433rd MEETING OF THE FACULTY SENATE MINUTES 3:00 PM, Wednesday, October 15, 2014

School of Medicine Administration, Boardroom 103

PRESENT: Drs. Aucott, Barone, Chanmugan, Chung, Crino, Daumit, Dlhosh, Heitmiller, Ishii, Lehmann, Li, McCormack, Mian, Mooney, Pettigrew, Pluznick, Poynton, Reddy, Sokoll, Solomon, Sperati, Taverna, Urban, Wilson

Mmes: Mssrs: Rini

ABSENT: Drs. Ahuja, Bivalacqua, Blakeley, Bunz, Bydon, Conte, Daoud, Gonzalez-Fernandez, Lacour, Macura,

Nieman, Puettgen, Shepard, Shuler, Srikumaran, Swartz, Tufaro, Wade **Mmes:** Mssrs: Halls, Huddle, Johnson, Puts, Tanner

REGULAR GUESTS: Dr. Skarupski
Mmes: Smith, Viertel
Mssrs:

GUESTS: Dr. Gauda, Mrs. Doerr, Dr. Chin, Mrs. DuVernay

I. Approval of the minutes

Meeting called to order at 3:15 PM. The minutes of the 432nd meeting of the Faculty Senate held on September 10, 2014 were approved. Announcements were made for the "<u>Promotion at Hopkins</u>" on Oct. 20 and the "Fall Faculty Mixer" on Oct. 22nd.

- II. Elizabeth Doerr, Senior Program Coordinator, Student Affairs presented the Student Outreach Resource Center (SOURCE), a community service and service-learning center providing academic, professional, and personal development opportunities for JHU, SOM, Nursing, and SPH. The center partners with over 100 community-based organizations, hosts special programs (HIV counseling, national volunteer week, etc.), inter-professional education, online modules for community work, and a variety of community engagement options. Their current goals are to increase the number of service learning courses and increase faculty engagement in service-learning and community engagement. They would like faculty to consider their *Faculty Fellows Program* and to work with SOURCE to advocate for more support, including finding ways to include more service learning in the medical school curriculum. E-mail: source@ihmi.edu
- III. David Chin, MD, MBA, Health Policy & Management introduced the faculty to the Executive Education program at SPH designed to prepare leaders with the tools they need to manage a successful transition to accountable care under the Affordable Care Act. The program is comprised of one week of "boot camp" in mid-January; one intensive week in the middle; five months of experiential learning in team projects at the executive(s)' home organization combined with web-based synchronous and asynchronous lectures; and a 3 day summation experience in mid-June with capstone presentations of their projects to their sponsors and peers. Applications are due December 6th; for more information, please see the brochure and website.
- IV. Estelle Gauda, MD, Senior Associate Dean for Faculty Development presented *Faculty Connects*, an interactive faculty database created to provide faculty with information and development opportunities available to them. Faculty members will need to complete a short "Interest Page" to gain access to a "VIP Page," a resource tailored to their indicated interests and needs. *Faculty Connects* is going to be released to the general faculty population following the completion of the beta testing by leadership, including members of the Junior Faculty Resource Advisory Council (JRAC), Senior Advisory Council (SAC), and Faculty Senate. The faculty data base will be used to track issues related to faculty development. This website will be ready for system wide use in approximately 1 week from Dr. Gauda's presentation.
- V. Mike Barone, MD, MPH, Associate Dean for Faculty Educational Development demonstrated the capabilities of the "Improve Your Teaching" faculty development website developed by the Institute for Excellence in Education (IEE). Educators can use the interactive website, complete with videos and modules, to find information on effective teaching methods, types of assessments, adult learning principles, learners as teachers, and many useful resources. Examples of the resources are those related to how to create an effective e-lecture and small group facilitation strategies. This is a work in progress and new content is constantly being added. People with specific content expertise and/or needs can contact Mike Barone.

With there being no further business, Dr. Crino thanked everyone for coming and adjourned the meeting at 4:43 PM.

Respectfully submitted, Masaru Ishii, MD, PhD Recording Secretary

SERVICE-LEARNING FACULTY AND STUDENT DEVELOPMENT AND JOHNS HOPKINS UNIVERSITY SCHOOL OF MEDICINE



Elizabeth Doerr, MA
Associate Director, SOURCE

JHU School of Medicine Faculty Senate October 15, 2014





Session Overview

- About SOURCE and Service-Learning
- SOURCE's Work with the JHU School of Medicine
- Strengths, Challenges and Rationale for S-L
- Student Interest and Feedback About Service-Learning and Community Engagement
- How You Can Get Involved





The Community Service and Service-Learning Center Serving the Johns Hopkins University Schools of Medicine, Nursing, and Public Health

> 2017 E. Monument St. 410-955-3880 SOURCE@jhu.edu www.jhsph.edu/SOURCE

The **SOURCE** for community involvement opportunities.



SOURCE Mission

SOURCE provides academic, professional and personal development opportunities for the members of the JHU Schools of Medicine, Nursing, and Public Health through community outreach and service-learning partnerships with community-based organizations.



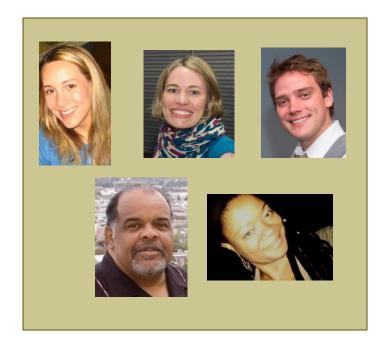
SOURCE Staff

Full-Time:

Mindi Levin, Founder and Director Elizabeth Doerr, Associate Director Shane Bryan, Assistant Director Vanessa Pinkney, Admin Coordinator

Part-Time:

Glenn Ross, Community Consultant



clockwise from top left



A Bit About SOURCE

- Partnerships with 100 Community-Based Organizations (CBOs) through <u>formal process</u>
 (criteria, mutual expectations, application, interviews, site visit, voting)
- Special Programs
 (HIV Counseling and Testing, SOURCE Service Scholars, Baltimore Week, National Volunteer Week, SOURCE Awards, Tri-School Days of Service)
- Interprofessional Education
- Online Modules to Prepare for Community Work
- Variety of Community Engagement Options (internships, practicum, capstone, service-learning courses, CBPR, student groups, placements, etc.)



Core Values and Approaches

- Reciprocity
- Collaboration
- Respond to Community-Identified Needs
- Do's and Don'ts of Community Partnerships

SOURCE Presents: "The Do's & Don'ts of Community Partnerships"

DO		DON'T
Listen to and learn from your community partner Understanding the context and history of the project is an important part of addressing community-identified needs.	VS.	Ask a community organization to just implement your program Communities do not want to be "laboratories" for student projects. Imposing your vision will not lead to true collaboration.
Approach involvement as a means for social change Think about the impact of your work in the long-term, even if the timetable for your community engagement is only short-term.	vs.	Approach your partnership with the "Savior Syndrome" Be careful not to approach your partnerships as a resident "expert." This attitude will not contribute to a balanced, reciprocal partnership.
Be honest about the parameters of your schedule Open communication is paramount to an effective partnership. Let your partners know what your other obligations are.	VS.	Overcommit to a schedule you can't keep Do not view your engagement as optional. Remember that your partners are relying on you to hold up your end of the work.
Dedicate time to growing your partnership Developing the trust and understanding necessary for a good working relationship requires listening, patience, and persistence.	vs.	Assume an immediate partnership Partnerships must be built. Do not take your partners or their goodwill for granted!
Consider communities in terms of their assets Building upon the strengths of community organizations is just as important as capacity development.	vs.	Focus on the deficits of the communities you work with Remember that you are working with passionate and resilient people with years of experience. They know their communities best.
Recognize (and embrace) lessons from partners Be careful not to take an attitude of privilege. Be mindful of how this might affect your perceptions and assumptions.	vs.	Expect partners to be desperate for any help they can find The community organizations you work within are capable institutions. They need partners, not "helpers," "saviors," or "experts."
Keep the sustainability of your partnership in mind Be sure to work with SOURCE, faculty, and students to understand how to continue partnerships when students leave. Various programs and courses exist to help sustain projects.	vs.	Assume new students will maintain your connection New students may have different interests, and not continue with your service project. It is always possible to damage or destroy a partnership by walking away without a sustainable plan of action.
Keep SOURCE involved with your experiences Update our office on your community involvement. Don't forget to report your service activities!	vs.	Try to single-handedly facilitate your involvement Students are encouraged to work with SOURCE directly, to understand history, context, logistics, policies, and resources for preparation, recruitment, action, reflection, and evaluation

Sources: The Unheard Voices: Community Organizations and Service Learning (eds. Stoecker and Elizabeth A. Tryon, Temple UP 2009); Community-Campus Partnerships for Health (http://www.cchi.ndp/source/distance-partnerships for Health (http://www.insph.edu/bin/c/w/MutualExpectations.pdf). © Convieth Units Hookins University. 2010



Current SOURCE Goals

Increase number of service-learning courses

Increase faculty engagement in service-learning and community engagement



Service-Learning

"Service-learning is a **structured learning experience** that combines community **service** with **preparation** and **reflection**. Students engaged in service-learning provide community service in response to **community-identified concerns** and learn about the **context** in which service is provided, the **connection** between their service and their academic coursework, and their roles as **citizens**."

(Seifer S.D. (1998). Service-learning: Community-campus partnerships for health professions education. Academic Medicine, 73(3): 273-277.)



Service-Learning

- Strives to balance service and learning
- Addresses community concerns and broad determinants of health
- Integrates community partners
- Emphasizes reciprocal learning traditional definitions of "faculty," "teacher" and "learner" are intentionally blurred
- Emphasizes reflective practice (fosters critical thinking and self-awareness)
- Develops civic skills and focuses on achieving social change



Distinctions Among Experiential Learning Programs

Recipient



Beneficiary



Provider

Service



Focus



Learner

Service-Learning

Community Service

Field Experience

Volunteerism

Practicum, Internship, Clerkship



SOURCE and JHU School of Medicine

- TIME: Healthcare Disparities course
- Support of service-based student groups and orgs (e.g. SNMA, CASE, Student Site Savers, etc.)
- SOM Student Governing Board
- Social Medicine Selective: Social Medicine & the Community
- Occasional elective courses taught by SOURCE S-L Faculty Fellows from SOM (+ Interprofessional course)



Example Faculty Engagement

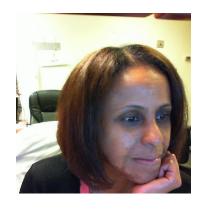


Emily Frosch, MD

Assistant Professor, School of Medicine, Department of Psychiatry & Behavioral Sciences

Courses:

- » At Risk Youth: learning from, with, and about east Baltimore youth through community based work (Winter 2013 SOM elective)
- » Inter-Professional Dialogues: Translating Service to Career Development (Winter 2014 Tri-School course, co-taught with JHSPH faculty)



Sosena Kebede, MD, MPH

Assistant Professor, School of Medicine, Department of Medicine

Courses:

- Introduction to Social Determinants of Health and the Community (8-week "selective" for 1st year med students, co-taught with E.Doerr)
- » Social Determinants of Health and the Community, Practicum (cancelled due to low enrollment, Summer 2013)



SOURCE and JHU School of Medicine

Strengths:

- Consistent student group engagement
- High quality student and faculty participation
- Long-term engagement with students possible
- SOURCE helps SOM comply with LCME standards to "make service-learning available"



SOURCE and JHU School of Medicine

Challenges:

- Bare minimum of requirement (service-learning only accessible to some students)
- Genes to Society curriculum too tight for SL
- Electives are limited



SOURCE Service-Learning Courses

10 Bloomberg School of Public Health:

- Baltimore Community Practicum
- Baltimore Food Systems
- Children in Crisis: An Asset-Based Approach to Working with Youth in Vulnerable Settings
- Certificate in Quality, Patient Safety, and Outcomes Research (CQPSOR) Practicum*
- Data Analysis Workshop for Public Policy
- Ethnographic Fieldwork
- Evaluation-Informed Program Development and Implementation*
- Food System Sustainability Practicum
- Gaps and Opportunities in Public Mental Health
- Program Planning for Health Behavior Change Practicum

2 JHU School of Nursing:

- Community Outreach to Underserved Populations in Urban Baltimore
- SEEK (Service-Learning, Education, Enrichment, Knowledge) Immersion Experiences

2 JHU School of Medicine

- TIME: Health Care Disparities
- Social Medicine and the Community

1 Tri-School

Inter-Professional Dialogues: Translating Service to Career Development

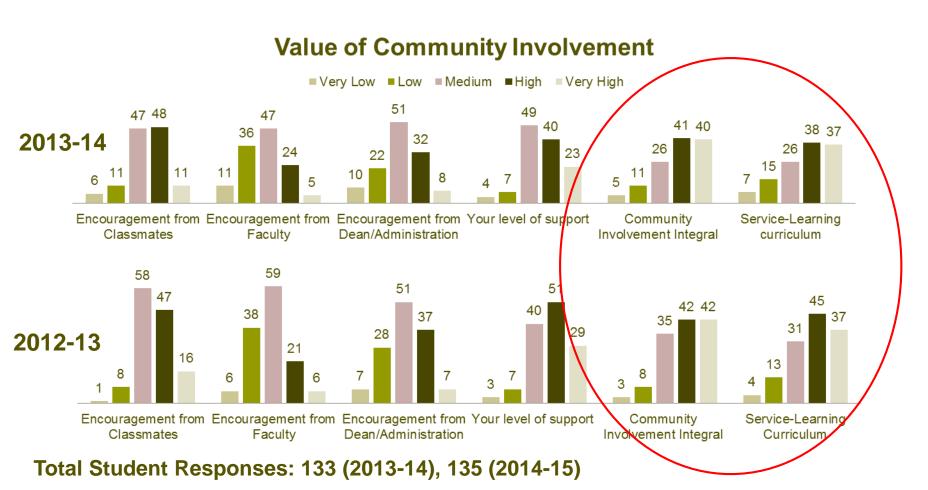
2 SOM Courses (community focused, not nec. SL)



Rationale for Increased SL

- Links directly with SOM Strategic Priorities in Education and Patient- and Family-Centered Care
- Stronger link to Social Determinants of Health
- Real-world application of SDH
- Responsible community members education in context of Baltimore City
- Experiential Learning Theory applied to community service context proven to enhance learning
- Students want service-learning







Student Responses:

"Community involvement is an integral component of my health professional education."

"I believe that service-learning should be a part of the academic curriculum in my School."

80-85% indicated they value these as a part of their med school experience

Over **60%** of respondents answered "high" and "very high" for both 2012-13 and 2013-14



We learn a lot during four years of medical school, but few things can contextualize our community as well as service-learning. Through my own service-learning experiences, I have learned so much about Baltimore and the lives of my patients. Not only has this made me a better clinician and physician-to-be, but it has also helped me to discern what I want for my future career. (4th Year Med Student)

Service-learning is the space in which I learn to listen deeply, where I learn to see people as people as well as the factors that influence their situations. Working with people outside of the medical institution helps to see them as people first and patients second. (2nd Year Med Student)



One of my biggest challenges has been identifying and building relationships with faculty mentors in the area of service-learning and community engagement. It would be great if faculty were rewarded for their investment in community-based work and for their investment in students who engage in similar activities. (4th year MD/PhD student)

Faculty serve as role models and mentors for students. Just as we benefit from well-respected and highly accomplished leaders in clinical fields, we also need faculty who are pioneering new models of community engagement, asset-based partnerships, and ideas that seek to end health disparities. (3rd year med student)



Top Barrier for Service-Learning:

Don't have enough time due to academic responsibilities

SOURCE's Solution:

Integrate service-learning as a part of the curriculum. They aren't mutually exclusive



What You Can Do

- Increase faculty engagement through SOURCE Service-Learning Faculty Fellows Program
- Work with SOURCE to advocate for more support
 - Finding ways to include SL in med school curriculum (not just as an add-on or an elective)
 - Increased funding for Fellows and Scholars



First Step: Become a Faculty Fellow

SOURCE Service-Learning Faculty Fellows Program is a comprehensive program that engages faculty members each year from across the Johns Hopkins University Schools of Medicine, Nursing, and Public Health for a one-year term as they become part of a JHU community of faculty who use service-learning pedagogy.

www.jhsph.edu/SOURCE/FFP



SOURCE Service-Learning Faculty Fellows Program

What you get:

- Financial Award (\$2000)
- Year-long Engagement with SOURCE
- Training: 2 ½ day seminar; Regular Cohort Meetings
- One-on-One Curriculum/Syllabus Development Support
- Tailored matching with SOURCE partner projects
- Networking with faculty and community fellows



Faculty Fellows Program Timeline

- January 2015 Applications available
- April 2015 Applications due
- June 8-10, 2015 (2 1/2 days) 2015-16 FFP Seminar
- Ongoing throughout 2015-16 regular meetings and course support form SOURCE



Discussion

- What ways do you think SOM faculty can become more involved with SOURCE?
- Questions?



Questions



For Health Care Executives and Managers

Transforming
Health Systems
for Accountable
Care







About the program. Johns Hopkins is uniquely poised to provide the infrastructure, the content and the expertise to deliver the Johns Hopkins Transforming Health Systems for Accountable Care Executive Education Program, the first ever inter-professional executive education program for accountable care in the U.S., to help health care professionals navigate this wave of change. Bringing together the resources of the nation's #1 Schools of Public Health and Nursing; Johns Hopkins Medicine with its renowned School of Medicine and the nation's top hospital; and the Carey Business School, this program will enable health care executives to lead the change to accountable care within their organizations.

With the implementation of the Affordable Care Act, health system success will depend increasingly on moving away from the current fragmented fee for service acute care model to one based on integrated accountability for the health of populations at a predictable cost. Health system executives with the tools and skills to lead this fundamental change will be the keys to a successful transition. To be successful in this new model, organizations must train and involve the talent and knowledge of physicians, nurses, managers, and other health professionals to manage health improvement and costs collaboratively across the continuum of care.

Catalyzing Rapid Change

This program will accelerate successful health system transition to accountable care by developing an effective team of leaders who have the knowledge, insight and tools to navigate, lead and manage change in this important new area under health reform.

Program Structure

One week of "boot camp" at the beginning; one intensive week in the middle; five months of experiential learning in team projects at the executive(s)' home organization combined with webbased synchronous and asynchronous lectures; and a ½ week summation

experience with capstone presentations of their projects to their sponsors and peers.

Executive Education Areas of Study

- Leadership, Negotiation, and
 Organizational Change Management
- Population Health Management and Analytics
- Quality Improvement and
 Measurement
- Behavioral Economics and Finance in Accountable Care
- Health Information for Care and Health Management
- Enterprise Risk Management and Ethical Issues in Managed Care



Core Faculty

- David Chin, MD, MBA, Program
 Director and Distinguished Scholar
- Sydney Dy, MD, MSc, Curriculum
 Chair: Ouality & Effectiveness
- John Flynn, MD, MBA, FACP, FACR,
 Curriculum Chair: Health Information
 Technology
- Ann-Michele Gundlach, EdD,
 Curriculum Chair: Leadership &
 Change
- Doug Hough, PhD, Curriculum Chair:
 Healthcare Economics, Finance &
 Analytics
- Jonathan Links, PhD, Curriculum
 Chair: Enterprise Risk Management
- Martha Sylvia, PhD, MBA, RN,
 Curriculum Chair, Population Health
- Stacey B. Lee, JD,
- Mary Terhaar, DNSc, CNS, RN

This unique inter-professional educational program has been developed and is taught by full-time Johns Hopkins faculty and executives, drawn from across the Schools of Medicine, Public Health, Nursing, and Business and Johns Hopkins Health Care. In addition, confirmed guest lecturers for 2014 are Peter Pronovost, MD, Director of the



Armstrong Institute at Johns Hopkins and a national leader in patient safety; Margaret O'Kane, the CEO of the National Committee for Quality Assurance, which accredits Patient Centered Medical Homes; and Karen Davis, the former President of the Commonwealth Fund, which funded some of the original work on accountable care.

Important Dates

Application Deadline: December 5, 2014 January 12 – June 18, 2015

- Kick-off week Monday, January 12 thru Friday afternoon, January 16, 2015
- Monday evening webinars January 26, February 9 and 23,
 March 9, April 13, May 4 and June 1,

 2015
- Middle Intensive Week Monday,
 March 23 thru Friday, March 27, 2015
- June Capstone Tuesday, June 16 Thursday, June 18, 2015
- Longitudinal experiential interprofessional team based projects at the sponsoring organizations beginning in February 2015 with capstone in June 2015



2015 Tuition

Tuition is \$19,500 per participant (discounts are available for organizations which send more than two participants in a cohort).

For more information about the
Johns Hopkins Transforming Health
Systems for Accountable Care program
or to apply: http://www.jhsph.edu/
academics/continuing-and-executive-education/face-to-face-trainings/
transforming-health-systems-for-accountable-care/

Contact Us

For inquiries about how to involve your management team in the program

Contact: David Chin, MD, MBA, Distinguished Scholar, Program Director

Johns Hopkins Executive Education Program dchin@jhsph.edu /410-955-3658

or Judith Holzer, MBA, Director, HPM

Office of Academic Affairs, jholzer@
jhsph.edu/443-287-4990.