages, how the project expects to incorporate the patient's perspective and humanism into graduate medical education and care delivery. The letter of intent should specify:

- 1) the specific Arnold P. Gold Foundation and/or Picker Institute principles the proposal seeks to achieve, and which ACGME competency is being addressed;
- 2) a brief project description, statement of need, target population (including estimate of number of medical professionals and trainees, as well as patients), project methods, and targeted outcomes/impact you hope to have on patients/practitioners;
- 3) an institutional commitment to sustain and replicate the project after the one-year grant period;
- 4) a brief description of how you will assess project outcomes;
- 5) a brief statement of how you will disseminate results in and beyond your institution, and;
- 6) specification of one or more Always Event® (defined as procedural and substantive actions that should accompany every patient experience) – see below for more details on Always Events.

The LOI must include the Principal Investigator's name, title, mailing address, telephone numbers, and e-mail address

The LOI needs to be accompanied by Evidence of Institutional Support:

- A letter of commitment and support is required from the Department Chair, DIO or other authorized official to affirm institutional support for recipient's work. This letter must demonstrate:
 - An intent to consider adoption of the project as appropriate.
 - Commitment to Institutional Cost-Sharing: The grantees and/or their institutions will be required to provide a 100% matching contribution in the form of financial resources, committed and dedicated measurable time by project staff, other approved matching commitments or all of the above.
- The budget submitted with the full proposal (stage 2 of the application process) must clearly detail how the applicant or applicant's institution proposes to fulfill the matching requirement.

All LOIs need to be submitted electronically through our website (www.gold-foundation.org/programs).

Full Proposals will be requested in late May 2021

PROPOSAL SUBMISSION DEADLINE: JULY 19, 2021 AT 9AM ET

All Proposals must contain the following required materials:

Project description (not to exceed 2,000 words):

- **Rationale for the project:** Applicants must provide a concise rationale stating the fundamental need the project is designed to address.
- **Literature Review**
- **Specification of the patient-centered aims** of the project, including identification of the Arnold P. Gold Foundation, Picker Institute and ACGME competencies that will be addressed.
- **Specification of one or more Always Event®:** The grants committee is looking for proposals that can assist in identifying Always Events® (defined as procedural and substantive actions that should accompany every patient experience) and demonstrating their efficacy. In preparing your proposal please keep in mind that Always Events® are not merely things that the health care system/organization does but need to be reflected in the patient's experience. It is important that these experiences be significant, evidence-based, measurable, affordable, and documented.
- **Strategies for implementation, identification of work product(s) and deliverables:** Applicants must describe the specific strategies, programs, or interventions that will be implemented to achieve the proposed advancement of patient-centered care. Applicants are encouraged to consider ways to include patients and families (e.g., patient and family advisors) as partners in the planning, implementation, and oversight of the proposed project, as well as inter-professional activities.
- **Target Population:** Include estimates on the number of medical professionals and trainees as well as patients and other demographics affected by this project.

- **Outcomes and Evaluation:** Applicants must describe the expected outcomes and specific plans to evaluate the GME Challenge Grant initiative, detailing how expected outcomes will be assessed.
- **Sustainability and Replicability:** Applicants must explain how the project will be sustained after the grant funding is completed. Applicants should also show the potential for project replication at their own and other institutions.
- **Dissemination:** Applicants must describe how the work and results of their GME Challenge Grant initiative will be robustly disseminated, in a multi-faceted manner, to key audiences in the national/international medical education community. Web-based dissemination should be included. One dissemination aspect that is encouraged, is submission of an abstract/manuscript to a peer-reviewed journal which must be forwarded to the APGF and may be submitted as a substantial piece of the grantee's final report.

Institutional Review Board statement: All applicants must indicate whether they have received IRB approval for their project proposal, or whether they have applied for such approval. If IRB has not yet been obtained, applicants should provide expected timeline for the decision.

List all Principle-Investigators: Include names, titles and roles for all co-PIs.

Curriculum Vitae/Bio-sketches: Short CVs (not to exceed 4 pages) for the Principal investigator and co-Principal Investigators, and one-page bio-sketches for other primary project staff members.

Timeline: Project Implementation Timeline broken down by month and including specification of deliverables. (please utilize the attached Timeline Template (page 6) or use a similarly formatted document)

Budget: A budget must be included with the Proposal. Budget should include costs associated with planning, implementation, evaluation and dissemination of the project. Note on indirect costs: Arnold P. Gold Foundation does not allow for indirect costs or dean's taxes; however, direct administrative costs associated with the project may be included. Institutional Cost-Sharing must be detailed and clearly demonstrated. Cost-sharing may be in the form of financial resources, committed and dedicated measurable time by project staff, and/or other approved matching commitments.

SELECTION PROCESS

Proposals will be reviewed by the Gold Foundation to ensure eligibility and completeness. Complete applications will be evaluated using the following criteria:

- The extent to which the project/interventions are innovative and will advance patient-centeredness and humanism in graduate medical education residency programs and institutions that sponsor these programs.
- The relevance and significance of the proposal to the purpose and goals of the Arnold P. Gold Foundation, Picker Principles of Patient-Centered Care, and ACGME competencies.
- The feasibility of the research/project design and methodology, and the adequacy of the budget, timetable and other key resources.
- The quality of the evaluation and assessment process and the projected impact of the project.
- The potential that the research/project could be replicated in and disseminated to other residency programs/sites.
- The qualifications of the principal investigator and primary project staff.



The Arnold P. Gold Foundation criteria to advance humanistic, patient-centered care

The Arnold P. Gold Foundation's vision is that Healthcare will be dramatically improved by placing the interests, values and dignity of all people at the core of teaching and practice. Our overarching goal is to create the Gold Standard in Healthcare - compassionate, collaborative and scientifically excellent care - and to support clinicians throughout their careers, so the humanistic passion that motivates them at the beginning of their education is sustained throughout their practice. The Gold standard of care embraces all and targets barriers to such care. We empower experts, learners, and leaders to together create systems and cultures that support humanistic care for all.

The Foundation is a proponent of medical care that is as humanistic in its delivery as it is sophisticated in its technology to improve healing and healthcare outcomes. The Gold Foundation supports the development and dissemination of innovative medical education that furthers this mission through work that:

- shows respect for the patient's viewpoint;
- displays effective and empathic communication and listening skills;
- demonstrates sensitivity in working with patients and family members of diverse cultural and social backgrounds;
- demonstrates and models the values of diversity, equity, inclusion and anti-racism in their daily work and life
- is sensitive to and effectively identifies emotional and psychological concerns of patients and family members;
- engenders trust and confidence;
- is inter-professional
- adheres to professional and ethical standards;
- is scientifically excellent; and
- displays compassion and respect throughout the patient interaction.



ACGME Core Competencies

The improvement should also be directly applicable to one of the following ACGME core competencies.

- Patient Care that is compassionate, appropriate and effective for the treatment of health problems and the promotion of health
- Interpersonal Skills and Communication that result in effective information exchange and teaming with patients, their families, and other health professionals
- Professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population



Picker principles of patient-centered care

For 27 years (from 1986-2013), the Picker Institute Picker Institute Inc. had been a world leader and advocate for patient-centered care. The Picker Principles of Patient-Centered Care embody the Picker Institute's conviction that all patients deserve high-quality healthcare,

and that patients' views and experiences are integral to improvement efforts. The Picker Principles were codified in 1989 in response to the qualitative patient research conducted in 1988 that led to the design of the first Picker inpatient survey and a national study of patients' experiences of care in U.S. hospitals in 1989.

Respect for patients' values, preferences and expressed needs

Patients want to be kept informed regarding their medical condition and involved in decision-making. Patients indicate that they want hospital staff to recognize and treat them in an atmosphere that is focused on the patient as an individual with a presenting medical condition.

- Illness and medical treatment may have an impact on quality of life. Care should be provided in an atmosphere that is respectful of the individual patient and focused on quality-of-life issues.
- Informed and shared decision-making is a central component of patient-centered care.
- Provide the patient with dignity, respect and sensitivity to his/her cultural values.

Coordination and integration of care

Patients, in focus groups, expressed feeling vulnerable and powerless in the face of illness. Proper coordination of care can ease those feelings. Patients identified three areas in which care coordination can reduce feelings of vulnerability:

- Coordination and integration of clinical care
- Coordination and integration of ancillary and support services
- Coordination and integration of front-line patient care

Information, communication and education

Patients often express the fear that information is being withheld from them and that they are not being completely informed about their condition or prognosis. Based on patient interviews, hospitals can focus on three kinds of communication to reduce these fears:

- Information on clinical status, progress and prognosis
- Information on processes of care
- Information and education to facilitate autonomy, self-care and health promotion
- Communication should always be empathetic and take in to account patient reactions, and interpret such information

Physical comfort

The level of physical comfort patients report has a tremendous impact on their experience. From the patient's perspective, physical care that comforts patients, especially when they are acutely ill, is one of the most elemental services that caregivers can provide. Three areas were reported as particularly important to patients:

- Pain management
- Assistance with activities and daily living needs
- Hospital surroundings and environment kept in focus, including ensuring that the patient's needs for privacy are accommodated and that patient areas are kept clean and comfortable, with appropriate accessibility for visits by family and friends

Emotional support and alleviation of fear and anxiety

Fear and anxiety associated with illness can be as debilitating as the physical effects. Caregivers should pay particular attention to and engage their patients in dialogue around such issues as:

- Anxiety over clinical status, treatment and prognosis
- Anxiety over the impact of the illness on themselves and family
- Anxiety over the financial impact of illness

Involvement of family and friends

Patients continually addressed the role of family and friends in the patient experience, often expressing concern about the impact illness has on family and friends. These principles of patient-centered care were identified as follows:

- Accommodation of family and friends on whom the patient relies for social and emotional support
- Respect for and recognition of the patient "advocate's" role in decision-making
- Support for family members as caregivers
- Recognition of the needs of family and friends

Continuity and transition

Patients often express considerable anxiety about their ability to care for themselves after discharge. Meeting patient needs in this area requires staff to:

- Provide understandable, detailed information regarding medications, physical limitations, dietary needs, etc.
- Coordinate and plan ongoing treatment and services after discharge and ensure that patients and family understand this information
- Provide information regarding access to clinical, social, physical and financial support on a continuing basis

Access to care

Patients need to know they can access care when it is needed. Attention must also be given to time spent waiting for admission or time between admission and allocation to a bed in a ward. Focusing mainly on ambulatory care, the following areas were of importance to the patient:

- Access to the location of hospitals, clinics and physician offices
 - Availability of transportation
 - Ease of scheduling appointments
 - Availability of appointments when needed
 - Accessibility to specialists or specialty services when a referral is made
 - Clear instructions provided on when and how to get referrals
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TIMELINE TEMPLATE

Tasks To Be Completed													Aug
	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	