



DEAN'S MESSAGE: What's On My Mind



What's on my mind this month is our community outreach mission. As the nation's oldest public medical school, we serve communities locally, regionally, nationally and internationally. Community outreach involves the use of our expertise and resources to provide much needed education, training and services to help our communities to improve their quality of life. Thus, one of our central missions is to respond to the public's growing desire for accurate, up-to-date health and medical information to aid them in their decision-making abilities in an increasingly complex healthcare environment.

Since we also conduct basic and clinical research, we have an intense interest in educating the public about biomedical research and how it ultimately gets translated into therapies and interventions. Our goal is to engage them in becoming partners in this process so that our efforts will be tailored to their needs and are likely to have a significant impact.

The School of Medicine faculty, staff and students provide over 400,000 volunteers hours each year to more than 250 community organizations. While I cannot possibly list each and every one of the extraordinary outreach initiatives in which we are involved, I would like to highlight just a few.

Locally, we provide a variety of outreach, education, prevention and treatment services to children, adults and their communities. Our Baltimore Community Medical Outreach program, for example, offers an impressive array of outreach services to the local community in the form of interactive workshops on health topics such as HIV/AIDS and other sexually transmitted infections, hepatitis, hypertension and drug detoxification. Another Baltimore-based initiative, Project Bridges, is a multi-dimensional, home-, community- and school-based intervention program that improves the health, well-being and life skills of pregnant adolescents, their children and families, including mental health, nutrition and social skills training.

We also provide of a wide variety of disease prevention and control services and activities on a statewide, regional and national level to promote increased participation by the public in our many clinical trials. Much of this outreach activity is accomplished through the University of Maryland Statewide Health Network (UMSHN), which was established to reduce morbidity and mortality related to cancer and tobacco-related diseases. Since 2000, the UMSHN has provided more than 1,200 educational programs to nearly 55,000 people in the Baltimore region and across the state. It also has provided more than 120 continuing medical education/continuing education programs to more 4,000 health care professionals statewide.

Through the Community Networks Program (CNP), we are working to reduce cancer health disparities across the state of Maryland through community-based participatory education, training and research among racial/ethnic minorities and underserved populations. The overall goal of the CNP is to significantly improve access to—and utilization of—potentially beneficial cancer interventions and treatments in communities and populations that have experienced a disproportionate share of the cancer burden.

Likewise, our Other Tobacco-Related Diseases (OTRD) grant program supports the state's effort to reduce tobacco-related illnesses and deaths by fostering research in health services and clinical and translational research. To date, OTRD has funded 84 groundbreaking projects on such topics as maternal smoking and its effects on infant mortality, nicotine addiction, vascular disease, chronic pulmonary disease, asthma, effects of nicotine on gene expression profiles, and the effects of smoking on kidney disease.

In partnership with the Mid-Atlantic Association of Community Health Centers, we have established 29 telemedicine clinical education training centers throughout the region. Real-time video and computer links enable physicians in rural and underserved communities to confer with our physicians and to transmit of diagnostic images and treatment data. This allows our physicians to provide the highest level of care to patients who would not otherwise have access to our state-of-the-art resources in Baltimore.

Each year, we also offer a number of "mini-medical school" programs throughout the region. These are a series of free public lectures that give adults of all ages as well as high school, middle and elementary students the opportunity to learn about important topics in medicine and health and the

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latest in medical research. Topics have included obesity, diabetes, AIDS/HIV, chronic kidney disease, cardiovascular disease, nutrition and stroke. To date, more than 2,500 community residents in Baltimore City, Western Maryland, Montgomery County (this program was entirely in Spanish), Southern Maryland, and on Maryland's Eastern Shore have participated in our very popular Mini-Med Schools.

This is but a small listing of all the important community outreach initiatives our faculty, staff and students undertake each year. I would like to conclude by emphasizing that for us, outreach is an integral part of what we do in providing care and conducting research. We consider it a key component of academic citizenship.

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, School of Medicine

Jay Magaziner Named Chair of Department of Epidemiology & Preventive Medicine

Jay Magaziner, PhD, MSHyg, has been appointed chair of the Department of Epidemiology & Preventive Medicine. Dr. Magaziner has been on faculty at the School of Medicine since 1982, where he most recently served as a professor in the Departments of Epidemiology & Preventive Medicine, Medicine, and Physical Therapy & Rehabilitation Science. He is also co-director of the Center for Research on Aging.

"Dr. Magaziner has demonstrated scientific strength and leadership in many ways since he joined our faculty more than 25 years ago," said Dean Reece. "He developed the Division of Gerontology in the Department of Epidemiology & Preventive Medicine, which he has successfully led since 1986, and his continuous funding from the National Institutes of Health is testament to his outstanding scholarship."

He received his doctoral degree from the University of Chicago, where he trained in adult development and aging, and his master's from the University of Pittsburgh Graduate School of Public Health.

Dr. Magaziner's research focuses on the consequences of hip fracture, health and long-term care and methods for studying older populations. The major focus of his work is to identify ways to enhance function and improve the quality of life for older persons. He has served as principal investigator on more than 45 research projects and has published more than 150 papers in peer-reviewed journals.

His work on hip fracture focuses on issues related to hip fracture recovery and has earned him the almost unprecedented honor of receiving two consecutive National Institutes of Health Method

to Extend Research in Time (MERIT) Awards, a program which provides long-term support to investigators whose research competence

and productivity are distinctly superior.

"I am honored to have been named chair of this nationally recognized department," said Dr. Magaziner. "Our outstanding faculty and staff work hard to improve the health of the people of Maryland and beyond, and to educate and train medical and graduate students. My goals as chair include providing direction to our faculty and the wider research community in important population-based health areas, creating an environment where our educational and research programs can thrive, supporting other outstanding research and educational efforts in the School of Medicine and across the campus, and maintaining a platform for interfacing with other School of Medicine and campus programs."

Dr. Magaziner has served in many leadership positions including the Governor's Commission on Aging Services

in Maryland and the board of the Maryland Gerontological Association. He was a founder of the University of Maryland, Baltimore's (UMB), Long-Term Care Project, established in 1984 to oversee research in Maryland nursing homes, and the Baltimore Hip Studies, an interdisciplinary program established in 1983 at UMB, to identify the consequences of hip fracture and to design and test strategies to improve recovery.

On the national level, Dr. Magaziner is recognized for his expertise in the epidemiology of aging. He has been a regular member of the National Institutes of Health Epidemiology of Clinical Diseases and Aging Study Section, which he chaired from 2001-2005. He is on the editorial board of the *Journal of the American Geriatrics Society*, and serves on the American Orthopaedic Association Own the Bone Multidisciplinary Advisory Board and the Scientific Advisory Council of the National Palliative Care Research and Training Center.



Jay Magaziner, PhD, MSHyg

New Federal Awards

(\$100,000 and above)

Epidemiology & Preventive Medicine

Name	Amount	Granting Agency	Grant Title
Michael L. Terrin, MD, CM, MPH	\$100,954	NIA	Doxycycline Treatment of Abdominal Aortic Aneurysm

Institute for Genome Sciences

Jacques Ravel, PhD	\$413,156	National Science Foundation	Microbial Genomic Sequencing: Insight into the Evolutionary History of Bacillus Subtilis Through Whole Genome
	\$251,252	National Science Foundation	Microbial Genomic Sequencing: Whole Genome Sequencing of Bacillus megaterium QM B1551

Institute of Human Virology

C. David Pauza, PhD	\$224,564	NIAID	Vaccine Inhibition of gd T Cells is a Immune Evasion
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Mucosal Biology Research Center

Terez Shea-Donohue, PhD	\$750,000	NIAID	Novel Therapy for Post-Irradiation Insult to Gut Mucosa
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National Study Center

Patricia C. Dischinger, PhD	\$126,439	NIGMS	Injury Control and Trauma Response
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Neurology

Barney J. Stern, MD	\$315,000	NINDS	Neurology Emergencies Treatment Trials (NETT) Network
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Pediatrics

Rose Marie Viscardi, MD	\$228,137	NICHD	Azithromycin to Prevent BPD in Ureaplasma-Infected Preterms: Single Dose PK Study
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Physiology

Tami Jo Kingsbury, PhD	\$194,906	NINDS	Inhibition of trkB Dephosphorylation: A Novel Approach to Promote Neuron Survival
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Program in Oncology

Name	Amount	Granting Agency	Grant Title
Maria R. Baer, MD	\$192,621	NCI	MDR Gene Polymorphisms in AML
Angelika M. Burger, PhD	\$246,884	NCI	The BCA2 Ubiquitin E3 Ligase as a Target In Breast Cancer
Aaron P. Rapoport, MD	\$285,000	NCI	Combination Immunotherapy after ASCT for Myeloma

Psychiatry

Eric P. Slade, PhD	\$258,400	NIMH	Use of Mental Health and Primary Care Services Among Disadvantaged Young Adults
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Radiation Oncology

Warren D. D'Souza, PhD	\$298,435	NCI	Feedback Control of Respiration-Induced Tumor Motion with a Treatment Couch
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Shock Trauma

Grant V. Bochicchio, MD, MPH	\$662,764	US Army Medical Research & Development Command	Early Tight Glycemic Control in Critically Injured Trauma Patients
Thomas M. Scalea, MD	\$841,999	US Army Medical Research & Development Command	Early Support of Intracranial Perfusion

Surgery

Samuel M. Alaish, MD	\$126,900	NIGMS	The Role of Genetics in Innate Immunity Following Choles
Donna L. Farber, PhD	\$187,500	NIAID	Memory CD4 T Cell-Mediated Immunopathology in Influenza Infection.

New Non-Federal Awards

(\$100,000 and above)

Center for Vaccine Development

Name	Amount	Granting Agency	Grant Title
Alan S. Cross, MD	\$371,231	Evolva Biotech SA	Novel Compounds to Boost Short-Term Human Defense Response Against Unknown Pathogens
	\$163,571	MIPS	Mechanism of Action Studies for Valortim
James C. King, MD	\$199,447	Protein Sciences Corp	Evaluation of the Immunogenicity, Safety, Reactogenicity, Efficacy, Effectiveness & Lot Consistency of Flyblok(TM) Trivalent Recombinant Baculovirus-Expressed Hemagglutinin Influenza Vaccine in Healthy Adults Aged 18-49 (Study PSC04)
Kirsten E. Lyke, MD	\$270,000	Doris Duke Charitable Fund	Schistosoma-Mediated Resistance to Malaria
James P. Nataro, MD, PhD	\$1,914,234	Bill & Malinda Gates Foundation	New Technologies in Diagnosis of Enteric Disease
Milagritos Tapia, MD	\$167,990	Program for Appropriate Technology in Health (PATH)	Efficacy, Safety & Immunogenicity of RotaTeq Among Infants in Asia & Africa

Center for Vascular & Inflammatory Diseases

Leonid Medved, PhD, ScD	\$120,513	MIPS	Combination Therapy for Myocardial Infarction
David W. Scott, PhD	\$102,637	EpiVax Inc	Epitope-Driven Deimmunization of Factor VIII

Epidemiology & Preventive Medicine

Jon P. Furuno, PhD	\$152,460	American Mold Group	Impact of Treating Hospital Environmental Surfaces w/ AMG Scientifics Antimicrobial Treatment
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Institute for Genome Sciences

Claire M. Fraser-Liggett, PhD	\$578,177	Washington University	Metagenomic Studies of the Gut Microbiomes of Obese and Lean Twins
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Institute of Human Virology

Robert C. Gallo, MD	\$2,154,176	Bill & Malinda Gates Foundation	Sterilizing Protection Elicited by an HIV-1 Vaccine
Maria S. Salvato, PhD	\$100,000	SRI International	Influenza Surveillance and Challenge Studies of Human Subjects

Medicine

Sergi P. Atamas, MD, PhD	\$251,252	Maryland Arthritis Foundation	Complex Regulation of Lung Inflammation & Collagen Turnover by CCL18
Peter A. Reyes, MD	\$132,317	Johnson & Johnson	The Atlas ACS TIMI 46 Trial (Anti-xa Therapy to Lower Cardiovascular Events in Addition to Aspirin w/ or w/out Thienopyridine Therapy in Subjects w/ Acute Coronary Syndromes

Mucosal Biology Research Center

Simeon E. Goldblum, MD	\$129,881	MIPS	Zonulin Regulates Endothelial Paracellular Pathway
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Neurology

Paul S. Fishman, MD, PhD	\$115,000	Maryland Technology Development Corp.	Transcription Factor Driven Differentiation of Neural Stem Cells
Walter Royal, III, MD	\$101,203	Serono Laboratories, Inc.	Vitamin D and Multiple Sclerosis

Otorhinolaryngology-Head & Neck Surgery

Name	Amount	Granting Agency	Grant Title
Zhongmin Guo, MD, PhD	\$108,500	Flight Attendant Medical Research Institute	Roles of DNA Promoter Hypermethylation in Head & Neck Cancer Cisplatin Resistance
Rodney J. Taylor, MD	\$108,500	Flight Attendant Medical Research Institute	Evaluating CD137 as a Novel Treatment in a New Tobacco-Exacerbated Model of Chronic Sinusitis

Pediatrics

Renee E. Fox, MD	\$105,000	Robert Wood Johnson Foundation	Robert Wood Johnson Health Policy Fellowship
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Pharmacology & Experimental Therapeutics

Vincent C. Njar, PhD	\$133,590	Syndax Pharmaceuticals, Inc	Synthesis and Evaluation of MS-275 Analogs as Inhibitors
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Program in Oncology

Stuart S. Martin, PhD	\$108,500	Flight Attendant Medical Research Institute	How Second-Hand Smoke Affects Breast Tumor Dormancy in the Lung
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Psychiatry

Liyi E. Hong, MD	\$247,932	Stanley Medical Research Institute	Moderate Dose Maintenance Therapy of Varenicline on Core Neurobiological Deficits & Clinical Outcomes in Schizophrenia
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Shock Trauma

Grant V. Bochicchio, MD, MPH	\$183,873	Covance Incorporated	A Phase 3, Multicenter, Randomized, Double-blind Comparat
	\$154,725	PriCara, Unit of Ortho-McNeil Inc.	A Phase 2, Open-Label, Non-Comparative Study of Doripenem in the Treatment of Nosocomial & Ventilator-Associated Pneumonia in Hospitals Where Pseudomonas Aeruginosa May Be a Prevalent Pathogen
	\$295,920	Tranzyme	Multicenter, Randomized, Double-Blind, Placebo-Controlled, Dose-Ranging Study to Assess the Efficacy & Safety of TZP-101 When Administered As a 30 Minute IV Infusion for Postoperative Ileus to Subjects Undergoing Major Open Abdominal Surgery
Richard P. Dutton, MD, MBA	\$190,000	Banyan Biomarkers	Biomarkers of Brain Injury: Magnitude, Secondary Insults & Outcome

Surgery

James G. Cushman, MD	\$200,469	Wyeth-Ayerst Laboratories	A Multicenter, Randomized, Double-Blind, Placebo-Controlled, Parallel-Group Study of Intravenous Methylnaltrexone (MOA-728) for the Treatment of Post Operative Ileus
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Division of Cardiac Surgery Has Heart

In late 2001, Bartley Griffith, MD, joined the Department of Surgery at the University of Maryland School of Medicine as professor and chief of the Division of Cardiac Surgery. His move from the University of Pittsburgh signaled the start of a new era for a program he describes as having “languished” in previous years and a renewed commitment by the School of Medicine to develop top-notch cardiac surgical care.

Working hand-in-hand with colleagues in the Division of Cardiology in the Department of Medicine, Dr. Griffith and his faculty have created a heart program that is on track to perform over 1,000 surgical procedures this year, up from 350 cases in 2001. “While most programs in the United States have gotten smaller, ours has been able to grow,” he stated. “This is a testament to our ability to successfully compete for patients in a highly competitive region, using innovation and quality service as drivers.”

In the last six years, referrals have increased and cardiac surgery has diversified enormously. The Division of Cardiac Surgery’s six full-time physicians now specialize in handling specific types of cardiac cases. “I made a fundamental decision to individualize the focus of the team,” said Dr. Griffith. “I wanted our surgeons to be team-oriented and each an expert in a specific area, including the mitral valve or aortic valve, coronary artery disease, congenital defects, aneurysm or transplant surgery. Now we have niches and have finely tuned the specific skills required to stand out in the region and beyond.”

Dr. Griffith also succeeded in leading the creation of the division’s heart transplant program. “It was non-existent when I arrived. No transplants

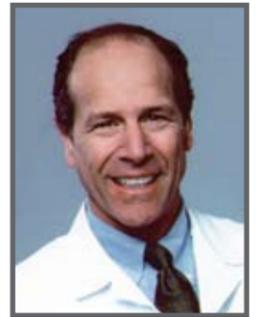


were being performed,” he said. “Within a year, we had performed 12 successful heart transplants and qualified for Medicare funding. In 2007, we performed 31 heart transplants, which places our program among the top 15 percent in the country in terms of volume. The lung transplant program is also following similar growth.”

Cardiac surgery has also seen enormous growth in research projects and funding. Dr. Griffith has been continuously funded by the National Institutes of Health (NIH) since 1987 and is currently working to develop cardiac healing and an artificial lung. When he arrived in 2001, the division had no peer-reviewed research funding from the NIH. It is now the recipient of eight NIH awards and conducts research on how hearts heal after infarction, why heart bypasses clot, the devel-

opment of miniature heart pumps and xeno-transplantation, which is the transplantation of animal cells, tissues or whole organs into people.

“Personally, I have always sought balance between the operating room and the lab,” said Dr. Griffith. “It is very difficult to be a precise technical cardiac surgeon and maintain basic research. I have been lucky to have wonderful team support in both areas, and this permits me the luxury of pursuing each to the best of my ability. I encourage our faculty to be excellent surgeons and bedside doctors but to also be scientifically creative. It is a tough balance, but I am amazed at the broad capabilities of this outstanding division that I have had the good fortune to lead. What we do in the lab will ultimately have an impact on our patients.”



Bartley Griffith, MD

“I encourage our faculty to be excellent surgeons and bedside doctors but to also be scientifically creative.”

SOM Establishes 7th ORC: Center for Trauma and Anesthesiology Research



Thomas M. Scalea, MD, FACS, FCCM

In an effort to further basic, translational and clinical studies in injury research, the University of Maryland School of Medicine has designated its Charles McC. Mathias National Study Center for Trauma and Emergency Medical Systems as a new Organized Research Center (ORC). With this designation, the new Center for Trauma and Anesthesiology Research will become a world-class, multi-disciplinary research and educational center focusing on brain injuries, critical care and organ support, resuscitation, surgical outcomes, patient safety, and injury prevention. The new center becomes the seventh Organized Research Center at the University of Maryland School of Medicine. It is believed to be the first research center in the nation dedicated exclusively to the study of trauma, its complications and prevention.

The National Study Center has been an international leader in research related to the causes, treatment and outcomes of traumatic injuries and sudden illness. Previous studies conducted by the National Study Center have been used to improve vehicular safety, to refine patient care and to develop public education programs for the prevention of trauma.

“We are building on the National Study Center’s foundation with added resources to enable the Center for Trauma and Anesthesiology Research to become a truly world class research program,” said Dean E. Albert Reece, MD, PhD, MBA. “We are excited by the opportunities this collaborative effort will bring for faculty and researchers across our campus who have common academic interests in trauma and surgical outcomes.”



Peter Rock, MD, MBA

The Center for Trauma and Anesthesiology Research will encompass the research activities of the University of Maryland School of Medicine’s Program in Trauma and its Department of Anesthesiology, along with the existing National Study Center, which was established at the School of Medicine in 1986 by the United States Congress. Many of the researchers working in the new research center are doctors who care for trauma patients at the University of Maryland’s R Adams Cowley Shock Trauma Center.

The new ORC will be led initially by co-directors Thomas M. Scalea, MD, FACS, FCCM, Francis X. Kelly Professor of Trauma Surgery, director, Program in Trauma, and Physician-in-Chief, R Adams Cowley Shock Trauma Center, and Peter Rock, MD, MBA, Martin Helrich Professor and Chair, Department of Anesthesiology. A national search is being conducted for a permanent director.

“This ORC designation demonstrates the commitment that the University of Maryland School of Medicine, its Department of Anesthesiology and its Program in Trauma have made to this project,” said Dr. Scalea. “The Organized Research Center will provide the impetus to build on past successes and create a trauma research program that is unparalleled in this country.”

“The Center for Trauma and Anesthesiology Research will focus on issues that are important to both anesthesiologists and those involved in the care of trauma patients,” said Dr. Rock. “Our goal is to promote interdisciplinary research, collaboration and interaction among faculty with similar interests. We intend to collaborate extensively with departments in the School of Medicine as well as collaborate with the

other professional schools at the University of Maryland, Baltimore. We are looking forward to the development of a world-class research center.”

“Now more than ever, we need a greater research effort to improve the survival and outcomes for our trauma patients, in addition to preventing devastating injuries,” stated Dr. Scalea, who adds that traumatic injuries have increased 35 percent in the past 11 years.

“We believe that we now have the critical mass necessary to achieve our vision,” said Dr. Scalea. “We have brought together clinician scientists, basic scientists and

“The Organized Research Center will provide the impetus to build on past successes and create a trauma research program that is unparalleled in this country.”

epidemiologists into a center that will focus on discrete areas of injury research. All of these previously independent programs have been successful in the past, but the synergy that will exist in this new Organized Research Center will allow the group to be much more than the sum of its parts.”

Bruce Jarrell, MD, vice dean for Research and Academic Affairs, says that the new ORC “emphasizes the School of Medicine’s continued commitment to excellence in research and our innovative spirit which brings our research vision to life.”

The School of Medicine’s other Organized Research Centers are: the Center for Health Policy and Health Services Research, the Center for Integrative Medicine, the Mucosal Biology Research Center, the Center for Vaccine Development, the Center for Research on Aging, and the Center for Vascular and Inflammatory Diseases.

What the Heck is AHEC?

The Area Health Education Center (AHEC) Program was developed by Congress in 1972 to recruit, train and retain health professionals to address the health care workforce shortage in rural and underserved areas. Fifty AHEC programs operate in nearly every state and the District of Columbia, and approximately 120 medical schools work with the AHECs to improve health for underserved and underrepresented populations. The University of Maryland School of Medicine requires all fourth-year medical students to complete an eight-week AHEC rotation.

The University of Maryland established three Area Health Education Centers. The Western Maryland AHEC, which started in 1976, is one of the oldest AHEC Centers in the nation. It serves the three most Western counties of Maryland—Garrett County, Allegany County and Washington County. The Eastern Shore AHEC, established just over ten years ago, is located in Cambridge, and serves all nine counties of the Eastern Shore. The third and newest AHEC Center is located in Baltimore City. In addition, through an informal partnership with a primary care physician in Southern Maryland, students can opt to be placed in St. Mary's County.

Students can spend the full eight-week clinical rotation at any of these four locations, but only those with family, health or transportation issues are allowed to request to remain in Baltimore. The students also have the option of spending one month at a Maryland AHEC site and one month in an epidemiology and preventive medicine program, or one month at a Maryland AHEC site and one month at various Indian Health Service (IHS) sites around the country, or one month at a Maryland AHEC site and one month doing a rotation in international health. Students may request a certain area where they'd like to work, but their final placements are determined by the school. Housing is provided for medical students placed in any of the rural areas, but there is no other financial benefit or stipend associated with AHEC rotations.

"Often students question having to travel to the clinical rotation," said Susan Stewart, executive director of the Western Maryland AHEC, who oversees 12 to 20 students during each rotation at a variety of sites including hospitals, community health centers and physicians' offices. "But the vast majority end up loving the experience and the area." Many even return to practice at their clinical rotation site after completing their medical training. "Hundreds of health professionals in our region, 449 as of October 2007, in fact, have participated in an AHEC program," said Stewart.

But what do the medical students really think of the mandatory rotations? "Overall it was an excellent experi-

This rotation gives us something unique that many other medical schools don't offer—perspective on what it means to be a physician and a member of the community.

ence," said George Kochman, who worked with IHS in Alaska for one month during fall 2007 and a month at the Cornerstone Family Practice in Oakland, Maryland, in January 2008. "It was not only a chance to practice medicine away from a tertiary care setting but also an opportunity to practice family medicine in a way that is becoming more rare these days—learning about different local health concerns. This rotation gives us something unique that many other medical schools don't offer—perspective on what it means to be a physician and a member of the community."

Katina Moore found the rotation helpful in choosing the type of physician she wants to be, a critical decision for fourth-year students. "My decision was between a residency in OB versus family medicine, and this experience solidified my choice," said Moore, who also did her AHEC rotation in Oakland. "I was amazed by the traditional role primary care plays in more remote parts of Maryland. It's a unique experience to witness medicine

in a community that is isolated from the large cities surrounding it. Plus, I had the opportunity to meet some very wonderful people."

The people he worked with were also the highlight for Brian Desaulniers, who recently returned from the Eastern Shore after eight weeks at Union Hospital in Elkton, Maryland. "It was a wonderful experience," he raved. "I learned so much about primary care and worked with a fantastic team."

Coire Weathers agreed. "To work with someone you respect and genuinely like is helpful. My preceptor always had a smile on her face, even on a Friday afternoon at the end of a long day. Those are the types of lessons AHEC teaches you—how to keep smiling when the patients pile up and the hours are long," said the fourth-year student, who spent November and December of last year in an AHEC rotation at Baltimore's Mercy Medical Center.

Kochman added, "Keep an open mind, make every day a unique learning experience, and get to know your colleagues and your patients," he said. "As medical students, the joys we get will seldom be from making a rare diagnosis, but rather from the time we take to let patients know we care."

"In my view the AHEC program offers a triple win—a win for the students to experience rural medicine in a working environment, a win for the School of Medicine in that its students have enriched educational opportunities and a win for the communities since it provides an opportunity to impress upon the students the culture, social and recreational opportunities available within those communities," summed up Jacob Frego, executive director of the Eastern Shore AHEC. 



George Kochman



Katina Moore



Brian Desaulniers



Coire Weathers

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 of the INSTITUTE OF HUMAN VIROLOGY

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