439th MEETING OF THE FACULTY SENATE MINUTES
3:00 PM, Wednesday, April 15, 2015
School of Medicine Administration, Boardroom 103

PRESENT: Drs. Blakely, Chanmugam, Chung, Crino, Daumit, Dlhosh, Gonzalez-Fernandez, Heitmiller, Ishii, Lehmann, Macura, McCormack, Mian, Pluznack, Rini, Shuler, Sperati, Swartz, Taverna, Urban, Wilson
Mmes: Bettridge **Mssrs:** Rini
ABSENT: Drs. Ahuja, Aucott, Barone, Bivalacqua, Bunz, Bydon, Carey, Conte, Daoud, Huddle, Lacour, Lee, Li, Mooney, Neiman, Pettigrew, Puttgen, Shepard, Sokoll, Solomon, Krikumaran, Tufaro, Tewelde, Wade,
Mmes: **Mssrs:** Gable, Huddle, Lee, Li, Puts
REGULAR GUESTS: Drs. Gauda, Skarupski
Mmes: Viertel **Mssrs:**
GUESTS: Mr. Leonard Rubenstein, Ms. Cherita Hobbs, Dr. Julia McMillan

I. **Approval of the minutes**
Meeting called to order at 3:09 PM after some technical difficulties delayed the start. The minutes of the 438th meeting of the Faculty Senate held on March 18, 2015 were approved. Dr. Crino announced the new representative for All Children's, Dr. Carolyn Carey, was recently elected and would hopefully be joining us on the conference line. He also brought up the Spring Faculty Mixer, scheduled for June 11th from 4:30-6:30 PM in the Welch Library.

II. **Leonard Rubenstein, LLM, Senior Scientist, Epidemiology** discussed recommendations of the Task Force on Academic Freedom. Mr. Rubenstein discussed Hopkins-related examples of problematic issues related to free speech, a number of examples were given. These issues prompted the need for the publication of the document with which we have been presented, entitled "Academic Freedom at Johns Hopkins" (finalized January 5, 2015). These principles apply to staff, students, and faculty. The most firm principle is that related to offensive speech, namely, that one should be respectful towards others and can face condemnation for hateful speech, but not punishment (unless it constitutes as libel or slander). The task force emphasized the importance of intellectual freedom and also addresses concerns related to funded research, cultural differences, and speaking on matters of public interest.

III. **Cherita Hobbs, Senior Director of Human Resources** gave an update of the Human Resources Transformation. It includes Public Health, School of Nursing, and School of Medicine. The majority of the transformation will be related to the method by which employment is conducted, such as the system, the processes and procedures, timelines by which qualified candidates are presented to those requesting employees, and a new merging of the three schools. The current online system processes 50,000 resumes and applications a day. Another functional area that is undergoing revisions is compensation, in terms of paying in market and pay philosophy. HR management will be evaluating the skill sets of their current staff and any restructuring that needs to take place. Employee labor relations, who have collective bargaining agreements, will also require a closer look. This process started in May of 2014 and will continue with the merging of the HR offices and the completion of the focus groups this summer. The primary issues are related to recruitment and the qualifications of the staff; Economic inclusion and the hiring of members around the community has shown to be difficult, considering many of those individuals do not meet the minimum qualifications. A question was posed regarding the possibility of a training initiative, which Ms. Hobbs replied is not a current priority but has been considered. Questions were asked regarding the pay structure, the phrasing and terminology related to hiring, and its limitations. Ms. Hobbs also discussed the structuring of Onboarding Sessions, related to management and supervision, which are going to start in September. The senate will have a special preview of this in the coming months.

IV. **Julia McMillan, MD, Associate Dean for Graduate Medical Education** presented the results of the ACGME Clinical Learning Environment Review (CLER) survey. The focus areas for the CLER are: patient safety, health care quality (including addressing disparities in health care), transitions of care, supervision, professionalism, and fatigue management. The survey found that in regards to patient safety the fellows and nurses interviewed did not consistently report an overall sense of a safe culture for reporting errors. It was widely reported that patient safety event reports were submitted with the intent of attributing an event to a person. The format of M&M conferences appear to vary with regard to the degree of inter-professional participation, consideration of system factors, analysis of root cause, and action planning. The prescribed plan for Patient Safety is increased participation in selection of new averse event reporting system, a revised M&M formal in all departments, and improved communication regarding patient safety priorities. Moving on to healthcare quality, the survey found that residents/fellows appeared

to vary in their knowledge of QI terminology and methods. The physicians interviewed indicated that the EHR is not easily accessible for resident/fellow use in QI projects. The survey concluded that there does not appear to be a systematic approach in identifying variability in the care provided to or clinical outcomes of their known vulnerable patient populations. Leadership from the Armstrong Institute will work to resolve these issues. Regarding Transitions in Care, there was found to be no common approach to handling hand-offs and it varied by specialty. To address this issue there will be a meeting and Council involvement to develop uniform policy and procedure. Supervision is another area that lacks a uniform system. Finally, statistics regarding fatigue management and mitigation were presented, and she spoke to overall professionalism at Johns Hopkins Hospital. In her conclusion she announced that De-identified data will be published in the spring of 2015 and that the CLER site visit will be repeated in ~18 months.

Dr. Crino confirmed that the next Faculty Senate meeting is going to be held on May 6th and that Dean Rothman will be attending from 3:00- 3:30 PM. He then thanked everyone for coming and adjourned the meeting at 4:58 PM.

Respectfully submitted,
Masaru Ishii, MD, PhD
Recording Secretary

Final Draft
5 January 2015

ACADEMIC FREEDOM AT JOHNS HOPKINS

Academic Freedom is the wellspring of a free and open university. The freedom of thought it protects is at the core of the search for truth, and its free expression lies at the very heart of our university mission.

Academic Freedom is the liberty to speak and learn and invite others to do the same, to create and pursue research; and to participate, on and off campus, in public debate. It promotes a diversity of views and perspectives, and necessarily tolerates the expression of views on a broad range of academic and political subjects that are thought by some to be wrong, distasteful, offensive or even hateful.

Although tenure may form its backbone, Academic Freedom extends to all faculty, students, and staff alike. A university must have breathing space for free and creative exploration and experimentation, and for the sifting and winnowing of the ideas that define its very purpose.

Like the First Amendment to the U.S. Constitution, on whose precepts academic freedom is based, however, Academic Freedom is not absolute. One does not have the right to defame or threaten, deface or harass, infringe on the privacy of others, or otherwise violate the law. Reasonable, viewpoint neutral, restrictions on the time, place, and manner of expression are legitimate ways to set the boundaries and ensure the orderly functions of the university.

Academic Freedom also entails academic responsibility.There is no protected right to plagiarize or otherwise engage in academic or scientific dishonesty. The exercise of judgment on the basis of professional criteria and the highest intellectual standards, in matters such as academic quality, and faculty and student performance evaluations, is both permissible and necessary. Faculty who express their personal views on controversial subjects in the classroom must make it clear that students may disagree with those views. When one is speaking on matters of public interest, it should be made clear that personal views do not represent those of the institution. Professors who express their personal views on a contested issue must make it

clear that students may disagree with those views without penalty.

A professional and respectful exchange of ideas is integral to creating a positive and professional environment for learning, teaching, and research. On occasion, university officials, faculty, or students, may disagree with, and even be offended by, a statement or other expressive activity. They should be free to rebut or even condemn such speech, but not to obstruct, prevent, or punish it. Speech on academic, political, or cultural matters, for example, even when deemed offensive to some, is not alone grounds for sanctions against any member of the university community. The more appropriate response to such statements in an academic setting is objection, persuasion, and debate.

Johns Hopkins University is not a narrow enclave. Its mission, its influence, and its presence reach far beyond the traditional campus. This necessarily brings it into contact with countries and cultures, and other institutions, that do not share the same understanding of free speech and academic freedom principles. In these situations, special care is required to maintain our standards.

Johns Hopkins continues to expand its connections to a range of research, funding, and other partnerships with external public and private entities. It continues to develop new roles and relationships with other organizations, many of which involve funding for university research and academic programs. Some funding sources may seek to control data and research findings, or limit their dissemination. In response to such requests, special care must be taken to maintain the university's core principles of free and independent inquiry.

Johns Hopkins University was home to the very early development of the concept of Academic Freedom in the modern research university. The torch of intellectual freedom and open inquiry is an important part of its history, and its legacy. Each of us, in our time, as members of this community of scholars, bears a responsibility for nurturing that flame and passing it on. It is our heritage!

ACGME's Clinical Learning Environment Review (CLER) Site Visit

November 12-14, 2014

"CLER emphasizes the responsibility of the sponsoring institution for the quality and safety of the environment for learning and patient care."

--ACGME Website

"The CLER pathways are designed as expectations rather than requirements. It is anticipated that by setting these expectations, clinical sites that provide education will strive to meet or exceed them in their efforts to provide the best care to patients, and produce the highest quality physician workforce."

--CLER Pathways to Excellence, ACGME

Focus Areas for CLER

- Patient safety
- Health care quality, including addressing disparities in health care
- Transitions of care
- Supervision
- Professionalism
- Fatigue management

Site visit format:

- Meeting with JHH leadership--beginning and end of visit
  - Mr. Peterson
  - Dr. Redonda Miller
  - Dr. Carrie Nieman (Chair of the House Staff Council)
  - Dr. Karen Haller
  - Dr. Julia McMillan-
- Meeting with patient quality and safety officers
- Meeting with 60 residents and fellows
- Meeting with 60 faculty members
- Meeting with 60 program directors
- “Walk-arounds” guided by senior residents

Strategy

- Audience response system for questions regarding the 6 CLER priorities
- Comparison of anonymous responses with information gleaned during walk-arounds

Patient Safety: Reporting errors, unsafe conditions and near misses

- *"During walking rounds the residents, fellows and nurses interviewed did not consistently report an overall sense of a safe culture for reporting errors. It was widely reported that patient safety event reports were submitted with the intent of attributing an event to a person.“*
- *“Residents/fellows submitted 184 event reports and faculty members submitted 152 (approximately 2.5 % and 2% respectively) of the 7,435 patient safety event reports where the reporter identified his or her role.”*
- *“When queried as to the format of M&M conferences, residents described them as case presentations with peer discussions. The conferences appear to vary with regard to the degree of interprofessional participation, consideration of systems factors, analysis of root cause, and action planning.”*

Plans: Patient Safety

- Participation by House Staff Council and House Staff Patient Safety and Quality Council in selection of new adverse event reporting system: mobile, import from EHR, feedback
- Work to revise M & M format in all departments: focus on systems, multidisciplinary
- Improve communication regarding patient safety priorities

Healthcare Quality

- *"The residents/fellows interviewed appeared to vary widely in their knowledge of QI terminology and methods. When residents and fellows were asked to describe their projects, descriptions ranged from literature reviews, to planning or implementing a process change, to conformance to patient care guidelines.""*
- *"The physicians interviewed indicated that the electronic health record (EHR) data is not easily accessible for resident/fellow use in QI projects."*
- *"Johns Hopkins Hospital does not appear to have a systematic approach to identifying variability in the care provided to or clinical outcomes of their known vulnerable patient populations."*

Plans: Healthcare Quality

- With leadership from the Armstrong Institute, vice chairs for quality and safety will work to engage residents and fellows in coordinated quality efforts.
- Develop mechanisms for providing data regarding quality of care for individual residents and fellows

Transitions in Care

- *"Johns Hopkins Hospital does not appear to have a common approach to managing resident/fellow patient care hand-offs across programs and service areas. The care transition processes described by the residents/fellows varied from specialty to specialty."*
- *"The faculty members appear to vary by specialty as to the degree and manner in which they monitored of residents/fellows skills in conducting change of shift hand-offs."*

Plans: Transitions in Care

- House Staff Patient Safety and Quality Council and House Staff Council will work to develop uniform policy and procedures for hand-offs.
- March 11 meeting (5:30 pm, Billings 130) to include HSPSQC, HSC, and chief residents

Supervision

- *"The hospital does not appear to have a system by which nurses and others can identify an individual resident's competency to perform a clinical procedure. The nursing staff members who were interviewed appeared to principally rely on familiarity, trust, year of training, or the presence of attending physicians when residents/fellow perform procedures."*
- *"When queried as to their perception of patients' awareness of the different roles of residents/fellows and attending physicians, 21% of the residents/fellows, 34% of faculty members, and 52% of the program directors in the group interview thought the majority of patients would know the different roles"*
- *"In a query via the audience response system, 14% of the residents/fellows reported that, while in training at Johns Hopkins Hospital, they had been placed in a situation or witnessed one of their peers placed in a situation where they believed there was inadequate supervision (e.g. the attending wasn't available)."*

Duty Hours/Fatigue Management and Mitigation

- *"When asked their beliefs as to how residents/fellows are reporting their moonlighting time, 20% of the program directors believed residents/fellows may be under-reporting these hours."*
- *"In response to a query about patient safety events, 10% of the program directors recalled a patient safety event related to resident fatigue."*

Professionalism

- *"In the group interviews, nearly all of the residents/fellows reported that they believe the hospital provides a supportive, non-punitive environment for bringing forward concerns regarding honesty in reporting. Sixteen percent of the residents/fellows in the group interviews reported that, while at Johns Hopkins Hospital, there had been at least one occasion where they felt pressured to compromise their honesty or integrity to satisfy an authority figure."*
- *"Fifty-four percent of the residents/fellows in the group interviews reported that, while at Johns Hopkins Hospital, they have documented a history or physical finding in a patient chart they did not personally elicit (e.g. cutting and pasting from another note)."*
- *"In each of the six group meetings with residents/fellows, faculty members, and program directors there was at least one person who responded via the ARS that they believe there are residency or fellowship programs at Johns Hopkins Hospital that assist their residents/fellows with exam preparation by sharing in-training or board exam questions not available in the public domain."*

What's next?

- De-identified data will be published in the spring of 2015
- CLER site visit will be repeated in ~ 18 months