

440th MEETING OF THE FACULTY SENATE MINUTES

3:00 PM, Wednesday, May 6, 2015

School of Medicine Administration, Boardroom 103

PRESENT: Drs. Ahuja, Aucott, Barone, Blakely, Bunz, Carey, Chanmugam, Chung, Crino, Daoud, Dlhosh, Gonzalez-Fernandez, Ishii, Lacour, Lehmann, Li, Marciscano, McCormack, Mian, Mooney, Pettigrew, Pluznick, Reddy, Shuler, Sokoll, Solomon, Sperati, Swartz, Taverna, Urban, Wade, Wilson

Mmes: Bettridge

Mssrs: Rini

ABSENT: Drs. Bivalacqua, Bydon, Conte, Daumit, Heitmiller, Macura, Neiman, Poynton, Puttgen, Shepard, Srikumaran, Tufaro

Mmes:

Mssrs: Gable, Huddle, Lee, Puts, Tewelde

REGULAR GUESTS: Drs. Skarupski

Mmes: Smith

Mssrs:

GUESTS: Dr. Paul Rothman, Dr. W.P. Andrew Lee, Dr. Justin McArthur, Ms. Diana Gumas, Mr. Keith Hill, Mr. Howard Gwon, Dr. Rachel Levine

I. Approval of the minutes

Meeting called to order at 3:02 PM. The minutes of the 439th meeting of the Faculty Senate held on April 15, 2015 were approved.

II. Paul B. Rothman, MD, Dean of the Medical Faculty, CEO, Johns Hopkins Medicine

hosted an interactive discussion about the recent event in Baltimore. From an internal perspective, we need to focus on recruiting and retaining students, patients, faculty, and staff; from an external perspective, “we need to figure out how we can help the city.” To paraphrase the dean’s comments: Whatever we decide to do - in collaboration with city leadership – it needs to be impactful and sustainable. I have asked all department leaders to organize discussion sessions to allow faculty and staff to talk about how they were affected by the events and to identify ways we can help the city. We will then prioritize these ideas and present them to city leaders for their input. The dean met with Barbara Mikulski yesterday to discuss federal response and he also meets regularly with the Presidents of T-Rowe Price and Under Armour to strategize actions. Hopkins currently has ~200 programs in and with the city; we need to determine if this is the right number and where we need to focus. Senators raised attention to various high school programs, the Charm City Clinic, and volunteer opportunities (e.g., United Way) and talked about issues around job reform (HRCRC) and public relations campaign for the city. The dean shared some good news about NIH – depending on DOD funding, NIH may be getting an additional \$1-3billion in their budget. The Rangos 1812 building is going up.

III. W.P. Andrew Lee, MD, Director, Department of Plastic Surgery and Justin McArthur, MBBS, MPH, FAAN, Director, Neurology

introduced the Clinician Promotion Workgroup. By show of hands, 30-40% of the faculty senators indicated that they are clinicians (defined as at least a 60% effort seeing patients). Hopkins is a single track promotion system (i.e., no prefixes to academic titles such as “*clinical* associate professor” but there are several promotional pathways). The criteria for promotion as a clinician are in the Gold Book and are the same for all pathways: generation and dissemination of new knowledge and recognition beyond the SOM. Ten criteria for clinicians include: reputation as evidenced by increased patient volume and peer report; invited talks and presentations; invited review articles, chapters, and books; professional society leadership, etc. The committee noted that in the MCACE (Miller Coulson Academy), 20% of members are at the assistant professor rank (n=7) and one instructor (n=1); this is an example of a prestigious academy with 1/5 of its membership not holding at least an associate professor rank. It was proposed to maintain the fundamental principles of promotion and to elaborate on the clinician promotion criteria, to enhance the CV templates for clinical relevance, and to educate department committees and faculty candidates about the criteria. The criteria are the same for full or part-time faculty members. Any faculty members may contact Drs. Lee, Faraday, or McArthur with questions. Final recommendations will go to the Dean by July 1st. Dr. McArthur suggested that for this program to be meaningful it must impact faculty in the hundreds presumably over a 5 year period.

IV. Diana Gumas, Sr. Director, SOM Admin Welch Health Science Informatics

presented on the research uses of Epic. There are currently 14 ways to use Epic for research purposes, some components are already available free of charge and other requests would require review and/or additional funding (see attached slides).

V. Keith Hill, Executive, Corporate Security and Howard Gwon, MS, Senior Director of Emergency Management

gave an update on Campus Security & Emergency Management. All employees should have

signed-up for RAVE alerts (jhu@getrave.com). It was discovered that broadcast emails were being sent to the press immediately, so they no longer send sensitive broadcasts via email. Social media played a large part in the series of events. On Monday night, Baltimore City Police had established a skirmish line on the perimeter of the medical campus and although there was some minor vandalism near campus (e.g., dumpster fires), the police line was successful in diverting and splintering the protest groups. On campus, we had 27 national guards, 10 troopers, and 10 transit authority troopers. Lessons learned will be implemented.

VI. Rachel Levine, MD, MPH Associate Professor of Medicine and Co-Director Faculty Development Program-Teaching Skills presented information about faculty development opportunities to enhance teaching skills. The IEE Summer Teaching Camp will be July 9-10th and the IEE also has an [“Improve your Teaching”](#) website. There are two JH [faculty development programs](#) at the Bayview campus (Teaching Skills Longitudinal Program and Teaching Skills Special Programs).

Dr. Crino thanked Omar Mian for his service and welcomed the new house staff council representative, Ari Marciscano. He also reminded the senators about the Spring Faculty Mixer on June 11th at 4:30 P.M. E-mail OFD@jhmi.edu to RSVP. Dr. Crino thanked everyone for coming and adjourned the meeting at 5:02 PM.

Respectfully submitted,
Masaru Ishii, MD, PhD
Recording Secretary

Clinician Promotion Workgroup

Justin C. McArthur, MBBS, MPH

Scott M. Wright, MD

W. P. Andrew Lee, MD

Clinician Promotion Workgroup

- Recommended by the Clinical Excellence Committee
- Maintains single-track promotion system
- Reflects institutional values in clinical excellence
- Assesses promotion criteria for clinicians

Clinician Promotion Workgroup

- Mary Armanios APPC
- Michele Bellantoni MCACE
- Daniel Brotman PPC
- Meg Chisolm APPC/MCACE
- Nauder Faraday APPC
- Michael Fingerhood MCACE
- Eric Howell APPC/MCACE
- W. P. Andrew Lee APPC
- Justin McArthur PPC
- Tim Moran PPC
- Scott Wright MCACE
- Martha Zeiger PPC

Diverse Viewpoints in Workgroup

- Hard for clinicians to get promoted in current system
- 7 assistant professors and 1 instructor in MCACE
- Clinicians need recognition and advancement
- Researchers get promoted with uni-dimensional work
- “Playing field” should be even for pure clinicians

Diverse Viewpoints in Workgroup

- Scholarship is primary basis for academic advancement
- Recognition beyond SOM essential for all pathways
- Current Gold and Silver Books contain many criteria pertinent to clinicians
 - Reputation manifested by referrals, practice productivity
 - Invitation to teach and to conduct workshops
 - Review articles, book chapters, case reports
 - National presentations, invited talks
 - Professional society leadership

Harvard Criteria for Clinical Expertise & Innovation

Associate Professor

- *“Strong regional, and most often national, reputation as an independent expert who has influenced the field; must have influential scholarship (and) active teaching”*

Professor

- *“Sustained national, and in many cases international, reputation as a leader and innovator in a clinical field ... demonstrated through high impact scholarship ... (and) a significant influence on practice in the clinical field”*

Reviewed and Discussed

- MCACE selection criteria
- Recent **successful** APPC clinician applications
- Recent **unsuccessful** APPC clinician applications
- Recent PPC clinician candidates

Under Consideration

- Maintain fundamental principles of promotion (scholarship, recognition beyond SOM)
- Elaborate on criteria applicable to clinicians
- Enhance CV template to include clinical criteria
- Educate faculty candidates and departmental promotion committees about clinician promotion

Clinician Promotion Workgroup

- Candid exchange of viewpoints
- Ongoing meetings and deliberation
- Faculty Senate input welcome

Using Epic for Clinical Research

Diana Gumas

Senior Director, Clinical Research IT



JOHNS HOPKINS
M E D I C I N E

WARNING – This presentation contains confidential and copyrighted information of Epic Systems Corporation. Please do not share outside of Johns Hopkins Medicine.

14 Ways to Use Epic for Research

Available with no additional programming:

1. Patient on a study indicator
2. Scanned research consent form
3. Research Note
4. Existing research orders
5. Existing Research Reports
6. Existing Patient Reported Outcomes
7. Study participant is in ED/IP
8. Self-Service deid data access (i2b2)

Requires review by Research Order Set Evaluation Committee (Rose)

9. Research order sets

Requires request to Epic “R-Cubed” for programming: (funding recommended for faster implementation)

10. Research Registry
 11. Paging for events of interest to study
 12. Research Decision support
 13. Research interfaces (e.g. RED-i)
- And.. new research reports, forms, PRO MyChart questionnaires

Requires ICTR Connection Request and Funding

14. Clinical data for research

1. Patient on a Study

The screenshot displays the Epic Hyperspace interface for a patient named Johnson. The top navigation bar includes options like Chart, Patient Lists, Encounter, Link to Study, Appts, View Sched, Pt Research Studies, Study Maintenance, Reports, and Research B. The patient's demographic information is shown as 'Male, 59 y.o., 12/09/1...'. Clinical data includes 'Last Wt: 60.782 kg (134 lb)', 'Last Ht: 1.73 m (5' 8.11")', and 'Allergies: Tramadol'. The 'Research: Active' status is highlighted in a red box, with a large blue arrow pointing to it. Other status boxes include 'Adv.Dir: Yes', 'MOLST: None', 'Power of Attor...', and 'Overdue Health M'. The 'Research Studies' section shows an enrolled study titled 'MULTICTR FDG-PET/CT STAGING OF HEAD AND NECK CANCER AND IMPACT ON NO NECK SURGICAL TX IN H&N CA PTS'. The study details include 'Study Code: CRMS-55828', 'NCT#: NCT00983697', 'Principal Investigator: Rathan Markan', and 'Study Description: Diagnostic / NA_00073281 / ACRIN6685 /'. The 'Associated Encounters' section lists two encounters: '05/07/2013 Appointment - No Show JHH RADIATION ONCOLOGY Jhh Rad Onc Dos' and '05/07/2013 Visit Encounter - Completed JHH RADIATION ONCOLOGY Jhh Rad Onc Dos'.

- Study data flows from eIRB -> CRMS -> Epic
- The study title can be modified by the investigator

2. Scanned Research Consent Form

Chart Review (Last refresh: 11:42:24 AM)

Thumbnail View | Filters | Preview | Refresh | Select All | Deselect All | Review Selected | Side-by-Side | Route | View/Play | Historical Scanned Documents

Encounters | Surgeries | Labs | Pathology | Imaging | Cardiology | Procedures | Other Orders | Meds | Episodes | Letters | Notes | Referrals | Media | Misc Reports

36 records loaded, all records loaded

No filters applied



	Date/Time	Document Type	Description	Enc Date	File Attached to
	12/31/2013 12:00 AM	Bone Marrow Transplant Documentation	CELL THERAPY REQ 12/...	12/31/2013	Scanned Document on 12/31/2013 with Unknown, Provider
	12/31/2013 12:00 AM	Bone Marrow Transplant Documentation	CELL THERAPY REQUI...	12/31/2013	Scanned Document on 12/31/2013 with Unknown, Provider
	12/31/2013 12:00 AM	Bone Marrow Transplant Documentation	CELL THERAPY - LAB 1...	12/31/2013	Scanned Document on 12/31/2013 with Jones, Richard John
	12/09/2013 12:00 AM	Bone Marrow Transplant Documentation	INTERPRETATION 12/9/13	12/09/2013	Procedure visit on 12/9/2013 with Sidorski, Amy C, CRNP
	09/16/2013 12:00 AM	Bone Marrow Transplant Documentation	INTERPRETATION 09/16/...	09/16/2013	Scanned Document on 9/16/2013 with Jones, Richard John,
	08/06/2013 12:00 AM	Bone Marrow Transplant Documentation	PROCUREMENT AND IN...	08/06/2013	Scanned Document on 8/6/2013 with Pratz, Keith William, I
	07/22/2013 12:00 AM	Bone Marrow Transplant Documentation	INTERPRETATION	07/22/2013	Scanned Document on 7/22/2013 with Unknown, Provider
	09/24/2013 12:00 AM	Clinical Trial-Research Documentation	CTD-ASFC	09/24/2013	Scanned Document on 9/24/2013 with Gore, Steven David, I
	07/23/2013 12:00 AM	Clinical Trial-Research Documentation	E2906WA_00069866	07/23/2013	Scanned Document on 7/23/2013 with Unknown, Provider
	07/22/2013 12:00 AM	Clinical Trial-Research Documentation	J12118/NA_00077575	07/22/2013	Scanned Document on 7/22/2013 with Unknown, Provider
	07/22/2013 12:00 AM	Clinical Trial-Research Documentation	J12118/NA_00077575	07/22/2013	Scanned Document on 7/22/2013 with Unknown, Provider
	07/22/2013 12:00 AM	Clinical Trial-Research Documentation	E3903WA_00037574	07/22/2013	Scanned Document on 7/22/2013 with Unknown, Provider
	12/20/2013	Consent Forms	INFORMED CONSENT O...	12/20/2013	Visit Encounter on 12/20/2013 with Nurse, Jhh Ipop
	12/20/2013	Consent Forms	NON-MELOABLAIVE ALL...	12/20/2013	Visit Encounter on 12/20/2013 with Nurse, Jhh Ipop
	11/22/2013 12:00 AM	Consent Forms	BLOOD PRODUCT CON...	11/22/2013	Documentation on 11/22/2013 with Gladstone, Douglas Edw
	11/22/2013 12:00 AM	Consent Forms	BLD ADM/REFUSAL CO...	11/22/2013	Visit Encounter on 11/22/2013 with Nurse, Jhh Ipop
	09/10/2013 8:23 AM	Insurance Card-Primary			Stonehocker, George A [JH45359461]
	09/10/2013 8:23 AM	Insurance Card-Secondary			Stonehocker, George A [JH45359461]

- A centralized service scans the research consent form into Epic
- If Certificate of Confidentiality, flag is set which causes a review prior to release of medical record.

3. Research Note

Filters: Exclude notes per profile

Specialty	Enc Type	Note Type	Note Det...	Status	Author	Author Type
	Office Visit	Research Note		Cosign Needed		Research Staff
	Office Visit	Progress Notes		Cosign Needed		Research Staff
	Office Visit	Research Note		Cosign Needed		Research Staff
	Office Visit	Assessment &...		Signed		Research Staff
Gastroentero...	Office Visit	Progress Notes		Signed		Physician
Gastroentero...	Office Visit	Patient Instru...		Addendum		Physician
Critical Care...	Procedure	Op Note	Operati...	Authenticated		Physician
Critical Care...	Procedure	Op Note	Operati...	Authenticated		Physician
Critical Care...	Office Visit	Progress Notes		Signed		Physician
	Procedure	Progress Notes		Signed		

← Back  

2013 8:45 AM Office Visit
MRN: JH00000000

Description: 54 year old female
Provider: Nelson Nuc Med Scan3
Department: Jhh Rad Nuc Med/Pet

Research Note Info

Author	Note Status	Last Update User	Last Update Date/Time
	Cosign Needed		12/11/2013 2:28 PM

Research Note

I met with Ms. Nussbaum this morning in Nelson Radiology Nuclear Medicine where she was waiting for her 4-hour GET to be completed. During this waiting period, we had scheduled to meet in the waiting area to discuss any questions she has about the APRON study, and to complete the APRON screening questionnaires set. She completed these without any complaints or issues. Ms. Nussbaum said that she would like to be scheduled for a S2 visit to complete her screening check at Bayview next Thursday afternoon or Friday morning. I will call both Drs. Clarke and Pasricha to confirm which day/time works for either of

Research Note: created & edited by **Research Coordinator**
 Must be cosigned by clinical user
 Viewable by anyone with permission to see clinical notes

4. Research Orders

The screenshot shows a web-based interface for placing research orders. At the top, a header bar contains patient information: "Place orders (Enc Date: 2/13/2014) - Wt: (Not entered for this visit) Ht: (Not entered for this visit)". Below this is a navigation menu with icons and labels for various functions: Pref_List, Interactions, Pharmacy, Providers, Routing, CC Results, Open Orders, Pend Orders, Sign Orders, Financial, and References. A "New order:" field with a "Search" button and "Next" and "Edit Multiple" buttons are also present. The main section is titled "Outpatient Medications (1 Order)" and displays a single order: "IRB 00039319 RITONAVIR OR PLACEBO". The order details include "Inject 1 mL into the vein continuous." and "Normal, Disp-1 mL, R-0". There are icons for settings and a star, and a "Remove" button. At the bottom right, navigation links "F7- Prev Order" and "F8- Next Order" are visible.

- Optional now, will be required for inpatient research
- Research meds – Build in collaboration with IDS
- Research blood draws - “nursing communication order” so person doing the draw knows what to draw & who to page once it is available
- Working on lab / rad / cardiology electronic orders for academic build

5. Research Reports

Hyperspace - JHOC INTERNAL MEDICINE - Test - STAFF C.

Chart Patient Lists Appts View Sched Pt Research Studies Study Maintenance - View Only My Reports

Research Admin Reports

TEST

Library

Search the library Search Clear

☒ Show templates ☒ Expand all

JHM Appointment Search (21 reports)

Patients on My Studies

- ★ Patients on My Studies
Shows patients on studies that I'm associated with.
- ★ Patients on My Studies - Appointments
Shows appointments in the next month for patients on studies that I'm associated with.
- ★ Patients on My Studies - ED/IP Admissions
Shows patients on studies that I'm associated with that have been seen in the Emergency Department or been admitted to a Hopkins hospital in the past week.
- ★ Patients on My Studies - Hospital Encounters
Shows admissions (and pre-admissions) for patients on studies that I'm associated with.
- ★ Patients on My Studies - Orders
Shows the second sign and appointment statuses on orders for patients on studies that I'm associated with.

Run Edit

Details

Filters

- ☐ Reports I own
- ☐ Reports I ran
- Types
- Groups
- Template Types
- Tags
- Clear Filters

6. Patient Reported Outcomes via Epic MyChart



ATAQ-IPF Questionnaire

Please answer the following questions and click the **Continue** button.

Items 1-12: Each item focuses on an activity. For each item, please select the choice (1-6) that most closely represents where you are on the spectrum between the two statements

Reflecting on the last 24 hours, consider whether, on average, doing the stated activity at your usual pace or intensity level made you short of breath---and if so, how much. If you normally use oxygen when you perform a given activity, then consider your response as if you were using supplemental oxygen.

On average, over the last 24 hours...

1.

Getting dressed
did not make
me short of
breath at all

Getting dressed
made me
extremely
short of breath

1 ☒ 2 3 4 5 6

2.

Walking up one
flight of stairs did not
make me short of
breath at all

Walking up one
flight of stairs made me
extremely
short of breath

1 2 3 ☒ 4 5 6

3.

While sitting down,
relaxing, reading, or
watching TV, I was not
short of
breath at all

While sitting down,
relaxing, reading, or
watching TV, I was
extremely
short of breath

☒ 1 2 3 4 5 6

- Bundle in series
- Scoring, skip logic
- Results via:
 - Inbasket
 - Snapshot report
 - Synopsis report
 - Clarity DB

18 research PROs
built so far

7. Notification that Study Patient in ED or Inpatient

- *NEW* feature
- Epic Inbasket notification
- Default is to receive these notifications
- PI can request that notifications are turned off

8. Self Service Access to De-identified Epic data via i2b2

The screenshot displays the i2b2 Query & Analysis Tool interface. The top navigation bar includes the tool name, project name (Johns Hopkins Epic), user name (Diana Gumas), and links for finding patients, analysis tools, message log, help, and logout.

Navigate Terms / Find Terms: A tree view on the left lists medical categories such as Demographics, Diagnoses, Circulatory system, Conditions in the perinatal period, Congenital anomalies, Digestive system, Endocrine disorders, Events of pregnancy, Genitourinary system, Hematologic diseases, Infectious and parasitic diseases, and Injury and poisoning.

Workplace: A central workspace showing a file tree with folders like dgumas1, SHARED, PCORI, and QA_UseCases.

Query Tool: The main area for building queries. It shows a query name "Diabete-Hemoglo@21:06:42" and a temporal constraint "Treat all groups independently". Below this, three groups are defined:

Group 1			Group 2			Group 3		
Dates	Occurs > 0x	Exclude	Dates	Occurs > 0x	Exclude	Dates	Occurs > 0x	Exclude
Diabetes mellitus			Hemoglobin A1C% < 8.5 %					

Below the groups, logical connectors "AND" are shown between the groups. A yellow box prompts the user to "drop a term on here".

Run Query: Buttons for "Run Query", "Clear", "Print Query", and "New Group" are visible. The status shows "2 Groups".

Previous Queries: A list of recent queries is shown at the bottom left, including "Diabete-Hemoglo@21:06:42 [10-12-2014] [dgumas1]" and "16-50 years old@13:34:33 [9-10-2014] [dgumas1]".

Query Status: A box at the bottom right shows the query completion status: "Finished Query: 'Diabete-Hemoglo@21:06:42' [14.3 secs]", "Compute Time: 2.7 secs", and "Number of patients for 'Diabete-Hemoglo@21:06:42' patient_count: <3".

To request access, contact karl.burke@jhmi.edu

9. Research Order Sets

- To request, contact Pam Murray (pmurray@jhmi.edu)
- Will be reviewed & prioritized by new Research Order Set Evaluation (ROSE) Committee
- If can't be built due to resource constraints, study teams can use a preference list instead

The next set of features requires R3 review

- Contact Pam Murray (pmurray@jhmi.edu) or Rob Richardson (rricha@jhmi.edu)
- They will send you a request form and guide you through the request process
- Your request will be reviewed by the Epic Research Request Review (R3) Committee, usually within 2 weeks
- If approved, it will be prioritized for implementation. Funding hastens completion. Epic-Certified non-Epic project staff can apply to be a “research builder”

10. Research Registries

JHM HIM Cancer Registry Monthly (CRYSTAL) - Excel

▼ Matching reports

☆ **JHM HIM Monthly Cancer Registry Case Finding Report Excel** Crystal
Monthly Cancer Registry Case Finding Report Listing of all patients that meet the criteria for inclusion in the registry data base. Identification of all patients that meet the case finding criteria for ...

JHM Patient Disease Registry Search

▼ Matching reports

☆ Bayview Psychiatry Depression Registry
☆ JHM Congestive Heart Failure Disease Registry
☆ JHM Coronary Artery Disease Registry
☆ JHM Diabetes Disease Registry
☆ JHM Diabetes Disease Registry for QCM
☆ JHM Hypertension Disease Registry
☆ JHM Ischemic Vascular Disease Registry
☆ JHM JCHiP Registry

► Additional reports

Patients on the Research Depression Registry - Today's Appointments

▼ Matching reports

☆ **Patients on the Research Depression Registry - Today's Appointments**
Shows the latest PHQ-9 questionnaire scores for patients coming in today and allows you to assign another with the Send Patient Message button.

- Inclusion criteria – from algorithm or set of known patients
- Data elements – latest value, must be something collected in Epic
- Can be viewed by all clinical users
- Exported into Epic Cogito Data Warehouse

11. Study Paging - Automatic

From: DoNotRespond@epic.jhmi.edu [mailto:DoNotRespond@epic.jhmi.edu]

Sent: Thursday, August 28, 2014 2:40 PM

To: Rob Richardson

Subject: CSF Cell Count - Lorelei New Tst Hermani (JH87502412) - JHH EM, NB23-23

Epic In Basket: Orders

From: Gabor David Kelen, MD

Message:

Order Specific Information

Order: CSF Cell Count [Custom: LAB20446] Order #: 2492771 Qty: 1

Priority: STAT Class: Unit Collect

Resulting Agency: JHH LAB SOFT

Released on: 08/28/2014 2:40 PM

Order Date: 8/28/2014

Ordering User: EMERGENCY, ATTENDING PHYSICIAN [EDMDJHH]

Authorizing Provider: Gabor David Kelen, MD [2896]

- Order Name
- Patient Name
- (MRN)
- Location

Pager message
body contains
report of order
details

- Identify procedures or medications of interest.
- If one is ordered for a patient, Epic will send an order report to that study's staff "pool" via a pager.

11. Study Paging – Manual using research referral orders

Research Ref Rothman CSF Accept Cancel

Routine, Once First occurrence Today at 1420
I asked this patient if they would be willing to speak with a study coordinator about a research study that they may qualify for and the patient agreed. - IRB#: NA_00085069, PI: Richard Rothman, MD, PhD

Priority: Routine

Frequency: Once

Starting: Today Tomorrow At:

First Occurrence: **Today 1420**

Scheduled Times: [Hide Schedule](#)

Comments (F6): abc Insert SmartText

I asked this patient if they would be willing to speak with a study coordinator about a research study that they may qualify for and the patient agreed. - IRB#: NA_00085069, PI: Richard Rothman, MD, PhD

Next Required Link Order Accept Cancel

Order name consists of:
"Research Ref" prefix,
PI's last name,
short colloquial name of study.

Pre-defined comment
indicating patient
agreed to referral and
contains IRB# & PI of
study.

Provider does not have to
adjust order in any way.
Just accept and sign.

12. Decision Support for Study recruitment

The screenshot shows a clinical decision support interface. On the left is a vertical navigation menu with icons and labels: Chart Review, Rooming, Plan, Wrap-Up, Charges, Communicatio..., and Sign Visit. The main content area is titled 'Research Recruitment (1 Advisory)' and contains a green-bordered box with a green checkmark icon and the text 'Patient Meets Initial Screening Criteria for Insomnia Study (demonstration only)'. Below this text are two radio buttons: 'Interested' and 'Declined', preceded by a checkbox labeled 'Specify Patient Study Status: MODEL RESEARCH STUDY-INSOMNIA'. A blue link 'Click here for brief study overview' is also present. A red box highlights the 'Interested' radio button. A blue callout box with red text points to this button, stating: 'Selecting an option (e.g., "interested") can send message to study team'. Below the main box is a 'BestPractice Advisories' section with a sub-header 'Research Recruitment (1 Advisory)' and a smaller version of the same green-bordered box. At the bottom of the interface are 'Refresh' and 'Accept' buttons, with a timestamp 'Last refreshed on 5/11/2013 at 2:25 PM'.

Chart Review

Problem List

Create Patient Care Coordination Note

Medications & Orders

Create Medication List Comments

Options

Order Entry

Research Recruitment (1 Advisory)

✓ Patient Meets Initial Screening Criteria for Insomnia Study (demonstration only)

☐ Specify Patient Study Status: MODEL RESEARCH STUDY-INSOMNIA

☐ Interested

☐ Declined

[Click here for brief study overview](#)

Selecting an option (e.g., "interested") can send message to study team

BestPractice Advisories

Research Recruitment (1 Advisory)

✓ Patient Meets Initial Screening Criteria for Insomnia Study (demonstration only)

☐ Specify Patient Study Status: MODEL RESEARCH STUDY-INSOMNIA

☐ Interested

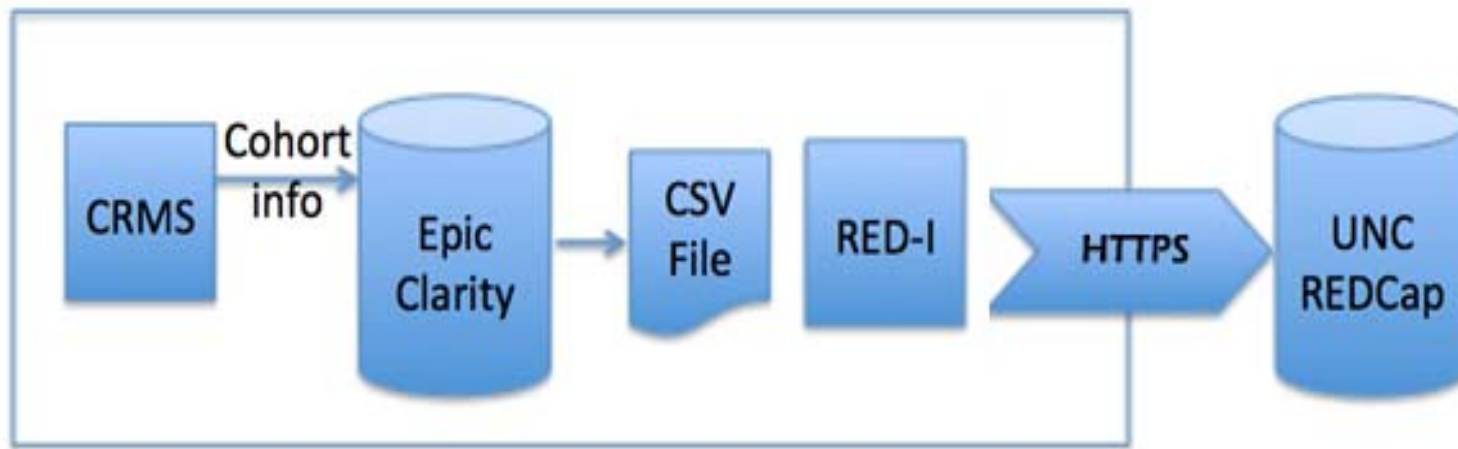
☐ Declined

[Click here for brief study overview](#)

Refresh Last refreshed on 5/11/2013 at 2:25 PM Accept

13. Research Interfaces

example: RED-i



Johns Hopkins

Sends data from Epic to REDCap
RED-I developed at University of Florida
Under development, available later in 2015

14. Clinical Data for Research Use

Center for Clinical Data Analysis (CCDA) assists with data extracts from institutional systems:

- Provide data from Epic, Sunrise, EPR, CaseMix/Data Mart
- Prep to research, feasibility, full data extracts
- Need IRB approval prior to extract
- 2 complimentary hours of service for scoping & estimate
- Cost for services - \$140/hr
- To make a request, send a ICTR Connection Request

<https://ictrweb.johnshopkins.edu/ictr/connection/>

“Why can’t my data manager get the data themselves?”

New CCDA adjunct team member program ready for pilot

Contact Diana Gumas for more information

Thank You!

For follow up questions
please feel free to contact me

Diana Gumas
dgumas1@jhmi.edu

Minimum Requirements for Inpatient Clinical Research

For studies with a Prospective Reimbursement Analysis (PRA):

1. Keep participant status current in CRMS
(drives research features in Epic)
2. Order meds, labs, procedures electronically
3. Document clinically important information
to protect patient safety

Faculty Development Opportunities to Enhance Teaching Skills at JHUSOM

Rachel Levine MD, MPH

- Co-director Johns Hopkins Faculty Development Program-Teaching Skills Longitudinal Program
- Director Johns Hopkins Faculty Development Program-Teaching Skills Special Programs
- Co-director IEE Summer Teaching Camp
- Director Faculty Development- Colleges Advisory Program



The mission of Johns Hopkins Medicine is to improve the health of the community and the world by setting the standard of excellence in **medical education**, **research** and **clinical care**.

Diverse and inclusive, Johns Hopkins Medicine educates medical students, scientists, health care professionals and the public; conducts biomedical research; and provides patient-centered medicine to prevent, diagnose and treat human illness.

21st Century Medical Education

- Competency based medical education
 - Learners demonstrate mastery of competencies to move onto next stage of training or to practice independently
 - Increasing emphasis on work based assessments, direct observation of learners with assessment and feedback
 - Teachers skilled in direct observation, assessment, feedback and coaching, small group teaching, active learning needed
 - Yet very little formal training/mentoring available for teaching

Faculty Development for Teaching Skills

- IEE Summer Teaching Camp
- IEE Improve Your Teaching Website
- Johns Hopkins Faculty Development Programs at Bayview
 - Teaching Skills Longitudinal Program
 - Teaching Skills Special Programs
- Voluntary
- Most provide CME credit
- Demonstrate compliance with regulations requiring faculty get trained teaching

Summer Teaching Camp



Teaching Camp Sponsors

- Institute for Excellence in Education (director Joe Cofrancesco)
- Offices of the Vice Dean for Education
- Offices of the Vice Dean for Faculty Development
- Johns Hopkins Faculty Development Program in Teaching Skills, Johns Hopkins Bayview Medical Center
- Master of Education in the Health Professions Program

Goals

- Provide an interactive and experiential program to enhance the ***teaching skills*** of participants
- Meet the needs of educators with different levels of expertise working in diverse educational contexts
- (influence the culture of teaching at JHMI, develop a cadre of skilled, thoughtful, dedicated educators to promote all of JHMI Missions)
- (raise awareness of value of teaching)

Methods

- Experiential workshops with mix of large and small group work
- Emphasis on skills practice
- Parallel Process

IEE Teaching Camp 2013

98 Teaching
Camp
Participants

3 Schools
Medicine
Education
Public Health

>20 Specialties
and
disciplines
represented

>35 Faculty, Fellows,
residents and
students
volunteering
to teach and facilitate

56 Faculty

26 Grad Students

4 Med Students

12 Residents and
Fellows

1 Vet



4 All
Childrens
faculty

6

Workshops
offered

Feedback I and II
Small Group Teaching
Building Effective Teams
Team Based Learning
Learners as Teachers

24

Interactive
Breakout
Sessions

4

Large
Group
Sessions

Enhancing Lectures
Formative Assessment
New Technologies In Med Ed
Summative Assessment

2

Meet the
Professor
Sessions





Teaching Camp 2014

3 Schools-Medicine, Education, Public Health

77 Participants

20 Specialties represented

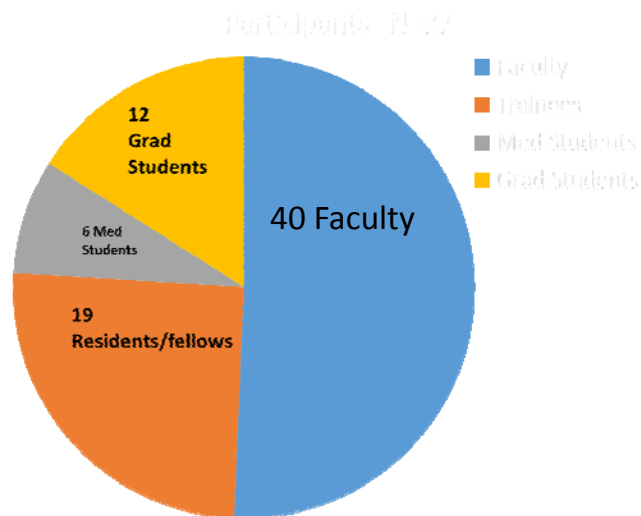
11 ACH Faculty

7 Workshops

6 Large Group Sessions

6 Meet the Professor Sessions

Over 35 faculty -planning and facilitating



Content and Methods

- The Learning Environment
- Small Group Teaching
- Feedback and coaching
- Simulation
- Assessment
- Interactive Lectures
- Flipping the classroom
- Teaching and the EHR
- Problem based learning
- Experiential
- Active
- Collaborative
- Small and large group settings
- Interdisciplinary
- Variety of teaching contexts
 - Classroom
 - Outpatient/inpatient
 - OR
 - Lab

2015 Content

	Day 1 Precourse sessions (3.5 hours)		Day 2
AM	Teaching Learners to Work with LGBTQI Patients	Flipping your Classroom	Active Learning in large and small group settings
	Meet the professor lunch sessions		
PM	Working with “Struggling” Learners: Remediation in Medical and Biomedical Education	Curriculum Development: Preparing Teaching Sessions Within the Larger Curriculum	Intro to E Teaching and Online Learning Resources
			Teaching Tips for Workplace-based Settings Recognizing and Making the Most of Teaching Opportunities

Teaching Camp

- IEE Website for information

http://www.hopkinsmedicine.org/institute_excellence_education/teaching_camp/

- Registration to open next week
- CME/TR benefit for faculty
- Trainees free

IEE Improve Your Teaching Website

- IEE website, login with Jhed ID
- Interactive modules with structured format
 - Objectives
 - Pre module reflective exercises
 - Module content (brief videos, written content)
 - Practice Exercises
 - Discussion forum
- Covers a variety of Teaching Skills
- Continuing to build content

http://www.hopkinsmedicine.org/institute_excellence_education/

 Search

Institute for Excellence in Education

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- Faculty Education Scholars
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Welcome to The Institute for Excellence in Education

Committed to Leading the Way in Medical and Biomedical Education

The mission of the Institute for Excellence in Education (IEE) of the Johns Hopkins University School of Medicine is to promote, value and advance the educational mission of the School of Medicine while enhancing the School of Medicine's leadership role in medical and medical sciences education nationally and internationally.



Contact Us

Make a Gift

Log in to ECars

2012 Annual Report (pdf)

Read Hopkins Medicine Magazine

What's New

2014 Berkheimer and International Faculty Education Scholars Grants

Request for applications opens September 13, 2013

[More >>](#)

2013 Berkheimer Faculty Education Scholar

R. Scott Stephens, MD, wins the 2013 Berkheimer Faculty Education Scholar Award

[More >>](#)

2013 International Faculty

Improve Your Teaching

Problems viewing this site? [Click here for solutions.](#)

This site is in development and currently contains partial content. The formal launch of the site will be in the Spring.

Welcome to the IEE Faculty Development Website

Developing the next generation of great clinicians, researchers, educators, and leaders requires superb educators with expert teaching skills. Teaching and education are vital parts of the missions of the Johns Hopkins University School of Medicine, and faculty development is critical to improve learner outcomes and enhance teacher satisfaction.

In an effort to bring the most effective and evidence-based teaching strategies to everyone in the global community, and through the generosity of the Dr. Mohan Swami Institute for International Medical Education (SIIME), the Institute for Excellence in Education (IEE) has compiled a series of valuable resources in this website. Our goal is to provide practical teaching tips, promote self-reflection, network and share ideas. We believe this can ultimately lead to better patient care, science, scholarship and leadership. Each section of this website invites your comments and feedback. Thanks for visiting!

[Who can benefit from this website?](#)

[What's inside?](#)

[About Us](#)

FEATURED: HOW TO
BETTER INVOLVE
YOUR LECTURE
AUDIENCE



FEATURED: SMALL
GROUP FACILITATION
CHALLENGES &
STRATEGIES



TEACHING METHODS

What's effective?



ASSESSMENT

Which ones should I use?



ADULT LEARNING PRINCIPLES

What applies to my students?



LEARNERS AS TEACHERS

How do I start?



CONCEPT MAP

See the connections



USEFUL RESOURCES

Check these out



Teaching Methods
Assessment
Adult Learning Principles
Learners as Teachers
Helpful Resources

Johns Hopkins University School of Medicine
Institute for Excellence in Education
Armstrong Medical Education Building
1600 McElderry Street, Suite 230
Baltimore, MD 21205
Email: IEE@jhmi.edu

Johns Hopkins Faculty Development Programs: Longitudinal Program

- Teaching Skills Longitudinal Program-small group cohort based experiential learning (over 25 years of experience, over 350 faculty trained)
- Contacts Rachel Levine rlevine@jhmi.edu and Leah Wolfe lewolfe@jhmi.edu
- ½ day a week for 25 weeks (Part 1 Sept-Dec and Part 2 Feb-April)
- feedback, small group teaching, teaching in the presence of the patient, active learning strategies, role modeling, motivating learners, leadership, mentoring, conflict management
- Faculty whose career path is focused on becoming reflective, scholarly educators and leaders in medical education
- CME credits, Tuition Remission
- Now registering for 2014-2016

http://www.hopkinsmedicine.org/johns_hopkins_bayview/education_training/continuing_education/faculty_development_program/

Comments from participants

- The teaching skills program was one of the most high-yield, practical programs I have done to improve my skills as an educator. I continue to rely on that foundation today in my interactions with medical students, residents, and fellows.
- As an early career educator, I loved having these weekly opportunities to share my teaching struggles and successes. The interactive, small group format enabled me to learn from and with colleagues from diverse disciplines and backgrounds. The hands-on, practical skill-building teaching method let me try new techniques in a safe space and get real-time feedback from facilitators whose opinions I value and trust. The whole experience made me a more effective and more satisfied medical educator, and I have treasured the toolbox of strategies I gained from participating in the course.

Johns Hopkins Faculty Development Programs: Special Programs

- Consultative Program-brings expertise to division/department to meet faculty development needs
- Contact Rachel Levine rlevine@jhmi.edu
- Past offerings (since 2012)
 - ENT-mentoring
 - Ophtho-Feedback, direct observation and assessment
 - Child Psychiatry- Everyday teaching skills
 - Preventive Med- Feedback
 - Geriatrics- Teaching in the computerized setting
 - ENT- patient centered care and the EHR
 - E Med- Building advising/coaching skills
 - U Penn Hershey-Working with struggling learners: remediation in medical education
 - LCI Nashville-Building advising skills using and advising case conference

Comments