Investments Add Diversity to Labs and Clinics

Johns Hopkins has new tools to recruit and retain underrepresented minorities on its faculty.

Pulmonologist Cheilonda Johnson is studying a lung disease that commonly affects African-American women.

Pediatric surgeon Alejandro Garcia helps Spanish-speaking parents ask the right questions when their children need surgery. Erica Johnson, director of the internal medicine residency program at the Johns Hopkins Bayview Medical Center, is forging bonds of trust between the hospital and the people who live near it. Adolescent medicine specialist Errol Fields is working to lower HIV rates among adolescent and young adult black men who have sex with men. These faculty members were recruited with support from the Strategic Planning Recruitment and Retention Program, established by the dean's office in 2014 to increase the number of underrepresented minorities on the school of medicine faculty.

“When you have a diverse group at a table, solving problems, that’s always better,” says Janice Clements, vice dean for faculty and professor of molecular and comparative pathobiology. “You come up with diverse solutions, you think more broadly. It makes our thinking better.”

The Association of American Medical Colleges (AAMC) defines underrepresented minorities in academic medicine as African-Americans, Hispanics, Pacific Islanders and Native Americans. In 2013, according to the AAMC, just 4.1 percent of the physician workforce was black or African-American, and 4.4 percent was Hispanic. Less than half of 1 percent was American Indian or Pacific Islander.

In 2016, 13.3 percent of the U.S. population were African-American, 17.8 percent was Hispanic or Latino and 1.3 percent was American Indian or Alaska Native, according to the U.S. census.

At Johns Hopkins, about 6 percent of the school of medicine’s faculty comprises underrepresented minorities, mostly African-Americans and Hispanics, says Clements. Baltimore is 63 percent African-American and about 5 percent Hispanic or Latino, according to the census.

“We are competing to recruit underrepresented minorities for our faculty,” Clements says. “If we want Hopkins to thrive and stay competitive as the best place to do medicine and science, we have to get the best people.”

The Hopkins recruitment program allocates $250,000 per year to support the research efforts of new underrepresented minority faculty. The money is helpful.

(continued on page 4)
Toward More Personalized Learning

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

Eilon Musk, the tech visionary behind Tesla and SpaceX, once observed that the single most important factor in professional growth is to have “a feedback loop, where you’re constantly thinking about what you’ve done and how you could be doing it better.”

I suspect most of us would agree. Yet in medicine, as in other fields, concrete measures of performance can be elusive. For instance, patient surveys help us deliver more respectful and satisfying care, but because the evaluations are subjective, they do little to improve the technical quality of our care.

Musk’s quote holds especially true for trainees, who are still fine-tuning their skills. For medical residents, the accreditation council stresses the need for a steady stream of “formative evaluation feedback” in daily practice. Meanwhile, attending physicians are busier than ever with patient care, paperwork and various other tasks. In one study at Boston Children’s and Boston Medical Center, only 6 percent of residents reported that they had received feedback on every rotation.

In light of this, we in the school of medicine have been looking at new ways to provide more personalized instruction and performance assessment—not just in the clinic, but also for the learners in our graduate biomedical programs and fellowship medical courses. Historically, medical schools have taken a one-size-fits-all approach to classroom instruction. We hand out a syllabus at the beginning of the semester, and all students follow along at the same pace. We evaluate their grasp of the material retrospectively, using broad assessments that lump students into pass or fail categories.

Now we are exploring more precise, data-driven modes of instruction. With the leadership of Roy Ziegelstein, vice dean for education; associate deans Peter Espenshade, Jessica Bienstock and Nancy Huapchen, and Harry Goldberg, assistant dean and director of academic computing, we are looking at ways to implement what we call precision education. (See story on p. 6.)

Analogous to precision medicine, precision education allows us to optimize learning in a similar fashion. Moving forward, informatics will influence not only what we teach our students—competencies related to the use of big data and artificial intelligence—but also how we teach them. Precision education involves harnessing the power of information technology to provide learners with objective analysis of their progress and skill. In this system, we use learner data to shape the curriculum so that students can progress at their own pace, get individual remediation in an area that presents a challenge and even learn in their preferred modality. (After all, some students learn better through videos or interactive lectures than by reading textbooks.)

A recent experiment in our Department of Surgery illustrates the promise of this approach. Venous thromboembolism (VTE), which occurs when a blood clot forms in a deep vein, is a common, life-threatening complication following surgery. Depending on a patient’s risk factors, we take varying degrees of precaution, ordering anything from compression stockings to blood-thinning drugs. At Johns Hopkins, we began providing individualized feedback to surgery residents on how often they prescribed the appropriate VTE prophylaxis, based on the patient’s profile.

Inspired by health informatics expert Brandyn Lau and surgeon Elliott Munt, residents received an electronic scorecard detailing their performance and how it compared with that of other residents. Some low performers also got one-on-one coaching. In the wake of the intervention, there were no preventable complications among patients, and the number of patients getting appropriate interventions increased significantly.

Imagine if we could scale this “scorecard” model across all specialties for many common conditions and procedures.

Our trainees have a genuine appetite for self-improvement and for observations that can help them grow. They know that ongoing feedback is essential to learning as any seminar, textbook or lab rotation. With that, it feels appropriate to end this column with a request for comment. If you have thoughts on the column or suggestions for future topics, please email deandanitorial@jhmi.edu.

A New Era of Leadership

Kevin Sowers will become new health system president and executive vice president of Johns Hopkins Medicine.

Kevin W. Sowers, a distinguished clinician, educator and academic health care leader, has been appointed president of the Johns Hopkins Health System and executive vice president of Johns Hopkins Medicine. He will assume his new role on Feb. 1.

Sowers, 56, joins Johns Hopkins Medicine after 32 years with the Duke University Health System, where for the last eight years he has served as president and CEO of Duke University Hospital.

“Kevin is a visionary leader with a deep understanding of the role and responsibilities of academic and community health centers, as well as the challenges we face,” says Paul B. Rothman, dean of the medical faculty and CEO of Johns Hopkins Medicine. “With his experience leading a prestigious academic health center, his ability to forge strong collaborative relationships and his demonstrated knack for thriving in complex environments, Kevin will be instrumental in advancing our mission and reinforcing our commitment to the communities we serve.”

Sowers is the second person to hold this appointment. His predecessor, Ronald R. Peterson, retired last month after a 44-year career of leadership at Johns Hopkins.

As president of Johns Hopkins Health System and executive vice president of Johns Hopkins Medicine, Sowers will help Rothman oversee a system of six hospitals in Maryland, Washington, D.C., and Florida. Johns Hopkins Medicine also comprises several suburban health care and surgery centers, more than 40 outpatient primary health care sites, a full-service home care provider; managed care plans; and hospital management, consulting and clinical education services around the world.

Prior to assuming his current position at Duke University Hospital, Sowers held numerous senior leadership positions across the Duke University Health System, including chief operating officer for Duke University Hospital and interim CEO for Durham Regional Hospital. He also holds a variety of senior administrative roles overseeing the consolidation of Duke’s clinical lab services, emergency and trauma services, and managed care and patient care services.

Sowers began his career with Duke University Medical Center Hospital in 1985 as a staff nurse in oncology. For the next nine years, he held several nursing leadership positions, including nurse educator, director of medical oncology and nurse internship, and director of cancer care consortium/manager for hematology/oncology/GYN oncology.

Sowers earned his bachelor of science degree from Capital University School of Nursing and a master of science degree from Duke University School of Nursing. He has published extensively and speaks nationally and abroad on issues such as leadership, organizational change, mentorship and cancer care.

To read more, visit hopkinsmedicine.org/ dome.

Making Work a Healthier Place

In 2017, Johns Hopkins Community Physicians added flyers about the warning signs of stroke and heart attack to all of its site break areas. Sibley Memorial Hospital opened a tranquility room to help relieve stress. Howard County General Hospital hosted sessions in the cafeteria on nutrition, physical activity and heart health. All these efforts are part of Johns Hopkins Medicine’s strategy to make the work environment healthier for employees.

Johns Hopkins uses the CDC Worksite Health ScoreCard, a measurement tool with 125 questions that assess how well each member organization is implementing resources, policies and programs to prevent heart disease, stroke and other chronic conditions. In its first year, 2016, Johns Hopkins Medicine scored 180 points out of 264, falling below the industry benchmark. Last year, entities across the enterprise improved their health programs, increasing their scores by 23 points and exceeding the benchmark.

“It’s not about the numbers, it’s about the
employer caring enough to help employees make healthier choices,” says Richard Safer, medical director of employee health and wellness for Johns Hopkins Healthcare. “We spend most of our waking hours together at work. You can’t underrepresent the influence that the workplace has on our health.”

“You can’t underrepresent the influence that the workplace has on our health.”

—RICHARD SAFER, MEDICAL DIRECTOR OF EMPLOYEE HEALTH AND WELLNESS FOR JOHNS HOPKINS HEALTHCARE

CEO, JOHNS HOPKINS MEDICINE
PAUL B. ROTHMAN, M.D.
DEAN OF THE MEDICAL FACULTY
CHIEF PERSPECTIVES
PEOPLE
Dome Switching to Digital-Only Communications

New Website Coming March 1

This issue of the Dome newsletter for Johns Hopkins Medicine faculty and staff members is the last to appear in print. Beginning March 1, we will launch a redesigned Dome website at hopkinsmedicine.org/Dome. To make it easy for you to keep up on the news, Dome articles will continue to appear in your inbox through the Inside Hopkins daily email. You can look forward to more timely reporting on important events, institution-wide initiatives, biomedical discoveries and profiles of the people who make Johns Hopkins Medicine the amazing place that it is.

Insight, the technology and innovation section of Dome, will continue to feature stories about new apps, devices and software developed by our faculty and staff. Surveys show that Dome serves an important function in keeping the Johns Hopkins Medicine family informed and connected. We look forward to expanding our coverage and sharing information with you via the digital devices you use each day—phones, tablets and computers.

Seven Decades of Dome in Print

From wartime updates to award-winning chronicle of people, initiatives and events.

Born of the Universal War-time wish for news from home, what originally was called Under the Dome made its debut in January 1945. Its birth was even heralded in The Baltimore Sun on Feb. 1, 1945, under the headline “Hospital Edits Service Paper.” World War II still had eight horrific months to go—although few realized then that the Allies were close to victory. “A new Baltimore publication with a global circulation went into the mails yesterday as the Johns Hopkins Hospital presented Vol. 1, No. 1 of Under the Dome, a news bulletin for staff members now serving in the armed forces,” The Sun reported.

Several thousand copies of the 8½ x 11, four-page Under the Dome were dispatched overseas and to stateside military camps in response to numerous requests from Johns Hopkins staff members for a news bulletin to keep them updated on developments in their departments, divisions, wards and offices. They also wanted to know how their colleagues were doing, wherever they were.

In a brief letter on page 2—entitled “Greetings!”—the hospital’s longtime director (the title then for hospital president) Winford Smith wrote, “Members of the staff have been writing personal letters trying to satisfy the desire for news. This has not been very satisfactory and there are many people who have not learned of events in which they would be greatly interested. We want everyone to know of these news items.”

He added that in the hospital, which was suffering wartime staff shortages, “Much has happened since Pearl Harbor.” Some of the stories were of the same sort—announcements of the opening of the hospital. “A new Baltimore publication with a universal war-time wish for news from home, what originally was called Under the Dome made its debut in January 1945.”

As it now is transformed into an online-only publication, that tradition will continue.

—Neil A. Grauer

Read the inaugural January 1945 issue of Under the Dome and other issues from Dome in print online at hopkinsmedicine.org/dome.
Jonathan Chrispin's Haiti-born parents were strict. Growing up in Queens and Long Island, New York, he and his sister were allowed to play video games only on weekends, and could watch only one television show, *Jeopardy*, because it was educational. They also weren't allowed to use the word “can’t.”

“Since we were young, our parents told us there were no limitations on what we could do,” says Chrispin, now 34 and a cardiologist on the Johns Hopkins University School of Medicine faculty since July 2017. (His sister is a lawyer)

He’s found the same combination of rigorous expectations and opportunity at Johns Hopkins, where he was recently named a Robert E. Meyerhoff Assistant Professor. The five-year endowed seat “supports my research and gives me motivation,” says Chrispin, who studies the electrical system that controls the heart, including the mechanisms behind irregular heartbeats and sudden cardiac death.

The endowment, created in 2007 by local businessman and philanthropist Robert Meyerhoff, supports two school of medicine assistant professors at a time with funding of between $37,000 and $45,000 per year. It was created to recruit and retain minority faculty identified as future leaders. Also named in 2017 was Arthur Vaught, an assistant professor in maternal and fetal medicine who treats and studies high-risk pregnancies.

Chiadi Ndumele, who joined the school of medicine faculty in 2015, is completing his term as a Meyerhoff assistant professor. “It gave me time to put together an investigative agenda that would allow me to apply for other funding,” says Ndumele, who has since won funding from the Robert Wood Johnson Foundation and the National Institutes of Health to continue his studies of the links between obesity and heart disease.

“An endowed five-year professorship at this early stage of one’s career is an important sign,” he says. “It’s a vote of confidence in you and what you’re pursuing and it gives you room to develop your research platform.”

—Karen Nitkin

People

Investments Add Diversity to Labs and Clinics

(continued from page 1)

recruits say, but so are the support and mentoring—essential components of the program.

“My decision to come to Hopkins was based on having a mentor, in my case pulmonologist Sonye Danoff, co-director of the Hopkins Interstitial Lung Disease Clinic,” says Cherinda Johnson. “The strong research program here was also important to me, as well as the fact that I had research underway.”

Johnson graduated from the University of Pennsylvania medical school and trained at Massachusetts General Hospital. She joined the Hopkins faculty in 2014 after getting to know the institution through a fellowship in pulmonary and critical care medicine and a master’s degree from the Bloomberg School of Public Health.

Faculty members also say they chose Hopkins because they saw opportunities to make a difference in the clinic, lab and community.

Johnson, for example, says few people before her studied genetic links to autoimmune myositis interstitial lung disease. “I saw that people who were African-American had more initial lung disease, and it was more severe. I really wanted to understand what was driving that pattern.”

So far, the program has recruited or retained 14 faculty members, including Alejandro Garcia, hired in 2016. Garcia, who grew up north of New York City, went to Cornell University for undergraduate education and medical school, then completed a general surgery residency at the Columbia University Medical Center.

The recruitment and retention funding, he says, gives him time to study how to reduce kidney damage in pediatric patients who use a heart-lung treatment called extracorporeal membrane oxygenation, or ECMO. “If you spend all your time operating, you don’t get the opportunity to advance the field to the next level,” he says.

He also likes educating and reassuring Spanish-speaking families whose children need surgery. “They feel a lot of pride to have someone who speaks Spanish, who looks like them—someone who can be their advocate,” he says of the parents who turn to him for advice.

Garcia spoke recently on a Spanish-language radio program in Washington, D.C., an appearance arranged by Centro SOL, the Johns Hopkins Bayview organization focused on improving Hispanic health and opportunity. “I never imagined being on the radio,” he said. “I’m excited at the potential to really have a meaningful impact not only with ECMO but with the Hispanic community in the area.”

Erica Johnson agrees that helping her community is an important part of why she left an 11-year military career to join Johns Hopkins in 2014. Johnson attended the University of Maryland School of Medicine with a U.S. Army scholarship, and then completed her internal medicine residency at Walter Reed Army Medical Center in Washington, D.C., and an infectious diseases fellowship in the San Antonio Uniformed Services Health Education Consortium. She was a U.S. Army major and infectious diseases physician at the San Antonio Military Medical Center when she joined Johns Hopkins. The recruitment and retention program made it possible by funding a portion of her salary, says Johnson.

As important, she says, were mentors and leadership who “made it very clear to me that not only did they want me to come here, but that once I got here I would be able to succeed.”

Growing up in West Baltimore and Woodlawn, Johnson was aware that the relationship between Johns Hopkins and city residents could be tense. She’s working to build trust as co-director of Medicine for the Greater Good, a program that requires internal medicine residents to bring health-enhancing programs to the community, such as teaching local civic and religious leaders about health issues such as diabetes and mental illness, so they can help the people they know.

Johnson is also making sure residents learn about social determinants of health, such as exposure to crime, transportation options and quality of education. Her research interests include health disparities in care and how medical residents learn the standards and ethics that promote trust.

“One reason it’s important to have a diverse workforce is that the patients we take care of are very diverse,” she says. “Evidence suggests that a diverse workforce is one of the keys to eliminating disparities in health care.”

Adolescent medicine specialist Errol Fields agrees that his own perspective as a black gay man helps him to both his clinical and research work to understand health disparities affecting young men at risk for HIV access to the medication known as PreP, or pre-exposure prophylaxis, and other services that could keep them from getting HIV and other sexually transmitted infections.

“Having people from diverse backgrounds—racial, socioeconomic, sexual and gender identity—on our research teams helps to inform the types of research questions we ask and improves our understanding of why some groups are disproportionately affected by diseases like HIV,” he says.

Fields, who joined the faculty in 2014, has an undergraduate degree from Harvard, a medical degree from the Johns Hopkins University School of Medicine, a Ph.D. from the Bloomberg School of Public Health and a master’s in public health from Columbia University.

After pediatric residency training at Boston Children’s Hospital and Boston Medical Center, he returned to Johns Hopkins to pursue a fellowship in adolescent medicine. The recruitment grant, which covered about a third of his salary, allowed him to continue his research until he won a career development award from the Centers for Disease Control and Prevention.

“I’m not going anywhere anytime soon,” says Fields. “I’m pretty happy with my work here.”

—Karen Nitkin

Endowed Professorship Supports Early-Career Faculty

Karen Nitkin
Legacy of Service

Eight recipients of the 2017 Martin Luther King Jr. Community Service Awards honored at Johns Hopkins’ annual MLK commemoration on Jan. 19.

Renee Blanding
Assistant Administrator
The Johns Hopkins Hospital

As a young child, Renee Blanding cherished her visits to the library, where she browsed and selected books, then read them to her. The vice president of medical affairs for Johns Hopkins Bayview Medical Center, Blanding is now taking her “lifelong love” of reading into the classrooms of elementary schools in East Baltimore as part of the Readership Leadership Literacy program she launched in 2013. Working closely with schoolteachers and community liaisons, as well as colleagues from Bayview, she hopes to enrich the program with group mentoring and more staff volunteerism.

Darren Brownlee
Assistant Administrator
The Johns Hopkins Hospital

Five years ago, while serving with the National Association of Health Services Executives (NAHSE), Darren Brownlee responded to a call to mentor Baltimore youths through the Big Brother’s Big Sisters of America program. An assistant administrator for the Department of Medicine and chairman’s office, Brownlee has helped strengthen the confidence of his “little brother,” now a high school sophomore. “I wanted to make an impact on those who may not have male figures in their life, especially black male role models,” Brownlee says. “It was one of the best decisions I’ve made.” As president of NAHSE’s Baltimore chapter, he also increased the funding and participation for its paid summer internship program so that 12 competitive, selected college interns could gain experience at area businesses and hospitals, including Johns Hopkins.

Ariel Hicks
Research Assistant
Johns Hopkins University School of Medicine

Ariel Hicks felt a “deep separation between neighborhoods” after she moved to Baltimore. A chance encounter with the founder of a program to support a volunteer-run project that promotes public astronomy, provided her with a way to bring together people of different backgrounds and experiences. The research assistant for the school of medicine sets up her 90 millimeter Celestron refractor telescope in communities across the city, then invites people to take a peek at the moon, stars and planets. “You never know who you are going to meet,” she says. “I’m focused on building relationships in the community.” One day each month, Hicks also teaches kindergarten students in Southwest Baltimore how to grow and prepare healthy foods.

Carrie Holdren-Serrell
Clinical Scientist
The Johns Hopkins Hospital

A clinical scientist in the Mycology Laboratory, Carrie Holdren-Serrell organizes food and school-supply drives for her department, and uses her weekends and evenings for volunteer work, such as handing out food, clothing and toiletries to homeless people. As a volunteer for Hannah’s Hope, a nonprofit named after a member of her church who fell victim to human trafficking, she speaks to community groups about the dangers of opioid addiction and human trafficking. Holdren-Serrell has also organized a teacher charity drive for City Springs Elementary/Middle School in East Baltimore (Johns Hopkins staff members donated 1,000 items and $260 in cash) and coordinated a food drive that reaped 1,351 pounds of food for the Maryland Food Bank.

Rhonda Johnson
Informatics Program Coordinator
The Johns Hopkins Hospital

Four years ago, Rhonda Johnson set out a box in the Johns Hopkins Hospital’s gynecology and obstetrics department office for people to donate food. “Helping others is the right thing to do,” says Johnson, a 33-year Johns Hopkins employee and clinical informatics coordinator. “Providing food is the least that we can do.” Now she also collects disposable diapers, toys and toiletries. Last year’s food drive provided more than 400 pounds of items to the Maryland Food Bank, and another department-wide effort collected clothing for women at the House of Ruth Maryland and the Center for Addiction and Pregnancy at Johns Hopkins Bayview Medical Center. Most recently, Johnson gathered donations for victims of hurricanes and floods in Texas, Florida and Puerto Rico.

Darcenia McDowell
Laboratory Service Technician
Johns Hopkins University School of Medicine

Darcenia McDowell, a lab service technician in the Department of Molecular Biology and Genetics, coordinates community outreach and volunteer activities, such as assisting at Johns Hopkins’ community science fair, sharing tales of his career journey from housekeeper to surgical technician. “They think, ‘If he can do it, I can do it,’” McKay says. “I say, ‘It’s OK to set goals and want to better yourself.’”

Juliet Robinson
Surgical Technician
The Johns Hopkins Hospital

Juliet Robinson recalls that many times her parents would share their food with neighbors, and take dinners to the sick and bereaved. “My mother did not let us eat until a plate was made for someone who said that they were hungry,” Robinson says. “My parents taught us to give with your heart.” Now she devotes much of her own spare time to helping people in her East Baltimore community. A surgical technician in the Johns Hopkins Hospital Pediatric operating room, Robinson is also a member of the evangelism ministry of New Mt. Olive Baptist Church. Along with providing food, clothes and information about resources to those in need, she collects gently used pocketbooks and fills them with socks, toiletries and other personal items for a local women’s shelter. She also fulfills requests for snacks and cash donations for a lodger facility that accommodates the families of surgical patients at The Johns Hopkins Hospital.

—Janet Anderson

More learn about the MLK event at Hopkinsmedicine.org/dome

Martin Luther King Jr. Day of Service

Lend a hand preparing meals, painting murals, revitalizing community gardens and doing other good deeds at Johns Hopkins Medicine’s inaugural MLK Day of Service on Friday, Jan. 26, from 9 a.m. to 5 p.m.

Johns Hopkins is partnering with more than 20 nonprofit organizations in the Baltimore-Washington and St. Petersburg, Florida, areas that need volunteers to help them support those in need. Sign up to volunteer for the task, time period and organization of your choice on the Day of Service portal at tinyurl.com/JHMLKDay. The Office of Diversity and Inclusion and the Office of Work, Life and Engagement are organizing the event.
Celebrating 125 Years of Medical Education at Johns Hopkins

‘Precision education’ continues tradition of innovative learning.

Historians of innovations will be celebrated throughout the year as the school of medicine commemorates its anniversary milestone with special events, lectures and other celebrations.

“The 125-year celebration prompts us to reflect on the history of our great institution and on the legacy we have inherited,” says Ray Ziegelstein, cardiologist and vice dean for education at the school of medicine.

He points to the landmark 1910 report by Abraham Flexner that set standards that still exist. Flexner cited Johns Hopkins as “the model for medical education.”

But Ziegelstein says the anniversary also offers a chance to “recognize our responsibility to continue as leaders in medical and graduate biomedical education in the future.”

“The approach encourages students to learn important lessons about collaboration,” Goldberg says.

He says that no matter how prepared and well-educated a first-year Johns Hopkins University medical student is when he or she first encounters the network of articles, videos, discussions and even notes from other students opens up new options for class preparation and engagement. He adds that not only can students assume greater control over their own learning, but that this approach allows courses to grow into dynamic collections of materials shared by faculty as well as students.

“The idea is that we are creating a community of learners, that we’re all in this together,” says Goldberg. “It’s often more difficult for the expert to explain something to the person who is not the expert than it is for a colleague to explain it to that non-expert.”

The approach encourages students to learn important lessons about collaboration, Goldberg says.

“Sometimes as instructors, we have a hard time explaining,” he says, “whereas students can communicate with one another in a much different way.”

Goldberg says precision education could prod medical students to explore areas they might not otherwise pursue.

“This has the potential to help students learn more about themselves,” he says. “If a student takes an interest in a particular area, such as biomedical ethics, that may be something he or she could make a career of.”

Khullar Ghaimer is applying the precision education approach for the first time to his course this semester on Infectious Diseases and Microbiology. When the internal medicine and infectious diseases professor heard about precision education from Goldberg, he says, he was immediately drawn to the concept.

He says that no matter how prepared and well-educated a first-year Johns Hopkins University medical student is when he or she first encounters the Party Like It’s 1893 A Year of Celebration

When The Johns Hopkins University opened the doors to its school of medicine in 1893, there were no balloons, no gala, no grand opening ceremonies. The founders worried that the academic rigor they built into the school might scare off potential medical students. Instead, it changed the way students become physicians and scientists.

During a yearlong observation of a century-and-a-quarter of excellence in academic medicine, the Johns Hopkins community will celebrate its role in changing the way medicine is taught.

Without revealing any surprises, here are a few highlights of the 2018 celebration:

• Banners above the streets around the hospital and medical campus
• A special website full of history, milestones and upcoming events
• A new executive leadership program for women faculty
• A pop-up museum with an interactive history of medicine at Johns Hopkins
• Special events for students, faculty, staff, alumni and guests
• A neighborhood celebration with the East Baltimore Community

The first event celebrating the 125th anniversary of the school of medicine took place on January 10, when the School of Medicine Board of Visitors in the Miller Research Building was named for philanthropist and women’s rights activist Mary Elizabeth Garrett.

Garrett provided the bulk of the medical school’s funding at its 1893 launch. Her gift came with a few key stipulations, including an insistence that women be eligible for admission to the school on equal footing with men.

A replica of the John Singer Sargent portrait of Garrett will forever hang in the room where the institution’s governing body meets.

An example of that leadership is an instructional theory that uses technology and data to customize learning for students. “Precision education” replaces one-size-fits-all lectures with a range of mix-and-match educational materials suited to trainees’ backgrounds and learning styles.

Much as precision medicine allows physicians to improve patient care by personalizing treatment for patients with the same diagnosis, precision education seeks to tailor course material—and the form in which it is delivered—to individual students’ knowledge and skill base.

Harry Goldberg, biomedical engineer and assistant dean of the Johns Hopkins University School of Medicine, says that the precision education approach enables a far more fluid and student-centric approach.

Goldberg and his team are designing a system where medical students can explore facets of particular subjects that interest them between, during and after traditional classroom lectures. An online collection of information, compiled by instructors and students alike, that enables students to better make those connections. It is designed to grow from semester to semester.

Precision education also addresses that disparate experiences and interests that exist among students who come to medicine from different academic backgrounds.

“Curiously, every student receives the same information regardless of their academic needs. Such standardization compromises our ability to enhance creativity, wonder and academic diversity of thought,” Goldberg says.

Goldberg says, “it’s more than just a syllabus at the beginning of a semester. This is a scaffold where knowledge will be built.”

—Patrick Smith

Celebrating 125 Years of Medical Education at Johns Hopkins

‘Precision education’ continues tradition of innovative learning.
Highlights from stories about strategic priorities at Johns Hopkins Medicine

INTEGRATION: Leaders and information system specialists throughout Johns Hopkins Medicine participate in an enterprise-wide simulation of a technology outage. Led by the Office of Critical Event Preparedness and Response (CEPAR), the Office of Emergency Management and the Department of Clinical Informatics, the disaster drill helps the organization prepare for a system-wide power failure.

COMMUNITY OUTREACH: Faith and Food, a free nutrition education program provided by the Johns Hopkins Office of Community Health, teaches members of African-American churches to improve their health by connecting their faith with their cultural heritage.

BIOMEDICAL DISCOVERY: Scientists at Johns Hopkins Medicine and its Bloomberg-Kimmel Institute for Cancer Immunotherapy find that half of patients with 12 kinds of cancer that have so-called “mismatch repair” genetic defects respond to an immunotherapy drug called pembrolizumab (Keytruda). Their research leads the U.S. Food and Drug Administration to approve expanded use of pembrolizumab for these patients and heralds a successful example of personalized medicine combining genetics and immunotherapy.

PERFORMANCE: Johns Hopkins Medicine saves $2.4 million by reducing unnecessary blood transfusions across the health system, thanks to efforts by the system’s Blood Management Program using data acquired from the Epic electronic health records.

EDUCATION: The first cohort graduates from the Johns Hopkins All Children’s Hospital residency program. The new training model gives young doctors more time to learn about patients, diseases and systems.

PATIENT- AND FAMILY-CENTERED CARE: Johns Hopkins is changing the way it cares for adolescents and young adults. New research and treatments for diseases increasingly recognize that this age group has physical and emotional characteristics that differ from those of young children or older adults.

PATIENTS: After 44 years of service to Johns Hopkins, Ronald R. Peterson retires as president of Johns Hopkins Health System and executive vice president of Johns Hopkins Medicine.

COMMUNITY OUTREACH: Faith and Food, a free nutrition education program provided by the Johns Hopkins Office of Community Health, teaches members of African-American churches to improve their health by connecting their faith with their cultural heritage.

Year in Review 2017

Highlights from stories about strategic priorities at Johns Hopkins Medicine
Alzheimer’s

Paul Spoonser, M.D., professor of orthopaedic surgery and chief of the Division of Pediatric Orthopaedics, has been named vice president of the Sclerosis Research Society.

HOWARD COUNTY GENERAL HOSPITAL
Claro Pio Roda has been named vice president of finance/chief financial officer. A 23-year veteran of Johns Hopkins, he most recently served as senior director of finance for Johns Hopkins Medicine. The Johns Hopkins Health System Corporation.

SIBLEY MEMORIAL HOSPITAL
Psoumeh Razavi, M.D., has been named director of community breast imaging. She will oversee breast imaging at Sibley’s Silver Spring Breast Center and at Johns Hopkins Imaging in Bethesda.

Erica Richards, M.D., Ph.D., assistant professor of psychiatry and behavioral sciences at the school of medicine, has been named chair and medical director of the Division of Psychiatry and Behavioral Health. Previously an assistant professor of psychiatry at Georgetown University, Richards completed an residency in psychiatry and internal medicine at Johns Hopkins Bayview Medical Center, a residency in psychiatry and behavioral sciences at The Johns Hopkins Hospital, and a clinical research fellowship at the National Institute of Mental Health.

JOHNS HOPKINS MEDICINE INTERNATIONAL
Lindsey Royce Rothstein, M.A., director of marketing and communications, has been promoted to senior director. She will continue to lead integrated marketing, branding and strategic communications, while assuming responsibility for international patient acquisition strategy in collaboration with colleagues across Johns Hopkins Medicine.

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Poster SESSIONS

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WHO / WHAT

Damon Runyon Award

The Johns Hopkins University
The Johns Hopkins Hospital
Johns Hopkins Bayview Medical Center
Howard Center
General Hospital
Johns Hopkins Health Care
Johns Hopkins Home Care Group
Johns Hopkins Community Physicians
Johns Hopkins Womans Hospital
Towson Hospital

Johns Hopkins All Children’s Hospital

Institute for Patient Safety’s Center for Safety and Quality

Namandje Bumna, M.D., Ph.D., associate professor of medicine, has been named chief of breast imaging. She will oversee breast imaging at Sibley’s Silver Spring Breast Center and at Johns Hopkins Imaging in Bethesda.

Latasha W. Fisher, M.D., has been named chair of Hematology and Oncology.

Damon Runyon Cancer Research Foundation has named five investigators as 2018-2019 Damon Runyon Fellows. The $2.75 million in annual funding will support early-stage career investigators prior to their receipt of a competing fellowship or grant. fellows are:

1. Mark Herman, M.D., Ph.D., assistant professor of medicine, neurology, and psychiatry, has been named chief of breast imaging.

2. Rachel Green, Ph.D., professor of molecular biology and genetics, has been named chief of breast imaging.

3. Brian Chabner, M.D., associate professor of medicine, has been named chief of breast imaging.

4. William Kaelin, Jr., M.D., professor of medicine, has been named chief of breast imaging.

5. Robert Weinberg, M.D., University Professor of Biology, has been named chief of breast imaging.

To read more, visit hopkinsmedicine.org/dome.