

# HPM Fellowship Funding Guide

Practical Tips to Find Alternative Sources of  
Funding for your Hospice and Palliative Medicine  
Fellowship Program



AMERICAN ACADEMY OF  
HOSPICE AND PALLIATIVE MEDICINE

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## Background



Funding a fellowship program in hospice and palliative medicine can be challenging, with funding often coming from various sources, including the program’s department/institution, grants, endowments, and other sources. Sustaining a program often requires creative fundraising. This guide has been designed to offer practical tips and strategies for identifying and pursuing funding sources to support fellowship programs in hospice and palliative medicine. While the guide draws on broad fundraising approaches, content is tailored to address fundraising issues that arise in hospice and palliative medicine. Tailoring is necessary because effective fundraising cannot take a “one-size fits all” approach. The approach must consider a number of factors, first and foremost, the nature of hospice and palliative medicine, as well as the program characteristics, number of trainees, access to potential donors, and the staff and resources available to support the initiative. While there is not one approach, there are tools and strategies that can be used to help secure funding at ANY institution.

In pursuing funding for hospice and palliative medicine fellowship programs, physicians are often hesitant to engage in fundraising because they feel it could potentially damage the physician/patient relationship, it is unethical in some way, or they just do not have the time, knowledge, or skillset to fundraise effectively. It may be helpful to think about fundraising from the patient/family perspective. The family has had or are having a deeply meaningful experience as a patient or as a loved one. Patients and loved ones give for many reasons. In fact, most donor research has revealed that for the donor it is not about the money, it is about the meaning (see [Resources](#) below for more information). Philanthropy may, in fact, be an important part of the healing or grieving process. It gives purpose or meaning to their experience.

Effective fundraisers seek to discover what is important to any potential donor and then draw upon that to encourage and support giving. This approach requires being able to look at the organization’s mission and programs through the eyes of a potential donor rather than from the perspective of those who run the organization.

### ***Why do people give?***

- they believe in the work that you are doing
- they want to give back out of gratitude
- they have had a life-changing experience with your program
- they have had encounters with people who made a difference in their lives
- they are passionate
- they want to give to those who can do this kind of work (ie, this is not an area of expertise for them)
- they appreciate the need for training and education
- they want to be part of something unique or transformational

**Why do corporations or foundations give?**

- giving aligns with their social mission or business interests
- they hope to improve the quality of life in their area
- employees have a connection or relationship with your program
- past experience and demonstrated stewardship of resources

Throughout this guide, we offer reflection questions that may help you to clarify how you can best identify and work with potential donors. To begin:

➔ **What is the “mission” of your program** (consider the program aims from your Accreditation Council for Graduate Medical Education self-study process)? **Can you see donors aligning with this mission?**

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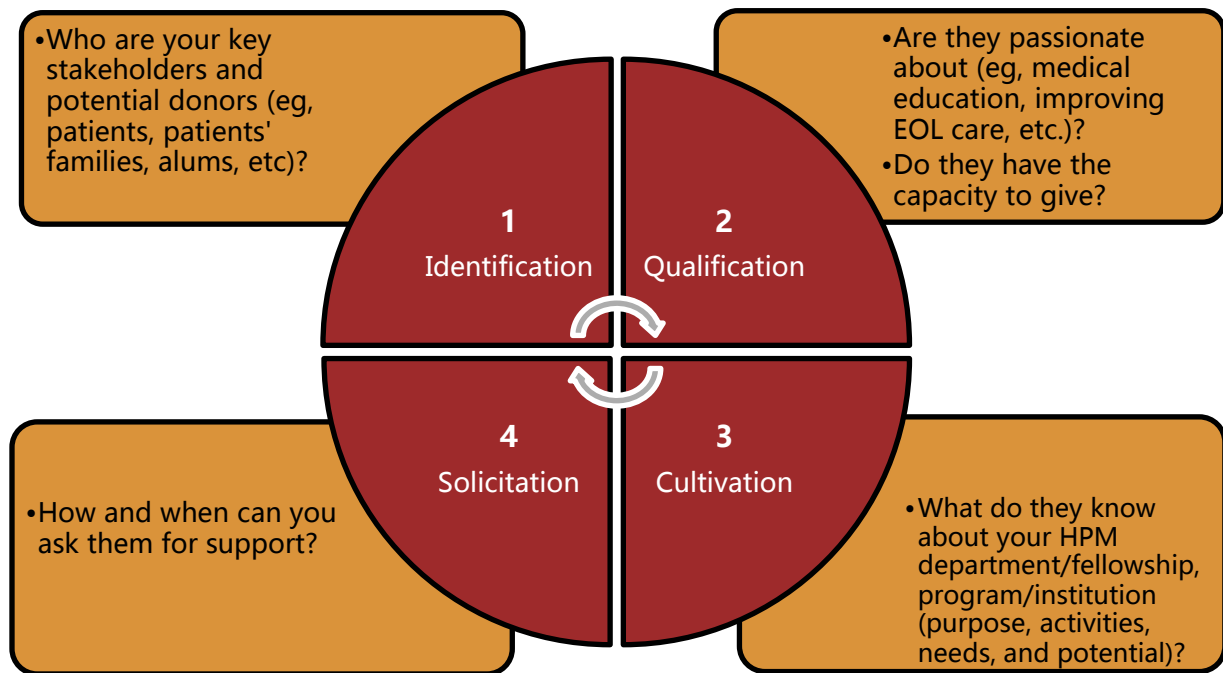
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**Developing Relationships over Time (The “Donor Cycle”)**

Fundraising depends on identification of donors, determining their interest and potential, cultivating relationships, bringing them on board with your mission, and “closing the deal” with a clear ask for financial support. Solicitation should always include a specific amount or a menu of options.



## Maintaining Relationships over Time (Stewardship)

Stewardship is the responsibility for taking good care of the resources entrusted to you. It is the ongoing link between the institution and the donor as you build trust, credibility, and gratitude through donor acknowledgment and recognition. It is a strategy to keep donors close to your institution once they have given. It assures donors that their gifts will be used as they intend and motivates donors to give again and at increased levels. The donor cycle continues because relationships are maintained. Like any good relationship, this takes work. Some ways of maintaining relationships are:



**Program Updates**—consider sending an annual update to donors and important community partners. Make the most of information that you have gathered already for your Annual Program Evaluation (APE). Consider using de-identified program data to highlight successes over the past year. This may also point to specific program needs. Send hospice and palliative medicine department newsletters and invitations to attend lectures, and other department events.

**Thank You Letters**—be sure to thank every donor, no matter the size of the gift. Do not forget to thank those who give “in kind,” with their time or with other resources. Handwritten notes are best but more important is to be prompt.

**Donor Receptions**—bring donors (and potential donors) together to thank them and help them feel a part of the program. Praise those who have given in the last year. Highlight program successes. Introduce the trainees that they have invested in and show the return on that investment by emphasizing trainee career plans and achievements in education and/or research.

**Personal Touches**—remembering birthdays, holidays, and other special milestones throughout the year will strengthen the relationship between the institution and your supporters. These can come from program leadership or as a general communication from the institution.

➔ **What is a possible plan for stewardship in your program over the next year?**

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## Needs Assessment

- ➔ **What are your current funding sources** (eg, GME support, internal grants, external grants, endowments)? **Is this funding sustainable?**

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- ➔ **What resources are available through your institution, affiliates** (eg, VA, hospice agency, children's hospital), **philanthropy, foundations, grants?**

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- ➔ **Do you have a wish list that could be possible with additional funding** (eg, fellow retreats, travel scholarships, protected time for program leadership)?

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- ➔ **Are you aware of any underutilized sources of funding** (eg, philanthropy, foundations, hospice agencies, community groups, government agencies)? **Why do you believe these are untapped?**

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- ➔ **What do you perceive as the greatest barriers to funding your fellowship** (eg, structural, informational, personal, psychological)?

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## Funding Partnerships



There are a number of potential partners that may be helpful as you pursue funding.

### ❖ Development Office

- Secures major gifts from private, non-government sources (people, corporations, foundations)
- Connects “grateful patients” with philanthropic opportunities
- Works on fundable projects
- Protects each donor’s intent (ensures that gifts are used as intended)
- Helps to avoid (perceived) conflicts of interest (separates those who refer from those who raise funds)

- ➔ **Do you have a Development Office at your institution? If so, can you identify a contact person there? Can you arrange a meeting to discuss program needs?**

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### ❖ Community Advisory Board

1. **Build your board**—create a list of potential members. Be sure to collect information about each potential member (eg, home and work addresses/the communities that they represent, areas of expertise/industry, capacity to give or to get from others). Identify the mission and overall goals of your board. Do not get caught up with the term “board”—if this sounds too formal or carries too much expectation for sizeable financial support, consider using “group” or “team.”
  - *Who in your outer circles has a passion and commitment for your program?*
  - *Who can give of time, talent, and treasure to help your program?*
  - *What is their capacity to contribute financially either as an individual or through connections to organizations, foundations, or others in the community?*



- *What are your expectations from members in terms of individual giving and outreach? (remember, not all members may be able to contribute financially yet may have an important role in program leadership and vision)*
- *What might be other responsibilities and/or activities of this group beyond fundraising?*

**2. Identify your staff**—to create and sustain a thriving board you need to have the staff and leadership to support it.

- *Who will communicate with board members? How will they communicate with each other?*
- *Who will schedule meetings, create agendas, and plan other logistical needs?*
- *Who will ask members to join the board?*
- *Who will develop governance (eg, terms, leadership) and expectations for board members?*

**3. Train your board**—members need to be “in the know” and they need to be able to give an elevator speech. Share with them your successes and struggles, go to them with program problems, use them as a sounding board, and give them the information they need to have meaningful conversations with potential supporters.

**4. Sustain your board**—boards can be a lot of work. It takes hours to plan meetings, schedule lunches, create presentations, etc. Make sure that board members and staff know their perspective and contributions are valued. Celebrate program success regularly.

➔ **Do you have a network of people in your community that would be interested in serving on a Community Advisory Board?** Consider a diverse group that includes grateful patients and/or family, former fellows, clinicians (practicing and retired), community volunteers, business leaders, higher education leaders, funeral home directors, hospice representatives, and other non-profit leaders with interest in hospice and palliative medicine.

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➔ **Do you have administrative support to build, train, and support this group? Who is this person? When will you contact with this person to start building your board?**

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## ❖ Hospices and Community Agencies

Remember, we are in this together! Many hospital-based fellowship programs are interested in expanding and enhancing their education in hospice. Many hospice agencies are interested in having the expertise of fellowship-trained physicians to teach their staff and to join their ranks as employees. Educational partnerships can align missions and provide marketing opportunities for agencies in the academic community.

It is important to work with your Development Office or other institutional officials to make sure that gifts are accepted and credited appropriately. For agencies or corporations, there is often a marketing aspect to giving, a desire for a clear return on investment beyond the good-will of the gift. Some may worry about potential conflicts of interest or perceived “kickbacks.” Yet there may be opportunities to form partnerships that explicitly acknowledge community support (eg, naming of a fellowship position after a foundation).

Relationships between academic communities and industry, particularly pharmaceutical firms, have come under increasing scrutiny in large part because of both real and perceived conflict of interest. While this perception is true in some instances, it is not so for all medical providers. The perception of conflict is a result of a common practice in which some physicians receive gifts, travel, and/or financial support from an industry that, in turn, stands to receive financial gain from the physicians’ medical care practices. The consequences of this perception have resulted in increased oversight of the activities of employees of industry and medical centers by the government, academic institutions and public.

The current interface between academic medical centers and health care industry has resulted in standards of conduct issued by the Association of American Medical Colleges, the pharmaceutical industry, and the medical device industry. Pharmaceutical industry standards went into effect in 2009. Be sure to work with your local institution to meet standards and guidelines for these relationships.

➔ **Do you have existing educational partnerships with community-based hospice agencies in your areas? Is a financial partnership possible? Are there other untapped agencies?**

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❖ **Program Alumni**

Maintain relationships with program graduates by inviting them to graduations, social events, and other program milestones. Send them regular updates on program changes and achievements; consider using de-identified selections from your Annual Program Evaluation to highlight important program successes and growth areas over the past year. Include clear appeals for financial support. Below is a sample letter to program alumni.

Dear Dr. «LAST\_NAME»:

Summer means warm weather, celebrating graduations, and beginning the process of selecting the next group of students, residents, and fellows. As we welcome the next generation of trainees I want to take a moment to update you and highlight our incoming and outgoing fellows.

<<Insert information about past and current fellows here>>

We also want to invite you to invest the future by making a gift to the Hospice & Palliative Medicine fellowship program. You are a vital part of our past and future and we hope that you will consider supporting our fellowship experience. You, more than anyone as a past fellow, understand the importance of this training for the future of our field.

For your convenience I have enclosed a gift form and return envelope if you would like to invest in our program with a philanthropic gift. I have asked our development officer, <<insert information here>>, to follow up with you in the coming weeks. Feel free to reach out to them directly at <<insert contact information here>>. We would love the opportunity to tell you more in person if there is a time convenient for you.

➔ **Do you maintain a roster of fellow graduates with updated contact information? Prepare an annual update letter with a clear appeal for support.**

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## Fundraising Scripts

So, how do you identify potential supporters? They often identify themselves—and when they do, you need to be ready! Do you know the answer to these questions?

*“What can I do to help?”*

*“How can I support your work?”*

*“How can we make sure no one else goes through this?”*

*“How can we thank you?”*

Consider using the **STAR** protocol to help make your case:

**Situation** (“Currently we have...”)

**Task** (“We need...”)

**Action** (“With support we can...”)

**Result** (“Success looks like...”)



**Practice Your “Elevator Speech” for supporters using these STAR prompts:**

**Situation**—Well, currently we have...

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**Task**—We need...

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**Action**—With your support we can...

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**Result**—Then our program will...

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We hope this guide has been a useful resource in helping you to think about fundraising for your hospice and palliative medicine fellowship program. Some additional resources are below. Good luck!

## Resources

- Association of Advancement Services Professionals – [www.advserv.org](http://www.advserv.org)
- Association of Donor Relations Professionals – [www.adrp.net](http://www.adrp.net)
- Burke, P. *Donor-Centered Fundraising*. Chicago: Cygnus Applied Research, Inc.; 2003.
- [www.cygresearch.com/articles/](http://www.cygresearch.com/articles/) (free articles on fundraising principles)
- Meert KL, et al. Meaning making during parent-physician bereavement meetings after a child's death. *Health Psychol.* 2015;34(4):453-61.
- Rossetto KR. Creating philanthropic foundations to deal with grief: case studies of bereaved parents. *Death Studies.* 2014;38:531-7.
- [www.supportingadvancement.com](http://www.supportingadvancement.com) (free resources, including sample documents)

