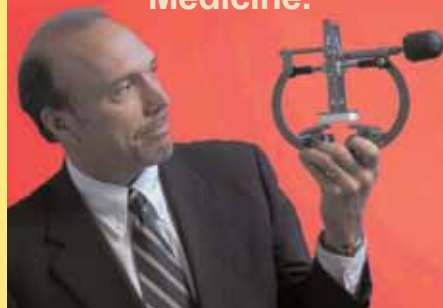




Point of Pride

In 1979, SOM PT alumnus **George Hepburn '74** invented the “**Dynasplint**” to help his PT patients. The device is recognized today as forever changing the field of Physical Therapy.

In 2005, he was also the **first alumnus** to make a monetary gift to endow a professorship at the School of Medicine.



DEAN'S MESSAGE: What's On My Mind



What's on my mind this month is the importance of academic citizenship to celebrate our collective participation in the shared governance of the School of Medicine and its success.

I have always been proud of the outstanding scholarship and collegial, collaborative environment at the School of Medicine. Each and every one of us plays a vital part in what makes our school a top-tier institution. In addition to our daily contributions, whether it is in terms of educating, providing patient care, conducting research or ensuring the smooth operation of all administrative functions, we have multiple opportunities to participate in the shared governance of our great enterprise.

The critical thing to remember are the multiple options available for the broad participation of our SOM community. Many of you may be unaware of the various avenues that we have to gather input from faculty, staff, trainees and students on decisions made at the School of Medicine. Therefore, **this issue of the SOMnews highlights the formalized committees on which all are strongly encouraged to participate.** Going forward, we will provide periodic updates on these committees and their activities.

I want to reaffirm the importance of everyone's input in School of Medicine policies and procedures. **To bring out the best in all of us, we need to engender a culture of collaboration and participation.** We must truly listen to each other and involve each other in the process of sharing information, ideas and feedback. When we sit down and have an open dialogue, we establish rapport that leads to common understanding of our mutual goals and objectives, and enables us to achieve them together.

It is incumbent upon leadership to cultivate an environment in which faculty, staff, trainees and students are encouraged and welcomed to engage in dialogue with their leaders. I, too, enjoy engaging faculty, staff, trainees and students. For this reason, I host regular luncheons with small groups of students to keep an open dialogue with them. I meet with the Chairs and Directors and the Senior Staff regularly to discuss important developments occurring or planned in the School, as well as listening to any concerns of faculty, trainees and students.

Finally, I want to challenge everyone to increase their level of communication and participation. We all have valuable roles in this institution and its mission. Importantly, no one person has a monopoly on good ideas. It is critical to the School's success that everyone shares the responsibility of finding new solutions to old problems and new ways of doing things. The difficult part is getting the good ideas out into the light of day. Academic citizenship of shared governance only works if we stand up, raise our issues, and then propose concrete strategies to rectify the problems that exist.

In last month's newsletter, we announced our decision to create a new Strategic Plan for the School of Medicine. This Plan will set goals for each of our mission areas: education, clinical care, research, and community outreach and service. Although the initial framework of the Strategic Plan was developed by a selected group of School of Medicine faculty, staff, students and trainees, everyone now has a responsibility to comment on, revise, rework or affirm this “strawman plan.” Each and every one of us has a role in shaping our Strategic Plan into a more robust vision for our institution. We heard from many of you at the all-hands retreat this month, but I want everyone to have an opportunity to provide their feedback. **Therefore, we'll be sending out the draft Strategic Plan for public comment during the rest of this month. I strongly encourage you to take advantage of this opportunity to shape the roadmap for the future of the School of Medicine.**

We are privileged to work at this prestigious, highly-ranked, research-intensive School of Medicine. This is a very important and substantive project where academic citizenship of shared governance can be realized. We must be exceptional stewards, who uncompromisingly and unapologetically advance our mission and vision to educate and train the next generation of physicians, scientists and allied health professionals; to conduct the highest caliber research; to provide exceptional patient-centered care; and to improve the health and wellbeing of the citizens in our local and global communities. By sharing that governance role together, I am confident that we will attain our ambitious goals for our great institution.

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



ACADEMIC CITIZENSHIP OF SHARED GOVERNANCE

Special Focus:

With the continuing growth of the School of Medicine and its faculty and staff, Dean E. Albert Reece has announced an increased focus on faculty, staff, trainee, and student involvement in academic citizenship of shared governance.

“This is an important part of the School's mission,” said **James B. Kaper, PhD**, Senior Associate Dean for Academic Affairs and Professor and Chair, Department of Microbiology & Immunology. “While we have many governance structures in place, we also have an opportunity to evaluate these and identify additional avenues for faculty and staff participation.”

One such opportunity currently taking place is the **SOM Strategic Planning Process**. The planning activities include school-wide participation in this month's all-hands retreat to develop ambitious goals



for the next five years in the areas of research, clinical care, education, and global/community outreach and service. In particular, through this planning process, SOM administrators and staff have become directly involved in helping the school chart its course over the next five years.

According to Dr. Kaper, the SOM wishes to highlight the many existing shared governance structures in place, including the SOM Council, the SOM Executive Committee, the eight SOM Standing Committees, as well as ad hoc committees and work groups.

Faculty and Staff Participation in Shared Governance

With 207 members, including 168 elected members and 39 appointed members, the **SOM Council** is the primary shared governance and approving body for the SOM.

(continued on back page)

ALLIED HEALTH at Maryland

At the University of Maryland School of Medicine, we have unique departments that offer top-notch educational experiences for those who are going into medicine-related fields but are not earning a medical doctor degree. *The Department of Medical & Research Technology, the Department of Pathology, and The Department of Physical Therapy & Rehabilitation Science* train Allied Health students who are working toward careers as medical technologists, pathologists' assistants, physical therapists, and other related occupations. These departments operate almost as their own schools within the School of Medicine, with students having a separate application process and a different timeline for their degree pursuits.



DMRT

Career Success in Medical Technology

The Department of Medical and Research Technology (DMRT) houses Maryland's largest medical laboratory science (MLS), or medical technology, program. DMRT, chaired by **Sanford Stass, MD**, is one of the few departments at the School of Medicine that offers a Bachelor's degree. "Most students seeking Bachelor's degrees transfer from area community colleges after completing 60 pre-requisite credits in the sciences and general education," explains **Deirdre Parsons, MS, MT(ASCF)SBB**, Program Director for the department. DMRT is one of the first undergraduate programs in the country to be awarded 10-years of reaccreditation under the new standards of the National Accrediting Agency for Clinical Laboratory Sciences (NAACLS).

DMRT also offers a Post-baccalaureate certificate. The certificate program is an accelerated, one-year plan of study for individuals who already possess a baccalaureate degree in a basic science area such as chemistry or biology. In addition to lecture and

"Our students are employed in a variety of settings, including hospitals; physician's offices; and reference and research laboratories at public, private, industrial, academic and governmental institutions."



laboratory instruction, undergraduate and post-bac students complete clinical rotation training at prestigious clinical and research facilities in the Baltimore-Washington corridor ranging from the University of Maryland Medical Center (UMMC) and The Johns Hopkins Hospital to the National Institutes of Health (NIH) and Georgetown University Hospital in the DC area. DMRT is the only MLS program in the country with clinical placements at the NIH.

After completing the undergraduate or post-baccalaureate programs, DMRT students are eligible to sit for certification through the American Society for Clinical Pathology (ASCP). The DMRT student pass rate is impressive, with 100 percent of graduates passing in 2015, compared to a national pass rate of 80.31 percent. Outstanding training and clinical placements have also led DMRT graduates to a job placement rate of 100 percent. "DMRT graduates are highly sought after and typically have job offers before graduation," Parsons says. "Our students are employed in a variety of settings, including hospitals; physician's offices; and reference and research laboratories at public, private, industrial, academic and governmental institutions."

DMRT graduates can also continue on and pursue a Master's degree with the department, which offers two tracks—Biomedical Research and Laboratory Management. "Numerous DMRT graduates have completed MS and doctorate degrees," boasts Parsons. "Our DMRT graduates hold leadership positions in clinical and research laboratories; they work as faculty educators in the laboratory sciences; several have obtained advanced specialist certification in Blood Banking and Transfusion Medicine (SBB); and others are employed by the USDA, CDC, FDA, the US Public Health Service, and the NIH."



PA

A Rich History in Pathology

Pathologists' Assistants are intensely trained allied health professionals, qualified by academic and practical training to assist in providing service in anatomic pathology under the direction and supervision of an anatomic pathologist. Pathologists' Assistants interact with Pathologists in the same manner that Physicians' Assistants carry out their duties under the direction of Physicians in surgical and medical practice.

The University of Maryland School of Medicine Pathologists' Assistant (PA) Program is in the Department of Pathology, for which **Sanford Stass, MD**, is the Chair. The program began in 1974 and is one of the oldest in the nation. Dr. Michael Lipsky was recently appointed Program Director, replacing Dr. Rudy Castellani, who was Program Director for eight years. The mission of

UNIQUE DEPARTMENTS

DPT



Celebrating Sixty Years of Educational Excellence

Each year, more than 50 percent of the graduates in the Doctor of Physical Therapy (DPT) program within the Department of Physical Therapy & Rehabilitation Science (PTRS) choose to pursue their careers in Maryland. This homegrown talent works not only in local hospitals and rehabilitation centers, but also in specialty practices focusing on such areas as sports medicine, geriatrics, pediatrics, wounds & burns, and vestibular/balance issues. Others move into academia, or work in school-based therapy programs for children, in home care, and in skilled nursing facilities.

Created in 1956 to provide a bachelor's degree program in physical therapy, PTRS moved to a Masters-level curriculum in 1991. In 2002, an entry-level Doctor of Physical Therapy program (DPT) was established for students with Bachelor degrees interested in pursuing careers in physical therapy. The three-year DPT program is accredited by the Commission of Accreditation in Physical Therapy Education (CAPTE). It includes clinical rotations across the country, with each student being required to work in three different clinical settings—medically complex, community-based, and rehabilitation. Graduates have a 100 percent ultimate pass rate for the national physical therapy exam (NPTE) and 100 percent employment rate for those who sought employment. The department also offers a one-year, post-professional training residency in Pediatric Physical Therapy in collaboration with Kennedy Krieger, and is currently developing Neurologic and Orthopedic residencies with UMMC.

More recently, research has become a growing priority for the department. Students interested in the research side of Rehabilitation Science have the option of earning a PhD in Physical Rehabilitation Science or a combined DPT-PhD degree. The PhD is an interdisciplinary program, with its first graduate in 2002 and all future graduates going on to productive academic careers or administrative positions. Plans are also now in the works for a combined DPT-MPH degree.



The U.S. Department of Education, National Institute of Disability and Rehabilitation Research, has generously funded the University of Maryland Advanced Neuromotor Rehabilitation Research Training (UMANRRT) Program. UMANRRT, under the direction of **Mark W. Rogers, PhD, PT**, Professor and Chair, addresses the shortage of interdisciplinary rehabilitation researchers by training postdoctoral fellows to further develop and refine the skills needed to conduct high-quality, independent, interdisciplinary, funded research in the rehabilitation of clinical populations with neuromotor disorders. During each two-year fellowship, a high quality mentored experience is achieved via the program's emphasis on the fellows' acquisition of knowledge, methodological and conceptual skills, and professional skills. This prestigious training program is currently full.

All students at PTRS "have the chance to be exposed to state-of-the-art rehabilitation research; participate in community service engagement both within Baltimore and in surrounding areas; advocate for the profession

and patients; participate actively in Interprofessional Education on campus; and collaborate with University of Maryland campuses such as College Park and UMBC for both education and research purposes," says Dr. Rogers.

In honor of its 60th anniversary, the department will celebrate with a gala for alumni, students, staff and other friends. Major renovations are also underway in the department's main lecture room. It is an exciting time for the department, which even after all these years continues to prove itself as one of the premiere physical therapy education programs in the country.

The three-year DPT program includes clinical rotations across the country, with each student being required to work in three different clinical settings—medically complex, community-based, and rehabilitation.



PA (Pathology continued)

the program is to graduate healthcare professionals who provide exceptional service and expertise in anatomic pathology laboratories. It is one of only 10 programs in the United States and Canada that are accredited by the National Accrediting Agency for Clinical Laboratory Sciences (NAACLS).

The PA training program is full-time and lasts for 22 months, starting in July of each year. Students are fully trained in both Surgical Pathology and Autopsy Pathology. "The first year is concentrated on coursework and the second year on clinical training," explains **Carlen Miller, MS, PA(ASCP)CM**, Associate Program Director and a UMB PA Program alumnus. "During the clinical laboratory training, students rotate through area institutions, including

The mission of the program is to graduate healthcare professionals who provide exceptional service and expertise in anatomic pathology laboratories.

UMMC, Johns Hopkins Hospital, the Office of the Chief Medical Examiner, and various community hospitals."

Upon completion of the program, students earn a Master's of Science in Pathology and are eligible to take the American Society of Clinical Pathology (ASCP) certification examination. Once graduates pass this exam, they are considered certified Pathologists'

Assistants and can identify themselves as a PA(ASCP). Participation in the ASCP Certification Maintenance Program (CMP) is mandatory to remain certified through ASCP. Like our DMRT graduates, last year's class of PA graduates also had a 100 percent first-time candidate pass rate for their certification examination. Student employment placement also approaches 100 percent at graduation.

Shared Governance (continued)

The Council membership is constituted by elected representatives from each academic department. Each department is entitled to a minimum of one representative, with one additional representative for every ten full-time equivalents in the department. The representatives from a particular department are elected by the primary faculty body of that department and serve for a term of two years. The Council meets 10 times each year, and all meetings are open to all SOM faculty, staff, students and trainees.

The Council (and its standing committees) has authority over the educational policy of the School and over policies related to student conduct, academic rank, and appointments. The Council has the power to establish standing, ad hoc, and special committees as may be necessary to carry out its functions. In doing so, the Dean seeks broad input from faculty members at large. Considerations for significant change are brought to a standing or ad hoc committee for review and recommendations. Examples include the formation of the Research Affairs Advisory Committee, the Clinical Affairs Advisory Committee, the Financial Affairs Advisory Committee, the IT Affairs Advisory Committee, and other ad hoc committees.

Student Participation in Shared Governance

SOM students are given the opportunity at multiple points to comment on and give feedback with respect to the educational programs and the learning environment. Anonymous feedback on each lecture and small group is solicited as well as formal end-of-course evaluations. During the clinical years, students are asked to evaluate the professionalism of the learning environment in formal end-of-clerkship evaluations. Feedback on individual faculty members is shared with the faculty member and, at times, with their chair. Town Hall meetings are held regularly to allow students to share feedback directly with UMSOM leadership. The Clinical Years Committee (CYC) conducts peer reviews of all clerkships, discusses the results in session, and creates actionable recommendations for the Clerkship Directors.

Other Committees of Shared Governance

- **Appointments, Promotion and Tenure (APT) Committee:** makes recommendations to the Executive Committee of the SOM Council on faculty appointments, promotions, and awarding of tenure.

Executive Committee a sub-group and a Special Committee of the Faculty Council, also meets monthly. The Committee consists of chairs, directors, deans, as well as 2 basic science department elected faculty representatives and 2 clinical science department elected faculty representatives. This body advises the Dean, and makes recommendations to the SOM Council.

The Curriculum Coordinating Committee (CCC), a standing committee of SOM mandated by its bylaws, is one of the most significant shared governance committees in the School. It serves as the faculty governance of the education program and represents the entire teaching faculty of the school. The CCC is comprised of a voting membership of faculty, students, and administrators, including course and clerkship directors, as well as non-voting members from the Dean's Office, the Office of Medical Education, and the Office of Student Affairs. The CCC has two standing subcommittees:

The Year 1-2 Committee is devoted to the preclinical years and is comprised of all first- and second-year course directors as well as student representatives. This committee gathers information from course directors, unit leaders, and student focus groups, and reviews course structure, content, teaching methodology, and performance, subsequently reporting to the CCC.

The Clinical Years Committee (CYC) is comprised of all clerkship directors as well as student representatives. This committee reviews clerkship structure, evaluation, and performance, subsequently reporting to the CCC.

Among future initiatives, the CCC will be implementing a new policy which will enable the Committee to include elected faculty members, in addition to those who are appointed. In addition, possibilities for additional staff participation in shared governance activities are being reviewed.



- **Faculty Research (Research Affairs Advisory Committee):** serves to foster and stimulate research and to recommend policies related to grants and contracts, funding procedures, and other research and laboratory policies.

- **Committee on Admissions:** selects from among the properly qualified applicants those individuals who can, within the policies of the University and the number of places available, be admitted to the School of Medicine. This group, which includes student representatives, also makes a continuing study of the factors impacting upon the selection process and to make recommendations concerning changes in the admissions procedures when necessary.

- **Advancement Committee:** systematically reviews the academic and professional progress of medical students and makes recommendations to the Dean on academic advancement, probation, remediation and dismissal of students based upon deficiencies in academic and or professional performance.

- **Committee on Continuing Medical Education:** analyzes and makes recommendations concerning all policies related to the continuing education activities of the School of Medicine.

- **Committee on Affiliated Medical Education Activities:** develops guidelines for affiliated medical education programs with the School of Medicine (including hospital affiliations and allied health profession programs) and to be advisory to the Dean and Department Chairs in these matters.

- **Committee on Elections:** made up of appointed faculty who oversee elections for the faculty representatives on the Executive Committee, the membership of the SOM Council, the UMB Faculty Senate and the Judicial Board.

“As we continue to renew our various SOM committees and work groups, we are reminded that the key to effectiveness is active participation among those community members appointed and elected to serve the SOM in this capacity,” said Dr. Kaper.

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