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

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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

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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"*

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Reviewed and Discussed

- MCACE selection criteria

- Recent **successful** APPC clinician applications

- Recent **unsuccessful** APPC clinician applications

- Recent PPC clinician candidates

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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

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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)

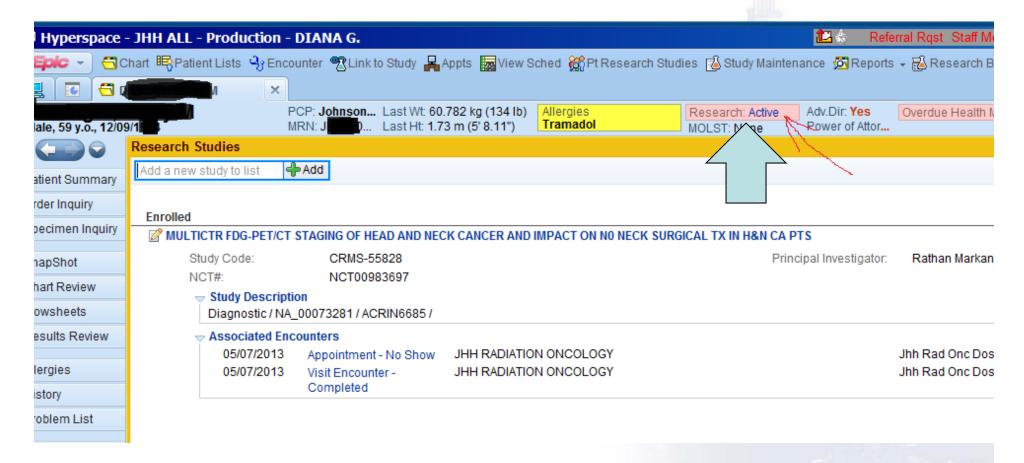**Requires review by Research Order Set Evaluation Committee (Rose)**

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

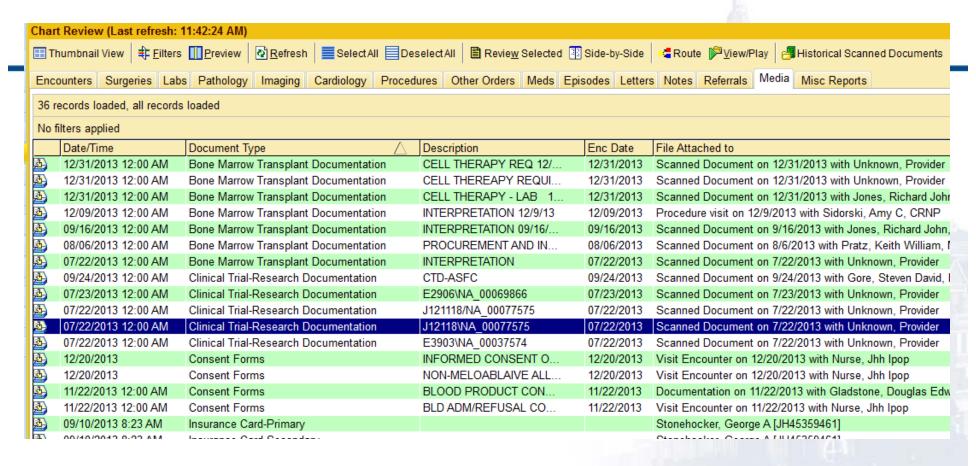# 1. Patient on a Study

- Study data flows from eIRB -> CRMS -> Epic
- The study title can be modified by the investigator
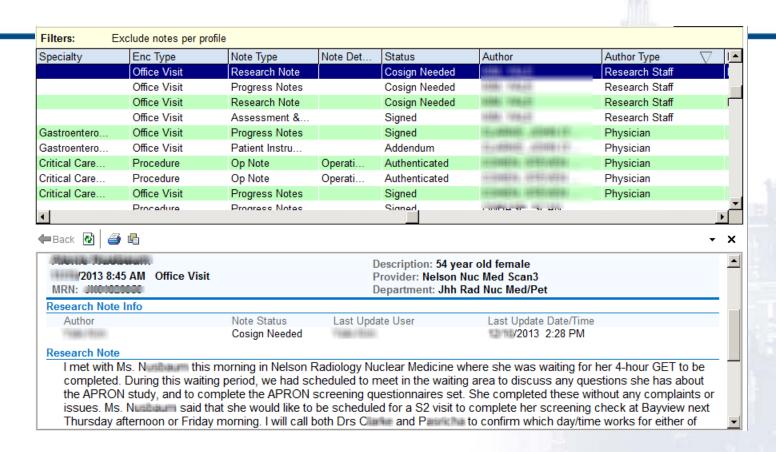
2. Scanned Research Consent Form

- 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

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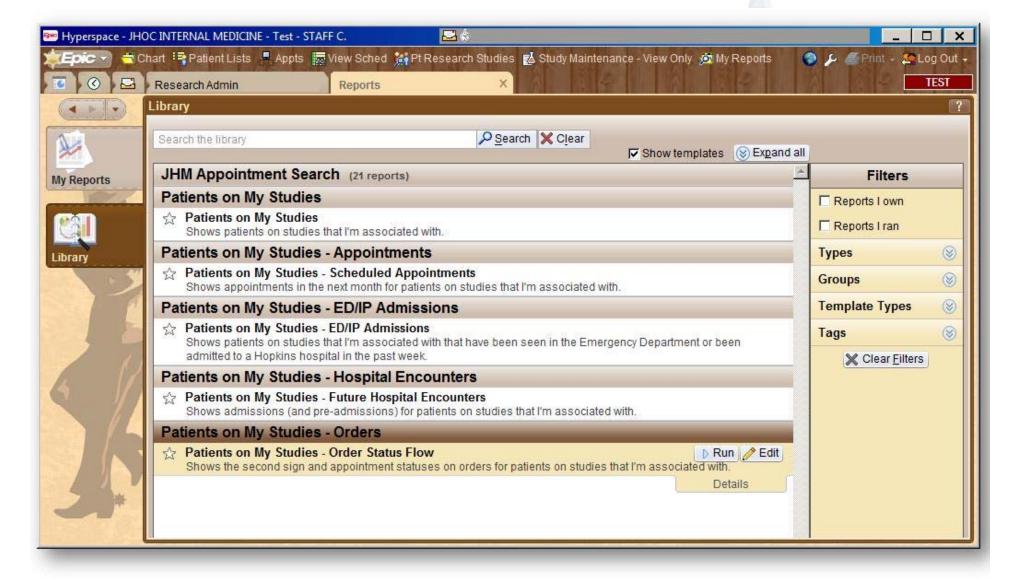Viewable by anyone with permission to see clinical notes
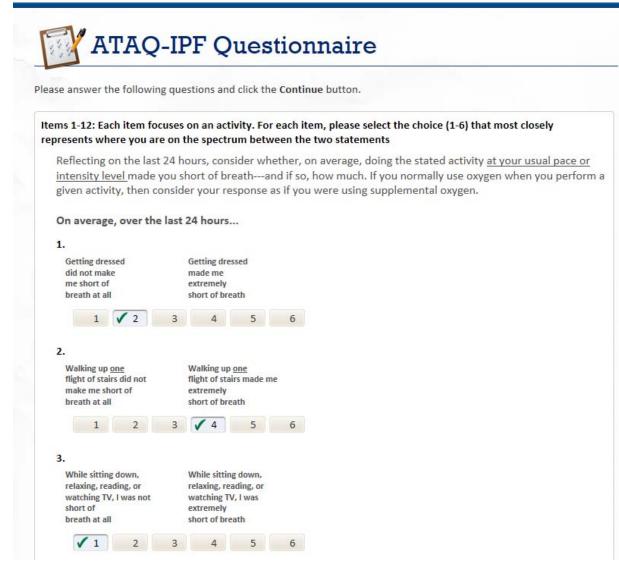
4. Research Orders

- 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

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

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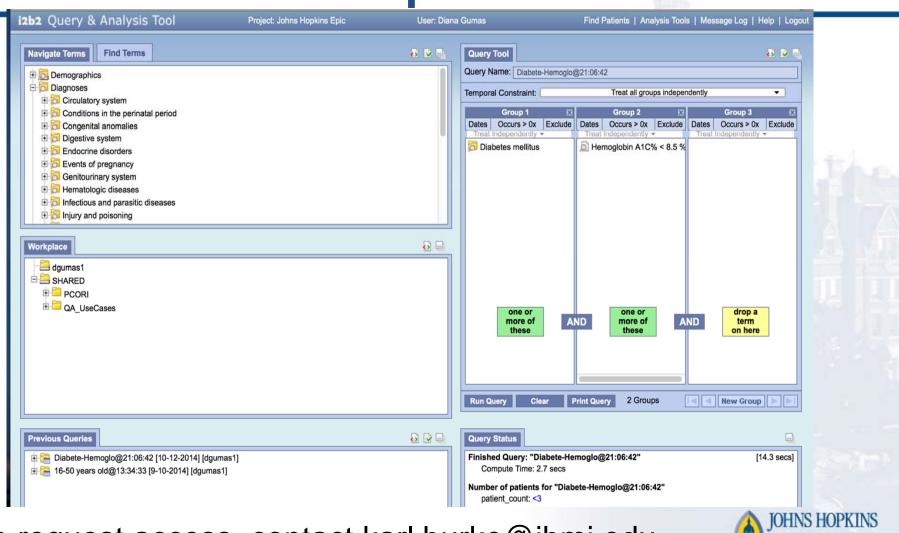
8

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

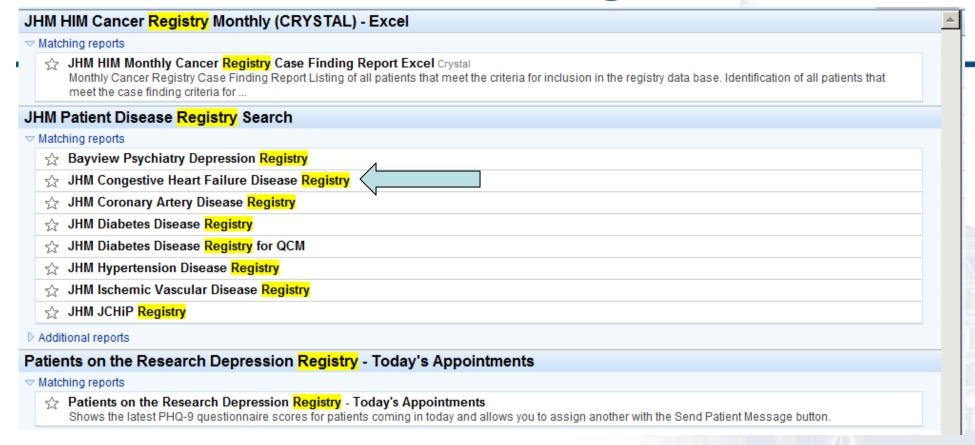To request access, contact karl.burke@jhmi.edu

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"

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10. Research Registries

- 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
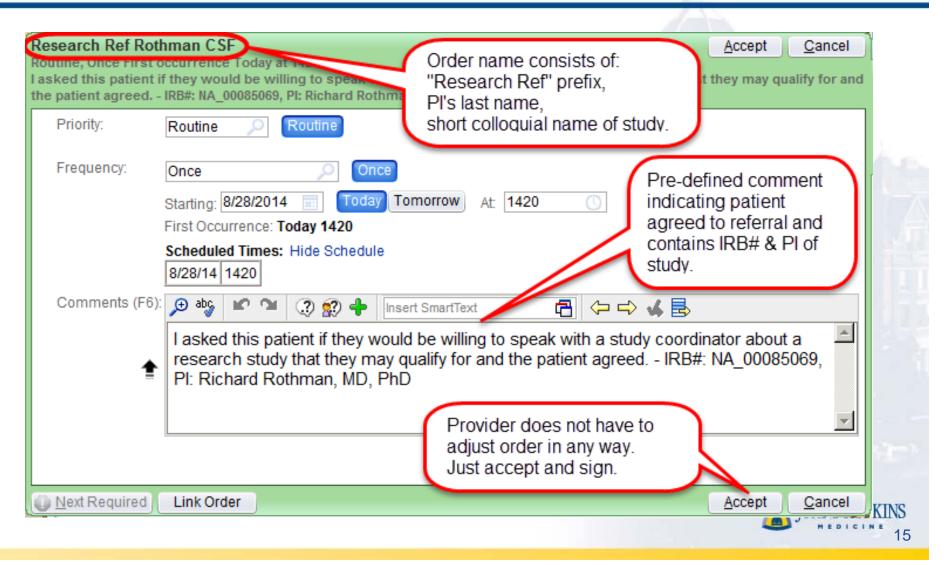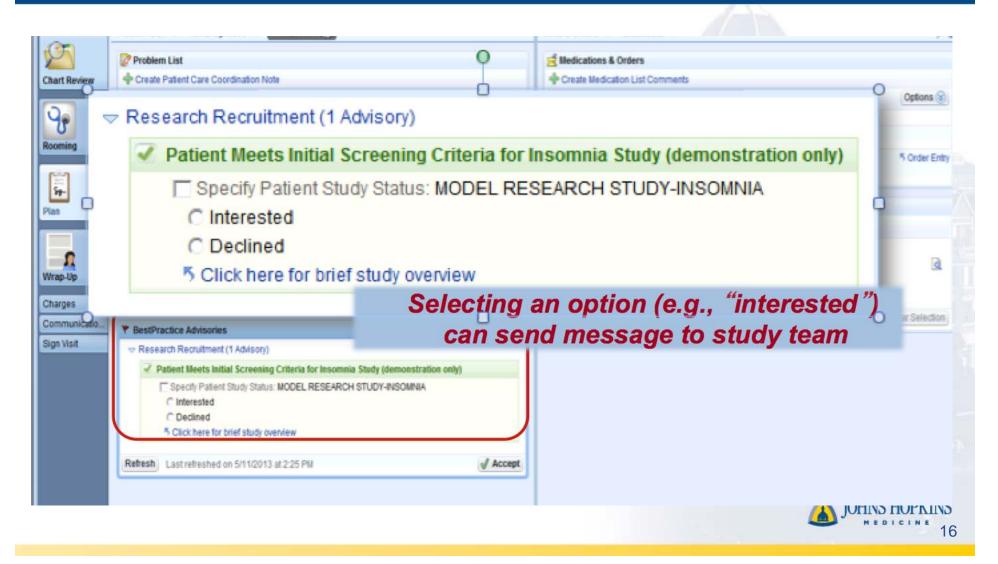- Exported into Epic Cogito Data Warehouse

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

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

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]

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.

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14

11. Study Paging – Manual
using research referral orders

Research Ref Rothman CSF
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

Accept   Cancel

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

Priority: Routine   Routine

Frequency: Once   Once

Starting: 8/28/2014   Today Tomorrow   At: 1420

First Occurrence: **Today 1420**

Scheduled Times: Hide Schedule
8/28/14 1420

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

Comments (F6):   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

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

Next Required   Link Order   Accept   Cancel

15

12. Decision Support for Study recruitment
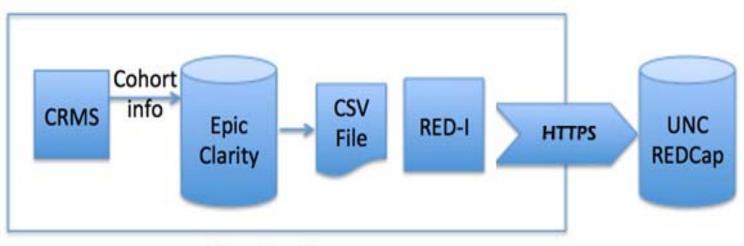

Selecting an option (e.g., "interested") can send message to study team

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

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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
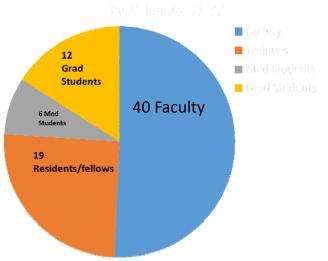Enhancing Lectures
Formative Assessment
New Technologies in Med Ed
Summative Assessment

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/

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Home > Institute for Excellence in Education

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
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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