

434th MEETING OF THE FACULTY SENATE MINUTES

3:00 PM, Wednesday, November 12, 2014

School of Medicine Administration, Boardroom 103

PRESENT: Drs. Barone, Blakeley, Bunz, Bydon, Chanmugan, Chung, Crino, Ishii, Lehmann, Li, Macura, Mooney, Pettigrew, Pluznick, Reddy, Shuler, Sokoll, Solomon, Swartz, Urban, Wilson

Mmes: **Mssrs:** Rini

ABSENT: Drs. Ahuja, Aucott, Bivalacqua, Conte, Daoud, Daumit, Dlhosh, Gonzalez-Fernandez, Heitmiller, Lacour, McCormack, Mian, Nieman, Poynton, Puettgen, Shepard, Sperati, Srikumaran, Taverna, Tufaro, Wade

Mmes: Tewelde **Mssrs:** Gable, Lee, Johnson, Puts

REGULAR GUESTS: Drs. Skarupski, Gauda

Mmes: Smith, Viertel **Mssrs:**

GUESTS: Dr. David Eisele, Dr. Scott Wright, Dr. Bashar Safar (in lieu of Dr. Ahuja)

I. Approval of the minutes

Meeting called to order at 3:01 PM. The minutes of the 433rd meeting of the Faculty Senate held on October 15, 2014 were approved. Announcements were made regarding IEE's *Education Conference and Celebration* which will be held on April 17, 2015. Dr. Crino also brought up the well-attended *Fall Faculty Mixer* and plans to have another in January; finally, he announced the Office of Faculty Development's [Open House](#) on December 8th from 3-5 PM.

II. David Eisele, MD, Otolaryngology-Head and Neck Surgery and Scott Wright, MD, Chief, General

Internal Medicine, Bayview presented a report developed by the Clinical Excellence Committee, a committee charged with exploring and creating a system that recognizes clinical excellence at Johns Hopkins. The committee broadly represented all entities of Johns Hopkins and included both clinicians and basic scientists. Dr. Eisele discussed the results of the survey, highlighting that a third of respondents felt clinicians were not valued at Hopkins and the majority of respondents felt clinicians should be recognized and rewarded for their accomplishments with promotion that is focused on clinical success. Dr. Wright presented the committee's recommendations including updating the promotion criteria in the gold book's clinical distinction pathway, annual clinical recognition awards, the determination of criteria for JHHS and self-employed physicians to be designated as *Johns Hopkins Physicians*, and that clinical associates should be offered part-time faculty status. All faculty will be eligible for promotion along the clinical distinction pathway. JHU will remain a one tract promotion system. This committee has completed its work and has been disbanded; comments must be forwarded directly to the administration.

III. Katarzyna Macura, MD, PhD, Associate Professor, SOM Radiology Diagnostic Imaging introduced the Translational Sciences Core of the [Institute for Clinical and Translational Research \(ICTR\)](#). Dr. Macura began by guiding the senate through the website, including the "I Need" tab which serves the needs of site-visitors, for example, by directing them to biostatistical consults, mentoring, or variety of clinical and informatics resources. She then detailed the capabilities of the [Translational Laboratory Core \(TLC\)](#), which provides state-of-the-art conceptual and technical laboratory support. The TLC has many programs such as the Drug Development Program, Biologics Translational, Imaging Translational, and Metabolomics Program. Many of these programs include services such as one-on-one consultations, access to technology and analysis, and other forms of research support. Inquiries can be made online and personalized responses will be sent within 2-3 days; initial consultations are provided free of charge.

IV. Graham Mooney, PhD, Assistant Professor, History of Medicine presented the [History of Medicine Online Master's Program](#), a flexible part-time program designed for a broad audience of potential students. It was designed in line with SOM's mission and strategic priorities in that it is an innovative pedagogical platform that promotes critical historical analysis of health issues. Students, such as health care professionals and continuing education students, can elect to complete a certificate program (6 courses) or masters program (12 courses, including practicum and a thesis) at \$3k/course.

With there being no further business, Dr. Crino thanked everyone for coming and adjourned the meeting at 4:45 PM.

Respectfully submitted,
Masaru Ishii, MD, PhD
Recording Secretary

Clinical Excellence Committee Recommendations

Committee of the Whole
October 14, 2014

David W. Eisele, MD
Scott M. Wright, MD



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M E D I C I N E

Abbreviated Committee Charge

To explore and create a system at Johns Hopkins Medicine that recognizes clinical excellence.

Committee Members

- Broad representation
 - Include clinicians, basic scientists
- Representatives of all Johns Hopkins Medicine entities
- Dean's office officials

Committee Members

Dean's Office Representatives:

- William Baumgartner, MD
- David Hellmann, MD
- Janice Clements, PhD
- Landon King, MD
- Estelle Gauda, MD

Committee Members

- Amanda Nickles Fader, MD, OB/GYN
- Arjun Chanmugam, MD, Vice Chair, Faculty Senate
- Bob Rothstein, MD, Suburban VP Medical Affairs
- Brian Gragnolati, JHHS Executives, Sr. VP Community Division
- Edward Kasper, MD, Cardiology, Medicine
- Eric Aldrich, MD, PhD, Howard County Neurology
- Irene Gage, MD, Sibley Medical Director
- John Gearhart, MD, Urology
- Jonathan Efron, MD, Interim Director Surgery
- Jonathan Lewin, MD, Director Radiology
- Justin McArthur, M.B.B.S., M.P.H., Director Neurology, PPC
- Lee Riley, MD, Orthopedic Surgery

Committee Members

- Leo Rotello, MD, Medicine
- Maria Oliva-Hemker, MD, Gastroenterology
- Maura McGuire, MD, Medicine
- Michael Clark, MD, MPH, MBA, Psychiatry
- Peter McDonnell, MD, Director, Ophthalmology
- Phil Cole, MD, PhD, Director, Pharmacology
- Ralph Hruban, MD, Interim Director, Pathology
- Redonda Miller, MD, MBA, Medicine, VP Medical Affairs JHH
- Renee Blanding, ACCM, VP Medical Affairs JHBMC
- Richard Bennett, MD, President JHBMC
- Steve Desiderio, MD, PhD, Molecular Biology and Genetics
- Ted DeWeese, MD, Director, Radiation Oncology

Committee Milestones

- Monthly meetings
- October 2013 – August 2014
- Thorough discussion of possible systems and solutions, informed by:
 - Review of the literature
 - Reaching out to knowledgeable individuals at other schools
 - Examination of systems at peer institutions
 - Survey of stakeholders across Johns Hopkins

What's done at peer institutions?

- Most have a separate track to recognize their clinicians.
- Many add “clinical” before the titles to clarify the track they are in; e.g. Clinical Associate Professor of Medicine.
- Rigor with which performance is assessed is variable.

Survey:

Recognizing Excellence in Patient Care

- Crafted to gauge perspectives from all interested parties
- Analysis of quantitative survey sent to 3862 clinicians across all Johns Hopkins Medicine care delivery sites
- Data collection by Steve Arenberg, Director Market Research
- Sent to all stakeholders
 - Johns Hopkins Clinical Faculty
 - Johns Hopkins Employed Clinicians
 - Non-employed Community-based Clinicians
 - Johns Hopkins Research Faculty

Survey: Recognizing Excellence in Patient Care

- 10 minute survey
- Confidential

Response Rate: 47%

	Providers	# Respondents	Final Response Rate
Lists			
Faculty	2151	1272	51.9%
HCGH	88	34	38.6%
Suburban	255	102	40%
Sibley	190	64	33.7%
All Kids	208	130	62.5%
JHCP	276	114	41.3%

Male		56.3%	994
Female		43.7%	773

Assistant Professor		37.5%	502
Professor		19.8%	265
Associate Professor		18.7%	250
Instructor		9.8%	131
Other, please specify:		7.2%	97
Associate		7.0%	94

Full-time faculty member		59.3%	1075
No faculty appointment (e.g. community physician, self-employed physician)		21.9%	397
Part-time faculty member		14.7%	267

Employed by Hopkins			88.2%	1598
Not			11.8%	214

Mean # Yrs at Hopkins 12.3

Nurse practitioner or Physician Assistant			9.7%	175
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		Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Clinicians are valued and appreciated within Johns Hopkins Medicine.		11.8%	36.1%	21.5%	20.7%	9.8%

It is important for clinicians to have opportunities to be acknowledged with successive stages of recognition over time for their clinical accomplishments within Johns Hopkins Medicine.	66.0%	29.8%	3.2%	0.7%	0.4%
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	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Recognizing and rewarding clinicians who are part of Johns Hopkins Medicine for their accomplishments with promotion or advancement along a pathway that is focused on clinical success is appropriate as a parallel to the traditional academic promotion system at JHUSOM.	57.5%	25.3%	8.2%	5.8%	3.2%

If a structure were developed at Hopkins to recognize excellence in patient care, which of the following metrics do you believe are valid and reasonable for assessing individual clinician's performance at the time of the evaluation for the recognition or advancement?

Clinical leadership	79.3%
Professionalism	77.6%
Making improvements in clinical settings / clinical program development	77.6%
Reputation among peers	73.3%
Patient satisfaction data	60.0%
Written published scholarship (e.g. review articles, case reports, case series, book chapters)	59.4%
Clinical productivity	55.5%
Committee involvement in institutional / local / national societies	52.8%
Objective clinical data (e.g. % of pts. receiving guideline concordant care)	46.4%
Quality of documentation (e.g. from randomly pulled notes)	43.6%
Compliance with institutional standards (e.g. signing notes within 48 hours)	38.7%

IF some of the metrics above were compiled into a 'clinical portfolio' and used to assess clinician performance in an advancement or recognition system, would you want to participate?

Response	Frequency
Yes	85.1%
No	14.9%

IF a program were developed to recognize individual provider's performance, would you prefer that it be structured as:

- an Honor Society or Academy of Clinical Excellence, or
- a clinical promotion track (within the School of Medicine wherein scholarship / publications are not emphasized?)

Prefer clinical promotion track	50.7%
Prefer 'Academy' structure	23.0%
Like them equally	20.2%
Dislike both	6.1%

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
I would be willing to participate in clinical and educational endeavors in order to obtain a clinical faculty appointment at Hopkins.	23.6%	44.7%	21.9%	7.5%	2.4%

Meetings, discussions, readings,
survey, reaching out, and looking
inward resulted in several
recommendation

Committee Recommendations

- 1. Update the promotion criteria for 'Clinical Distinction Pathway'**
- 2. Create annual clinical awards**
- 3. Determine criteria for who shall be designated as a *Johns Hopkins Physicians***
- 4. Clinical Associates should be offered part-time faculty status**

Recommendation #1:
Update the Promotion Criteria in the Gold Book's
Clinical Distinction Pathway

- Encourage Departmental Promotion Committees, the APPC, and the PPC to evaluate clinicians through a more appreciative lens
 - May be accomplished by subcommittees
- All faculty, full-time and part-time, will be eligible for promotion along this pathway

Recommendation #1 Cont'd

- A working group will be assembled to develop specific criteria for promotion to the ranks of Associate Professor and Professor along this pathway
 - To include representation from the Dean's office, APPC, the PPC, the Miller Coulson Academy of Clinical Excellence (MCACE), part-time faculty, and the community-based practices / hospitals

Preliminary thoughts about criteria

- Should be specific, center primarily on objective data, seem “doable”.
- Likely to include:
 - Clinical leadership
 - Clinical programs developed that result in improved, safer care (evidence will be sought whether innovation is being emulated elsewhere)
 - Patient satisfaction data
 - Awards and other forms of recognition

Criteria cont'd

- Objective clinical performance data (including adherence to guideline)
- Attestation of admirable professionalism from superiors (and nurse colleagues), with superb citizenship as it relates to advancing Hopkins' clinical mission
- Expectation regarding need for and quantity of clinical scholarship TBD (elements may include: invited presentations, case reports, commentaries about translating discovery into practice, reviews, book chapters, research publications)

Criteria cont'd

- Evidence as a superb clinical teacher and role model (supported by data to include learner evaluations and testimonials)
- Involvement in defining quality and standards of practice (e.g. clinical guidelines)
- Leadership roles within medical societies or professional organizations

Recommendation #2:

Annual Clinical Recognition Awards

- Recognize the clinical accomplishments of members of the Health System and the value these individuals bring to the system
- Develop with both the part-time faculty and the self-employed affiliated physicians in mind
- Each hospital or delivery unit will convene a committee to decide which awards will be given and specific selection processes
- Annual, centralized celebration of award winners, with monetary prizes, and broadcasting of the awards to all of Johns Hopkins

Annual Clinical Recognition Award Categories

- Quality and Patient Safety Award
- Excellence in Clinical Teaching Award
- Administrative Excellence Award
- JHHS Clinical Program Development Award
- Clinician of the Year Award
- Patient-centered Award for Humanism
- Best Consultant Award

Recommendations #3

Determine criteria for JHHS employed physicians and self-employed physicians to be designated as *Johns Hopkins Physicians* or in the Johns Hopkins Physician Network

Recommendation #4

Clinical Associates should be offered part-time faculty status.

Comments / Thoughts



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INSTITUTE *for* CLINICAL *and*
TRANSLATIONAL RESEARCH

Director: DANIEL E. FORD, MD, MPH
Vice Dean for Clinical Investigation

Katarzyna J. Macura, MD, PhD, FACR
Associate Professor
Radiology, Urology & Oncology
Assistant Director
Imaging Translational Program

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-  Clinical resources
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-  Participants for my study
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-  Mentoring or training
-  A letter of support for CTSA
-  Henrietta Lacks information
-  Help figuring out what I need

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Welcome to the ICTR's Connection Request System.

You can use this system to:

- submit requests for ICTR services
- ask for help from any of our consultants
- submit questions, comments, or complaints
- apply for ICTR grant programs.

This is your one-stop shop for everything the ICTR has to offer.

To log in with your JHED ID and connect with one of the ICTR programs listed below,

[Click Here](#)

ICTR Connection Request Service List:

- **Ask an ICTR Navigator**

The Navigators are here to help direct investigators to the ICTR services they need and advise them on "next steps" in the clinical and translational research enterprise at Johns Hopkins. If you're not sure where to start, click here to ask a Navigator!

- **Accelerated Translational Incubator Pilot (ATIP) Program Application** [RFA]

ATIP provides targeted funding of faculty conducting translational research projects. The next ATIP application deadline is March 2nd, 2014.

[\[More information ...\]](#)

TRANSLATIONAL LABORATORY CORE

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The Translational Laboratory Core is made up of ICTR supported labs that provide coordinated consultative help across several related programs, all focused on the foundational components required to effectively translate new drugs, biologics, vaccines, devices, biomarkers and diagnostics into clinical trials and eventually clinical practice.

Click the links below to learn more:

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Section Pages

[Translational Laboratory Core](#)

Translational Laboratory Core (TLC)

Craig Hendrix, MD, TLC Director
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Curt Reynolds, MAS, TLC Project Manager
cjreyn@jhmi.edu, 443-287-3060

TLC Mission & Service Type

- Provide state-of-the-art conceptual and technical laboratory support
- Deliver services to translational scientists
- Priority to ATIP, junior, and new translational scientists
- 5 thematic service areas relevant for translational laboratory science
- 9 service core laboratories provide:
 - Consultation
 - Assay development
 - Sample analysis
 - Coordination with ICTR Clinical Services, Studios, Communities
- Costs are structured based on investigator experience

TLC Programs, Units, & Leaders

- Drug Development Program *Craig Hendrix, Michelle Rudek*
 - Drug Analysis Unit *Michelle Rudek, Mark Marzinke*
 - Drug Screening Library Unit *Jun Liu*
 - Medicinal Chemistry Unit *David Meyers*
 - Drug Development Unit *Craig Hendrix*
- Biologics Translational Program *Vic Lemas, Ruth Karron*
- Genetics Translational Technology Program *Garry Cutting*
- Proteomic Biomarker Development Program *Robert Cole*
- Imaging Translational Program *Marty Pomper, Kasia Macura*
- Metabolomics Program *Namandje Bumpus, PhD*

Drug Development Resources & Services

- **Drug Analysis Unit** (Michelle Rudek, mrudek2@jhmi.edu, 443-287-6476; Mark Marzinke, mmarzin1@jhmi.edu, 410-502-7691)
 - Small molecule assay development
 - Sample analysis for pre-clinical and clinical studies
 - Pharmacokinetic data analysis support
 - Consultative support for pre-clinical study design
- **Drug Screening Library Unit** (Jun Liu, joliu@jhu.edu, 410-955-4619)
 - Maintains, distributes, and screens drug library (FDA approved) compounds
 - Ideal for repurposing licensed drugs by screening activity against new targets

Drug Development Resources & Services

- **Medicinal Chemistry Unit** (David Meyers, dmeyers7@jhmi.edu , 410-502-4804)
 - Small molecule synthesis when not commercially available
 - Supports structure-activity relationship studies
- **Drug Development Unit** (Craig Hendrix, chendrix@jhmi.edu, 410-955-9707)
 - Consultative support for early phase clinical drug development
 - Protocol design and data analysis support
 - Early phase clinical study support

Biologics Translation Resources & Services

- Biologic product development and testing
- Consultative support for biologic development
 - Preclinical testing to clinical production for early phase clinical testing
- Good Manufacturing Practices (GMP) facility and expertise to produce and maintain (stability testing)
 - Cell lines
 - Gene vectors
 - Antibodies
 - Peptides

Contact: Vic Lemas, mvlemas@jhmi.edu , 410-614-5411

Ruth Karron, rkarron1@jhu.edu, 410-614-0319

Genetics Technology Resources & Services

- Consultation for the development and conduct of genetic based sequencing and diagnostic assays for clinical testing
- Clinical assay development services
 - includes exome and whole genome sequencing using next generation sequencing (NGS) technologies
- Partnered with the Kennedy Krieger Institute's Cytogenetics Laboratory for SNP Array Analysis

Contact: Garry Cutting, gcutting@jhmi.edu, 410-955-1773

Proteomics Resources & Services

- Provides biomarker development support
- Marker verification, validation, qualification for clinical implementation
- Provides technology and analysis to maximizes coverage of key proteomes required for discovery
- Quantitative protein analysis methods including mass spectrometry and development of new technologies

Contact: Robert Cole, rcole@jhmi.edu, 410-614-6968

Imaging Translational Resources & Services

- One-on-one consultation with imaging experts for study design, imaging protocol development and study implementation
- Facilitates integrated use of imaging resources in translational projects and clinical trials
- Offers research imaging management infrastructure through JH Medical Image Research Archive Center for research data storage and distribution

Contact: Marty Pomper, mpomper@jhmi.edu, 410-955-2789;

Kasia Macura, kmacura@jhmi.edu, 410-955-5391

Metabolomics Program

- Targeted metabolomics analysis of endogenous small molecules including components of the glutathione pathway, the citric acid cycle and amino acids.
- Development of custom targeted mass spectrometry-based metabolomics assays.
- Identification of drug metabolites and pathways of drug metabolism

Contact: Namandje Bumpus, nbumpus1@jhmi.edu, 410-955-0562

On The Web

http://ictr.johnshopkins.edu

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CONSULTING SERVICES

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The consultative services offered by the ICTR cover the translational pathway, from assistance with early translational endeavors arising out of the basic sciences, to help with analysis of clinical research, assistance with regulatory ethical questions, and expert consultations with community outreach. This broad array of consultative programs is organized into three coordinated cores, focusing on **Translational Sciences, Quantitative Methodologies, and Research Community Partnerships**.

Click the links below to learn more:

- TRANSLATIONAL LABORATORY CORE**
- QUANTITATIVE METHODOLOGIES CORE**
- RESEARCH PARTICIPANT AND COMMUNITY PARTNERSHIPS CORE**
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- PROTEOMIC BIOMARKER DEVELOPMENT PROGRAM**
- IMAGING TRANSLATIONAL PROGRAM**

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Questions

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History of Medicine Online Program



Presentation to Faculty Senate
12 November 2014

Prof. Graham Mooney
<http://www.hopkinshistoryofmedicine.org/>

Online Program in the History of Medicine



- New suite of online graduate courses designed for a broad audience of potential students
- Flexible part-time program. Students can:
 - take individual stand-alone courses
 - apply to enroll for Certificate or MA

Opportunity



- The first program of its kind in the world
- Hopkins renowned nationally and internationally for history of medicine
- Once established, can add additional constituencies, eg. CME, other schools of medicine

Rationale for Online Program



- Fulfill the Mission and Strategic Priorities of SOM
 - Develop creative and innovative online pedagogical platforms
 - Promote critical historical analysis of health issues

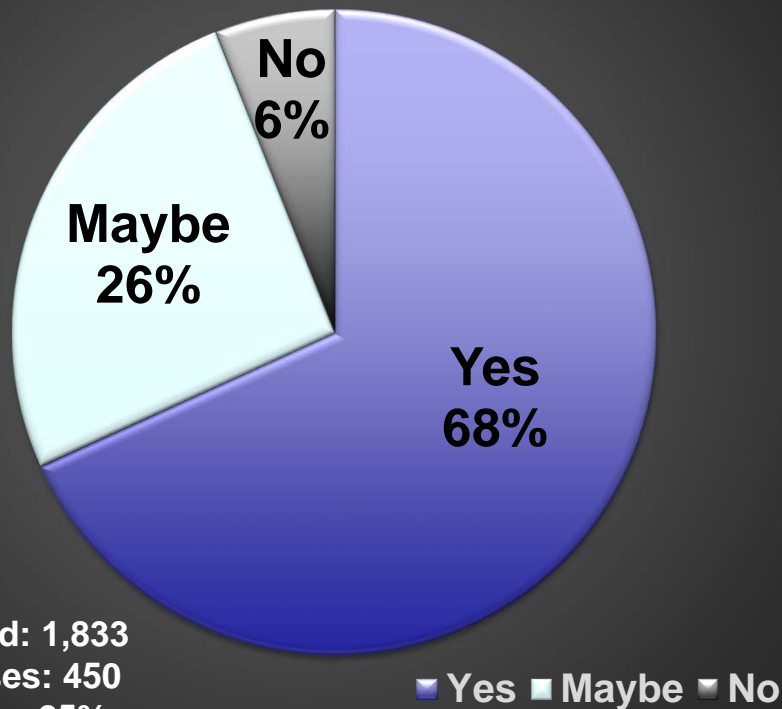
Rationale for Online Program



- Students:
 - Health-care professionals
 - Post-baccalaureate students
 - Academics outside the history of medicine
 - Continuing education students

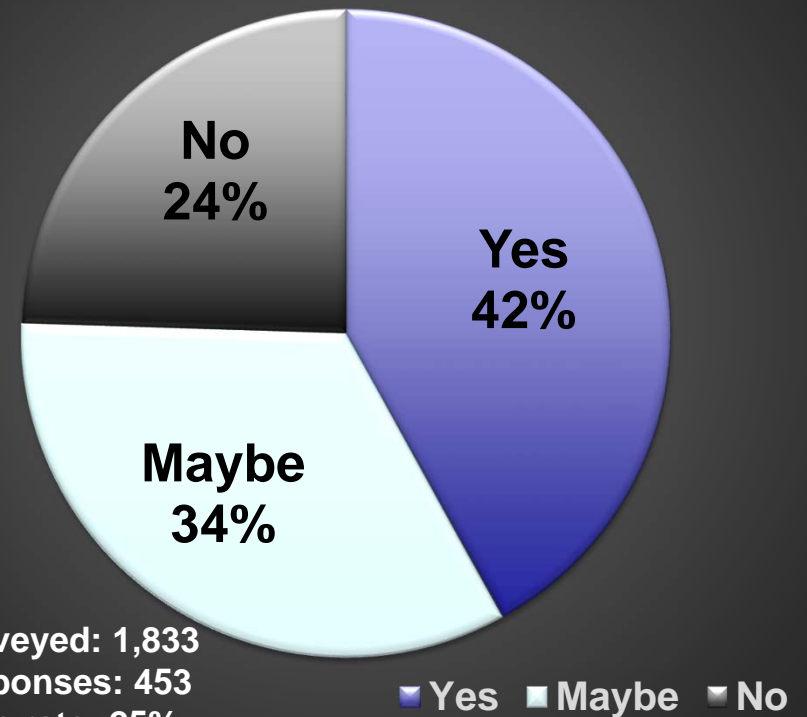
Demand: 2014 Survey

Consider taking an online course?



Total surveyed: 1,833
Total responses: 450
Response rate: 25%

Consider an online Certificate or Master's?



Total surveyed: 1,833
Total responses: 453
Response rate: 25%

Course Requirements



- **Certificate (6 courses)**
 - Introduction to the History of Medicine
 - Survey in the History of Medicine (at least 2 of 4 courses)
 - Methods in the History of Medicine
 - 2 electives
- **MA (12 courses; as above, plus)**
 - Electives
 - Onsite Research Practicum (1 week)
 - Supervised Reading and Research
 - Thesis

Sample Electives



- History of Disease
- History of Modern Public Health
- History of Global Health
- History of Medical Technology
- Cross-Cultural History of Medicine, Science & Religion
- History of the Medical Book

Implementation and Pedagogy



- Partnership with JHSPH CTL
 - Excellent facilities and ongoing technical support
 - Maintain good practice in online education

Implementation and Pedagogy



- Pedagogic techniques
 - Audio-visual presentations
 - Synchronous and asynchronous discussions
 - Student collaboration (e.g. VoiceThread, Wikis)
 - Written assignments with formative and summative feedback
 - Individual virtual mentoring

Finances

- Costs for an 8 week course:
 - \$30-40k production
 - \$5k to maintain and run
- Tuition: \$3k/course
- Conservative projections based on average 15 students per course, 4-6 courses/year
- Break-even in Year 3
- New revenue stream, est. >\$250k annually

Program Evaluation



- Advisory Committee
- Collection of socio-demographic information on enrolled students to assess target reach, etc.
- Student evaluation of each course and overall program
- Modified version of the Wisconsin Clinical Research Appraisal Inventory