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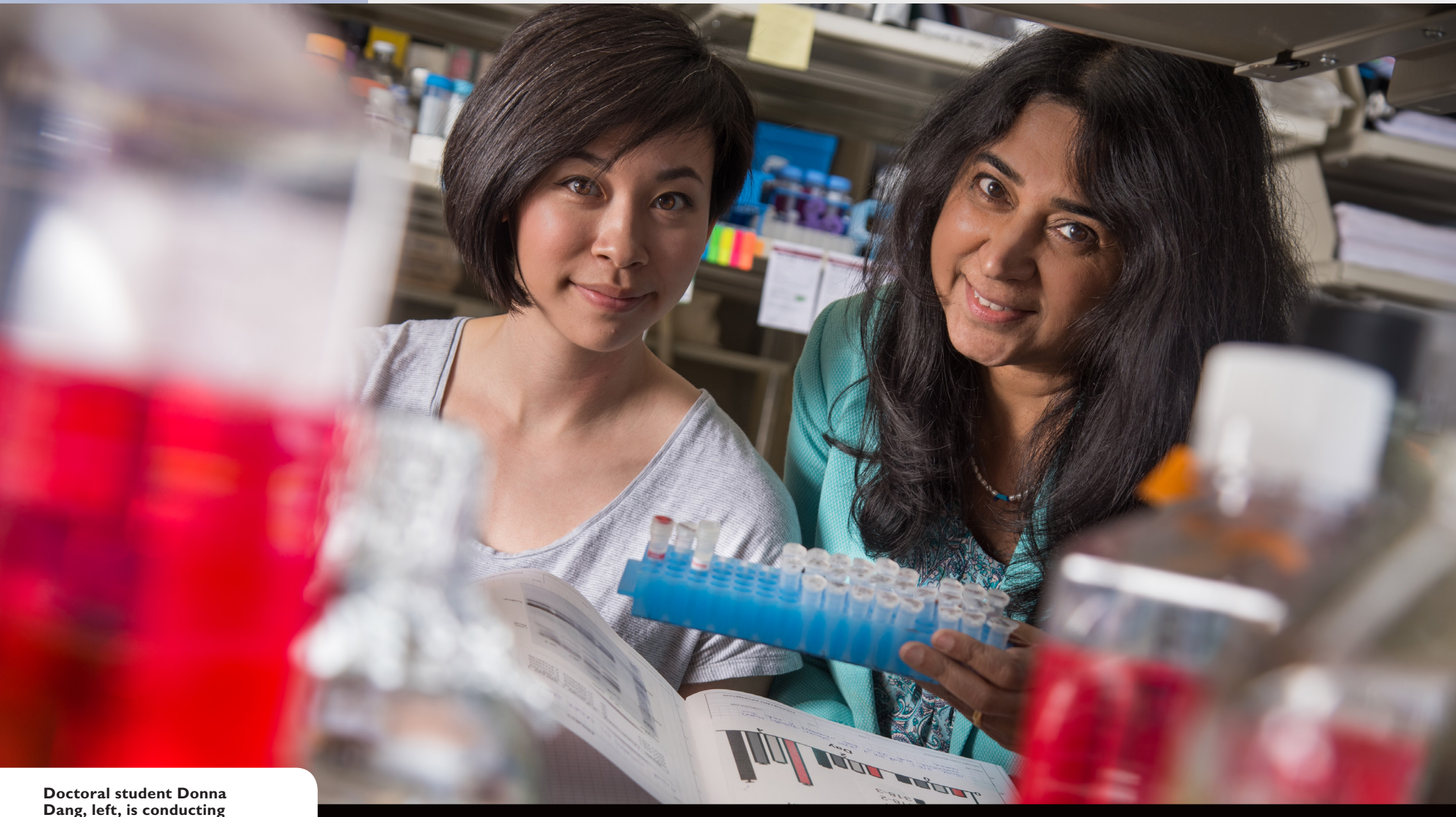
#### NEW MUSCLE ANATOMY APP

Johns Hopkins teams up with BioDigital to create a dynamic and accurate 3-D musculoskeletal app.

# Dome

A publication for the Johns Hopkins Medicine family

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Doctoral student **Donna Dang**, left, is conducting cancer cell research in the lab of physiology professor **Rajini Rao**, director of the graduate program in cellular and molecular biology.

MIKE CIESIELSKI

## Great Study! Can You Do It Again?

Johns Hopkins is ensuring research reliability through education and better data management.



Learn more about the strategic priority for biomedical discovery online at [hopkinsmedicine.org/strategic\\_plan](http://hopkinsmedicine.org/strategic_plan).

**B**iomedical research illuminates the world and saves lives. It's also messy, tedious and often frustrating.

Just ask Donna Dang. Working in Rajini Rao's physiology lab, the school of medicine doctoral student spends about 60 hours a week, including weekends, in a quest to figure out how a certain protein, SPCA2, makes the HER2 breast cancer cell multiply.

It took her about two years to figure out how to grow cancer cells in Petri dishes and mix in just the right amount of protein. Four years and many failed experiments into her work, she now runs a makeshift assembly line, maintaining as many as 30 dishes at a time in an incubator set at human body temperature.

Dang measures the growth, death and movement of cancer cells using a digital camera attached to a microscope. She sends the images to her computer, where they are converted to dense rows of numbers reflecting the quantity, activity and health of the cells.

Dang is finally starting to see patterns. Too much of the protein seems to spur growth of the cancer cells, while too little appears to make them migrate. If she can find that sweet spot, with just the right amount of protein to kill the cancer cells, her work could eventually lead to breast cancer therapies.

But only if her research proves reliable.

That's why the young cellular and molecular medicine investigator repeats her most promising experiments several

*(continued on page 4)*

# Innovation in the Classroom

PAUL B. ROTHMAN, M.D.  
DEAN OF THE MEDICAL FACULTY  
CEO, JOHNS HOPKINS MEDICINE

Graduate education is one of the core missions of Johns Hopkins Medicine. As times change for academic medical centers, we want to keep pace of the trends in medicine. That's why, as part of our Strategic Plan, we are surveying our teaching methods to make sure we continue to provide a modern, world-class education and produce highly successful graduates.



One recent example of this work is the opening of our STILE classroom, which stands for science, transform, interact, learn and engage.

About two years ago, after touring our Preclinical Teaching Building (PCTB) facilities for graduate education, I requested a needs list and cost estimates for renovations that could begin immediately. We formed the PCTB Design Committee to consider how to remodel the first-floor space, with the goal of providing innovative and updated facilities to support graduate biomedical education and student life.

The group identified two principal needs:

- An active learning classroom to permit a more collaborative style of teaching
- A physical space that promotes interaction among trainees, faculty members and staff members, leading to a stronger community

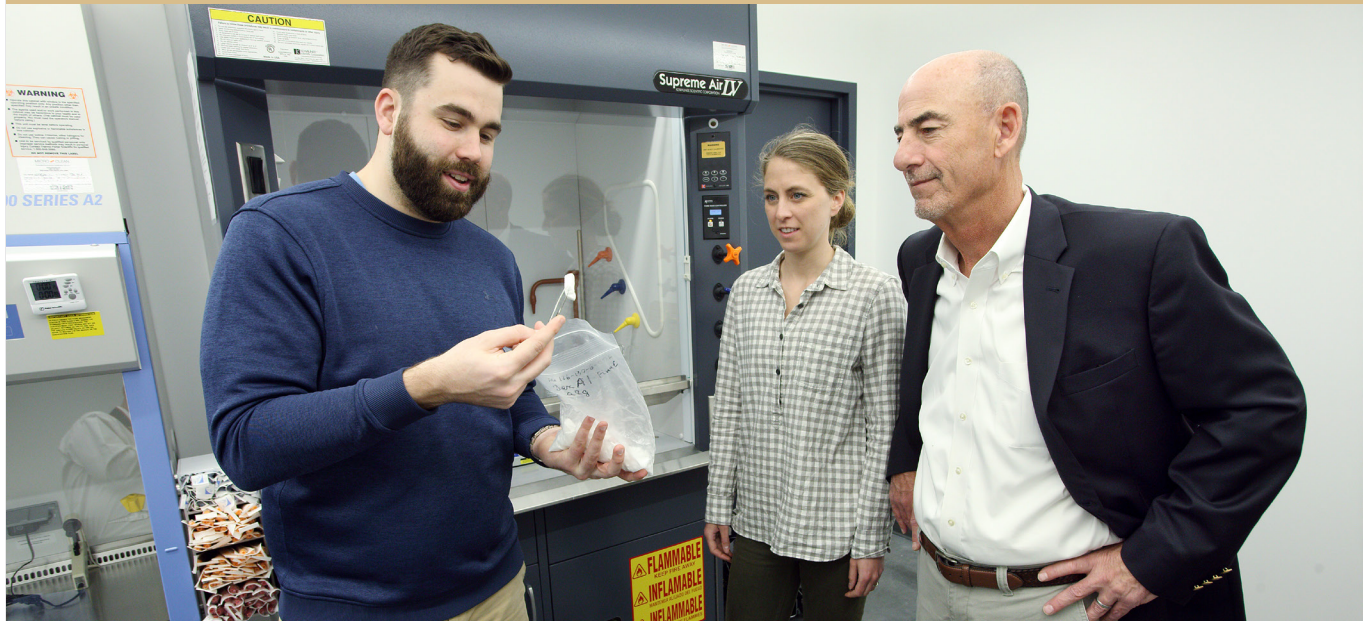
A few months ago, we celebrated the opening of the STILE classroom, as well as renovations to Mountcastle Auditorium and an adjacent classroom, which represent the first phase of this work to create more state-of-the-art teaching spaces.

The STILE classroom offers a more engaging and interactive teaching environment. A "flipping the classroom" instructional method enables students to watch a lecture online at their own pace and then come to class prepared for deep discussion. A flipped classroom also enables information delivery to move from lecture-based to interactive, which is why students come to Johns Hopkins—to interact with and learn from the best scientists in the world in a dynamic, intellectual environment.

The opening of the STILE classroom represents a sizable step forward toward the goals of our Strategic Plan. It helps us ensure that biomedical education at Johns Hopkins is transformative, with creative and innovative methods of instruction, and that we are building an effective culture and infrastructure for learning across Johns Hopkins Medicine.

A vital piece of our tripartite mission is setting a standard of excellence in education to produce tomorrow's leaders in health care. That is why we need to keep refining our methods and continuously improving to lead this change.

Learn more about STILE classrooms at [bit.ly/stilemedijhm](http://bit.ly/stilemedijhm)



Matthew Davenport, lead researcher for Gemstone Biotherapeutics, shows material to research and development director Laura Dickinson and CEO George Davis. The company rented a lab in FastForward 1812 to commercialize a film that can be placed over wounds to permit healing. It was developed at The Johns Hopkins University. The exterior of 1812 Ashland Ave. is shown below, along with the entry of the new business accelerator.

## Johns Hopkins Opens a Bigger, Brighter Space for Startups

FastForward 1812 provides labs, offices and amenities for young companies.

SEBASTIAN SEIGUER, CEO OF EMOCHA, HAS lots of ideas for growing his mobile health startup. He's chosen Johns Hopkins University's new FastForward 1812 business incubator as the place to do it.

The company rents two four-person offices in the new seven-story East Baltimore building, plus desk space for two additional employees. "We don't need to worry about buying office equipment, signing long commercial leases, or hiring an office manager," Seiguer says. "We can scale up or down if we need to, though so far, we've never had to scale down."

So far, emocha is one of about 20 startups in FastForward 1812, the Johns Hopkins Technology Ventures business accelerator, at 1812 Ashland Ave., which celebrated its grand opening on April 26.

"Biotech is one of our region's great strengths, but for too long, Baltimore simply didn't have the infrastructure in place to support biotech startups," says Christy Wyskiel, senior adviser to the president of The Johns Hopkins University and head of Johns Hopkins Technology Ventures.

FastForward helps entrepreneurs like Seiguer bring discoveries to market by providing affordable space and support services, such as legal advice and networking opportunities. As a result, Johns Hopkins Technology Ventures supported 22 company launches in the 2016 fiscal year.

To qualify for FastForward space, businesses must show they have a viable technology and committed management team. Most are life science or information technology companies that use intellectual property licensed from The Johns Hopkins University, says FastForward senior director Brian Stansky. Startups based on innovations or discoveries not developed at Johns Hopkins are also eligible, he says, though the bar for admission is higher.

For emocha, Seiguer is building on a mobile health education and data-collection platform he licensed in 2013, developed by infectious disease specialists Bob Bollinger, Larry Chang and Jane McKenzie-White of the Johns Hopkins Center for Clinical Global Health Education.

The company's first focus was helping patients stick with tuberculosis treatment, which has a protocol

requiring that patients be observed taking their medication each day. With emocha, patients record themselves taking their medication, then submit the footage to health care providers for review through a HIPAA-compliant web portal.

Organizations around the world, including the Baltimore City Health Department and primary care clinics in South Africa and India, now use emocha to promote adherence to regimens for illnesses including tuberculosis, hepatitis C and HIV/AIDS. The company has grown to offer additional mobile health



tools, including ones to monitor disease outbreaks.

The first FastForward incubator opened in 2013 in the Stieff Silver building near the Homewood campus. Two years later, the concept came to East Baltimore with the 6,000-square-foot FastForward East in the John G. Rangos Sr. Building.

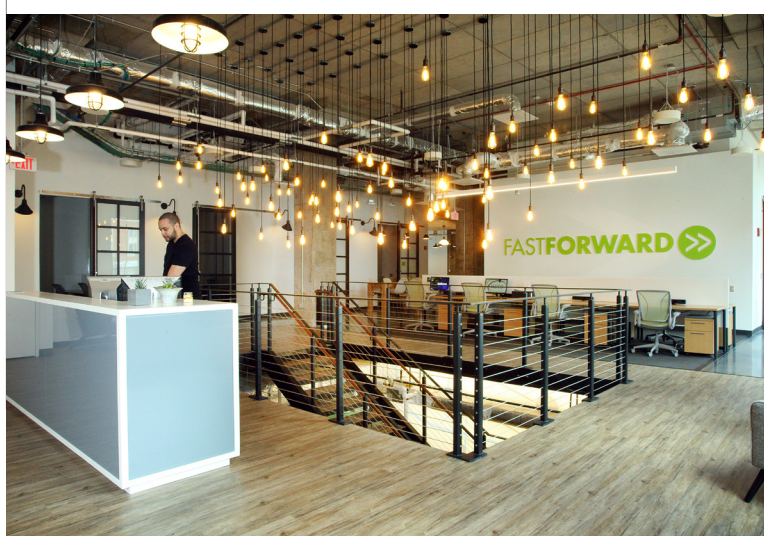
The 23,000-square-foot FastForward 1812 innovation hub is designed for collaboration and interaction, Stansky says, with shared spaces that include a pantry and a sunny gathering space with leather couches. Tenants also have access to conference and meeting rooms, and don't pay extra for utilities, office equipment, a receptionist, lab support or an endless coffee supply.

Prices range from \$275 a month for a single desk to \$6,000 for the largest labs.

That lab space is important to Gemstone Biotherapeutics, which is developing a biosynthetic scaffold that can be placed over wounds to encourage healthy cell growth. Gemstone CEO George Davis rents a lab equipped with a chemical hood and ventilator, where researchers Matt Davenport and Laura Dickinson spend about 30 hours a week creating, testing and fine-tuning the product, which was developed by Sharon Gerecht, an associate professor in the Whiting School of Engineering.

"This space has everything we need," says Dickinson.

—Karen Nitkin



## Teaming Up for Trauma Care

Six Johns Hopkins nurses who manage trauma and burn center programs work to prevent injuries and improve the care process.

**T**HE LUNCHTIME CROWD GATHERING at an information table outside the cafeteria at The Johns Hopkins Hospital resembles a back-up on I-95—a situation when drivers traditionally reach for their phones, apply mascara or fish around for a better CD.

Kathy Noll is on the case. As manager of the adult trauma program of The Johns Hopkins Hospital, her job today is helping people learn how to prevent some of the “distracted driving” crashes that plague her department. She hands one gentleman a brochure detailing all the ways he might get himself in trouble behind the wheel.

“It seems like more and more people are trying to multitask as they drive,” she tells him. “Not that you’d ever do that, sir, but just in case, here’s a list.”

The risk factors include texting, reading on a cell phone, eating, drinking, checking missed phone calls or voicemails, using a GPS device. Sound familiar?

On this April day, Noll has joined with colleagues Susan Ziegfeld, who manages the hospital’s pediatric trauma and burn center programs, and Lauren Malloy, coordinator for pediatric injury prevention programs, to call attention to dangerous driving habits. The presentation is being held at the very same time by four other nurses who manage trauma programs within Johns Hopkins Health System.

Over at Johns Hopkins Bayview Medical Center, Marie Dieter and Natalie Tredway, who manage programs for the Adult Trauma Center and the Burn Center, are hosting a similar event. Meanwhile, Melissa Meyers, trauma program director of Suburban Hospital, is educating folks in Montgomery County. And Shaila Chopde, who coordinates the trauma center program at the Wilmer Eye Institute, is sharing space at Johns Hopkins Bayview.

Distracted Driving is one of the community outreach efforts these administrators coordinate each year to reduce injuries for thousands of Marylanders who are treated at the state’s specially designated trauma centers.

Johns Hopkins Medicine operates three of the nine adult trauma facilities in Maryland’s trauma system—and one of two pediatric trauma and burn centers. Additionally, it runs the state’s only



Kathy Noll, manager of the adult trauma program of The Johns Hopkins Hospital, helps steer surgeon Alistair Kent through a virtual reality trip of distracted driving.

MIKE CIESIELSKI

designated adult burn center and the only center certified to treat traumatic eye injuries.

All six Johns Hopkins trauma program managers are nurses with advanced degrees and extensive experience in patient care. They are responsible for maintaining the patient registries that supply vital information to state and national trauma data banks, and for making sure that their centers comply with the state trauma-specific regulations needed to keep their certification.

They also manage staff and research projects, offer trauma education seminars, and meet regularly to discuss how to improve patient care and outcomes. And they’re always ready to explain how a trauma center differs from an emergency room.

“We’re still fighting the perception that if you have an emergency department, you can take care of anything,” says Meyers, who often finds herself telling patients and their families why their ambulance passed other hospitals on the way to Suburban.

In Maryland’s emergency medical services system, 85 percent of patients who are injured are taken to the nearest hospital emergency department, but the rest are directed to trauma centers that offer advanced medical and surgical services 24 hours a day.

For rapid response and resuscitation, trauma centers have protocols that most community hospitals don’t. They also treat patients with severe injuries that fit certain criteria determined by the Centers for Disease Control and Prevention. Blunt trauma injuries result from such incidents as car crashes, falls and blunt assaults, while penetrating trauma injuries cover gunshot and stabbing wounds. (Conditions that do not qualify for trauma center care include heart attacks, drug overdoses and infectious diseases.)

Although trauma patients may arrive through the emergency department, they are assigned to an extensive trauma care team who manages their hospital stay after their surgery and stay in intensive care.

**“THE CONTRIBUTION THAT THE JOHNS HOPKINS HEALTH SYSTEM MAKES TO TRAUMA CARE IN MARYLAND IS ENORMOUS.”**

—MARIE DIETER, MANAGER OF THE TRAUMA PROGRAM AT JOHNS HOPKINS BAYVIEW MEDICAL CENTER



Johns Hopkins Bayview, for instance, treats more than 2,400 trauma patients each year. Every impending arrival summons a team that might consist of a trauma surgeon, a burn surgeon, a senior surgical resident, an anesthesiologist, an emergency medicine physician, a trauma nurse, a trauma nurse assistant, a burn center nurse, a critical care nurse, an operating room nurse, a respiratory therapist and a radiology technologist, along with other critical resource personnel, such as the nursing supervisor, the chaplain and security staff.

Subspecialty medical services such as orthopaedics, neurosurgery, plastic surgery and cardiology are also available around the clock, according to program manager Dieter, who co-chairs the hospital’s trauma joint practice council. She also chairs the trauma quality improvement committee for the Maryland Institute for Emergency Medical Services Systems, the agency that oversees the state’s emergency medical care and verifies and designates the state’s trauma centers.

Dieter says injury prevention remains a priority for her fellow program managers. In addition to improving the review and reporting of trauma care, they are developing a Stop the Bleeding Campaign that will teach health care providers, security officers and first responders how to apply pressure and tourniquets for hemorrhages. In September, they will hold another same-day community awareness event on how to prevent the falls that cause nearly 40 percent of trauma admissions in Maryland.

“This field has historically been associated with quality improvement,” she notes. “Trauma is a team sport. We are all contributing what it takes to make the system work better.”

—Linell Smith

To read more about each trauma program manager, go to [hopkinsmedicine.org/dome](http://hopkinsmedicine.org/dome).



A powerful team—from left: Kathy Noll, Natalie Tredway, Susan Ziegfeld, Melissa Meyers and Marie Dieter. Not pictured, Shaila Chopde.



times and even asks others in the lab to try to get similar results.

Dang is demonstrating a bedrock of scientific research: testing research by reproducing it. Yet the past few years have seen a “reproducibility crisis” that is eroding research trust.

Nationally, in several highly publicized cases, investigators painstakingly followed the steps of earlier experiments but did not get similar results. The failures often occurred after pharmaceutical companies invested heavily in hopes of turning the now-questionable findings into treatments. Resources were squandered, the march toward therapies took a detour, and the research community was embarrassed.

The school of medicine, which produces more than 5,000 published research papers a year, is working to avoid the problem. A robust education program for investigators is being expanded, and a recently convened reproducibility task force has outlined recommendations that include creation of a secure system for storing and sharing primary data.

The reforms will ensure that research at Johns Hopkins Medicine remains trustworthy, says Paul Rothman, dean of the medical faculty and CEO of Johns Hopkins Medicine. “Clearly, now is the time for the U.S. research enterprise to re-evaluate our processes and incentive systems.”

Worldwide, retractions of published papers are growing, says Stuart Ray, vice chair for data integrity and analytics for the Department of Medicine. In 2015, 720 papers in the PubMed database of biomedical literature were retracted, a more than tenfold increase from 2004, while the number of publications per year increased just twofold during the same time period.

At least one Johns Hopkins researcher, no longer with the institution, has retracted some of his papers, citing study design flaws, according to the Retraction Watch website.

In the most egregious cases of retracted research, investigators fabricate data or results, as with a British physician’s 1997 study falsely linking vaccines and autism. But outright falsifications are rare, according to experts.

Far more often, they say, research can’t be reproduced because of factors such as poor design, too-small data sets, math mistakes or journal articles that leave out the details needed to mimic the trial.

### Avoiding the Pitfalls

Research involves studying the existing literature, forming a hypothesis, gathering and analyzing data, and publishing the findings. Other researchers then build on those results, creating an accumulation of knowledge that leads to treatments and cures.



Physiology professor Rajini Rao looks at data that doctoral student Donna Dang is collecting and analyzing.

It sounds simple, but pitfalls can trip up scientists every step of the way. To help investigators spot and avoid stumbling blocks, the school of medicine’s

**“CLEARLY, NOW IS THE TIME FOR THE U.S. RESEARCH ENTERPRISE TO RE-EVALUATE OUR PROCESSES AND INCENTIVE SYSTEMS.”**

—PAUL ROTHMAN, DEAN OF THE MEDICAL FACULTY AND CEO OF JOHNS HOPKINS MEDICINE



Responsible Conduct of Research Program requires that they learn research rules and best practices through research integrity colloquia, online courses and department meetings devoted to research conduct.

Now, Rao, who directs the graduate program in cellular and molecular medicine, is using National Institutes of Health funding to develop an online education series with topics including how to design an experiment and how to analyze large data sets. The course could be ready by fall, she says.

Another goal is to create a unified, secure and easy-to-use data storage system—a measure recommended

by the school of medicine’s recently launched Research Reproducibility Task Force. “We need to archive, store and secure these data so that the steps are traceable,” says neuroscientist Alex Kolodkin, task force chair.

More journals are asking researchers to provide links to their primary data so subsequent investigators can see how the conclusions were reached. Those data provide a priceless resource for continued investigation, and consideration of their reproducibility is crucial if the integrity of research is questioned.

Currently, though, investigators jot down observations in physical notebooks, stash data on flash drives that can get destroyed in coffee spills, or compute charts on personal laptops that crash or get replaced. When students graduate, they may leave behind primary data that are poorly organized or labeled.

“In our lab, our researchers use everything from pen and paper to laptops to smartphones and computers,” says Rao. “If a journal asked to see original data, I don’t know how we would deal with that.”

Dang, for example, writes information in pen on sticky notes before transferring the numbers to her laptop and a Johns Hopkins server. She wants the information available for the next researcher in Rao’s lab, who may build on her work after she graduates, she says. “Our rule of thumb is don’t delete anything,” she says.

She estimates she has used 200 gigabytes of data—enough to hold about 40,000 songs—over the past two years for her digital interpretations of breast cancer cells. Analyzing all that data can be daunting, she says, which is why she sometimes turns to biostatistician friends for help.

In many labs, the principal investigators who receive the grants may have little knowledge of how to handle today’s large data sets. Data volumes have increased to a staggering degree, complicating both storage and interpretation.

Thirty-five years ago, when molecular biologist Randall Reed received his doctorate, he based his thesis paper on a single image. Now, his research might be based on 100 million DNA sequences, analyzed by researchers in his lab before he sees it.

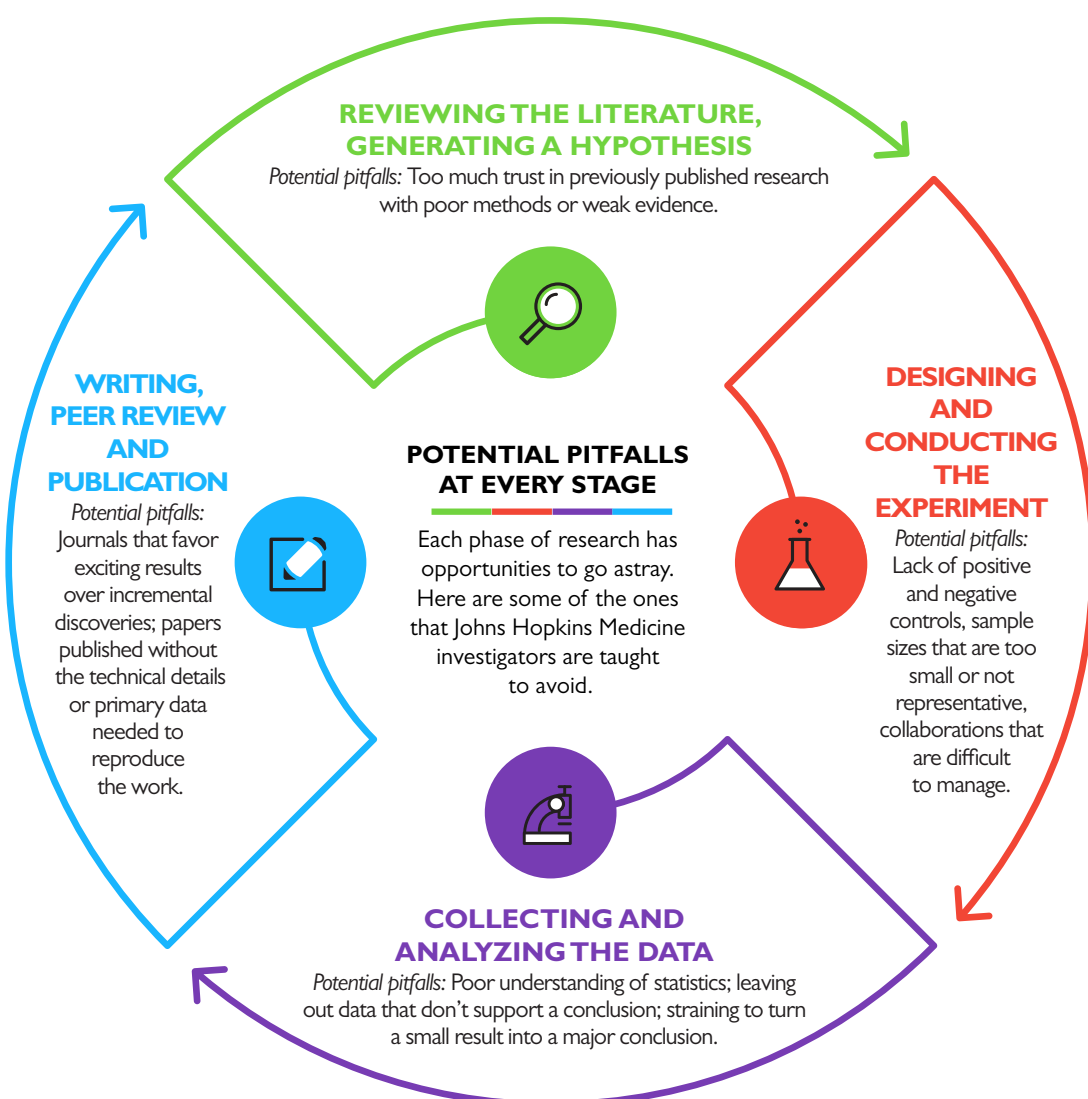
“The data are more complex, and the principal investigator is farther from primary data than a decade or two ago,” points out Reed, a member of the task force and assistant dean for research.

Meanwhile, inexperienced researchers are working in a pressure cooker environment, where an exciting study, published in a prestigious journal, can help new graduates land academic jobs. Experiments that don’t yield the intended results are far less likely to get published or help investigators win their next grants.

Rao, whose lab supports five to seven researchers at a time, encourages her graduate students to follow the research where it leads, without worrying about “shiny and immediate” results. “I like to tell them if the experiment is interesting, the particular result isn’t what’s important,” she says.

Dang, who aspires to a career in the biotechnology industry, appreciates that philosophy. “Some experiments take weeks to set up and don’t yield useful data,” she says. “You can’t force a result. If it doesn’t work, I just go back to the drawing board.”

—Karen Nitkin



Learn more about how statistics can mislead: [hopkinsmedicine.org/dome](http://hopkinsmedicine.org/dome).

# For Image-Guided Procedures, a Simpler Path

Patients receive treatment sooner, with fewer trips to the radiology department.

IMAGINE A HOSPITALIZED CANCER patient who needs a central line inserted in order to receive chemotherapy. This particular patient is prone to excessive bleeding, so precision is at a premium. The oncologist requests a bedside imaging device and a physician or physician assistant who is trained to use it.

The Interventional Radiology Bedside Service, which launched Oct. 1, 2016,

means patients who need these image-guided procedures have shorter waits. The new service also promotes efficient use of hospital resources because fewer patients are moved to the interventional radiology suite for procedures that can be handled at the bedside.

Some history: In 2007, The Johns Hopkins Hospital established a bedside procedure service using a point-of-care mobile imaging device so patients could

stay in their rooms for image-guided procedures. In the past, these patients required transport to either a surgical suite or the interventional radiology division.

The bedside service was staffed by internist Gigi Liu and physician assistants David Lichtman and Jacob Yates, who were specially trained in the procedures and became experienced at challenges such as inserting central lines in patients who were unable to lie flat, says Lichtman. Most procedures take between 20 minutes and an hour, and include lumbar punctures, catheter insertions and using needles to remove fluid.

Meanwhile, to improve accuracy, demand for imaging to guide needles or catheters increased, outpacing the capacity of the bedside service. More patients were referred to the interventional radiology suite. That increased the burden on radiologists and created hassles for patients, who sometimes had to wait until the following day for an appointment with an interventional radiologist.

“For patients, that meant delay of care and leaving the bed to go somewhere

else,” says Kelvin Hong, director of interventional radiology for The Johns Hopkins Hospital. Hong teamed with internist Carrie Herzke, associate vice chair for clinical affairs for the Department of Medicine, to propose a simpler way forward.

Their plan was to increase the capacity for image-guided procedures at the bedside by training more physician assistants in bedside procedures.

The idea won early support from Johns Hopkins Hospital President Redonda G. Miller. “This is a win-win proposition,” she says. “It provides a service to clinicians who may not have the time or training to do bedside procedures, and it’s potentially safer for our patients in certain circumstances.”

Already, two additional physician assistants have been trained to do the bedside procedures, says Hong. Capacity has increased, he says, and most procedures are now done the same day as the request.

Additional staff members and more mobile imaging devices could expand the bedside service even more, he says, to include weeknight evenings and weekends.

—Karen Nitkin

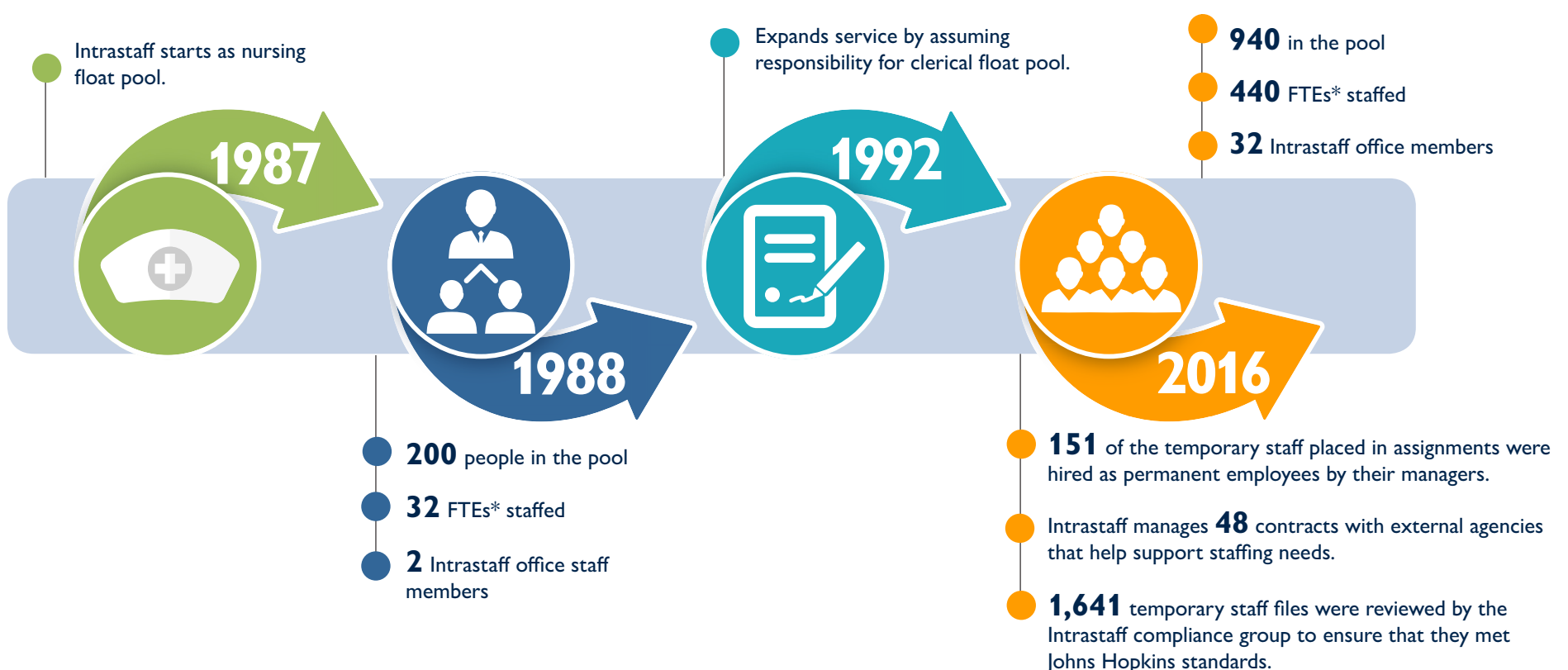


Physician assistant David Lichtman demonstrates a mobile imaging device that allows patients to stay in their rooms for certain interventional radiology procedures.

## PEOPLE

# 30th Anniversary of Intrastaff

Intrastaff, a subsidiary of the Johns Hopkins Health System, is the temporary staffing service for placement of clinical and nonclinical personnel for the Johns Hopkins Health System. Intrastaff was established in 1987 to meet the temporary staffing needs of The Johns Hopkins Hospital and has grown to provide the entire health system with qualified clinical and business support temporary staff.



## FAST FACTS

- Intrastaff provides staffing to all JHHS entities, including but not limited to all of the hospitals, (including a few assignments at Johns Hopkins All Childrens), Johns Hopkins Community Physicians (all sites), Johns Hopkins HealthCare, Johns Hopkins Home Care Group, and Johns Hopkins Medicine International.
- Types of positions provided include registered nurses, licensed practical nurses, nurse practitioners, nurse anesthetists, certified nursing assistants, physician assistants, clinical technicians, certified medical assistants, radiology staff, and respiratory therapists; all levels of information technology workers, social

workers, speech and language therapists, environmental service workers and all levels and types of business support and finance staff.

- Intrastaff uses the same standards for hiring temporary staff as those used for permanent employees. This makes a transition to a permanent position easier for the temporary employee and the hiring manager.
- Intrastaff conducts compliance review for every temporary staff member being placed at a JHM entity, including all JHU temporary staff placed in JHHS clinical sites, except for a small segment of staff at Suburban Hospital and All Children’s Hospital.

Source: Johns Hopkins Intrastaff  
\* full-time equivalent

# A Boon for Baltimore's Vision

Wilmer Institute brings eye care to underserved Baltimore seniors.

**T**HE SENIOR APARTMENT BUILDING SITS AT A six-way intersection that few Baltimoreans travel anymore. Federal, Gay and North Chester streets meet in the long shadow of the old American Brewery building, the seven-story, 130-year-old behemoth that towers over a neighborhood long blighted by abandoned and boarded-up row houses.

The brick apartment building's lobby is crowded today, though, as the Johns Hopkins Wilmer Eye Institute brings its traveling eye screenings to the residents and their guests. As often as twice a week, the screening team sets up shop in locations around Baltimore.

Their work feeds into a Centers for Disease Control and Prevention (CDC) study of glaucoma in the country's neediest and highest-risk populations. In Baltimore, the funding specifically targets African-Americans and Latinos age 50 and up. But the Wilmer team takes the screening several steps further, checking not only for glaucoma but also for other eye diseases, like cataracts and macular degeneration—a gradual worsening of vision that may affect one or both eyes.

Nationwide, minorities are far more likely than whites to leave poor eyesight uncorrected, according to the CDC. African-American seniors are almost three times

or near the Hopkins campus."

Gajwani's group includes seven Johns Hopkins University students, both undergraduate and graduate, who work part time performing the screenings. The students are trained to use high-tech eye test devices and to recognize eye abnormalities that go beyond corrective lenses. They also help arrange follow-up care at Wilmer for patients who need it.

The clinic helps find insurance and treatment for those who are subsequently diagnosed with eye disease.

At the screenings, the student team also tests patients' vision to determine whether they need glasses. Those who do can select frames from a tray of samples and have them fitted correctly. Wilmer then prepares the lenses, and patients receive their new glasses, free of charge, either in person or in the mail within three weeks.

Joyce Wilkins has traveled across town for her eye screening. After receiving a clean bill of vision health and a free pair of reading glasses, she's all smiles.

"That's all I need," she says.

Wilkins belongs to Southern Baptist Church, across North Chester Street from the apartment building. Her pastor announced the eye screening at Sunday services, she says. Wilkins gathered a small group of friends to join her.

"I'm retired, and vision insurance is so expensive," she says, noting that Medicare does not pay for eye screenings. "You really can't beat this program. I love it."

David Friedman is principal investigator for the glaucoma research program and director of the Wilmer Eye Institute's Dana Center for Preventive Ophthalmology. He reviews all patient records, making sure that those screened receive the best possible care.

He says there is a "tremendous unmet need" to identify and screen for eye disease in Americans who are underserved by the health care system; about 20 percent of people who undergo the community screening get subsequent eye exams at Wilmer.

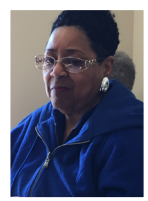
Known for its work around the world to prevent and treat blindness and eye disease, the Dana Center is also committed to improving vision in Baltimore. Much of the center's research is aimed at understanding the



Johns Hopkins University graduate student Sean Thompson helps a patient select eyeglass frames. Thompson is one of a group of students trained to perform vision screenings for the Johns Hopkins Wilmer Institute's eye-screening program for Baltimore residents age 50 and up.

**"I'M RETIRED, AND VISION INSURANCE IS SO EXPENSIVE. YOU REALLY CAN'T BEAT THIS PROGRAM."**

—JOYCE WILKINS, PATIENT AT THE WILMER EYE INSTITUTE'S VISION AND GLAUCOMA SCREENING



**IN 3 YEARS, MORE THAN 3,000 PEOPLE HAVE BEEN SCREENED FOR EYE DISEASE.**

as likely to develop glaucoma, a pressure-related condition that can lead to blindness.

In three years, the Wilmer team has screened more than 3,000 people for eye disease, says team manager Prateek Gajwani. "We go anywhere in the city that people need us," he says. "It doesn't have to be on the east side



**ABOUT 20% OF PEOPLE WHO UNDERGO THE COMMUNITY SCREENING GET SUBSEQUENT EYE EXAMS AT WILMER.**

barriers to eye care faced by underserved people.

"We are at a point where it is possible to screen remotely for glaucoma and other eye diseases using devices and relatively low-cost personnel, rather than physicians," says Friedman.

The screening program aims to serve as a model that other institutions can use to identify and treat underserved minorities with eye disease.

—Patrick Smith

## IN BRIEF

### New Health Plan Offered As Retirement Benefit

Johns Hopkins Advantage MD Group (PPO) is a Medicare Advantage plan that is now available as a retirement benefit for Medicare-eligible (age 65 and older) retirees of select Johns Hopkins Health System entities, along with their Medicare-eligible spouses and dependents. Created by Johns Hopkins HealthCare LLC, Advantage MD Group offers an all-in-one Medicare plan, including medical, dental, vision, hearing and prescription drug coverage; enhanced podiatry and acupuncture benefits; and extra advantages such as a free membership in the Silver&Fit fitness program.

This plan is offered to retirees of The Johns Hopkins Hospital and Health System Corporation, Johns Hopkins Bayview Medical Center, Howard County General Hospital, the Center for Ambulatory Surgery, Sibley Memorial Hospital, Suburban Hospital, Johns Hopkins Medicine International, Johns Hopkins Community Physicians, Johns Hopkins HealthCare and Johns Hopkins Home Care Group.



For benefit and service area information, call 1-800-735-0897 (TTY: 711) or go to [AdvantageMDGroup.com](http://AdvantageMDGroup.com).

**ADVANTAGE MD**  
Johns Hopkins Medicine Medicare Plan

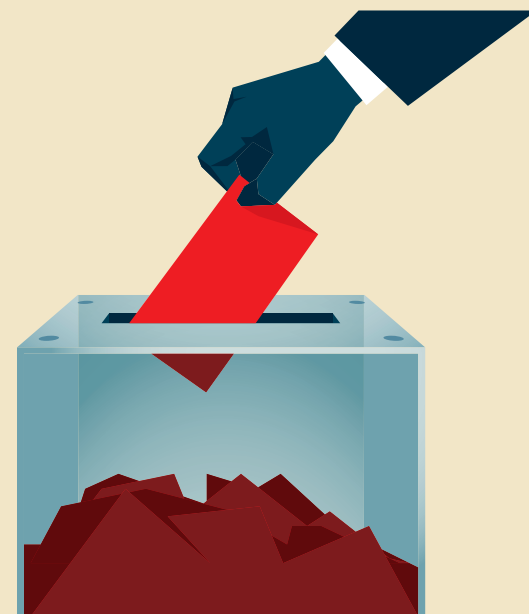


### Suggestion Box: How Can We Increase Our Community Involvement?

Johns Hopkins Medicine is committed to supporting and investing in the neighborhoods and communities we serve. Your feedback and suggestions are important to helping us become even better neighbors in our communities. We invite you to use a new, anonymous online suggestion box to submit your observations or questions about our community engagement efforts, as well as ideas about ways to increase involvement in our local communities.



Learn more about the suggestion box at [bit.ly/jhmsuggestionbox](http://bit.ly/jhmsuggestionbox)



# Q&A with Daniel Buccino

clinical manager for the Broadway Center for Addiction  
and director of the Johns Hopkins Civility Initiative

## Minding Our Manners

**W**HEN THE JOHNS Hopkins Civility Initiative debuted in 1998, Daniel Buccino was among its earliest champions. The clinical social worker and assistant professor of psychiatry and behavioral sciences deeply admired the work of the program's first director, P.M. Forni, who was passionate about offering guidance on how to foster respectful human interactions and etiquette.

Buccino was on a parallel mission in his work teaching aspiring psychotherapists how to build and maintain cordial relationships with patients and colleagues. In 2014, he succeeded Forni in directing the Civility Initiative.

In the wake of one of the most contentious presidential elections in our country's history, Buccino says requests for guidance have been pouring in. *Dome* spoke to Buccino about how to respond to and avoid coarse rhetoric—in and out of the workplace; why civility matters; and what Steven Tyler, of Aerosmith fame, has to do with it.

### How do you define civility?

I think it's—most of all—a sense of respect for one's self and for others. Restraint, self-awareness, listening and being collegial are all part of it. It's driven by the underlying wish to be respectful in all situations. Sometimes that means making one's own thoughts, wishes and privileges secondary to the other. It's one step beyond the golden rule.

**You've said that a civil workplace improves the quality of life of its workers. In the highly charged political climate we are facing now, how can we also maintain civility**

### with friends and family who hold opposing beliefs?

In the workplace, we absolutely must behave ourselves and get along as we take care of patients and advance science. There are business and ethical reasons why we need to do that. But with the people we're closest to at home, we should redouble our efforts to restrain ourselves. Given the stress everyone is under these days and the high speed of the internet, it's easy to fall into the trap of engaging in disrespectful conversation. We need to slow down, especially with family and friends.

### What's the most effective way to turn a conversation around when it starts to deteriorate into angry or hurtful comments?

We want to stay factual, diplomatic and not go down to other people's levels. If things get ugly, we can say things like "ouch," or "I'm uncomfortable with the turn in the conversation. Can we talk about this later?" Civility is about how to say the right thing, the right way, to the right person. Sometimes, we need to "speak up and speak out" to a colleague when behaviors are inappropriate.

### What's surprised you over the years while leading efforts to improve civility?

Just that the eternal truths bear repeating. For thousands of years, people have struggled with staying respectful and courteous toward others. It's surprising—also a little thrilling—that after the election, we saw a huge resurgence of interest in civility. Each generation comes to it anew. Triggers include road rage, the internet, Facebook, texting and tweeting. And with more high-speed

communication and mobile devices, it's tempting to participate in conversations instantaneously, without always thinking our comments through.

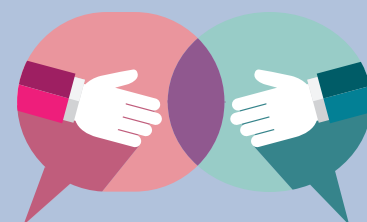
### Your team had civility cards with behavioral tips printed up for Johns Hopkins Bayview Medical Center. What has the response been like, and how did you come to give Aerosmith's lead singer Steven Tyler some of these cards?

They've been a big hit. We wanted to boil down P.M. Forni's original 25 rules to 10, offering simple guidance. I met Steven Tyler through Dorothea Johnson, who co-authored *Modern Manners: Tools to Take You to the Top*, with her granddaughter (and Tyler's daughter), Liv Tyler. I'd contacted Tyler—I've been a huge fan ever since I took up drums and started playing in a band. We arranged to meet after a recent concert. He was gracious and hospitable when I handed him the cards, and he encouraged Johns Hopkins employees to "keep up the good work."

—Judy F. Minkove



To request civility and respect laminated cards, contact Sheree Riley at [sriley8@jhmi.edu](mailto:sriley8@jhmi.edu). Learn more about the civility and diversity toolkits at Johns Hopkins Bayview: [bit.ly/jhmdiversitytoolkit](http://bit.ly/jhmdiversitytoolkit)



## CIVILITY AND RESPECT BEHAVIORS

- Listen and be present.
- The power of a smile is immeasurable.
- Say "I'm sorry."
- Don't blame others.
- Find possibilities, not problems.
- We're one team with the same rules.
- Greet people. Make it personal.
- Listen. Respect others' opinions.
- Be willing to explain.
- Nonverbal behaviors speak louder than words.
- Express thanks.

## Johns Hopkins Medicine Town Meeting on June 6



Health and wellness will be the focus of the next Johns Hopkins Medicine Town Meeting, which will be held on Tuesday, June 6, from noon to 1 p.m. in Hurd Hall at The Johns Hopkins Hospital. Paul B. Rothman, dean of the medical faculty and CEO of Johns Hopkins Medicine, and Ronald R. Peterson, president of the Johns Hopkins Health System, will provide an update on the Strategic Plan and the people strategic priority. The meeting will also feature a panel discussion and interactive poll questions. Watch for an email with details on how you can view the meeting from your desktop or mobile device.

## The Stars Shone Brighter Than Ever

Dancing with the Hopkins Stars was back for its third year on March 29, with an all-new cast of eight couples representing entities from across Johns Hopkins Medicine. Each couple chose a United Way program or nonprofit organization to fundraise for. The couples' hard work paid off, as the event raised more than \$54,000—a record for this event.

Cindy Delinski, executive assistant in the school of medicine, and thoracic surgeon Stephen Yang took home the mirror-ball trophies for best dance performance and highest fundraising couple. They raised over \$15,000 for United Way's Project Homeless Connect.

Also appearing were members of the New Song Academy Dance Department, part of Guardian Baltimore, which helps Baltimore City pre-K to eighth-grade students develop self-esteem through Lindy hop, swing dance and break dancing lessons. A group of 18 students performed "Greased Lightning," from "Grease," complete with swing dancing, flips and, of course, auto parts.



Learn more about the event and winners: [hopkinsmedicine.org/unitedway/dwth](http://hopkinsmedicine.org/unitedway/dwth)

**Top Hospital and Health Care Leaders Accolades**

*Becker's Hospital Review* recently published its list of "100 Great Hospitals in America 2017," which included The Johns Hopkins Hospital. The Johns Hopkins Hospital also received this recognition in 2016. In addition, *Becker's Hospital Review* recognized **Paul B. Rothman, M.D.**, dean of the medical faculty and CEO of Johns Hopkins Medicine, and **Redonda Miller, M.D., M.B.A.**, president of The Johns Hopkins Hospital, on their list of 100 exemplary health care leaders to know.



**Daniel Finkelstein, M.D., M.A.**, professor of ophthalmology and a member of the core faculty of the Berman Institute of Bioethics, has been appointed the inaugural holder of the newly created **Andreas C. Dracopoulos Professorship**, established with a gift from **Andreas Dracopoulos**, a trustee of The Johns Hopkins University and a member of the Berman Institute's national advisory board. The new professorship is affiliated with the Wilmer Eye Institute, of which Finkelstein is a 47-year veteran.

**New Emergency Management Director**



**Robert Maloney, M.M.S.**, former director of Baltimore's Office of Emergency Management, and one-time member of the Federal Emergency Management Agency's National Advisory Council, has been appointed senior director of the Johns Hopkins Health System's Office of Emergency Management. Maloney succeeds **Howard Gwon**, a 37-year veteran of Johns Hopkins Medicine's emergency preparedness offices.

**Inaugural Chief Medical Officer**



**Margaret Moon, M.D., M.P.H.**, associate professor of pediatrics at the school of medicine, has been named the inaugural chief medical officer for the Johns Hopkins Children's Center. In this new role, she will work closely with leadership to develop clinical operations, strategic plans and organizational ethics.

**Human Resources VP**



**Kristena Lukish, M.S.I.R.**, has been appointed The Johns Hopkins Hospital's new vice president of human resources. With more than 25 years of experience in health care, Lukish was most recently vice president of human resources for the West Florida division of the Hospital Corporation of America.

**New Professorships**



**Andrew Cosgarea, M.D.**, chief of the Division of Sports Medicine, is the inaugural recipient of **The Drew Family Professorship of Orthopaedic Surgery** in honor of **Alec J. Cosgarea**, named after his late son, Alec Cosgarea. Donations from Johns Hopkins Medicine trustee **Ina Drew**, her husband, **Howard Drew**, actors **Daniel Craig** and **Rachel Weisz**, the **Broccoli Family Foundation**, and more than 180 other donors created the new professorship—the first dedicated to sports medicine. Cosgarea, who served as team physician for the Baltimore Orioles from 2000 to 2010, is the Johns Hopkins Blue Jays' team physician.

**Nurses Honored**

Eleven Johns Hopkins Medicine nurses received Excellence in Nursing Awards, bestowed in the May issue of *Baltimore* magazine. To see a photo of the awardees, go to [hopkinsmedicine.org/dome](http://hopkinsmedicine.org/dome)

**Seal of Distinction**

**The Johns Hopkins Health System** and **The Johns Hopkins University** have received the WorldatWork Seal of Distinction for the fifth consecutive year. WorldatWork, a nonprofit human resources association and compensation authority, cited the health system and university for setting the highest standard for employee engagement, leading to business success.

**EAST BALTIMORE**



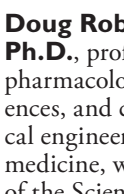
**Mark Anderson, M.D., Ph.D.**, professor and director of the Department of Medicine and physician-in-chief of The Johns Hopkins Hospital, has received the 2017 Heart Rhythm Society's Distinguished Scientist Award. Anderson has focused his research on heart failure and cardiac arrhythmias, a cause of sudden cardiac death.



**Donald Coffey, Ph.D.**, distinguished service professor of urology and professor emeritus of oncology, pathology, pharmacology and molecular sciences, is this year's recipient of the Dean's Distinguished Mentoring Award. Coffey, a leading expert in prostate cancer, has made major contributions to research, laying the foundation for many modern genetic and epigenetic discoveries.



**Sherita Golden, M.D., M.H.S.**, professor of endocrinology and metabolism and executive vice-chair of the Department of Medicine, has been named the co-recipient of the University of Virginia School of Medicine's Walter Reed Distinguished Achievement Award.



**Doug Robinson, M.Phil., Ph.D.**, professor of cell biology, pharmacology and molecular sciences, and chemical and biomedical engineering at the school of medicine, was recently named one of the Science Channel's Super Heroes. Robinson leads the Johns Hopkins Initiative for Careers in Science and Medicine.



MATTHEW SHEARER

**EBOLA DRILL:** On April 12, the Johns Hopkins Hospital simulated what it would be like to admit and care for Ebola patients travelling from Africa, during a full-scale multi-agency overseas exercise designed by the United States Department of State and the United States Department of Health and Human Services' Office of the Assistant Secretary for Preparedness and Response. As a designated site to care for potential patients with Ebola virus disease, Johns Hopkins received two simulated patients who were flown from Africa in containment systems for highly infectious patients. Members of the Johns Hopkins Lifeline team picked them up from Washington Dulles International Airport and transported them to the hospital. The drill continued in the hospital's biocontainment unit and was a "tremendous success," according to unit director Brian Garibaldi. About 100 faculty and staff members from Johns Hopkins participated in the drill, either by planning or carrying out the exercise.

**JOHNS HOPKINS BAYVIEW MEDICAL CENTER**



**Lisa Filbert, M.S.H.C.M., R.N.**, has been named chief of staff in the medical center's executive office. She will work on the planning, development and monitoring of the medical center's management objectives. Filbert began her career at The Johns Hopkins Hospital as a nurse, and, in 2013, became administrator of hospital operations.



**Cheryl Koch, M.S., R.D., F.A.N.D., L.D.N.**, has been named vice president of operations and facilities, a post in which she will assume broader responsibility for medical center operations, including support for ambulatory services, community psychiatry, addiction treatment services, labs and imaging.



**Danielle Wharnton, M.H.S.A., N.H.A.**, has been promoted to vice president of support services. She will oversee such entities as food services, environmental services, materials management and supply chain, patient transport, security and parking.



**David Wu, M.D.**, assistant professor of medicine, has been named the director of palliative care. A graduate of Yale and the Baylor College of Medicine, he most recently served as senior medical director for Chesapeake Palliative Medicine/Hospice of the Chesapeake.

**HOWARD COUNTY GENERAL HOSPITAL**



**M. Shafeeq Ahmed, M.D., M.B.A.**, chief medical officer and vice president of medical affairs, has been named by *Becker's Hospital Review* as one of the "100 Hospital and Health System CMOS to Know in 2017."



**Nia Leak, M.D.**, has been named head of the Department of Obstetrics and Gynecology. A member of the hospital's professional staff since 2011, she has been serving as interim head of the department for the past year.



**Shannon Wollman** has been appointed vice president of development for the Howard Hospital Foundation. She will plan and manage all fundraising efforts for the foundation to benefit the hospital, including its current capital campaign. Previously, she was director of development for the Johns Hopkins Heart and Vascular Institute.

**SIBLEY MEMORIAL HOSPITAL**

**Benjamin Levy, M.D.**, assistant professor of oncology, has been named clinical director of medical oncology and medical director of thoracic oncology at the new Johns Hopkins Kimmel Cancer Center at Sibley. Levy is the former director of thoracic medical oncology at Mount Sinai's Icahn School of Medicine in New York City.

**JOHNS HOPKINS ALL CHILDREN'S HOSPITAL**



**Kimberly Berfield, M.B.A.**, has been named vice president of government and community affairs for the hospital. Formerly Deputy Secretary of the Florida Department of Health and a member of Florida House of Representatives, she will lead the hospital's mission to provide education, advocacy and research for children.

**Dome**

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