



SOM *news*

Point of PRIDE



In 1994, Dr. Eve J. Higginbotham became the **first woman in America to head a university-based department of ophthalmology**, serving as chair of the Ophthalmology and Visual Sciences Department at the UMSOM.

DEAN'S MESSAGE

Over the past few months, I have talked a lot about celebration and our civil responsibility to acknowledge and honor each other's successes whenever possible. I am confident in our understanding of the significance of celebration, particularly as it relates to our ability to practice gratitude. I am grateful for the many different perspectives, ideas, and skills that lead to our success as an academic medical community. As we celebrated Black History Month at our 12th Annual Celebrating Diversity Reception and Dinner on February 23, I urge us to further expand our efforts to create a culture in which we truly live by our value of diversity. The UMSOM's mission to improve the health of the citizens of Maryland and beyond includes all citizens. Malcolm Forbes' description of diversity as *"the art of thinking independently together"* applies to all interactions, including colleague-to-colleague, physician-to-patient, and student-to-professor, to name a few.

The term "diversity" indicates any difference — large or small including our upbringing, personal experiences, interests, personality, values, identity, and many more. Due to these various elements of difference, we have no possible way of predicting the lens through which someone may view and handle an interaction, a project, or a challenge. These differences present many options of approaches, and, with that, more opportunities for various solutions, insights, and breakthroughs.

Our new, fully launched Culture Transformation Initiative (CTI) is moving forward judiciously, with one of its primary goals to "create a diverse, inclusive, and respectful environment." I am thrilled by its progress, including the quick-forming structure and organization and the substantive awareness of culture issues it has already produced. These results represent the excellent level of oversight and leadership that I entrusted to Dr. Nancy Lowitt, Associate Dean of Faculty Affairs and Professional Development. While the CTI demonstrates our internal efforts to effect our impact on policies, accountability, and our overall organizational culture, we

What's on My Mind...



...is our responsibility to celebrate a wide range of diversity within our academic community.

must also review how these changes translate to our external footprint—right outside of our academic organization.

Investing and participating in the different aspects of the community in which we serve helps permeate the value of diversity. Whenever I hear of our own School of Medicine students taking the initiative to further our educational outreach mission, I know we are moving in the right direction. We maintain a strong partnership with Baltimore City Public Schools through the Talent Mentoring Program. This volunteer-based program grew from 14 schools last year to 20 schools this year because of the resolve and compassion of our medical students to engage in diverse communities outside of the University. As we recognize the potential for medical and scientific talents among a variety of populations, we know these outreach activities are crucial.

The way we listen, speak to each other, and treat each other on a daily basis reflects our genuine value and celebration of diversity. I offer my sincere appreciation to each segment of the UMSOM for its ambition and energy in supporting our goal for a respectful and inclusive environment. I encourage us all to continue our daily conscientious exercises, to determine and implement even more strategies for success in this area.

In the relentless pursuit of excellence, I am
Sincerely yours,

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



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SOMnews has expanded! In addition to our features in Clinical Care, Research, Education, and Community Outreach, we have included a special section on the Culture Transformation Initiative.

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CELEBRATING DIVERSITY: DOCTORS OF DISTINCTION

< **Roderick E. Charles** and **Donald W. Stewart** became Maryland's first African-American students. Graduating in 1955, Dr. Charles went on to practice psychiatry on the faculty of SUNY Buffalo. He helped found, staff, and oversee a free medical clinic south of the city for migrant farm workers. Dr. Stewart practiced internal medicine in Baltimore for more than fifty years.



> **Dr. Garcia-Palmieri**, a 1951 graduate of the School of Medicine, was a cardiologist and the first Hispanic to receive the distinguished title of "Master" by the American College of Cardiology. After medical school, he returned to his native Puerto Rico and became the first cardiologist trained in Puerto Rico.



SCHOOL WIDE

culture TRANSFORMATION INITIATIVE

*Advisory Committee Leadership
and Members Named*



Leadership and members of the Culture Transformation Advisory Committee (CTAC) have been named. **Kathleen Neuzil, MD, MPH**, Professor of Medicine and Pediatrics and Director of the Center for Vaccine Development and Global Health (CVD), will serve as Chair of CTAC, and **Rodney Taylor, MD, MPH**, Associate Professor and Interim Chair of Otorhinolaryngology-Head & Neck Surgery, will serve as Vice Chair of CTAC.

“I look forward to chairing this important committee. It’s critical that we foster a diverse, inclusive, safe and respectful environment here at the School of Medicine,” said Dr. Neuzil.

The CTAC was formed to oversee the major activities and needs for change in the School’s culture in order to ensure a respectful and safe work environment for all faculty, staff, trainees, and students. The CTAC will serve as a resource and advisory body for the Dean as well as for the Culture Transformation infrastructure that is being created through the Culture Transformation Initiatives (CTI) Director, Culture Transformation Steering Committee (CTSC), and multiple subcommittees.

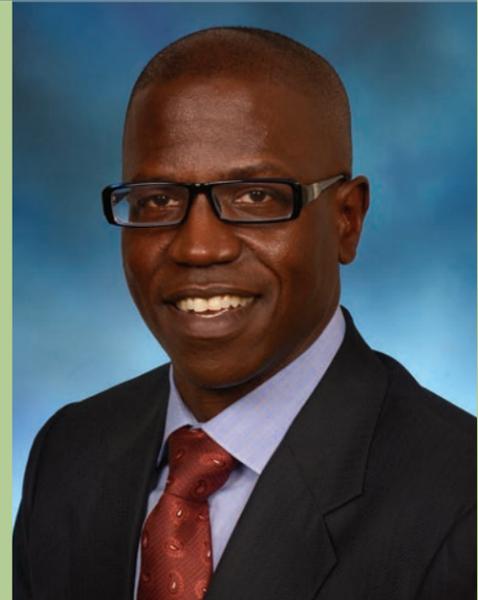
“Providing an environment that is welcoming and inclusive to all members of our organization is fundamental. We are striving to ensure that the work atmosphere here reflects our core values of respect, collegiality, and civility,” said Dr. Taylor.

The CTAC will operate similarly to other major Dean’s advisory committees for the School, such as the Financial Affairs Advisory Committee (FAAC), Clinical Affairs Advisory Committee (CAAC), Research Affairs Advisory Committee (RAAC) and Information Technology Advisory Committee (ITAAC).

The committee will meet on a regular basis, and it will also report to the UMSOM Executive Committee. 



CHAIR
Kathleen Neuzil, MD, MPH
*Professor of Medicine and Pediatrics
Director of the Center for Vaccine
Development and Global Health*



VICE CHAIR
Rodney Taylor, MD, MPH
*Associate Professor
Interim Chair Otorhino-
laryngology-Head &
Neck Surgery*

UMSOM OFFICE OF THE DEAN

1 James Kaper, PhD
*James & Carolyn Frenkil Distinguished Dean’s
Professor of Microbiology and Immunology
Chair, Department of Microbiology & Immunology
Vice Dean for Academic Affairs*

2 Donna Parker, MD, FACP
*Associate Professor of Medicine
Senior Associate Dean for Undergraduate Medical
Education*

3 Sandra Quezada, MD
*Assistant Professor of Medicine
Associate Dean for Admissions
Assistant Dean for Academic and Multicultural Affairs
Course Director for Medical Spanish*

4 Terry Rogers, PhD
*Professor of Biochemistry and Molecular Biology
Associate Dean for Research Development & Administration*

5 David Ingle, MBA
*Assistant Dean, Academic Administration
& Human Resources*

OFFICES OF THE DEAN CTI EXECUTIVE COMMITTEE MEMBERS

6 Nancy Lowitt, MD, EdM
Assistant Professor of Medicine
Associate Dean for Faculty Affairs & Professional Development
Director of the Culture Transformation Initiative

7 Mary Claire Roghmann, MD, MS
Professor of Epidemiology and Public Health
Associate Dean for Trans-Disciplinary Research
Associate Dean for Physician-Scientist Training

8 Anthony Lehman, MD, MSPH
Professor of Psychiatry
Senior Associate Dean for Clinical Affairs

9 Wendy Sanders, MA
Instructor, Epidemiology and Public Health

10 Sheri Slezak, MD
Professor of Surgery
Vice Chair for Faculty Affairs
Head of the Division of Plastic Surgery

11 Peter Rock, MD, MBA
Martin Helrich Chair for Anesthesiology
Professor of Anesthesiology

12 Rosemary Kozar, MD, PhD
Professor of Surgery
Director of Translational Research

13 May Blanchard, MD
Associate Professor of Obstetrics, Gynecology,
& Reproductive Sciences
Associate Chair for Medical Education
Chief, Division of General Obstetrics & Gynecology
Director, Residency Program in Obstetrics & Gynecology

14 Peter Crino, MD, PhD
Professor of Neurology
Chair, Department of Neurology

15 Stephen Davis, MBBS
Dr. Theodore E. Woodward Chair in Medicine
Professor of Medicine

16 Elias Melhem, MD
The Dean John M. Dennis Chair in Radiology
Professor of Diagnostic Radiology and Nuclear Medicine

17 Jessica Mong, PhD
Professor of Pharmacology
Acting Chair, Department of Pharmacology

18 Claire Fraser, PhD
Dean's Endowed Professor
Professor of Medicine
Director, Institute for Genome Sciences

UMSOM STAFF REPRESENTATIVE
19 Irma Sanchez, MPA
Senior Administrator, Department of Psychiatry

UMSOM STUDENT MEMBERS
20 Nicole Campion
MD/MPH Student Class of 2019

21 Abby Goron
MD Student Class of 2020



STAFF



STUDENTS

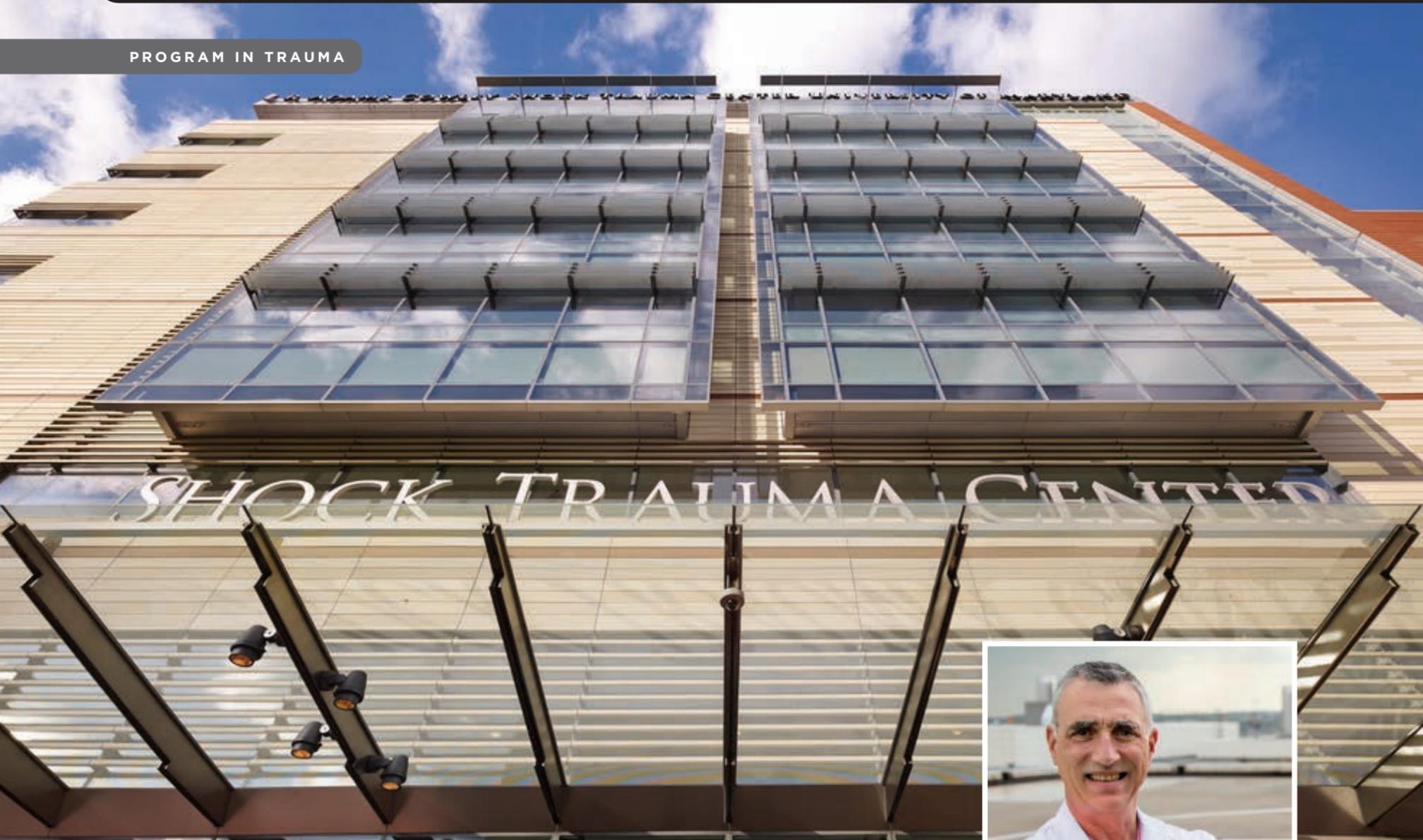


Sharon Bowser Named Chief Information Officer and Associate Dean for UMSOM Information Services

Sharon Bowser, MBA, has been promoted to Chief Information Officer (CIO) and Associate Dean for the University of Maryland School of Medicine Information Services. In her role as CIO, Ms. Bowser is developing the School of Medicine's overall technology strategy. Ms. Bowser oversees improvement of the school's technology, collaborating with departments, programs, centers, and institutes, to provide the right technology while strengthening IT security and regulatory compliance.

Ms. Bowser was previously Assistant Dean for Information Service and Deputy CIO. She earned a Bachelor's of Arts degree in Information Systems Management and a Master's of Science in Business Administration, both from the University of Maryland University College.





Dr. Scalea

Where Diversity Drives Quality

“COLLECTIVELY, IT TAKES ALL OF US TO DELIVER EXCEPTIONAL CARE”

“It takes a special kind of person to work in trauma,” said **Thomas Scalea, MD** with a smile. *“You have to be a little different to enjoy working in our program.”* The Honorable Francis X. Kelly Distinguished Professor in Trauma Surgery, who is also Physician-in-Chief at the R Adams Cowley Shock Trauma Center (STC), is speaking of UMSOM’s Program in Trauma, which he directs. Established in September 1994 as a multi-disciplinary academic entity within UMSOM, the program currently is the only multidisciplinary physician group practice in the United States dedicated to caring for traumatic injury. Program members serve as STC’s principal physicians, while maintaining faculty appointments in appropriate departments within the School of Medicine.

“The Program in Trauma is comprised of highly trained individuals from diverse backgrounds,” said **José J. Diaz, MD**, Professor of Surgery and Division Head of Acute Care Surgery in the Program in Trauma. *“Together, we benefit from our individual uniqueness, which in turn complements the program and helps our patients.”*

Dr. Scalea sees his program as the perfect example of how quality and diversity can go hand in hand. *“We have made a practice of going out and looking for the very best talent,”* he said. *“When you do that, you end up with a very diverse group of professionals.”*

For example, in UMSOM’s Program in Trauma, about 40 percent of the faculty are female. As well, 40 percent of the division chiefs are

women and three of the four women who are full professors of surgery at the School of Medicine are in the program.

Karen E. Doyle, MBA, MS, RN, NEA-BC, FAAN, who as STC’s Senior Vice President of Nursing & Operations co-directs the center with Dr. Scalea, believes diversity plays a natural role in recruitment. *“Of course, our hiring process is inclusive, but I also think being diverse is intentional,”* she said. *“If you find the best-qualified applicant, and you’re intentionally looking for those individuals without limiting yourself, I think diversity occurs.”*

Doyle points out that as a multidisciplinary practice, STC is relatively unique to a medical center setting. *“Our team is not just made up of physicians, but also nurses, therapists, and the administrative staff,”* she said. *“Teamwork is what we are all about — we put the patient in the center of the room and all opinions matter.”* And to give their team an even sharper professional edge, Doyle and Dr. Scalea have launched several new professional development initiatives, including a monthly series of leadership seminars that are open to both faculty and staff.

“We recognized that joint training regarding leadership has not occurred,” said Doyle.

“Thus, we have introduced these seminars in order to create consistency and collaboration throughout all of our processes.” The seminars, which are led by UMSOM and UMMC experts, cover such topics as labor laws and governance, finance and business planning, and patient experience.

“Shock Trauma is a gift from the people of Maryland, to the people of Maryland”

– Thomas M. Scalea, MD



L to R:
Kimberly A. Boswell, MD,
Mira Ghneim, MD,
Habeeba Park, MD,
Ashley R. Menne, MD,
Melissa Motta, MD, and
Kathleen B. To, MD

“The work that is done here at trauma is incredible. It is “push-the-envelope,” “change-the-world-of-medicine” kind of work. The patients we are lucky enough to be able to care for, plus the incredible intellect, compassion, and dedication of the staff, is what is most compelling to me.”

Kimberly A. Boswell, MD
Assistant Professor, Emergency Medicine

“Trauma, acute care, and critical care require a multi-disciplinary approach to patient management, which allows for continuous opportunities for collaboration and information exchange between subspecialties to optimize care and outcomes.”

Mira Ghneim, MD
Assistant Professor, Surgery

“I was primarily drawn to trauma because I really felt like I was helping those in greatest need when they are most critically ill. I admire the human ability of recovery from near-fatal illness and injury, and I enjoy being challenged in the face of trauma as a disease to treat patients who are the most ill.”

Habeeba Park, MD
Assistant Professor, Surgery

“Two words that describe our program? Acuity and variety. Despite no longer being in training, not a day goes by that I am not learning something new and growing as a physician.”

Ashley R. Menne, MD
Assistant Professor, Emergency Medicine

“We need to give our faculty the opportunity to become true institutional citizens — today, it is part of the job,” said Dr. Scalea. “But in order to be a good institutional citizen, you need to know a good deal about the environment in which you work. These leadership seminars provide our faculty with those tools.”

Building on the shared strengths of the Program’s diverse team, Doyle believes, makes all of the difference in providing superior patient care. “Trauma really is the ultimate team sport — every person matters, from the housekeeper and the dietician to the nurse, the respiratory therapist, and the physician,” she said. “Collectively, it takes all of us to deliver exceptional care. That’s really the only way we know how to operate and deliver exceptional outcomes.”

“I enjoy being a part of a large, highly dedicated program that is focused on providing the best care for trauma patients with complex issues. The breadth and volume of cases at Shock Trauma is always inspiring.”

Fan Liang, MD
Assistant Professor, Surgery



PERCENT OF TRAUMA FACULTY ARE WOMEN

40 / 40

PERCENT OF TRAUMA DIVISION CHIEFS ARE WOMEN

“I feel that Dr. Scalea does an excellent job promoting diversity in leadership within the program.”

LaRita Y. Fouché-Weber, MD
Assistant Professor,
Anesthesiology
Division Head, Anesthesiology,
Program in Trauma



“I was able to develop a Neuro Recovery Clinic (NRC) where I see patients after discharge from the Neurocritical Care Unit. The NRC supports patients and families through the physical, emotional and psychological recovery after a critical illness, utilizing multidisciplinary guideline-driven care to help patients recover to their fullest potential.”

Melissa Motta, MD
Assistant Professor, Neurology

“The challenges we faced every day are often daunting, but we also have the unique opportunity to help patients in their most dire moments. The level of dedication and passion from every member of the Program creates a collegial environment and esprit de corps that is truly without parallel.”

Kathleen B. To, MD
Assistant Professor, Surgery
Medical Director, Baltimore VAMC
Surgical Intensive Care Unit (SICU)



The physicians and staff of the Program in Trauma work around the clock, every day of the year, to save Maryland’s most critically injured patients. To view patient stories that exemplify the critical care expertise of Shock Trauma visit www.umms.org/ummc/health-services/shock-trauma/patient-stories

Advancing Health Equity and Population Health

Through Research, Education, and Service

At the University of Maryland School of Medicine (UMSOM), physician-scientists are at the forefront of clinical care and research to improve health outcomes and eliminate disparities for vulnerable populations in West Baltimore and around the world. **The Program in Health Disparities and Population Health (HDPH)**, based in the UMSOM's Department of Epidemiology and Public Health (DEPH), combines research, education, and service to advance health equity by addressing the critical health issues often influenced by the social determinants of health.



NEW HDPH RESEARCH INITIATIVES

NHTeleED Project: Bringing Telemedicine to Maryland Skilled-Nursing Facilities

- **Ann Gruber-Baldini, PhD**, Professor, Department of Epidemiology and Public Health
- **Charlene Quinn, PhD, RN**, Associate Professor, Department of Epidemiology and Public Health

By 2030, the U.S. population is estimated to grow by nearly 11 percent, with those over age 65 increasing by 50 percent. As the aging population continues to grow at unprecedented rates, the prevalence of chronic diseases and their effects will have profound implications for the future health care system. Telemedicine, also referred to as telehealth, presents an opportunity to reduce these challenges by leveraging advanced technology to increase the accessibility of healthcare services.

With the support of CareFirst BlueCross BlueShield Foundation, FutureCare CEO and University of Maryland, Baltimore (UMB) Regent Gary Attman, and philanthropist Carolyn Frenkil, President of Center City and member of the UMSOM Board of Visitors, co-principal investigators Drs. Gruber-Baldini and Quinn examined how to reduce avoidable emergency department (ED) use and limit inpatient admissions for older adults through telemedicine consultations. Elderly adults who reside in skilled-

nursing facilities use the ED at particularly high rates due to acute health changes, which could be managed more effectively with consultations in their residential settings.

The study provided telemedicine services to three skilled-nursing facilities in Baltimore City between June 2017 through October 2018. Out of the 57 telemedicine consults that were conducted, 70 percent of residents remained at home after a consultation. In addition, older adults that received a telemedicine consult and were transferred to the ED had a better experience and visit due to continuity of care, less testing, and spent shorter time periods in the emergency room.

The group presented these findings to Leading Age Maryland, which represents all the not-for-profit senior housing and care organizations in Maryland. Data from this project will allow HDPH researchers to publish

results in key journals, and apply for large National Institutes of Health (NIH) and other federal grants to expand the study. 



SEED Grant Funds Used to Examine Disparities in Health Promoting Classroom Practices

- **Erin Hager, PhD**, Associate Professor, Department of Pediatrics
- **Elizabeth Parker, PhD, RD**, Assistant Professor, Department of Family and Community Medicine
- **Hannah Lane, PhD, MPH**, Postdoctoral Fellow, Department of Pediatrics
- **Termeh Feinberg, PhD**, Postdoctoral Fellow, Department of Family and Community Medicine

In 2017, Drs. Hager and Parker were awarded one of the first HDPH SEED grants to examine school health promotion disparities in Maryland. Through both a secondary analysis of existing data and primary data collection, Drs. Hager and Parker, along with Postdoctoral Fellows Drs. Lane and Feinberg, gained a greater understanding of disparities in classroom health promotion practices, while also securing additional grant funding to extend the pilot study.

The team analyzed data from a school administrator survey that focused on classroom practices in Maryland public schools, as part of Dr. Hager's Maryland Wellness Policies and Practices Project. The Project was funded by the Centers of Disease for Prevention & Control and the Maryland Department of Health. This study examined two key areas: how schools across the state are integrating physical activity into the classroom and promoting school wellness; and, second, what efforts are being made to reduce the marketing of unhealthy foods and beverages.

Leveraging the recourses and infrastructure from this study, the group developed and administered surveys for students and teachers on health-promoting classroom practices. The surveys were developed, pilot-tested, and administered to students and teachers in schools in Baltimore City, Prince George's County, and Charles County. Two additional Maryland counties will be recruited this spring.

Funding by the HDPH SEED grant supported Dr. Lane's subsequent NIH F32 award, which allowed the development and administration of a mixed-methods evaluation of fifth and eighth grade student leaders. One-third of these received a direct intervention as part of the parent study. Analyses are planned for both the baseline and longitudinal data to assess disparities by socioeconomic status and geographic location, as well as to assess intervention impact.

"A better understanding of school- or system-level influences can inform future interventions and policies that target these disparities, and appropriately combat multiple contributing factors to childhood obesity," said Dr. Hager. 

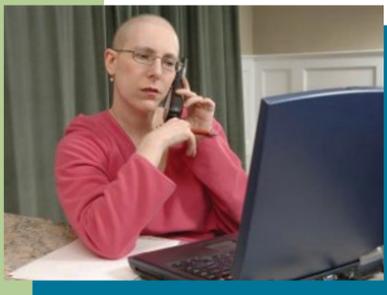




Mayor Catherine E. Pugh, U.S. Rep. Elijah E. Cummings, representatives from the Baltimore City Fire Department, as well as UMB leadership, were among the speakers at the press briefing held at the University of Maryland Medical Center on February 5.

EMPOWER: Employment and Potential Outcomes of Working Through Cancer

- J. Kathleen Tracy, PhD, Associate Professor, Department of Epidemiology and Public Health
- Jennifer Swanberg, PhD, Professor, School of Social Work
- Paula Rosenblatt, MD, Assistant Professor, Department of Medicine



It is estimated that there will be more than 3.8 million women with a history of invasive breast cancer in the U.S. by 2022. Nearly 60 percent of breast cancer cases are diagnosed in women between the ages of 20 and 69. This indicates that working breast cancer patients must make important cancer treatment and employment-related decisions concurrently.

While the impact of cancer on employment outcomes is well documented, research on how employment context influences working breast cancer patients' receipt of treatment is limited. Additionally, working poor cancer survivors may struggle with adhering to recommended treatment and follow-up due to work interference resulting from poor employment conditions. Dr. Tracy and her colleagues have begun to explore the impact of employment factors on breast cancer treatment, with a focus on low-income women, through their Employment and Potential Outcomes of Working through Cancer (EMPOWER) Project.

“EMPOWER is one of the first longitudinal studies to examine how job conditions influence breast cancer treatment decisions and care, and whether survivors’ communication with cancer care providers about work optimizes cancer-work fit,” said Dr. Swanberg.

The study employs a mixed method design to collect data through self-reported questionnaires, qualitative interviews, and medical chart reviews. To date, 50 newly diagnosed women have been enrolled in the study, and data collection activities are expected to continue until October 2019.

“Because of economic pressures, especially among low-wage workers, many women choose to continue to work during cancer treatment,” said Dr. Tracy. ***“It is critical to fully understand the factors that make it possible to maintain employment while receiving cancer treatment.”***

Data collected from this study will be integral to the development of future grant proposals to be submitted to the National Cancer Institute to develop and evaluate clinical intervention strategies that support employed survivors' receipt of recommended care. 

Mobile Integrated Health-Community Paramedicine Program Launches to Advance Healthcare in West Baltimore

- David Marcozzi, MD, MHS-CL, FACEP, Associate Professor of Emergency Medicine

Social and economic factors, weaknesses in primary care infrastructure, and lack of access to treatment of chronic conditions contribute to a high rate of potentially avoidable health care utilization and emergency medical service (EMS) responses in West Baltimore. Baltimore City Fire Department (BCFD) has one of the busiest, EMS systems in the nation, per capita, with approximately 80 percent of 911 responses for EMS incidents.

The University of Maryland Medical Center, the BCFD, and the University of Maryland, Baltimore have partnered to launch a new health-care delivery model for selected areas of Baltimore City called Mobile Integrated Healthcare - Community Paramedicine. The pilot program employs advanced-trained paramedics and nurses, supported by a multidisciplinary team of physicians, nurse practitioners, social workers and pharmacists, to provide a full range of health support to Baltimore residents. The two-year pilot program is currently serving six zip codes in Baltimore.

This innovative community-based program will support the health of individuals through two programs: (1) a comprehensive, free, multidisciplinary care model for medically and socially challenged patients which provides care outside the hospital setting, and (2) an augmentation to standard 911 services that enables low-acuity 911 callers to receive immediate, on-scene care by an advanced level provider and a BCFD paramedic. These initiatives are designed to reduce health disparities, decrease emergency department visits, and prevent hospital readmissions.

During the two-year pilot, Dr. Marcozzi and his colleagues will be collecting and analyzing data to understand outcomes of patients, cost savings, patient satisfaction and the potential scalability across the city and state. It is anticipated that it will dramatically change health care delivery to the citizens of Baltimore. 



“Through this integrated mobile health-care delivery model, we will reduce the burden on emergency medical personnel and on emergency rooms across our City, while still providing superior care to our underserved citizens.”

— Mayor Catherine E. Pugh

Actualizing the Renaissance Physician

UMSOM FACULTY PLAN FOR MEDICAL SCHOOL CURRICULUM RENEWAL

As medicine advances and new public health challenges emerge, the content and delivery of medical education are continually refined to reflect the ever-changing context of patient care delivery. According to the Association of American Medical Colleges, 124 medical schools — 87 percent of all medical schools in the United States — indicated that a curriculum change is being planned or has been implemented within the past three years.

On January 7, the University of Maryland School of Medicine (UMSOM) held a curriculum retreat to kick off the medical curriculum renewal. The retreat was attended by 96 UMSOM faculty, students, and staff broadly representing multiple disciplines as well as both basic and clinical sciences. The format included small and large group discussions framed around four key themes: core values, gaps and longitudinal themes, innovative education strategies, and program challenges.

“Here at the School of Medicine, we strive for excellence and innovation in education,” said **Olga Ioffe, MD**, Professor of Pathology, and Associate Chair for Education, and Chair of the Curriculum Coordinating Committee.



“Our outstanding faculty are committed to cultivating life-long learners who remain scientifically curious and can provide excellent clinical care.”

— Dr. Ioffe

The objective of the renewed medical school curriculum is to prepare graduates to be successful residents and life-long learners who will use their medical school education for the rest of their career. The redesigned curriculum will employ an integrated, system-based learning approach that will align with the way students and physicians process information to think through patient care. An integrated curriculum model presents normal and diseased states of each organ system in the same block of time, which helps to eliminate redundancies and enhance students’ retention of basic science concepts. This change also enables more efficient use of clinical faculty, as they will commit to one block of time annually to teach their area.

Shortening the pre-clinical curriculum from the current two years will allow students to explore specialties earlier in a more competitive residency match. Other opportunities created include the ability to have various capstone experiences in the fourth year, such as revisiting pre-clinical material relevant to each student’s chosen specialty, research blocks, and residency preparatory modules.

“We are not only re-thinking how we can strengthen our education experiences but are also re-evaluating our approach to promoting faculty and how we address student wellness. All of these components are essential to ensuring effective and robust curriculum change,” said Dr. Ioffe.

The new curriculum will also incorporate team-based learning as an educational modality to coincide with lectures as well as more traditional small group sessions. UMSOM faculty will be trained to lead team-based sessions and to improve lecture and small group skills.

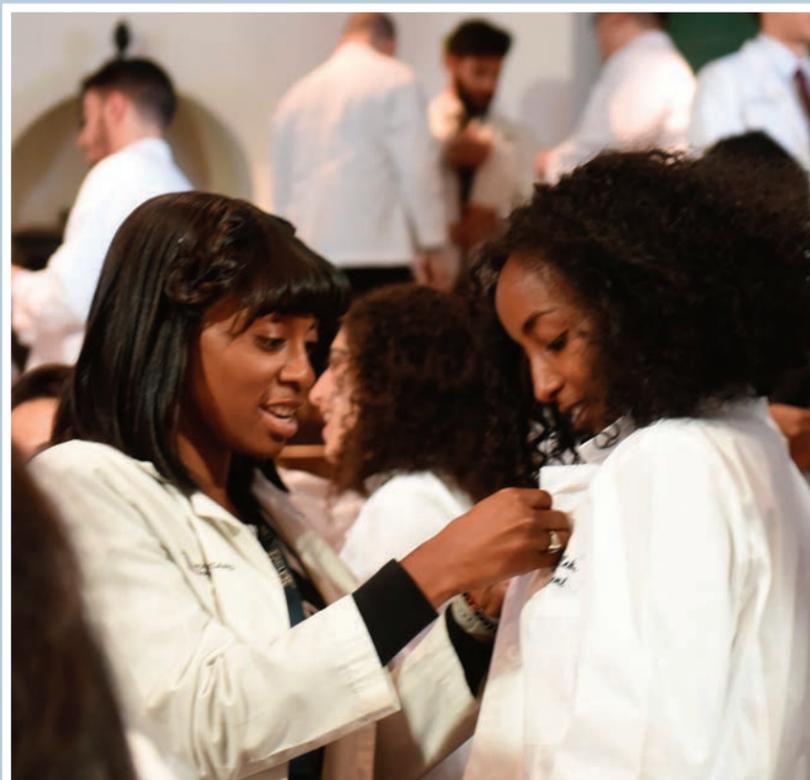
“Students access and process information differently than they did 25 years ago,” said **Donna Parker, MD**, Associate Professor of Medicine and Senior Associate Dean for Undergraduate Medical Education. *“They are coming to us from undergraduate experiences with more team-based and experiential learning to supplement traditional methods. The redesign to a more modern model will help us continue to attract the best students to Maryland.”*

The curriculum retreat led to the creation of many working groups that have already started to plan and strategize for the fall 2020 curriculum renewal launch.

The new medical curriculum will be implemented beginning in the fall of 2020, with the class of 2024.

AT UMSOM, OUR MISSION IS TO DEVELOP FUTURE PHYSICIANS WHO ARE:

- **Innovators:** Life-long learners who think critically, are forward-thinking leaders, scientifically curious and have a scholarly approach to medical care;
- **Excellent Clinicians:** Competent physicians who practice patient/family-centered, cost-conscious, safe, and effective care;
- **Socially and Culturally Responsible:** Fostering humanistic qualities including sensitivity, inclusion, diversity, professionalism, and integrity;
- **Prepared:** Physicians who are equipped for real-world practice through curricular exposure to all aspects of the science and practice of medicine.



UMSOM students pinning each other at their Student Clinician's Ceremony.

MD Students Mentor Gifted and Talented Learners

PARTNERING WITH BALTIMORE CITY PUBLIC SCHOOLS TO BRING “LOVE” OF SCIENCE



According to the U.S. Department of Education, children of color constitute slightly over 25 percent of gifted programs in American schools, with African-American and Hispanic students representing 9.8 percent and 16.7 percent, respectively. Participation in gifted programs have been linked to increased academic performance and positive future outcomes, yet substantial race and ethnic disparities exists in gifted program assignments across the nation.

Last fall, Baltimore City Public Schools (BCPS) identified 4,200 students as either gifted or advanced. Currently, more than 70 elementary and middle schools in the city offer gifted and advanced learning programs. Through a new collaboration between the BCPS’ Office of Gifted and Advanced Learning and the University of Maryland School of Medicine (UMSOM), a mentoring project has partnered first-year medical students and third graders to enhance their learning in science. The Talent Mentorship Program aims to provide positive role models for these students and help to broaden their ideas of what is possible for their contemporary and future selves.

Da’Kuawn Johnson, a MD/PhD student at the UMSOM, recently returned to his elementary school, Calvin M. Rodwell, to help inspire children who are at the same point that he was when one teacher recognized his unique academic abilities.

“Not only did she notice I was bright and good at math, but she took the time to give me additional projects to do,” Johnson recalls. *“This served as a positive reinforcement which made me more excited about learning and school.”*

Da’Kuawn attended public schools all through his primary education. He completed his undergraduate education at the University of Maryland, Baltimore County (UMBC), graduating with a BS degree in Biochemistry and Molecular Biology. Johnson also was a Meyerhoff Scholar, a scholarship program founded at UMBC in 1988, which aims at increasing academic achievement for underrepresented minorities in STEM fields.

“So many people have invested in me over the years. I have no other choice but to invest back,” he said.

Like Johnson, many first-year medical students will engage in various community projects in West Baltimore as part of the service learning experience of the Introduction to Clinical Medicine (ICM-1) course. ICM-1 is a part of a multi-year longitudinal experience to provide medical students with understanding of clinical medicine and the impact of societal factors on patient care.

“The concept of service rests at the core of the medical profession,” said **Norman Retener, MD**, Assistant Professor of Medicine, and ICM-1 Course Director.



“Understanding these issues will be instrumental in the students providing the best care for their patients and becoming socially minded physicians.”

— Dr. Retener

The Talent Mentoring Program is one of the many BCPS programs medical students are involved in through the ICM-1 course. Students also assist with the Prevention & Intervention for Early Learners Program (PIEL), which works to improve student outcomes by identifying students who need special education services. Medical students are also mentoring and tutoring elementary students at Federal Hill Preparatory School and providing support with the Ingenuity Project, which prepares middle and high school students to be nationally competitive in STEM programs.

“The School of Medicine has a high concentration of exceptional science students who are passionate about mentoring and teaching. This synergy can be a powerful force to help shape communities with limited resources,” said Johnson.

“Our partnership with Baltimore City Public Schools is a smart and right thing to do.” — Da’Kuawn Johnson



12th Annual Celebrating Diversity Dinner

The University of Maryland School of Medicine (UMSOM) held its 12th annual "Celebrating Diversity" reception and dinner on February 23, 2019 at the Renaissance Baltimore Harborplace. The event was attended by nearly 300 guests who gathered to honor diversity at UMSOM. The goal was to recognize those who have helped increase diversity in the field of medicine, and raise support for an endowed scholarship in the name of Dean Emeritus Donald E. Wilson, MD, MACP, AGAF.

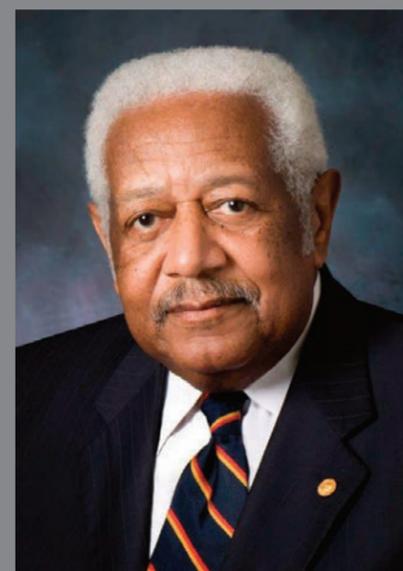


SOM Pride

UMSOM'S FIRST AFRICAN-AMERICAN DEAN
DONALD E. WILSON, MD, MACP, AGAF
1991-2006

Dr. Wilson, a native of Worcester, Massachusetts, is a graduate of Harvard College and Tufts University School of Medicine. In 1991 he was named Dean of the School of Medicine.

As the nation's first African-American dean of a major medical school, Dr. Wilson has consistently advocated and demonstrated a dedication to the promotion of equity in health care and diversity. His emphasis on addressing disparities in health for the underserved and for minorities through culturally competent research and outreach has permeated all levels and functions of the medical school and community.



Where's the Buzz? Our faculty, staff, and students are regularly sharing their successes! To better update these accomplishments, we have moved *What's the Buzz* online.

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

Chris Hardwick, Executive Editor
Tom Jemski & Mark Teske, Photos

Dave Beaudouin, Oriyomi Dawodu
Lisa Morris & Joanne Morrison
Contributing Writers
Kris Rifkin, Design



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