

PICKER INSTITUTE/GOLD FOUNDATION  
2012/2013 GRADUATE MEDICAL EDUCATION (GME) CHALLENGE  
GRANT REQUEST FOR PROPOSAL

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**PURPOSE**

The purpose of the Picker Institute/Gold Foundation Challenge Grant Program is to provide annual grants to support the research and development of innovative projects designed to facilitate successful patient-centered care initiatives and best practices in the education of our country's future practicing physicians.

This Request for Proposal (RFP) solicits proposals for projects that will run from July 16, 2012 through July 15, 2013. All awards will be made on a matching grant basis. Projects will be subject to interim reporting and review by Picker Institute. A Letter of Intent (LOI) in response to this RFP is due by March 2, 2012. Applicants who pass the LOI evaluation process will be invited, by March 23, 2012, to submit a full proposal, due on or before April 27, 2012. GME Challenge Grants will be announced on June 15, 2012.

**MISSION**

Picker Institute Inc. is an independent nonprofit organization dedicated to the global advancement of the principles of patient-centered care. Picker Institute sponsors research and education in the fields of patient-centered care in support of and in cooperation with educational institutions and other interested entities and persons. The Institute's mission is to foster a broader understanding of the concerns of patients and other healthcare consumers, and of the theoretical and practical implications of a patient-centered approach. As a world leader in these efforts, and in the measurement of patient's experience, Picker Institute is recognized as an important resource for information, advice and assistance. In keeping with this reputation and in fulfillment of its mission, the Board of Directors of Picker Institute support the advancement of the patient-centered care approach through a

variety of programs, awards, research and dissemination of evidence-based knowledge focused entirely on fostering the continued improvement in healthcare from the patient's perspective.

The Gold Foundation is a nonprofit organization dedicated to the advancement of humanism in medicine, restoring a balance between the science of medicine and compassionate, respectful patient care. 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.

## **PROPOSALS SOUGHT**

The Picker Institute/Gold Foundation Graduate Medical Education Challenge Grant Program is seeking proposals that illustrate specific interventions and innovations in graduate medical education programs that facilitate the development of best practices regarding patient-centered healthcare and/or humanism in medicine. 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. For example, past projects have included:

- ⇒ The development of a curriculum to help physicians understand the special needs of young patients with chronic illness as they transition from pediatric to adult care
- ⇒ The design of a patient simulator to objectively assess a resident's ability to practice the principles of patient-centered care as they are embodied in the ACGME's core competencies
- ⇒ The development of a curriculum designed to raise resident awareness of their patients' cultural and spiritual needs

Always Events® are defined as procedural and substantive actions that should accompany every patient experience. The grants committee is looking for proposals that can assist in identifying Always Events® and demonstrating their efficacy. Picker Institute strongly encourages alignment with Always Events®. 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, measureable, affordable, and documented.

The improvement should be consistent with at least one or more of the Picker Institute Principles of Patient-Centered Care and/or Gold Foundation's criteria to advance humanistic care. Evidence of an alignment with at least one of the ACGME core competencies is necessary. (see appendix 1 for PII/Gold Foundation/ACGME principles)

The Picker Principles of Patient-Centered Care embody 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.

## **ELIGIBILITY**

Picker Institute and the Gold Foundation have developed the Challenge Grant Program in cooperation with the Accreditation Council for Graduate Medical Education (ACGME). Residents and/or faculty from any graduate medical education (residency) program that is ACGME-accredited are eligible to apply to the Challenge Grant Program.

## **FUNDING LEVEL**

During the 2012/2013 grant cycle, up to 4 deserving proposals that pursue the goal of enhancing patient-centeredness and humanism in medicine will receive a Challenge Grant from Picker Institute of up to \$25,000 for a project period of up to one year.

The grantees and/or their institutions will be required to provide (at a minimum) 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.

## Key Dates for the 2011-2012 GME Challenge Grant Cycle

DATE	MILESTONE
JANUARY 21, 2012	DISTRIBUTION OF GME CHALLENGE GRANT REQUEST FOR PROPOSAL
MARCH 2, 2012	DEADLINE FOR EMAILING LETTER OF INTENT (LOI) TO SUBMIT A FULL PROPOSAL
MARCH 23, 2012	NOTIFICATION OF REQUEST FOR FULL PROPOSAL
APRIL 27, 2012	DEADLINE FOR SUBMITTING THE FULL GME CHALLENGE GRANT PROPOSAL VIA EMAIL
JUNE 15 2012	ANNOUNCEMENT OF AWARDS
JULY 16, 2012 THROUGH JULY 15, 2013	GME CHALLENGE GRANT PROJECT CYCLE (SUBJECT TO RECEIPT OF SIGNED GRANT AGREEMENT)
JULY 15, 2013	SUBMISSION OF GME CHALLENGE GRANT PROJECT FINAL REPORT

### LETTER OF INTENT: MARCH 2, 2012

All applicants **must** submit a Letter of Intent (LOI) to the Picker Institute by March 2, 2012. Submission of the LOI is a **prerequisite** for the Challenge Grant award.

The LOI must 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 address:

- 1) which of the eight Picker and/or Gold Foundation principles the proposal seeks to achieve, which ACGME competency is being addressed;
- 2) a project description, statement of need, target population (including estimate of number of medical professionals and trainees, as well as patients) and project methods.
- 3) a commitment to sustain and replicate the project after the one-year grant period;
- 4) a brief description of how you will assess project outcomes and
- 5) a brief statement of how you will disseminate results in and beyond your institution;
- 6) specification of an Always Event(s)®. (please view the Always Events website for additional information → <http://alwaysevents.pickerinstitute.org>)

Electronic submission of LOI is required. LOIs should be sent to [hhonor@pickerinstitute.org](mailto:hhonor@pickerinstitute.org) **on or before close of business on March 2, 2012**. Letters should be addressed to the Picker Institute Challenge Grant Committee. The letter may be included in the text of an e-mail or submitted as an electronic attachment. Word or PDF is appropriate. The LOI should not exceed 2 pages.

Always Events® are defined as procedural and substantive actions that should accompany every patient experience. The grants committee is looking for proposals that can assist in identifying Always Events® and demonstrating their efficacy. Picker Institute strongly encourages alignment with Always Events®. 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 documented.

The LOI must also include the following:

- Institution/financial liaison name, mailing address, telephone and fax numbers, e-mail address
- Principal investigator name, mailing address, telephone and fax numbers, and e-mail address

### RECEIPT OF FULL PROPOSALS: APRIL 27, 2012

Applicants must submit the following required materials:

- ⇒ Cover Sheet (attached)- this is a two page document
- ⇒ A Proposal (word limit: 2,000 words): the word limit pertains to the narrative portion of the proposal and does not pertain to attachments, CVs, bio-sketches, IRB statement, coversheet, budget or letters of support.
- ⇒ A Budget
- ⇒ Project Implementation Timeline broken down by month and including specification of deliverables
- ⇒ IRB statement
- ⇒ Curriculum Vitae for the Principal Investigator(s) and co-Principal Investigator; also, bio-sketches for primary project staff
- ⇒ Letter(s) of Support

### **Applicant's Proposal:**

Proposals must include the following. Project description (not to exceed 2,000 words):

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1. **Rationale for the project:** Applicants must provide a concise rationale stating the fundamental need the project is designed to address.
2. **Literature Review**
3. **Specification of the patient-centered aims** of the project, including identification of the Picker Principles, Gold Foundation and ACGME competencies that will be addressed.
4. **Specification one or more Always Event®.**
5. **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.
6. **Outcomes and Evaluation:** Applicants must describe the expected outcomes and specific plans to evaluate the GME Challenge Grant initiative.
7. **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.
8. **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. One required dissemination aspect, is submission of an abstract/manuscript to the Journal of GME; also, Picker requires that web-based dissemination be included.
9. **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.
10. **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 must clearly detail how the applicant or applicant's institution proposes to fulfill this requirement.
11. **Evidence of Institutional Support:** A letter of commitment and support is required from the Department Chair or other designated (authorized) institutional official to ensure institutional support for recipient's work. This letter must also demonstrate an intent to consider adoption of the project in other departments as appropriate. As a demonstration of support, this letter must include an agreement on project cost-sharing (see budget information for details).
12. **Curriculum Vitae/Bio-sketches:** CV for the Principal investigator and co-Principal Investigators, and bio-sketches for primary project staff members: A short (no more than 4 pages) CV for the Principal Investigator and co-Principal Investigator needs to be included. The shortened CV should include education, residency, fellowships, positions held, and all relevant presentations and publications, along with any other relevant accomplishments. Short bio-sketches for each primary project staff member; these should be no more than one page and should focus on experience applicable to the proposed project.
13. **Timeline:** Project Implementation Timeline broken down by month and including specification of deliverables. (please utilize the attached Timeline Template)

14. **Budget:** A budget must be included with the project proposal. Budget should include costs associated with planning, implementation, evaluation and dissemination of the project. Note on indirect costs: Picker Institute policy allows for grant funds to cover overhead costs at a rate not to exceed 10 percent of total direct costs. The 10 percent IDC is included within the \$25,000 grant fund, the IDC is not included outside of the \$25,000. The 10 percent allowance is intended to include space rental, furniture, equipment, heat, electricity, accounting services, library services and the like. Subcontracts with an institution and direct educational support (including fellowships, scholarships, tuition and stipends) are excluded from the indirect cost calculation.

## SELECTION PROCESS

Proposals will be reviewed by the administrative offices of Picker Institute to ensure eligibility and completeness. An expert review committee, convened by Picker Institute and the Gold Foundation, will then evaluate proposals 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 feasibility of the research/project design and methodology;
- ⇒ The quality of the evaluation and assessment process;
- ⇒ The potential that the research/project could be replicated in and disseminated to other residency programs/sites; and
- ⇒ The qualifications of the principal investigator and primary project staff.

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The Challenge Grant Review Committee will make final selections of proposals for the Challenge Grants, utilizing the evaluative input of the expert reviewers and the following additional criteria:

- ⇒ The relevance and significance of the proposal to the purpose and goals of the Picker Institute / Gold Foundation Challenge Grant Program; and
- ⇒ The adequacy of the budget, timetable and other key resources.

Proposals deemed ineligible will not be accepted. Picker Institute will send notice to the applicant that their proposal has been rejected for failure to follow guidelines.

The actual number of Challenge Grants awarded will depend on the nature, quality and level of requests received in the 2012 Challenge Grant Program year. Grantees may be asked to present their findings at a Picker Institute Educational Workshop during the 2012 award cycle.

## TERMS AND CONDITIONS

Grants will be contingent on the mutual agreement of Picker Institute and the grantee to applicable terms and conditions of grants, such as provision of proof of matching contribution, right to review and comment on potential publications, grantor acknowledgment, prior approval requirements, required fiscal and progress reports and so forth.

## PROPOSAL SUBMISSION

It is required that submission of all the materials related to the proposed project be sent either in one electronic document by e-mail to Picker Institute ([hhonor@pickerinstitute.org](mailto:hhonor@pickerinstitute.org)), or by registered letter. Upon being invited to submit a full proposal, all complete applications must be received by the April 27, 2012, deadline.

## CONTACT

Ms. Hannah Honor H. BSN, RN, Challenge Grant Program Coordinator  
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Tel: 888-680-7500  
[hhonor@pickerinstitute.org](mailto:hhonor@pickerinstitute.org)

## Picker principles of patient-centered care are:

### 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 how a patient may react 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, by clinicians and caregivers, 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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### **The Arnold P. Gold Foundation criteria to advance humanistic, patient-centered care:**

- shows respect for the patient’s viewpoint ;
  - displays effective and empathetic communication and listening skills
  - demonstrates sensitivity in working with patients and family members of diverse cultural and social backgrounds;
  - is sensitive to and effectively identifies emotional and psychological concerns of patients and family members;
  - engenders trust and confidence;
  - adheres to professional and ethical standards; and
  - displays compassion and respect throughout the patient interaction.
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### **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 and Communication Skills 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
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# Picker Institute/Gold Foundation

## Cover Sheet

### Graduate Medical Education Challenge Grant Program Matching Grant Project Proposal

<b>Project Title:</b>	
<b>Principal Investigator</b>	
<b>Title / Department:</b>	
<b>Name of Grantee Institution:</b>	

#### Applicant Contact Information

<b>Mailing Address:</b>	
<b>Telephone Numbers:</b>	
<b>Fax Numbers:</b>	
<b>Email Address:</b>	

#### Institutional Contact Information (person authorized to negotiate/sign Grant Agreement)

<b>Name:</b>	
<b>Title:</b>	
<b>Telephone Number:</b>	
<b>Fax Number:</b>	
<b>Email Address:</b>	

# GME Challenge Grant Program

## Matching Grant Project Proposal

Area of Specification	Description
<b>Project Title</b>	
<p><b>Briefly Describe your Challenge Grant Project</b></p> <p>“Project that illustrates specific interventions and innovations in graduate medical education programs that facilitate the development of best practices regarding patient-centered healthcare and/or humanism in medicine.”</p>	
<p><b>Describe the basic plan for implementation</b></p> <p>“Strategies, programs, or interventions that will be implemented to achieve the proposed advancement of patient-centered care.”</p>	
<p><b>Describe the measures that will be utilized</b></p> <p>“Specify the measures that will be utilized to evaluate the GME Challenge Grant initiative.”</p>	
<p><b>Please tell us how you will overcome the challenges the new ACGME resident hours guidelines will pose with regards to implementation of your initiative.</b></p>	
<b>Requested Grant Funding Amount</b>	
<b>Matching Grant Funds</b>	