

CENTER FOR INNOVATIVE MEDICINE

Request for Proposals

Initiative for Humanizing Medicine Small Grants Program

More than 100 years ago, Johns Hopkins transformed medical education, research, and treatment throughout the world by highlighting the critical importance of scientific principles in medical practice. This revolution is responsible for many of the benefits in health we now cherish. Our current challenge is that the Hopkins revolution has not yet been fully realized. It was Hopkins's first chair of medicine and the most famous physician in the 20th century, Sir. William Osler, who observed, "*The good physician treats the disease; the great physician treats the patient who has the disease.*"

There is abundant evidence within the world of otherwise phenomenal medical advances that many people do not experience the care Osler recommended. Studies consistently find that patients leave healthcare encounters not having discussed what is most important to them, not understanding or misunderstanding their condition and what they should do about it, not knowing what decision to make or having unknowingly made a decision that doesn't match their goals, or feeling disrespected, treated like an object or a disease rather than as a person, and not able to trust the advice given to them as a result. Perhaps most tragically, these experiences are consistently had more by people of color, or by those who are marginalized or stigmatized, which further disadvantages those who already face societal disadvantage.

In addition to the profound human suffering that results from these deficits, there are also grave practical consequences that undermine human health - failure to communicate well and form therapeutic relationships with patients adversely impacts patients' confidence, trust, treatment adherence, symptoms, chronic disease management, resulting in increased medication errors, hospital readmissions, and death.

Dehumanization does not result from malicious intent – it is the unconscious and unintentional byproduct of how medical care is structured and how clinicians are trained. To humanize medical care, social practices within medical settings must change. Fortunately, research in other settings suggests solutions – all of which should be considered in the provision of medical care. These include targeted health system structural redesign such as reimbursement policies or electronic health records interfaces, and educational reform to focus on the dignity of all persons, knowing each patient as a person, empathy, and moral engagement.

Funding Opportunity

The Initiative for Humanizing Medicine (IHM) is a new initiative being launched by the Center for Innovative Medicine (CIM). IHM plans to fund up to 5 small grants of no more than \$30,000 each.

Successful proposals could involve traditional research, implementation science, cost-effectiveness, or education scholarship in any area related to humanizing medicine – particularly focused on knowing patients as people and treating everyone with respect, dignity and compassion. Of particular interest are studies that explore the connection between health equity and humanizing medicine, that develop methods to measure humanized medicine, and that identify gaps and reasons for gaps in humanized medicine at Johns Hopkins.

Principal Investigators must be faculty at the Johns Hopkins University. Funded investigators will participate in a monthly Humanizing Medicine Learning Collaborative.

Key Dates

Submission Deadline – April 1, 2023

Awardees Notified – June 1, 2023

Award Start Date - July 1, 2023

Award End Date – June 30, 2024

Retreat/ Final Presentations – Sept 2024

The Committee will primarily consider the project's potential to humanize medicine, in addition to the project's significance, innovation, feasibility, creativity, and quality of methods.

Application Process. Please submit a proposal to include the following:

- Cover Page
 - Project Title
 - Names of the proposed research team
- Research plan (3-page maximum)
 - Project Significance and Innovation
 - Specific Aims
 - Methods, including timeline
 - Impact
- Budget and Budget Justification detailing all project costs
 - Budgets up to **\$30,000** per project are eligible for funding but lower budgets are encouraged
 - Indirect costs are not allowed
- CV (or NIH Biosketch) for the Principal Investigator and core study team members

Send final applications to Tambra Noethen tnoethe1@jhmi.edu

Questions?

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