



THE CENTER FOR STATE HEALTH POLICY

**Evaluation of the
Humanism in Medicine Program**

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Submitted to
the Healthcare Foundation of New Jersey

September 18, 2000

A Publication of The Center for State Health Policy
Institute for Health, Health Care Policy, and Aging Research
Rutgers, The State University of New Jersey

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ACKNOWLEDGMENTS

This evaluation was conducted under contract with the Healthcare Foundation of New Jersey. We would like to thank the Healthcare Foundation for the ways in which they have supported and facilitated this research. We also wish to thank Daniel Caruso for his extensive research support. Contributions were also made by Joel Cantor, Rebecca Fischer, Lori Glickman, Jeanette Vitale, and the Staff of the Center for State Health Policy.

EVALUATION OF THE HUMANISM IN MEDICINE AWARDS PROGRAM

EXECUTIVE SUMMARY

INTRODUCTION

This report presents the results of an evaluation of the Healthcare Foundation of New Jersey's Humanism in Medicine Awards Program. Initiated in 1997, the program seeks to encourage and promote humanistic values in the practice of medicine by recognizing and rewarding medical faculty and students who exemplify those values. Eighty-one medical schools currently participate. The Center for State Health Policy at Rutgers was commissioned to evaluate this program in a study carried out from August 24 to September 15, 2000. Overall, the evaluation found that the award program was appropriately implemented by the individual schools, highly appreciated by schools and awardees, and perceived to have a positive impact in promoting humanism.

EVALUATION QUESTIONS AND METHODS

The evaluation was intended to describe and analyze program design and implementation, as well as impact on the awardees and their schools. Design and implementation issues include goals, school participation, nomination and selection processes, the modes of presenting the award and the award amount, non-standard allocations of the award, perceived strengths and weaknesses, and suggestions for improvement. Two methodologies were used: (1) an analysis of the interim and final reports (including awardee nomination letters and curricula vitae) of 20 participating schools for a single year each, and (2) from among those 20 cases, telephone interviews with 5 graduating medical student recipients, 10 representatives of the schools, and 10 faculty recipients.

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PUBLICITY, NOMINATIONS AND SELECTION

The most important findings in the area of program design and implementation centered on the publicity, nomination, and selection processes in the schools. The Healthcare Foundation sets a priority on fairness, inclusiveness, and widespread publicity in the nomination process, and most schools appear to be meeting these goals. The evaluation also found good adherence to Healthcare Foundation criteria for selection. Two challenges were perceived in the area of advertising and soliciting nominations. First, some respondents perceived low levels of awareness of the program, particularly among faculty. Second, closely related to the challenge of raising awareness is the short time period in which schools sometimes publicize the program, receive nominations, and select the awardees, particularly when constrained by the timeline of the initial contract year.

Selection processes, particularly the dominant method of using committees, were perceived as fair overall and as resulting in appropriate awardees. When schools employed voting, however, there was a concern that popularity might play an excessive role in the decision. Given the prevalence of committee selection, however, a more important finding is that many committees do not include representatives of all three sectors of the medical school community, i.e. administrators, faculty, and students.

ADDITIONAL IMPLEMENTATION AND DESIGN ISSUES

Respondents were generally happy with the presentation of the award and the cash amount. In addition to concerns and recommendations about the advertising, nomination, and selection process, respondents' suggested changes tended to focus on two areas: (1) a desire for

more knowledge of and connection to the Foundation, the history of the awards program, and/or other awardees, and (2) an interest in learning how to improve a school's award program, particularly by learning from other participating institutions.

PERCEIVED PROGRAM IMPACT

Based on a variety of measures in our evaluation, the Humanism in Medicine Award Program is highly appreciated by its constituents, i.e. the medical schools that participate in it and the individuals who receive the award. Although some respondents thought it too early to assess program outcomes or were not in a position to do so, a number were able to observe program effects, and many perceived a positive impact in the following ways:

- promoting the importance of humanism in medicine and stimulating reflection on its meaning
- recognizing the outstanding efforts of deserving individuals
- reinforcing recipients' ongoing commitment to humanistic practice.

Based on our study of the program, the evaluation team has developed a number of recommendations and topics for further consideration:

- Consider award criteria modifications, most notably, expanding beyond the current focus on direct patient care to incorporate teaching, community service, population-based health care, and/or research.
- Continue to allow flexibility in nomination and selection processes, but suggest approaches to medical schools that enhance fairness and inclusiveness of administration, students, and faculty.
- Facilitate an earlier start to the schools' nomination processes by starting the contract process earlier and by encouraging schools to begin their publicity promptly.
- Supplement medical school publicity of the award by providing the schools with Foundation-generated materials, such as posters or program brochures.
- Facilitate and encourage information-sharing among participating schools, perhaps through use of a listserv, about approaches to advertising and enhancing the program.
- Consider other ways in which the Foundation could directly promote greater awareness, for example, by encouraging or requiring exposure of first-year students to the award and award recipients.
- Promote a sense of connection to the Foundation and its purposes for sponsoring this award, for example, by providing schools and awardees with historical information on the Foundation.
- Consider ways in which the Foundation might build on the program to further promote humanism, for example by sponsoring a conference of awardees.

EVALUATION OF THE HUMANISM IN MEDICINE AWARDS PROGRAM

INTRODUCTION

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PROGRAM DESCRIPTION

In the academic year 1997-1998, the Healthcare Foundation of New Jersey (HFNJ) inaugurated its Humanism in Medicine Awards Program, with 29 participating medical schools. These schools, located in the northeastern United States, were also participants in the Arnold P. Gold Foundation's White Coat Ceremony, which promotes the humanistic ethos. The size of the HFNJ program has increased each year since its inception. Last year, following an open invitation to all U.S. medical schools, the number of participating institutions grew to 81. The Healthcare Foundation seeks to expand the program to include all 125 U.S. medical schools by the year 2002.

Each institution presents the Humanism in Medicine awards to two recipients: one graduating medical student and one faculty member. In the words of the Foundation, the awards recognize individuals who "demonstrate the highest level of sensitivity, compassion and respect in their interaction with patients and families." The purpose of these awards is to highlight the importance of practicing the qualities of humanistic medicine in addition to administering excellent clinical care. The award is accompanied by a plaque and an honorarium of \$2,000 (originally \$2,500).

The program emphasizes flexibility. Schools use their own nomination and selection processes (often standard procedures that they use for all awards), with guidance from the Foundation as to selection criteria. The only stipulation is that these processes must be fair, inclusive, and widely publicized, and that the selecting body should represent all sectors of the school. The possibility also exists for schools to allocate the award money in unique ways, for example, awarding more than one faculty member or putting some of the money towards a humanism project.

Within the context of this flexibility, program coherence and accountability are maintained through contracts and reports. All schools are sent an interest survey about the program. Those that are interested send it back, and a contract is signed. When schools are new to the program or during program renewal years, contracts will be signed in October. In other years, schools are free to begin the process of soliciting nominations at any time. The contract includes a commitment to fill out both an annual interim and final report. Schools must also submit descriptions of the awardees (nomination letters) and their curricula vitae.

EVALUATION QUESTIONS AND METHODS

The Healthcare Foundation of New Jersey sought an assessment of the program to date, including description and analysis of program design and implementation, as well as perceived impact on the awardees and their schools. Areas of inquiry related to design and implementation include goals; school participation; the nomination and selection processes; the presentation of the award, award amount and reasons for non-standard allocations; planned changes; and perceived strengths and weaknesses, and suggested improvements.

In order to carry out this analysis, the Center for State Health Policy selected a sample of the programs of 20 schools in individual years. Our sample was chosen to reflect the current diversity of participating schools. The dimensions we took into consideration included public/private status, year of joining the awards program, continuous/disrupted participation, region, degree of competitiveness, status as a historically Black college, and unique/standard approaches to the allocation of the award. In choosing the year for which we reviewed the school, we again aimed for diversity.

For this full cohort of programs, we analyzed the Foundation's files. Interim reports and final reports were reviewed for basic descriptive information about the schools, their nomination/selection processes and mode of presenting the awards; comments on strengths, weaknesses, and desired changes; and planned improvements. Awardee nomination letters were analyzed for adherence to Foundation criteria and the relative predominance of different criteria. Curricula vitae were assessed for additional relevant information about awardees.

2 In order to gather updated and additional information, and in order to obtain the perspectives of awardees, we interviewed a subsample of the school representatives (the individuals responsible for the program) and awardees represented by our twenty cases. Interviews were conducted with ten school representatives, ten faculty awardees, and five student awardees.¹ These interviews were designed to provide additional key information on the nomination/selection process and award presentation if needed, and to obtain interviewee perspectives on program goals; the impact of the award; and strengths, weaknesses, and areas for program improvement.

ADDITIONAL INFORMATION ON PARTICIPATING SCHOOLS

The evaluation provided us with some additional descriptive information about the participating schools. In analyzing the interim report, we found that the schools in this sample were diverse in size as well as in the characteristics for which they were selected. The fifteen that provided the size of the graduating class were almost evenly divided among those with less than 100 students in the graduating class, those with 100 to 149, and those with 150 to 200. Faculty count was a more confusing concept, with some schools specifying whom they were counting and others not. However, it was clear that there was considerable diversity, with the count ranging from 132 to 2,650.

Based on conversations with the Healthcare Foundation, we had anticipated that responsibility for the Awards Program would generally lie in the Office of Student Affairs. The interim and final reports confirmed this. Report authors were generally the head of that office, usually holding the title of Associate Dean for Student Affairs. Academic Affairs was another common home for the program.

PROGRAM PARTICIPATION

School representatives were asked about the decision to participate in the program. Nine of the ten schools had participated every year since they first signed on. The tenth had missed one year because of administrative challenges.

When asked why they chose to participate, eight school representatives said in essence that they agreed with the objectives of the program, one said that they participated because they were invited, and one because the Foundation allowed them to use the funds in the manner which most benefitted the school.

When asked why a school might choose not to participate, only a few saw any reason. The reasons provided were: (1) Some schools might be challenged by the administrative work required. (2) Administrative challenges might be compounded by the time constraints of the process (presumably for a school just beginning the program). (3) There would be no advantage or reason to participate if a similar program already existed. (4) Schools might be leery of having external values imposed upon them.

PERCEIVED GOALS

Administrators and faculty and student awardees had a shared view of the program's goals, generally understanding the purpose to be the promotion of humanistic values in medicine, but usually also specifying the main target group as medical students or "future health care professionals." A number of respondents saw recognition of the individuals receiving the award as a program goal.

All respondents saw the goals of promoting and recognizing humanistic practice as very important for medical training. As one administrator stated, "If we don't interact well with people, then we may as well hire technicians." Respondents felt program goals to be particularly important because they see humanism as an often-neglected concern. Along these lines, respondents noted that this award is different from the usual academic awards, that humanism is often not addressed in medical training, that incoming student idealism can be lost in the course of medical school, and that the "the medical aspect is the easy part." A few qualified their agreement with program goals, suggesting that while the goals are of central importance, they cannot be achieved unless the school has a commitment to them above and beyond the award program. One school representative also expressed concern that the word "humanism" is all-encompassing and therefore "bandied about" in the medical community.

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PUBLICITY, NOMINATION, AND SELECTION

Publicity and Nomination Processes

The processes of publicizing the award and soliciting nominations are by definition intertwined. The schools by in large reported using multiple methods for publicizing the program and soliciting nominations. In every case, at least one of these methods involved individual solicitations to those eligible to make nominations, whether through email listservs or the distribution of flyers/nomination forms to campus boxes, home mailing addresses, or classrooms. As can be seen in Table 1, flyer distribution was the most common means of publicizing the program and soliciting nominations; email was also popular. In order of descending frequency, other methods used included class announcements, postings on bulletin boards (campus and/or hospital), newsletter advisories, and notices to key individuals or student or faculty groups/committees.

Table 1: Advertisement/Solicitation of Nominations (20 Schools) ²

METHOD	NUMBER OF SCHOOLS USING
Individual mailings	13
Email to listservs (or unspecified)	7
Notices to key individuals	3
Notices to student or faculty groups or committees	2
Newsletter announcement (e.g. Dean's newsletter, school paper)	3
Bulletin boards	4
Class announcements	4
Information not provided	2

Sources of nomination were diverse. As can be seen from Tables 2 and 3, the most common approach to nominations for faculty and student awardees was to solicit nominations from both the faculty and the student body. (The student body was sometimes specified as graduating seniors only, sometimes specified as full student body including residents, and sometimes not specified by respondents.) However, this approach only accounted for student nominations in half of the answering schools and less than that for faculty nominations. Peer-only nominations were also common for both faculty and students and a few schools allowed only students to nominate faculty or only faculty to nominate students. Interim reports asked for the number of faculty

Table 2: Sources of Nominations for Faculty Awardees (20 Schools)

SOURCE	NUMBER OF SCHOOLS USING
Faculty	4
Students (seniors or all or unclear)	4
Faculty and students	8
Faculty, students, and administrators	2
Key individuals/committees	1
Not provided	1

nominations received. For the fifteen schools responding, about half had 1 to 9 nominations and half 10 to 19. The distribution of number of student nominations was similar.

A few school representatives noted in their interviews that they had made changes in their advertising and nomination processes over the course of their participation in the Humanism program. These included starting the process earlier, adding an email solicitation, and describing more clearly the nomination and selection criteria in their advertisements.

Table 3: Sources of Nominations for Student Awardees (20 Schools)

SOURCE	NUMBER OF SCHOOLS USING
Students (seniors or all or unclear)	4
Faculty and students	11
Faculty only	2
Faculty, students, and administrators	1
Not provided	1
Does not apply (no student award)	1

Table 4: Selection Process for Faculty Awardee³ (20 Schools)

PROCESS	NUMBER OF SCHOOLS USING
Peers vote	2
Committee of administrators only	1
Committee of faculty and administrators	2
Committee of students and administrators	1
Committee of faculty and students	3
Committee of administrators, faculty and students	4
Committee - composition unknown	5
Administrative Office	1
Combination of key individuals and committees	1
Unclear/not provided	0

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Selection Process

Once nominations had been made, by far the most common means of selection for both student and faculty awardees was by committee (see Tables 4 and 5). Voting (by peers) was used in only a few cases. When committee composition was specified, it involved some combination of faculty students, and administrators— in most cases only one or two of the three. One of the schools that voted specified the percentage of eligible voters participating: 14 percent of graduating seniors, and 18 percent of faculty.

Adherence to Healthcare Foundation Selection Criteria

Analysis of nomination letters shows good adherence to Healthcare Foundation criteria for selection. As described by the Foundation, compassion is the cornerstone of humanism. Compassion for patients and serving as a role model for students and colleagues were the most frequently noted attributes of faculty, with virtually all awardees characterized both. Similarly, compassion for patients and exhibiting professional behavior by example were the most frequently noted

Table 5: Selection Process for Student Awardee (20 Schools)

PROCESS	NUMBER OF SCHOOLS USING
Students vote	3
Committee of administrators only	1
Committee of faculty only	1
Committee of faculty and students	2
Committee of faculty and administrators	2
Committee of admin, faculty, students	4
Committee - composition unknown	4
Administrative Office	1
Unclear/not provided	1
Does Not Apply (No student award)	1

Table 6 : Nomination Letters for Medical School Faculty Awardees as Assessed by HFNJ (19 Letters)⁴

CRITERION	NUMBER OF LETTERS CITING
Demonstrates compassion and empathy for patients	19
Role model for students and colleagues	17
Approachable and accessible to students	11
Mentorships with students	13
Exhibits enthusiasm and skill in interactions with students	8
Shows respect for everyone he/she comes in contact with	6
Demonstrates cultural sensitivity	7
Displays effective communication and listening skills	5
Shows respect for the patient's viewpoint	11
Is sensitive to the patients' psychological well-being	8
Identifies emotional concerns of patients and family members	9
Engenders trust and confidence	9
Adheres to professional ethical standards	1
Personally committed to objective self-evaluation of his/her own skills	2

Table 7: Nomination Letters for Graduating Medical School Student Awardees as Assessed by HFNJ Criteria (20 Letters)

CRITERION	NUMBER OF LETTERS CITING
Consistently demonstrates compassion / empathy in the delivery of care to patients	19
Illustrates professional behavior by example	19
Shows respect for everyone he / she comes in contact with	11
Demonstrates cultural sensitivity in working with patients and family members of diverse ethnic or religious backgrounds	9
Displays effective communication and listening skills - good rapport with patients	13
Adheres to professional ethical standards	2
Understands a patient's need for interpretation of complex medical diagnosis and treatment and makes an effort to assure patient comprehension	8
Shows respect for the patients' viewpoint	13
Is cooperative, easy to work with- engenders trust and confidence	15
Willing to help others and, when necessary, willing to seek help from others	8
Displays concern for the general welfare of the community and engages in volunteer activities	11
Seeks and accepts criticism, using it to improve performance	4
Personally committed to objective self-evaluation of his/her own skills	1

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characteristics of students, and were noted for almost all. Students were also frequently cited for being cooperative. A few criteria were mentioned for fewer than five individuals. For faculty, these were adherence to professional ethical standards and commitment to self-evaluation. For students, similarly, they were adherence to professional ethics, acceptance of criticism and commitment to self-evaluation. No mention of a criterion does not, of course, mean that the awardee does not have that characteristic, only that the school did not focus on it in describing him/her.

In addition to the criteria suggested by the Healthcare Foundation, nomination letters addressed a number of other awardee characteristics that the authors felt important. These included mentoring colleagues, working with needy populations (in the U.S. and abroad), demonstrating technical competence and professionalism, conducting research motivated by humanistic values, being able to convey the essence of humanism to others, and teaching courses that stress humanistic values. In addition, voluntarism was an explicit criterion for students but not faculty, although a number of faculty were cited for their community service.

Additional Award Recipient Attributes

Faculty and student curricula vitae revealed a number of interesting attributes of the awardees. The vitae show that, even if it was not mentioned in the nomination letter, awardees generally were involved in community service, whether in professionally-related or other capacities. Most of the faculty who won the Humanism in Medicine Award had been at their schools for several years or more (or were even emeritus).

Faculty award recipients serve diverse populations. Some work with people with HIV/AIDS; another works with patients who suffer from neuromuscular diseases; others care for the elderly or the indigent. Their areas of specialization include infectious disease, pediatrics, pediatric oncology, family medicine, gastroenterology, internal medicine, emergency medicine, surgery, public health, and physical medicine and rehabilitation.

Most faculty had extensive research portfolios, as reflected in publications and grants. Many faculty had also received other prestigious awards. Many students had also received academic honors, and a number had been recognized for their community service.

Perceived Competitiveness and Fairness

School representatives were asked whether the award program is competitive and almost all (8) believe that it is. When asked whether the nomination and selection process is fair and results in awardees who meet the program's criteria, the interviewees who felt in a position to comment all agreed. However, a few who were at schools that employ voting (rather than committee selection) also voiced a concern that the process might be somewhat responsive to the popularity of nominees. One associate dean suggested, "It's not that the people weren't appropriate, [but] sometimes there is this sense that the people who fill this bill the most don't get recognized by their peers. The downside of that is you start putting in controls and it becomes an administrative decision." One respondent posited that the designation of the award to a new faculty member each year diminished this problem.

AWARDS

Presentation

Final reports provided a complete picture of where awards were presented. Most presented them at a pre-graduation awards ceremony, and fewer than half of the schools presented the awards at the graduation ceremony. The Dean was the person who typically presented the award (12), with the Associate Dean of Student Affairs the second most common presenter. Based on our interviews, attendance at the ceremonies where the awards were presented ranged from 200 to 2000, with about half in the 200-500 range. The larger attendance tended to occur at graduation ceremonies, although not exclusively.

Amount

School representatives were asked whether their institutions bestow other awards for humanism and how these compare in cash value. Three of the ten schools represented in these interviews do either participate in other humanism awards programs or offer their own. However, with one exception, the award amounts are far smaller than the Foundation's.

Non-Standard Approaches

Three of the school representatives whom we interviewed represented schools that allocate the award money in non-standard ways. In one case this was done to complement a pre-existing program, in another because it was appropriate for that one year, and in a third because the school had an idea for a complement to the award.

PERCEIVED IMPACT

The perceived impact of the Humanism in Medicine Awards Program was addressed in the final reports and in the interviews we conducted with school representatives and faculty and student awardees. Both reports and interviews asked about the impact on the awardees themselves and on the larger medical school community. We asked about recipients' awareness of the award program before being honored, since awareness is a necessary precondition for the award to have an effect pre-receipt. Our inquiries about the impact of the award on the school as a whole also addressed the degree of awareness in the school community (in this case, of course, perceived awareness) and asked respondents to reflect on the nominating and selection process specifically, as well as the award program overall. Finally, we asked recipients about their use of the cash that accompanies the award. Responses in the final reports and interviews reflect both observations of the respondents and beliefs about impact. All perceived impacts were positive.

Impact on recipients

Impact of the award

Although three of the final reports did not address impacts (one noting that it was early in the process), the remainder of the reports provided some rich observations. Impacts on the awardees were generally described in terms of the emotions generated by being recognized: pride, humility, excitement, enthusiasm, and especially gratitude. One respondent described a scene of tears during the presentation of the award.

Eight of the ten faculty respondents stated that they were unaware of the award before they received it. Therefore, they addressed the award's impact on them in terms of their lives after receiving it, rather than in terms of any motivation it could have provided before its receipt. While two respondents saw no impact, four described their satisfaction with being recognized and five stated that their thinking had been reaffirmed or even changed. One respondent, for example, said that the award made him aware of being a role model.

Four of the five students interviewed were also unaware of the award's existence before receiving it. Although all felt that they were being rewarded for something they have always done, three of the five students interviewed acknowledged that receiving the award had had an impact upon them, to varying degrees. They felt good about the recognition, and — interestingly — three felt encouraged by the reminder that others share their ideals. One student said that the award makes her feel guilty when she is less than compassionate when facing the time constraints of residency and medical practice. Only one student was not sure if the award had had an impact on her, although she noted that her belief in humanistic medicine was validated. All of the students interviewed were appreciative.

The school representatives see the impact of the award on those individuals who receive it as primarily reinforcing, much as described by many of the recipients. In the words of one administrator, "They were superb people to begin with...and now there is a sense that the work they've done has been recognized."

Use of the honorarium

Three faculty awardees either had not received their cash award yet, had not spent it, or were unsure how they had used it. A few had donated it (e.g. to the medical school for student use), a few had used it for work-related expenses, and a couple used it for personal needs. Student awardees, not surprisingly, tended to use the award to pay living expenses (including loans), but one had also donated some of the money to her church.

Impact on the school

As described in the interim reports, the major perceived impact on the student body and medical faculty was increased awareness of humanism in medicine. Many of the schools stressed that the nomination and selection processes, as well as the presentation of the award, underscore the significance of humanism and medicine. A few schools not only see the award as a vehicle for increasing awareness, but have taken the initiative to build on and expand that potential. For example, a couple of schools have utilized innovative ways of exposing students in the earlier years to the award recipients.

Generally, faculty respondents were unsure whether the medical community is widely aware of the nomination/selection process or the award program overall, and four said they thought they were not. Not surprisingly, then, a number of respondents were unsure of the impact of the nomination/selection process or the award program on the school as a whole. However, most believed that there were positive impacts, primarily in mobilizing students and the medical school community to think about issues of humanism and support humanistic practice; a couple of respondents saw an intrinsic positive impact in the recognition of deserving individuals.

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Student recipients were more evenly divided in their perceptions of whether the school community is aware of the nomination/selection process and the award program overall. One expressed uncertainty as to the awareness levels of faculty and administrators, and a couple suggested that awareness increased with the duration of the program. Four of the five were unsure of the impact of the nomination and selection process, in large part because they are no longer at the schools, but one saw it as encouraging people to think about compassion and humanism. Two saw the program overall as having an impact in affirming faculty, improving student-faculty communication (due to the teamwork around selection), and/or motivating students.

School representatives were the most likely to believe that their school community is aware of the nomination and selection process and the award program overall, although some qualified this by saying that they were not sure just how widespread that awareness is (e.g. one administrator pointed out that at his school only graduating seniors would know). A couple of respondents suggested that faculty are probably less aware of the processes than are students. One administrator who stated that awareness is low indicated that the award notification competes with other notices during a busy time of the year.

Three of the medical school representatives interviewed said that they were not sure of the program's impact, primarily because they had not participated in the program long enough to assess outcomes. Of the remaining seven respondents, five felt that the award had had an impact in promoting concern for humanism, recognizing recipients (whom they described as feeling appreciative and honored), and in one case, in helping to fund an existing program. Two indicated that the impact of the award on the school as a whole has been minimal, in one case because of all the other humanism activities in the school.

PLANNED CHANGES

In their final reports, most schools reported that they planned to change something about their process, with only four of the twenty saying they would maintain the process as it was. Most planned changes involved the publicity and nomination process, with the most common intention being to start the process earlier. Other planned changes in this area were increasing faculty awareness, broadening the scope of those nominating the candidates, and making the instructions more specific. A few schools said they would change the selection process, for example, by initiating an awards committee or by including former recipients on their committee. No school reported planning to change the occasion of the presentation or the amount of the award.

STRENGTHS, WEAKNESSES, AND SUGGESTIONS FOR IMPROVEMENT

Twelve interim reports provided comments on strengths, while only two cited any weaknesses. Thirteen, however, did include ideas for improvements. A few of the final reports also included comments on strengths, weaknesses, and suggested improvements; and interviews were also asked about changes to enhance the program.

Strengths

In commenting on strengths, respondents most often praised the program for spotlighting or promoting the value of humanism. Interestingly, many suggested that by requiring the medical school community to select awardees, the program not only encouraged them to think about humanism in general but to reflect seriously on and even discuss the traits of a humanistic professional. Other strengths cited were flexibility, organization, the award amount, and the recognition of deserving individuals. One school mentioned a strength in their use of the Humanism in Medicine Award to bridge faculty and student awards at graduation, unifying the two and singling out Humanism in Medicine.

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Weaknesses

Weaknesses described in the reports pertained to the advertising, nomination, or selection processes. Some weaknesses were relevant to the program as a whole and others to the specific medical school's approach. Some respondents cited the short time-frame for advertising the program, nominating candidates, and selecting awardees; most of these were new programs, suggesting that this might be due primarily, but not exclusively, to the time constraints caused by the contract process. One report described award criteria as too vague, which we interpreted as wanting more direction from the Foundation. School-specific weaknesses included problems in getting the information out to the school community and a concern with inadequate student response in the nomination process.

Suggestions for Improvement

In both reports and interviews, many respondents had no changes to suggest. A number expressed full satisfaction with the current state of the program, while others needed to give it more thought. Again, some suggested changes were specific to the way in which the program was implemented at a particular medical school, while others pertained to the program as a whole. In the area of school-specific changes, a few respondents wished to see their schools carry out more advertising and employ additional methods; these included some not currently used in any of our sample schools, such as displaying the plaques in the schools rather than sending them home immediately with recipients, or using local papers. A few schools wished to expand the numbers of people involved in selecting the awardee (although one school considering voting as a selection

method noted that this could lead to a popularity contest). One respondent would like to have a reception for the award recipients, but stated that the school had been previously unable to finance one.

Suggestions for program improvement were much more free-ranging than were perceived weaknesses; they encompassed issues not only of nomination and selection, but other areas as well, including modifications of program concept. In the area of nomination and selection, the need for a longer timetable was again a common theme. A few respondents would like to receive some publicity materials from the Foundation. In particular, one respondent suggested developing a brochure describing the award and listing recipients, seeming equally interested in creating a sense of program history as in improving advertising.

A couple of respondents suggested changes to the selection process. One would like the Foundation to provide more examples of awardee criteria; another would like to see the criteria changed to include work that benefits whole communities, in addition to the current focus on direct patient care.

School representatives and faculty were satisfied with where and when the award is presented, but two students suggested changes to the presentation that reflect a desire for more sense of connection to the Foundation: having a Foundation representative present the award (which they acknowledged might be impractical), and having a letter from the Foundation accompany the plaque. Only one respondent desired a change to the amount of the award, suggesting that, instead of cash, recipients be given the chance to attend humanistic conferences.

Some suggested changes shared the theme of linking awardees and schools: forming a network of participating schools for the purpose of information-sharing (mentioned by a couple of respondents), gathering former recipients together to discuss issues in humanism, and publicizing recipients among participating schools.

A number of suggestions would change or at least modify the concept of the award program: using the money for a program that would reach more students, using the money towards a humanism program (unspecified) rather than an award, getting to the students earlier in their medical education, providing awards in different areas of medicine, changing the name of the program to tie it to the White Coat ceremony, and providing a similar award for residents.

Other miscellaneous suggestions were changing the layout of the plaque to highlight the purpose of the award rather than the Foundation and changing the disbursement of the award (the respondent had received his money a month after receiving the award).

School representatives were asked if they would choose this award program if given the chance to use the \$4,000 for any program to promote humanism. Only two stated that they would not, in one case preferring to apply the money towards service projects and in the other towards support of a humanities curriculum for first-year students. Of the remaining eight administrators, five could not provide an answer, either because they had not previously thought about the issue or could not make such a decision on their own. Three were certain that they would wish to keep the program because they are happy with it, invested in it, and/or want to be able to assess its impact over time.

CONCLUSIONS

In three years, the Humanism in Medicine Awards Program has grown to include 65 percent of U.S. medical schools, and seems well on its way to its goal of “universal coverage.” The schools currently participating are diverse on all key dimensions. Based on a variety of measures in our evaluation (reasons for participation, agreement with program goals, perceived strengths and weaknesses, suggestions for improvement, and perceived impact), the Humanism in Medicine Award Program is highly appreciated by its constituents, i.e. the medical schools that participate in it and the individuals who receive the award. One school representative wished to express that the school was overwhelmed with the Foundation’s generosity, “that they have put their money where their heart is by acknowledging this dimension of medicine.”

Although some respondents see it as too early to assess program outcomes or were not in a position to do so, many respondents (including both school report authors and interviewees) perceive a positive impact from the program, particularly in promoting the importance of humanism in medicine. Some also see an intrinsic positive impact in the recognition of deserving individuals, and awardees describe highly emotional responses to having been honored in this fashion. Many recipients see the award as helping to reinforce their ongoing commitment to humanistic practice.

It was of particular interest to the evaluation team that the format as an awards program has effects that go beyond the obvious and that derive specifically from the nomination and selection process. We expected the award to be perceived as spotlighting humanism as a valued characteristic and even creating an incentive for humanistic practice. In addition, however, a number of respondents reported that the nomination and selection process required those involved to move beyond the abstract to think in concrete ways about exactly what humanism is. This struck us as an impact that is extremely valuable and an observation that probably reflects real experience of what the award can do, rather than only assumptions about its effects.

Most tellingly, perhaps, the interviews and program reports reflect a great sense of excitement about and investment in the award program and its potential. Some awardees express a desire to have a sense of program history and to continue to be connected to the program. Some interview responses also reflect a strong interest in the Foundation as a result of the award. A few schools have become quite creative in thinking about how to tap into and build on the award’s potential, and others show an interest in learning more about how to do so.

The Healthcare Foundation sets a priority on fairness, inclusiveness, and widespread publicity in the nomination process, and the schools appear to be meeting these goals by in large. Schools sampled used multiple methods to advertise the programs and solicit nominations, and all of them made sure that every eligible nominee received at least one direct solicitation. Virtually all schools reported using a population-based nomination process (rather than nomination by committee), usually involving at least faculty and graduating seniors. Awardee nomination letters also demonstrated a good fit between HFNJ criteria for the award and awardees. Of course, some criteria were more frequently mentioned than others. For medical students and faculty both, the qualities most often exemplified were consistently demonstrating compassionate behavior and empathy in the care of patients and illustrating professional behavior by example/serving as a role model. Criteria related to self-evaluation/criticism and adherence to ethical standards were mentioned least frequently. Nomination letters also addressed some criteria not on the Healthcare Foundation’s list, such as serving needy populations or including humanism in the curriculum.

Two main challenges were perceived in the area of advertising and soliciting nominations. First, some respondents perceived low levels of awareness of the program; in fact, a number of

awardees stated that they themselves had been unaware of the award until they received it. In particular, some respondents suggested that students might be more aware of the program than faculty; faculty were also much more likely than others to believe that the school community was unaware of the program, perhaps a reflection more on their sector of the medical school community than on the school as a whole. Additionally, it is clear that respondents are—logically enough—particularly concerned about promoting humanism in students. Despite its logic, this view and the many different demands on medical school faculty may make increasing faculty awareness a particular challenge.

Closely related to the challenge of raising awareness is the short timeline on which schools have sometimes publicized the program, received nominations, and selected the awardee. In our study, this generally, but not exclusively, was reported by schools in their first year in the program, suggesting that it was due in part to the constraints of the contract process. Short timelines can also be a function of school choices.

Most schools in our study sample used committees to select awardees from among those nominated. Selection processes, particularly the dominant method of using committees, were perceived as fair overall and as resulting in appropriate awardees. When schools employed voting, however, there was a concern that popularity might play an excessive role in the decision. Given the prevalence of committee selection, a more important consideration, perhaps, is that many committees have not included representatives of all three sectors of the medical school community, i.e. administrators, faculty, and students.

Respondents were generally happy with the presentation of the award and the cash amount. In addition to concerns and recommendations about the advertising, nomination, and selection process, suggested changes tended to focus on two areas: (1) a desire for more knowledge of and connection to the Foundation, the history of the awards program, and/or other awardees, and (2) an interest in being able to learn more about how to improve the awards process at the school, particularly through learning from other participating institutions.

RECOMMENDATIONS

The evaluation team has two suggestions for facilitating future evaluations:

- If additional interviews with student awardees should be desired, require schools to provide the Foundation with forwarding contact information at the time of graduation.
- If frequent tabulation of interim and final reports would be desirable, create a form of primarily closed-ended questions (supplemented by opportunities for open-ended responses), and enter report information as it is obtained. This would facilitate data entry and spotlight any gaps in the reports.⁵ Another alternative that would facilitate tabulation is using a web-based reporting system that will automatically tabulate closed-ended responses and allow for open-ended entries as well.

Based on our study of the program, the evaluation team also developed a number of recommendations to further the program's values and goals and build on the successes to date:

- Consider award criteria modifications, most notably, expanding beyond the current focus on direct patient care to incorporate teaching, community service, population-based health care, and/or research.
- Continue to allow flexibility in nomination and selection processes, but suggest approaches to medical schools that enhance fairness and inclusiveness of administration, students, and faculty. Assessing the nomination and selection processes may require further definition of inclusiveness, in particular. For example, does inclusiveness in nomination require population-based nomination, or is nomination by committee inclusive if it represents all sectors of the school? What sectors of the school must be represented in a selection committee?
- Facilitate an earlier start to the schools' nomination processes by starting the contract process earlier and by encouraging schools to begin their publicity promptly.
- Supplement medical school publicity of the award by providing the schools with Foundation-generated materials, such as posters or program brochures. This will not create undue burdens on the Foundation or undercut medical schools' sense of investment in the program, and will help foster both increased publicity and a sense of program cohesion and history.
- Facilitate and encourage information-sharing among participating schools. This will allow them to learn from each other's experiences with publicizing the program, creating an effective selection process, building on the program, etc. Examples of possible approaches are a website, a listserv, or a newsletter. The listserv strikes us as an approach that would require little investment of time or money by the Foundation, and would allow schools to continue to operate independently while having the opportunity to learn from each other if desired.
- Consider other ways in which the Foundation could directly promote greater awareness, for example, by encouraging or requiring exposure of first-year students to the award and award recipients.
- Encourage a sense of connection to the Foundation, and to the awards program and its goals. Along these lines, interesting respondent suggestions included providing schools and awardees with brochures about the Healthcare Foundation, creating a program pamphlet that lists past winners, and letting awardees know how they can support the Foundation's work. Another possibility would be the creation of an alumni databank, which past award recipients could update individually.
- Consider ways in which the Foundation might build on new potential created by the program to further promote humanism. Creating opportunities for information-sharing, as described above, will facilitate schools maximizing the potential of the program and using it as a springboard for other efforts. The Foundation itself could also use this program as a base for related efforts. For example, one respondent suggested that the Foundation bring awardees together to share their thoughts and concerns about the promotion of humanism in medicine.

ENDNOTES

- ¹ A smaller cohort of students was interviewed because of the difficulty of locating them post-graduation and scheduling interviews with busy residents.
- ² Information on advertisement, nomination, and selection is based primarily on interim reports. In the one or two cases for each question that the report did not address this topic or was unclear, information derived from interviews was substituted, if available. This pertains to the information in Tables 1- 5.
- ³ Selection processes sometimes involved advice from or affirmation by unrepresented sectors.
- ⁴ Numbers of schools, awardees, and letters may be different for three reasons: (1) school variations in allocation of awards, (2) treatment of nominees as a team in a single letter, and (3) in one case, a missing letter.
- ⁵ Although we did find that the majority of the reports in our sample were complete, our study cannot provide an accurate representation of school compliance with reporting requirements, as we only used files that we believed to be essentially intact.

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