



## DEAN'S MESSAGE: What's On My Mind



What's on my mind this month is our dedication to promoting diversity in our academic community, which enriches the intellectual discourse we are privileged to have at the School of Medicine, as well as across the Campus.

Diversity is a sign of strength in nature and society. In nature, genetic diversity is fundamental to health, where homogeneity can lead to birth defects or greater susceptibility to disease. Respect for different viewpoints, cultures, or beliefs within our society is a cornerstone of the American way of life, forming the basis of the *Declaration of Independence* and written into our Constitution's Bill of Rights.

In the context of academia, diversity can refer to the employment of people from different ethnic, racial, age or gender backgrounds who occupy varying positions within an institution. Additionally, diversity in the academic setting can refer to teams composed of individuals with knowledge and expertise in a variety of fields, coming together to tackle a single issue. Diversity in terms of the people who work at an academic institution and the knowledge base these individuals possess is vital to maximizing the success of an organization.

The School of Medicine has placed a great emphasis

on excellence and diversity as part of the fundamental fabric of our mission. Over the years, the leadership has invested extensive support for the recruitment of women and minorities in the faculty, staff, and student body. Last year, women comprised 38% of the faculty, and under-represented minority students comprised 11% of our medical students, 15% of our MD/PhD students, 30% of our Allied Health students, and 12% of our graduate students. The degree of workforce diversity at our institution is slightly ahead of the national average, as determined by

the Association of American Medical Colleges (AAMC), which reports that approximately 9% of faculty members at U.S. academic medical institutions are under-represented minorities and 37% of faculty members are women.

The diversity within our current workforce is not an accident. The School of Medicine has provided extensive institutional support for professional development, mentorship, and broad multicultural experience for the entire community. In the mid 1990's, under Dean Donald Wilson, the School implemented an aggressive program to recruit promising, culturally-diverse students through high school tours and visits, mini-medical schools, and outreach to the Student National Medical Association, the nation's oldest student-run organization committed to promoting the interests of minority medical students.

On an ongoing basis, the School of Medicine offers scholarships to recruit a talented student body. In 2013,

15 scholarship students were accepted into the medical school class. This month, we also celebrate the seventh annual Celebrating Diversity Dinner, and award the second University of Maryland School of Medicine Diversity and Inclusion Faculty Award to Dudley Strickland, PhD. In addition, I am pleased to share with you that our guest speaker for the annual Renee Royak-Shaler Lecture in Health Disparities is David Williams, PhD, MPH, the Norman Professor of Public Health at Harvard University, a member of the Institute of Medicine and a good friend of mine.

If we consider diversity as a call to develop teams of investigators with varied scientific expertise working together to answer a common "Big Science" research question, then I see us as having a great opportunity to capitalize upon the wealth of intellectual acuity at our School and across the Campus. There are many academic and clinical benefits to diversity, including more research and funding opportunities, improved clinical care by physicians with greater cultural and ethnic competence, and an ability to study the health needs of all people, thus, maximizing the benefits and effectiveness of personalized medicine.

As we move forward with our Vision 2020, and the *Accelerating Innovation and Discovery in Medicine (ACCEL-Med)* initiative, I want us to improve alignment of the research ongoing in the basic and clinical departments, becoming known for interdisciplinary and collaborative research. Rather than staying within individual research "silos," I encourage you to participate in ongoing research interest groups, as well as seek out opportunities to collaborate with colleagues who may work outside your Department, Program, Institute or Center and can bring to a project a fresh perspective or new insight that could lead the work in a lucrative direction.

I feel strongly that a robust workforce with a diverse and vibrant mix of cultures, races, and ethnic groups can and will maximally impact human health and wellbeing. Although a non-diverse organization may achieve success, it is not optimally suited to take advantage of all available opportunities, especially in challenging fiscal times. Through the many efforts the School of Medicine has made to create an evolving, diverse academic and clinical community, I am confident that we have established an environment where scholarship and academic excellence are embraced, practiced and expected at the highest levels.

In the relentless pursuit of excellence, I am

Sincerely yours,

E. Albert Reece, MD, PhD, MBA  
Vice President for Medical Affairs, University of Maryland  
John Z. and Akiko K. Bowers Distinguished Professor and  
Dean, University of Maryland School of Medicine

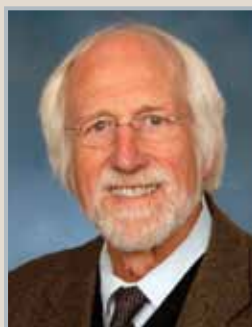
“ I FEEL STRONGLY THAT A ROBUST WORKFORCE WITH A DIVERSE AND VIBRANT MIX OF CULTURES, RACES, AND ETHNIC GROUPS CAN AND WILL MAXIMALLY IMPACT HUMAN HEALTH AND WELLBEING. ”



Members of the Department of Family & Community Medicine celebrating their Chair, Dr. David Stewart, who received the inaugural Dean's Faculty Award for Diversity and Inclusion at the 2013 diversity gala.

BY VERONICA ANDERSON

## Dr. William Carpenter Honored with International Prize in Mental Health



William Carpenter, MD, Professor, Departments of Psychiatry and Pharmacology at the University of Maryland School of Medicine, has been awarded the Institute of Medicine's 2013 Rhoda and Bernard Sarnat International Prize in Mental Health for achievements in broadening the understanding of

schizophrenia, as well as for his research on ethics and informed consent in studying schizophrenia. The Rhoda

and Bernard Sarnat Prize was presented to Dr. Carpenter at the Institute of Medicine's (IOM) annual meeting in Washington, DC, during which Dr. Carpenter received the award's medal and \$20,000.

The IOM's Rhoda and Bernard Sarnat International Prize in Mental Health has been presented annually since its inception in 1992, out of a commitment by Rhoda and Bernard Sarnat to improve the science base and delivery of mental health services. This international award recognizes individuals, groups, or organizations for outstanding achievement in improving mental health, based on selection criteria that reflect the ideals of Rhoda and Bernard Sarnat.

Dr. Carpenter was honored for his research into schizophrenia, which has helped uncover its symptoms, courses and causes, and shaped the prevention and treatment of the illness. In the 1970s, he challenged the understanding of schizophrenia, which focused on "positive" symptoms such as hallucinations and delusions, and shifted the disease paradigm to emphasize "negative" symptoms, such as inexpressive faces, monotone speech, and impaired social behavior. This work spurred an initiative at the National Institute of Mental Health (NIMH) that urged more focus on negative symptoms and cognitive deficits for therapeutic intervention. The domains

[continued on back page]

## ROBERT GALLO, MD, Named First Homer & Martha Gudelsky Distinguished Professor in Medicine



Pioneering Virologist Robert C. Gallo, MD, was named the first Homer & Martha Gudelsky Distinguished Professor in Medicine at the University of Maryland School of Medicine during a ceremony on November 7, 2013. The ceremony also honored the Gudelsky Family Foundation for their extraordinary generosity in supporting the Institute of Human Virology (IHV) at the University of Maryland School of Medicine in Baltimore, MD.

The IHV is a leading international center of basic science, epidemiology

and clinical research for a wide variety of chronic and deadly viral and immune disorders. Dr. Gallo, who is widely known for his pioneering research in the field of human retroviruses with his discoveries of Interleukin-2, HTLV-1 and HTLV-2, his co-discovery of HIV as the cause of AIDS, and his development of the HIV blood test, is Professor of Medicine and Director of the Institute of Human Virology in the School of Medicine, and Co-Founder and Scientific Director of the Global Virus Network (GVN).

John Gudelsky, the President and CEO of The Homer & Martha Gudelsky Family Foundation, Inc., and the son of Homer and Martha Gudelsky, commented: "This endowed professorship was established by our family foundation in recognition of the extraordinary professors and doctors at the University of Maryland School of Medicine and at the University of Maryland Medical System, who are innovating new technologies and protocols that will help advance and improve the health and well-being of fellow human beings in Maryland and throughout the World. We are honored that Dr. Gallo, a preeminent international scientist, has been selected to be the first beneficiary of our endowment," he said.

The Homer & Martha Gudelsky Family Foundation, Inc. established The Homer & Martha Gudelsky Distinguished Professorship in Medicine in December 2005 in recognition of the distinguished medical careers of Donald E. Wilson, MD, MACP, Dean Emeritus, and John A. Kastor, MD, professor and former chair of the Department of Medicine. The Foundation has been a loyal supporter of the School of Medicine since 1969, when the Foundation established the Harry Gudelsky Fund in honor of Homer Gudelsky's brother,

to provide support for students who are contributing directly to active research toward the understanding and control of cancer and heart disease. Additionally, the Foundation established the Dr. Emily Fairchild Endowment for the Residents' Support Fund in December 2008 and donated \$5 million to the University of Maryland Medical System in 1991 to construct the 10-story state-of-the-art clinical tower on Lombard and Greene Streets, which today bears the name "The Homer Gudelsky Building."

"Dr. Robert Gallo is a world-renowned scientist whose breakthrough discoveries and scholarly contributions have impacted the University of Maryland School of Medicine for more than two decades," said E. Albert Reece, MD, PhD, MBA, Vice President for Medical Affairs, University of Maryland and the John Z. and Akiko K. Bowers Distinguished Professor and Dean, University of Maryland School of Medicine. "He is a visionary scientist and investigator who has unlocked many important mysteries of human viruses and diseases. He embodies all of the attributes of a faculty member who holds a distinguished professorship. Honoring Dr. Gallo in this way is long overdue."

Dr. Gallo and his colleagues, IHV Associate Director William Blattner, MD and IHV Associate Director Robert Redfield, MD, formed the Institute of Human Virology in 1996 as a partnership between the State of Maryland, the City of Baltimore, the University System of Maryland, and the University of Maryland Medical System. IHV is the first institute of the University of Maryland School of Medicine and is home to some of the most globally-recognized and world-renowned experts in the field of human virology.

"Needless to say, I am very happy and honored by this distinction," Dr. Gallo said. "I am, of course, first and foremost grateful to the Gudelsky Family Foundation, School of Medicine Dean E. Albert Reece, Department of Medicine Chair Stephen Davis, and IHV Board of Advisors Chair Terry Lierman for helping to establish this honor. I will be very proud to wear the Gudelsky name."

Before co-founding IHV, Dr. Gallo spent 30 years at the National Cancer Institute, as head of Tumor Cell Biology. Dr. Gallo's current work at the IHV combines the disciplines of research, patient care, and prevention programs in a concerted effort to speed the pace of medical breakthroughs. In particular, Dr. Gallo is the principal investigator of IHV's promising HIV preventive vaccine candidate. Dr. Gallo has authored over 1,200 scientific publications as well as the book *Virus Hunting—AIDS, Cancer & the Human Retrovirus*. Dr. Gallo has been awarded 31 honorary doctorates and was twice recipient of the Albert Lasker Award in Medicine (1982 and 1986). Dr. Gallo is a member of the National Academy of Sciences and the Institute of Medicine.

► BY LARRY ROBERTS

## CHRISTOPHER HARMAN, MD, Receives the Sylvan Frieman, MD, Endowed Professorship in OB-GYN

AN INVESTITURE CEREMONY was held on November 18, 2013 to award Christopher Harman, MD, the prestigious Sylvan Frieman, MD Endowed Professorship in Obstetrics, Gynecology and Reproductive Sciences. Dr. Harman is Chairman of the Department of Obstetrics, Gynecology and Reproductive Sciences, and Director of the Center for Advanced Fetal Care, which is nationally recognized for its cutting edge therapy and management of complex maternal medical problems.

"Let me congratulate Dr. Harman on his collective accomplishments over the years," said E. Albert Reece, MD, PhD, MBA, Vice President for Medical Affairs, University of Maryland and the John Z. and Akiko K. Bowers Distinguished Professor and Dean, School of Medicine. "His career has blossomed into one that has brought great pride to the School of Medicine, the department and the university as a whole," said Dean Reece, who presented Dr. Harman with a special medal symbolizing the professorship.

A distinguished and highly regarded physician-scientist, Dr. Harman has conducted extensive research aimed at improving high-risk pregnancy care. Dr. Harman is a member of the team that developed the Biophysical Profile Score, the method of assessing fetal health used around the world. He has published extensively on fetal medicine and published an internationally recognized textbook on fetal therapy.

"Thank you for associating me with Sylvan Frieman," said Dr. Harman at the ceremony. "This gives me the opportunity to personally recognize him every day, so I am humbled by the honor."

Born and raised in Baltimore, the late Dr. Sylvan Frieman graduated from the University of Maryland School of Medicine in 1953 and decided on obstetrics and gynecology as a specialty. Throughout a long and illustrious career as a physician and educator, he never forgot his alma mater. He served on the school's Board of Visitors and was elevated to chairman in 1998. Dr. Frieman was a tireless supporter of the Medical Alumni Association. He served on the alumni board and frequently organized reunions. In 2005, Dr. Frieman established the Endowed Professorship in Obstetrics, Gynecology and Reproductive

Sciences. In 2006, he was awarded the Dean's Gold Medal and the University of Maryland Illustrious Alumni Award.

Colleagues and family members attended the Westminster Hall ceremony and spoke eloquently about Dr. Frieman's many contributions to the field of OB/GYN and his lifelong commitment to the School of Medicine. "The professorship is truly a fitting achievement to crown a lifetime of dedicated service to patients, the university and humanity," said Dr. Frieman's son Robert, who is also a physician. In appreciation of the Frieman family's support, Dean Reece presented a framed replica of the investiture medal to Dr. Frieman's widow, May.

Colleagues reflected on Dr. Harman's accomplishments and character, and the importance of the professorship. Among the speakers were Frank Manning, MD, Professor of Obstetrics and Gynecology at New York Medical College; Ahmet A. Baschat, MB, ChB, Professor of Obstetrics, Gynecology and Reproductive Sciences at the University of Maryland School of Medicine; and Larry Pitrof, Executive Director of the Medical Alumni Association of the University of Maryland.

In his acceptance remarks, Dr. Harman mentioned his close relationship with Dr. Frieman, who volunteered his time at the Penn Street clinic, working side by side with Dr. Harman. "He provided inspiration and counseling," said Dr. Harman. "I learned a lot about being a doctor and being a leader." Dr. Harman said Dr. Frieman brought gentleness, respect and warmth to all of his encounters with patients, students and residents. "I hope that by being a recipient of the Sylvan Frieman Endowed Professorship, I can be a little bit like him."



► BY BILL SEILER

# Two-Sizes-Too-Small “Grinch” Effect Hampers Heart Transplantation Success

Current protocols for matching donor hearts to recipients allow for sex mismatching and heart-size disparities. According to a first-of-its kind analysis by physicians at the University of Maryland School of Medicine, matching by donor heart size may provide better outcomes for recipients, who already face a scarcity of resources as they await a transplant.

The analysis of 22 years of adult heart transplant data in the United States, published in the American College of Cardiology journal *JACC: Heart Failure*, critically reappraises the current practice of matching donors and recipients by body weight rather than heart size. While two people may weigh the same, their hearts could have vastly different sizes—often requiring a smaller donor heart to strain to do the necessary work. The researchers dubbed this the “Grinch” effect, referring to the Dr. Seuss character whose heart was “two sizes too small.”

The contrast is especially amplified when a match based on body weight doesn’t factor in sex differences. “Men who receive women’s hearts are 32 percent more likely to die in the first year after transplantation, and this is entirely because of suboptimal sizing,” says the study’s principal author, Robert M. Reed, MD, Assistant Professor, Department of Medicine, who is also a transplant pulmonologist at the University of Maryland Medical Center (UMMC). “Even if the weights of donor and recipient are similar, the female heart is considerably smaller, while women are more often given men’s hearts that are larger.”

According to study co-author Keshava Rajagopal, MD, PhD, Assistant Professor, Department of Medicine, the research emphasizes the peril of under-sizing. “Under-sizing a donor heart is very dangerous. It’s like putting a motorcycle engine into a truck,” says Dr. Rajagopal, who is also a UMMC heart and lung transplant surgeon. “We need to figure out a better way to reliably ascertain heart size to best match donor and recipient. Some of the heart-size models we utilize in this study may provide those predictive tools.”

Transplant centers typically limit the pool of acceptable heart donors to those whose body weight is within 30 percent of the recipient’s body weight. “This research shows that the current system allows some less-than-optimal matches to occur, while simultaneously reducing access to an already very limited resource for people waiting for heart transplants,” says Dr. Reed. He and his team propose a new strategy to determine compatibility based on the predicted total heart mass for recipient and donor pairs.

The research conclusions are based on a retrospective analysis of more than 31,000 donor-recipient adult heart transplant pairings from the United Network for Organ Sharing (UNOS) transplant registry between October 1989 and June 2011. The study focused on heart-size matching, comparing outcomes based on body weight, predicted heart mass, and sex. The study evaluated risk of death after transplantation at one year and five years.

The body weight sizing analysis reflected the prevailing weight-based matching criteria: 86 percent of donor weights were within 30 percent of the corresponding recipient’s weight. Donor-recipient weight differences were distributed similarly across categories of sex matching. Survival was similar

among groups with weight mismatches when compared against the best weight-matched group. “These findings confirm that weight differences are not associated with any difference in survival,” says Dr. Reed.

The sex comparison revealed that 77 percent of recipients were male (median age 55) and 71 percent of donors were male (median age 29). Overall death rates at one and five years post-transplant were 12 percent and 23 percent respectively. Nearly 71 percent were sex-matched recipient-donor pairs, while 29 percent were sex-mismatched pairs. Differences in predicted cardiac size accounted for the survival differences associated with donor-recipient sex mismatch.

The comparison of predicted heart mass shows the risk of death rose markedly when the donor heart’s predicted mass was 10 to 15 percent below the predicted mass of the recipient’s heart. The group that had the most undersized hearts was 25 percent more likely to die in the first year after transplant.

Finally, the study found that heart size plays a role in the need to treat acute organ rejection during the first year after transplant. Rejection was treated nearly 50 percent more often in the most undersized compared to the most over-sized heart pairings.

The study did not pinpoint why undersized hearts produce worse outcomes, but Dr. Reed speculates that problems result because the heart has to grow to meet the needs of its new body. “The undersized donor heart has to bulk up to deal with the workload of a body it was never meant for. I suspect this growth occurs in an unhealthy way.”

This research complements prior work on lung sizing in transplantation done by Dr. Reed in collaboration with the study’s senior author, Michael Eberlein, MD, PhD, a transplant pulmonologist and assistant professor of medicine at the University of Iowa Roy J. and Lucille A. Carver College of Medicine.

This thoracic transplantation research tells us there are better ways to manage the organ size-matching process,” says Dr. Eberlein. “Instead of body weight for hearts and body height for lungs, we show that such parameters of estimated organ size as the predicted heart mass and predicted total lung capacity are clinically more relevant for the size-matching decision.”

More than 3,700 people worldwide undergo heart transplantation annually. About 3,570 people are currently on the heart transplant waiting list in the United States, according to the Organ Procurement and Transplantation Network.

“Heart transplantation has made great strides in recent years; now, thanks to this research, clinicians have a new calculus that promises better donor-recipient matching and better-functioning hearts,” says E. Albert Reece, MD, PhD, MBA, Vice President for Medical Affairs, University of Maryland and the John Z. and Akiko K. Bowers Distinguished Professor and Dean, University of Maryland School of Medicine. “In an era of new models of healthcare delivery and accountable care, studies such as this can reveal what is best for the patient and can help optimize placement of rare thoracic donor organs.”



The group that had the most undersized hearts was 25 percent more likely to die in the first year after transplant.

## Battle Against Obesity

► BY CAELIE HAINES

The University of Maryland School of Medicine’s Department of Family & Community Medicine is at the forefront in the battle against obesity in Baltimore. With a large urban patient population, they see daily the drain on the healthcare system by patients with complications of obesity such as diabetes, heart disease, stroke, infertility and cancer. Hoping to stem the trend of upward weight and downward health in its patients, the department started a special Medical Weight Loss Program, which uses a variety of approaches to help take off the weight, including surgery, medication, cognitive behavior therapy, and exercise.

“We saw a pressing need,” says Vivienne Rose, MD, who runs the program and is also an assistant professor in the department. A study of patients in the Family Medicine clinic found that nearly 75 percent of women between the ages of 18 and 45 were above their ideal weight. “So many in the city are overweight, and we mirror all the statistics. Sit in our waiting room for just one day and you will see why there is a need for this.”

Adding to the problem is that many of these patients have no idea how to get started, let alone succeed, with weight loss. “Primary care physicians, because we cover such a broad spectrum of conditions, we don’t always have the time to focus on the weight loss,” Dr. Rose admits. “We tell patients they need to lose weight, but many doctors don’t have the time to sit down with the patient to map out a plan, or don’t have the expertise to do it. That’s what this program was born of, the pressing need, right here in our clinic, for someone who could take the time to guide these patients.”

Working as an “add-on” to the department’s Family Medicine clinic has its challenges. “We have goals, things we want to do, but we have to accomplish those within this superstructure,” Dr. Rose says. “Not that it’s an antagonistic relationship, but it takes a bit of tweaking for this to work out OK. The department has been very supportive, but it’s a work in progress. It is very unusual to have a practice like this, especially in the middle of the city.”

Along with providing preventive care for patients, the program also gives medical students a unique opportunity to learn more about how to counsel their future patients on the topic of obesity and weight loss. “We want to get them familiar with more than just the medical part of it,” explains Dr. Rose. So while the students may join doctors in following up on patients who have had bariatric surgery, they might also sit in on group therapy sessions or nutritional counseling. Dr. Rose, who is a member of the American Society of Bariatric Physicians, would eventually like to see a branch of the Society devoted to student education “to get students more informed and more involved about what is going on in obesity management.”

Patients are referred to the program not only by University of Maryland doctors, but also from outside physicians and other patients. Dr. Rose and her staff also attend local health fairs to make potential patients aware of the assistance that is available to them here as they fight the fat. “It’s challenging,” says Dr. Rose. “We are working with patients who really don’t have a grasp of calories, food choices, portion sizes, things like that, so you have to do a lot of re-educating about how to eat. But it’s very gratifying.”

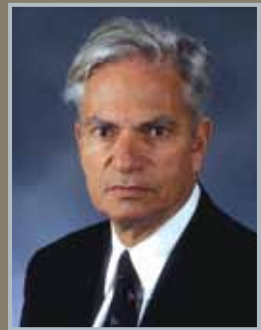


Vivienne Rose, MD

Faculty, students and staff who are interested in the Medical Weight Loss Program for themselves or their patients may call (410) 328-1942 to schedule an appointment.

► BY CAELIE HAINES

## Neurosurgeons Advise on NFL “Return-to-Play” Initiative



Howard Eisenberg, MD

Unfortunately, the Ravens are not still playing football in February this year. That means life is a little less busy for Howard Eisenberg, MD, Professor and Chair of the Department of Neurosurgery. During the NFL season, Dr. Eisenberg and his department colleagues served as consultants for the league, as part of a recent NFL “Return-to-Play” initiative that focuses on the problem of concussions among active players. “One of the things they’ve established in this regard is to bring in what they call an unaffiliated

trauma consultant,” Dr. Eisenberg explains. “The consultants are not affiliated with the team, so they can be non-biased. Each stadium is covered by a group of neurosurgeons. Our department covers M&T Bank Stadium.”

The neurosurgeons—who are contracted by the NFL—met with the league last summer to work out the plans for their consultations. It was decided that two physicians would work each game, one on each sideline to cover the players on both teams. Seeing the game from his spot on the sidelines was quite the experience. “Even if you have been a football player in high school or college or you’ve watched from the stands, when you are on the sidelines, the game is very different. The players are much faster than you might think they are,” Dr. Eisenberg says. “It’s no surprise there are concussions and other injuries, because they’re moving surprisingly fast. The speed, even more than the size of some of these guys, is what’s dangerous.”

When a player does suffer a suspected head injury, he is taken to the locker room with the team doctor and the neurology consultant. “We do not make medical decisions; that is up to the team doctor,” says Dr. Eisenberg. “If there is a suspected concussion and the team doctor takes a player out of the game, they don’t have to consult us, but they usually do. The player is examined—there is a standard exam developed by the NFL that is not simply ‘Who are you and what day is it?’ It is a brief but

comprehensive exam that’s done, which mostly has to do with memory and balance.”

A decision is then made as to whether the player can go back into the game or needs to sit this one out. “Most of these are mild head injuries, but once you have a concussion you are vulnerable if you have a second injury soon after, so those with a concussion do not go back in,” Dr. Eisenberg explains. The team physician breaks the news to the player once a decision has been made.

Although football players have a reputation as tough guys who will play through anything, “many of them are receptive to [being taken out], because they are concerned for their own safety,” says Dr. Eisenberg, noting that recent media stories about former NFL players with lasting and sometimes deadly injuries caused by repeated head injuries has done a great deal to change player attitude in this regard. “Occasionally you might get one, but the players whom I’ve examined have been cooperative.”

For more on the NFL’s Return-to-Play policy, visit <http://on.nfl.com/1d3CwNb>.

“The speed, even more than the size of some of these guys, is what’s dangerous.”



The consultants are not affiliated with the team, so they can be non-biased. Each stadium is covered by a group of neurosurgeons.

## Dr. William Carpenter Honored

for the disease that are specified in Section 3 of the 2013 Diagnostic and Statistical Manual of Mental Disorders are based on this paradigm shift and on domains Dr. Carpenter previously identified.

“It is necessary to view schizophrenia as a clinical syndrome rather than a single disease entity,” says Dr. Carpenter. “The implication for clinical care and for research is respect for individual differences and a focus on domains of pathology within the syndrome.”

As the former director of the Maryland Psychiatric Research Center (MPRC), Dr. Carpenter helped to make the center a world leader in its field. An internationally renowned expert in the field of schizophrenia research and other forms of psychosis, Dr. Carpenter has led a long and distinguished career as a senior scientist and scholar conducting pioneering research. He is also responsible for transforming the MPRC into one of the nation’s leading clinical research centers for cutting edge research and clinical care for schizophrenia and other psychiatric disorders.

Dr. Carpenter has served on many distinguished committees and advisory panels. He is Editor-in-Chief of the *Schizophrenia Bulletin*. He also serves on a number of editorial boards including the *Archives of General Psychiatry*. He was President of the American College of Neuropsychopharmacology in 2007. He also is Chair of the Psychosis Work Group of the Diagnostic and Statistical Manual (DSM-5) Task Force. Dr. Carpenter has published more than 400 clinical and scientific articles, book chapters and books.

“We are honored to have one of the University of Maryland School of Medicine’s outstanding professors recognized by the Institute of Medicine,” says E. Albert. Reece, MD, PhD, MBA, Vice President for Medical Affairs, University of Maryland and John Z. and Akiko K. Bowers Distinguished Professor and Dean, University of Maryland School of Medicine. “Through Dr. Carpenter’s pursuit of both knowledge about and a deeper understanding of schizophrenia, the field of psychiatry has benefited significantly from his research and he has helped alter the national standards amongst his colleagues in treating this illness. Dr. Carpenter has been a wonderful asset to the School of Medicine, and I am delighted to see him recognized for this distinguished award.”

# somnews

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