Since opening its doors in 1893, The Johns Hopkins University School of Medicine has built a reputation for excellence unsurpassed by any other medical school in the world.
A CALL TO ACTION

Rising to the Challenge: The Campaign for Johns Hopkins will raise unprecedented levels of support to attract, sustain, and further empower the people of Johns Hopkins—our students, faculty, and researchers—who through their work improve the lives of millions around the world. Together with our philanthropic partners we will:

ADVANCE DISCOVERY AND CREATIVITY through support of our exceptional faculty and researchers. Their innovative work drives the development of new knowledge, new forms of expression, and new ways to save lives and improve health, and further progress across our core disciplines in science and technology, the humanities and arts, and public health and medicine.

ENRICH THE STUDENT EXPERIENCE by investing in scholarships and fellowships, inspirational spaces for collaborative learning and social opportunities, and new programs that will enhance student-faculty interactions, ensure diversity on campus, link learning in the classroom to life after graduation, and strengthen connections between our students and our surrounding communities.

SOLVE GLOBAL PROBLEMS AS ONE UNIVERSITY by creating new cross-disciplinary solutions in crucial areas such as sustaining global water resources, revitalizing America’s cities, advancing individualized and population health, and understanding how we learn and teach. The Johns Hopkins University School of Medicine is committed to playing a key role in the success of the campaign. Please join with us in this important mission.

THE CHALLENGE FOR MEDICAL EDUCATION

Since opening its doors in 1893, The Johns Hopkins University School of Medicine has built a reputation for excellence unsurpassed by any other medical school in the world. As early as 1910, the Carnegie Endowment’s Flexner Report named Johns Hopkins as a model for medical education, having “its own hospital, in which the training of physicians and the healing of the sick combine harmoniously to the infinite advantage of both.”

Advances in biomedical knowledge and technology open new vistas of possibility for Medicine and for medical education. The School has risen to meet these opportunities and has set the trend for dynamic advancement in medical education and scientific discovery. Leading the way is an all-new curriculum, “Genes to Society,” the opening of the Anne and Mike Armstrong Medical Education Building, faculty support through the Institute for Excellence in Education, and a Center for Simulation Research and Training. These collaborative initiatives help to continually refocus Hopkins medical education on current priorities and concerns—aging, cancer, the brain, personalized medicine, and health-promoting behaviors, to name just a few.

Johns Hopkins University began as one man’s sweeping vision of an educational purpose. Today, we seek similarly visionary philanthropic partners to help us advance the School of Medicine to its next level of excellence and impact.

A NECESSARY PARADIGM FOR MEDICINE

In the Hopkins model hailed by Abraham Flexner over a century ago, academic medical centers pursued a three-part mission: education, patient care, and research. Historically, institutions were able to subsidize their educational missions through proceeds from clinical activities. But trends in healthcare finance—from cost-containment measures in the 1980s to today’s healthcare reform—have curtailed clinical income. Simultaneously, research funding has become harder to secure. The success rate for grants submitted to the National Institutes of Health hit an all-time low of 17% in 2011, down from 32% in 1999–2003. From both sides, medical education is feeling the pinch. Smaller classes, new and varied modes of learning, sophisticated technologies, and state-of-the-art facilities are costly necessities to sustain the quality and competitive edge for which Hopkins is known. Due to this increase in cost, medical students bear a heavy financial burden. Those entering in 2012 will pay over $280,000 for four years of medical school; our typical student now graduates with a debt averaging $108,000.

RISING TO THE CHALLENGE

A tradition of Johns Hopkins is to diversify medicine—whether to matriculate some of the first female medical students or to attract the most talented faculty who have redefined medicine and biomedical research.

Transforming the Way Faculty Teach and Students Learn

The School of Medicine has established itself as an organization with a global reach. Students come to Hopkins with many different backgrounds, and faculty need to address this diversity by implementing a broad-based curriculum. Resources must be developed to enhance faculty diversity and reward faculty who have demonstrated their skills in multiple areas of instruction. To achieve that end requires a thorough cultural competence that will allow teaching faculty to penetrated fundamentally new ways of understanding medicine and transmit that understanding to medical students. Faculty recruitment and retention are the driving forces behind this transformation.

Johns Hopkins has taken the first steps in this process by establishing a mechanism to realize fundamental educational goals. The Institute for Excellence in Education (IEE) was created to improve the effectiveness of medical education. The institute achieves this broad purpose through multiple tasks: developing methods to measure, recognize, and improve teaching; promoting innovation; incorporating new instructional methods; and encouraging research and scholarship related to medical education. The IEE helps faculty cultivate learning communities and enhance their own professional growth through interactions with students. Initiatives at the IEE include:

- **MONTHLY MEDICAL AND BIOMEDICAL EDUCATION GRAND ROUNDS** in which students and faculty share and learn; formats extend beyond the traditional lecture format to include panel presentations, debates, abstract presentations, and small group discussions.
- **EDUCATIONAL CREDIT ACTIVITY RECORDING SYSTEM** to measure the educational contributions of our faculty.
- **PEER COACHING FOR FACULTY** Experienced teachers coach their junior colleagues, providing peer feedback on their lectures and small group facilitation.
- **PROFESSIONAL DEVELOPMENT FOR FACULTY** to promote learning through various career enhancement resources.
- **INCREASED ACADEMIC MEDICAL EDUCATION SCHOLARSHIP**
- **EDUCATOR AWARDS AND RECOGNITION**
- **ON-LINE RESOURCES**
- **EDUCATION CONFERENCE** This annual conference brings together educators from across the School of Medicine to evaluate instructional research and innovations in teaching.
RISING TO THE CHALLENGE

SIMULATION: A RADICAL NEW TOOL OF INSTRUCTION

A collaborative initiative of Johns Hopkins School of Medicine, Johns Hopkins School of Nursing, and Johns Hopkins Hospital, the Center for Simulation Research and Training offers an interactive environment for medical students, residents, nurses, and other health professionals to practice diagnostic and communication skills before applying them on patients.

Since opening in 2008, the Simulation Center has become a hub of activity; utilization rates have soared beyond capacity and various student and clinical groups are wait-listed. Medical students spend, on average, 100 hours per year in the Simulation Center. Our next phase of growth includes a 30,000 square foot facility with expanded capabilities.

STANDARDIZED PATIENTS: These are individuals trained to play the roles of patients, family members, or others. Students practice skills such as physical exams, history taking, and communication.

HUMAN PATIENT SIMULATION: High-fidelity mannequins breathe, have heart tones and palpable pulses, and are connected to monitors displaying multiple physical functions (e.g., EKG, blood pressure, arterial wave forms). Simulated procedures include ventilation, intubation, defibrillation, chest tube placement, and emergency tracheostomy.

VIRTUAL REALITY: Advanced computerized technology allows advanced trainees to learn or practice performing cardiac catheterization, diagnostic tests (e.g., colonoscopy, bronchoscopy), and IV line placement.

PARTIAL TASK TRAINERS: Students and trainees focus on a specific skill, such as intubation heads, central venous line chests, and umbilical artery and cannulation trainers.

COMPUTERIZED SIMULATION: Students practice decision-making skills and specific knowledge sets, such as a trauma management trainer.

Medical students spend, on average, 100 hours per year in the Simulation Center. 
A NEW CURRICULUM FOR GRADUATE EDUCATION

Today’s medical/biomedical graduate education creates tomorrow’s healthcare workforce. What kind of physicians and researchers do we want to nurture? What skills and capacities will they need? How can we prepare them to lead in their professions? With these questions in mind, we are reinventing graduate education at Johns Hopkins.

Across disciplines, life sciences research now describes living organisms as complex, interconnected, biological systems. Correspondingly, the various life sciences now collaborate extensively, blurring prior boundaries between disciplines in favor of broad exploration. An optimal graduate education will reflect both this complexity and the interconnected “systems” approach that is helping advance the science.

With the new “Nodes and Connections” curriculum, we plan to revolutionize graduate education at Hopkins. The curriculum’s organization is no longer dictated by structures (“silos”) used to organize the institution; instead it captures the interdependent nature of living systems and their components.

Nodes and Connections is central to our reinvention initiative. We will:
(1) build and refine this new curriculum;
(2) implement it alongside our current curriculum;
(3) train a team of faculty members to deliver it;
(4) enroll students to pilot it; and
(5) evaluate its impact.

Our students need preparation and an advanced curriculum to enter a varied and complex scientific world.

The CIGBE is meant to foster learning “communities” that mirror the collaborative nature of research today, and the integration of the sciences, including:
• state-of-the-art lab and classroom spaces and collaborative studio classrooms designed to enhance group inquiry and problem-solving;
• meeting rooms supporting inquiry-based learning;
• state-of-the-art computer facilities;
• common seating areas;
• a graduate lounge with space for break-out and informal work; and,
• a community event space with garden terrace.

Completing the picture will be reconfiguring the use of existing buildings and creating better connections between them, to create an advanced, interconnected, scientific and educational environment.
RISING TO THE CHALLENGE

THE JOHNS HOPKINS UNIVERSITY SCHOOL OF MEDICINE

WHAT WILL IT TAKE?

<table>
<thead>
<tr>
<th>PRIORITY</th>
<th>SPECIFIC FUNDING NEEDS</th>
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TRANSFORMING JOHNS HOPKINS MEDICINE

Graduate education in the United States was born at Johns Hopkins University. Using the German system as a template, the University’s first president, Daniel Coit Gilman, introduced the current model of PhD education in 1876.

Throughout its history, Johns Hopkins has been acclaimed as the standard bearer for excellence in medical education. The Flexner report set the course for the evolution of medical education; its results led to the closing of nearly half of the 160 existing medical schools in the United States. Those that survived renewed their commitment to high standards, a scientific basis of studies, and research—in essence, patterning themselves after the Hopkins model for graduate medical and biomedical education.

In the 21st century, Johns Hopkins continues to play a central role in defining the content, methods, and quality of medical education. Our goal is to lead medical and graduate biomedical education in this century, as we did in the last.

PRIVATE SUPPORT

Medical education is the starting point in the continuum of education and training that leads to world-class researchers and top-rated physicians. Philanthropy not only supports our students and faculty directly, but also provides funds that enable us to improve our methods and our facilities, and to educate outstanding clinicians, research scientists, educators, and leaders.

We have charted a path of quantum leaps in medical education. Philanthropic investment will turn these transformational advances from vision to reality, in the process reshaping the future of Johns Hopkins—as a global leader in Medicine, with a time-honored past and a vitally important destiny.

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