

Endowments Strengthen the Core of the School of Medicine

By any number of measures, the University of Maryland School of Medicine is one of the top medical schools in the country. What does it take to remain in this upper tier? In a word, faculty. Great faculty members attract great students, conduct great research and make great breakthroughs. And outstanding faculty members tend to gravitate to the same centers, since in numbers they bring prestige and renown to their respective institutions. The quest for great faculty permits no pause and in our region with so many stellar medical institutions, the hunt is extremely competitive. The School of Medicine has been remarkably successful in attracting and retaining the best and brightest. This success can be traced back to one of the early initiatives set forth by dean emeritus Donald E. Wilson, MD, MACP. "If we are to meet the current challenges of medical education, research and service to society, it is essential we re-examine our directions, commitments, resources and methods," Dr. Wilson said in his 1992 Dean's Message, published in the *Bulletin*. Dr. Wilson realized the growing importance of endowed chairs and professorships, thus his mandate to procure funds to establish these positions. This effort was a key part of the strategic plan to bring into focus the new vision of what the School of Medicine was to become, and has only become stronger since September 2006 when E. Albert Reece, MD, PhD, MBA, assumed the helm as dean.

HIGHEST HONOR BESTOWED ON FACULTY

The endowed chair or professorship is one of the highest honors that can be bestowed upon a faculty member. It recognizes exceptional performance and emphasizes the reputation and prestige of the faculty member who occupies the endowed chair or professorship, and the visionary donors who make such endowments possible.

In 1991 the School of Medicine had only two endowed faculty positions; today there are 47. They

are not, however, distributed evenly throughout the school. Some departments have several, others have none. A continuing goal of the School of Medicine is to establish either an endowed chair or professorship in each of our 25 academic departments.

Besides differences in funding amounts, there are certain distinctions between endowed chairs and professorships at the School of Medicine. First, each department is limited to one endowed chair, whereas a single department may have numerous endowed professorships. Secondly, department chairs are typically filled by individuals who are preeminent in their respective field and are already recognized nationally or internationally for their outstanding contributions. Endowed professorships, on the other hand, often target rising stars—individuals who demonstrate an extraordinary level of productivity, who are known for their outstanding research or teaching, who strive for achievement well beyond the expected, who have earned the respect of their colleagues and who are making an impact on our academic community.

DONORS MAKE LASTING IMPRESSION

Endowing a chair requires a minimum gift of \$2.5 million, while endowing a professorship requires a minimum gift of \$1.5 million. An endowment is a gift that exists in perpetuity. The endowment's principal is invested and is never touched. Instead, the interest earned on the investment is used to provide for salary, benefits, research or other special programs engaged in by the endowed faculty member. Those donors who graciously provide the money for endowments know they are making a lasting contribution that will live on within the School of Medicine, strengthening the core of the institution and helping it remain impervious to future downturns in funding.

Endowed professorships are attractive to faculty members, not simply for their prestige, but also for their guarantee that important research will receive a continuous stream of funding. Endowed professorships enable educators to pursue cutting-edge research and make possible the tremendous breakthroughs that could potentially change not only the course of medicine, but the course of mankind.

In May Stephen G. Reich, MD, professor, Department of Neurology, was invested as the first Clair Zamoiski Segal and Thomas H. Segal Endowed Professor in Parkinson's Disease. During the ceremony Dean Reece said, "Endowed professorships are indicative of superior performance in the classroom, in the laboratory and in the clinical setting. Among academia, they are a coveted and widely recognized accolade, signaling a colleague at the top of his or her field." He then presented Dr. Reich with a medal to recognize his accomplishment, emblematic of a new tradition of honoring faculty members who receive endowed professorships. The front of the medal features the image of co-founder and first dean, Dr. John Beale Davidge, and historic Davidge Hall. The back of the medal lists the four tenets of the School of Medicine's mission—education, research, patient care and service—as well as the official name of the endowed professorship.

The Segals were moved to make the gift out of gratitude to Dr. Reich for the excellent care he provides his patients. "Our family has witnessed Stephen's care firsthand, and we feel deeply grateful to him," said Clair Zamoiski Segal. "Endowing this professorship means that others will know the quality of life improvements that we have enjoyed."

Reflecting on this distinguished honor, Dr. Reich said, "I am deeply honored by the Segal professorship, which ensures funding to pursue our goals of providing excellent care to people with Parkinson's disease, carrying out research to better understand the cause of Parkinson's disease, make treatment advances and educate others about Parkinson's disease."

BENEFITS REACH BEYOND THE CAMPUS

The School of Medicine and its faculty are not the only ones to benefit from these endowed positions. Our students likewise reap rewards. They have the opportunity to learn from and associate with some of the medical world's most talented individuals. The ways in which the students will benefit from the endowed faculty members' experience are many. Not only will they learn from them in seminars and lectures, they may also collaborate on special research projects, or simply assist them while they make patient rounds.

The endowed chair or professorship is also a powerful recruitment tool. As more of these sought-after positions become available, our recruitment efforts are enhanced with a more persuasive case to leading educators and researchers across the nation, offering a more complete package of salary, benefits and intangibles—prestige, honor and influence. As a direct result of our growing number of endowed faculty positions, the School of Medicine is made more dynamic, its curriculum more immediate, its research more expansive, and ultimately its power to heal and its ability to advance the frontiers of discovery and train the next generation of physicians and scientists is made substantially more effective. And in the end, those who benefit most from these endowments are the individual patients receiving the most advanced treatment, recovering more swiftly and living healthier lives.

For more information on establishing an endowed chair or professorship in someone's honor, please contact the Office of Development via their website <http://medschool.umaryland.edu/development/> or at 6-8503.



Editor's Note:

Due to the large amount of news and high volume of *Buzz* submissions, we found the need to run a July issue of *SOMnews*. Because our faculty, staff and students are so energetic and dedicated and are doing such great work, we wanted to share their news with our readers as soon as possible. Enjoy the summer! *SOMnews* will be back in September.

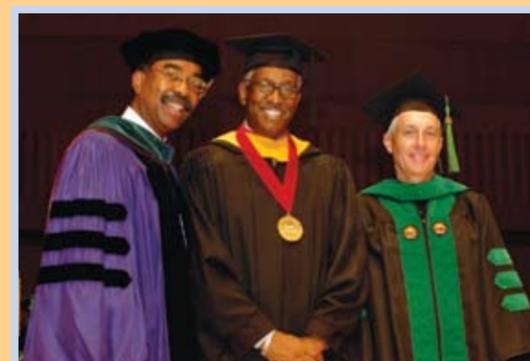


(L-R) Dean E. Albert Reece, MD, PhD, MBA, Clair Zamoiski Segal, Stephen G. Reich, MD, and Thomas H. Segal at the May 20 ceremony where Dr. Reich was invested as the Clair Zamoiski Segal and Thomas H. Segal Endowed Professor in Parkinson's Disease.

Class of 1926 Alum Paul Schenker and BOV Member Michael Cryor Receive Awards at Pre-Commencement



Dean Reece presents a Lifetime Achievement Award to Paul Schenker, MD, '26 (center), assisted by Ronald Goldner, MD, (left) clinical professor, Department of Dermatology, at this year's May 16 pre-commencement ceremony. Dr. Schenker dedicated his entire professional life, one that spanned six decades, to the care of his patients and to the education and training of scores of physicians. He taught and mentored countless medical students and residents, many of whom have had distinguished careers dedicated to improving the health of the citizens of Maryland. Now 105 years old, he is the oldest living graduate of the University of Maryland School of Medicine.



Dean Reece and Melvin Sharoky, MD, '76 (right), chair, School of Medicine Board of Visitors, present the Dean's Distinguished Gold Medal for Public Service to Michael Cryor (middle), a member of the School of Medicine's Board of Visitors currently serving his fifth term, and president of the Cryor Group, LLC. Mr. Cryor's current and past affiliations include chair of the Board of the Associated Black Charities of Maryland, co-chair of the Baltimore Believe Campaign, and member of the boards of the Hippodrome Foundation, the Baltimore Community Foundation, the Enoch Pratt Free Library, the Constellation Foundation, the Baltimore Museum of Art, and the Afro American Newspapers.

Cell Phones to Help Diabetes Patients

What if diabetics could carry a handy personal medical coach with them always, tucked away in their purses or back pockets?

School of Medicine researchers are evaluating technology that aims to turn patients' cell phones into just such disease management tools. They are studying the effectiveness of an interactive computer software program to help patients manage their Type 2 diabetes using their cell phones.

The software, designed by a Baltimore company, WellDoc Communications, Inc., provides real-time feedback on patients' blood sugar levels, displays medication regimens and serves as a virtual coach. For example, a patient's blood sugar test results can be sent wirelessly from a blood glucose monitor to the cell phone. If the level is too low or too high, the software on the phone will prompt the person to take steps to correct it. The system also analyzes blood sugar levels and other patient information and sends computer-generated logbooks and suggested treatment plans to the patients' primary care doctors.

Charlene C. Quinn, PhD, RN, assistant professor, Department of Epidemiology & Preventive Medicine, and the study's principal investigator, said many diabetes patients struggle to manage their disease. Only 37 percent of those with Type 2 diabetes meet the

guidelines for controlling their blood sugar and only seven percent meet the combined blood glucose, lipids and blood pressure goals.

"We tell patients they can meet these goals if they eat a healthy diet, exercise daily and take their medication as directed, but we don't really give them the tools to do that," said Dr. Quinn. "This study looks at whether this cell phone-based system will help them control their blood sugar levels and better manage their diabetes. We hope it will reduce the number of trips to the doctor or emergency room for diabetes-related problems. We also will look at the benefits to primary care doctors to see if the system saves them time and helps them better care for their patients. This system may provide them with data about their patients they might not otherwise receive."

People with Type 2 diabetes either do not produce enough insulin to convert

sugar into energy or their cells ignore the insulin. A key measure of blood sugar control is the amount of hemoglobin A1c in a person's blood. A1c is a molecule in red blood cells that binds itself to blood sugar. The higher the level of sugar in the blood, the higher the level of A1c.

"An A1c test provides a snapshot of a patient's average daily blood glucose levels over the previous two to three months. The American Diabetes Association recommends that a person's A1c be less than or equal to seven percent," Dr. Quinn said. "The majority of people in the United States with Type 2 diabetes have an average level of more than nine percent, which greatly increases their risk for complications such as heart disease, stroke, blindness and kidney failure."

A pilot study, conducted by the University of Maryland Department of Epidemiology &

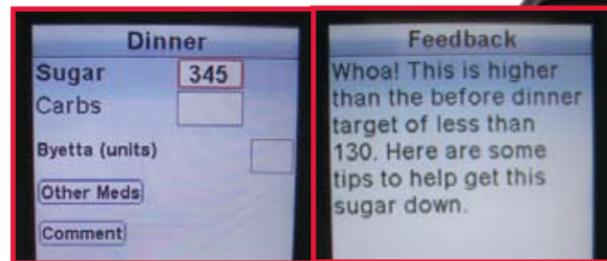
Preventive Medicine and WellDoc Communications, showed that patients who used the cell phone-based system experienced an average two-point drop in their A1c within 90 days. According to WellDoc, each one-point drop in A1c can reduce the risk of complications by up to 40 percent.

Dr. Quinn says researchers plan to enroll 260 patients in the new clinical study over the next year and are enlisting the help of primary care doctors in Baltimore City, Baltimore County and Anne Arundel County to recruit participants. So far, 35 physicians have agreed to help recruit patients for the study. Patients will remain in the study for a year.

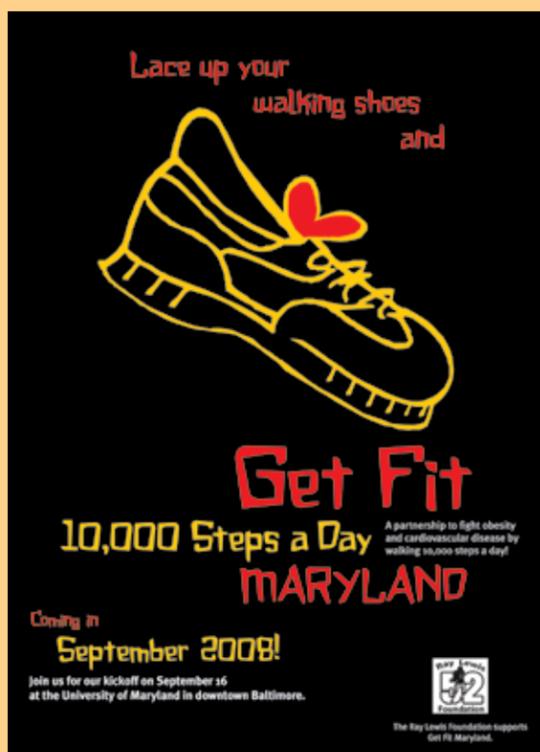
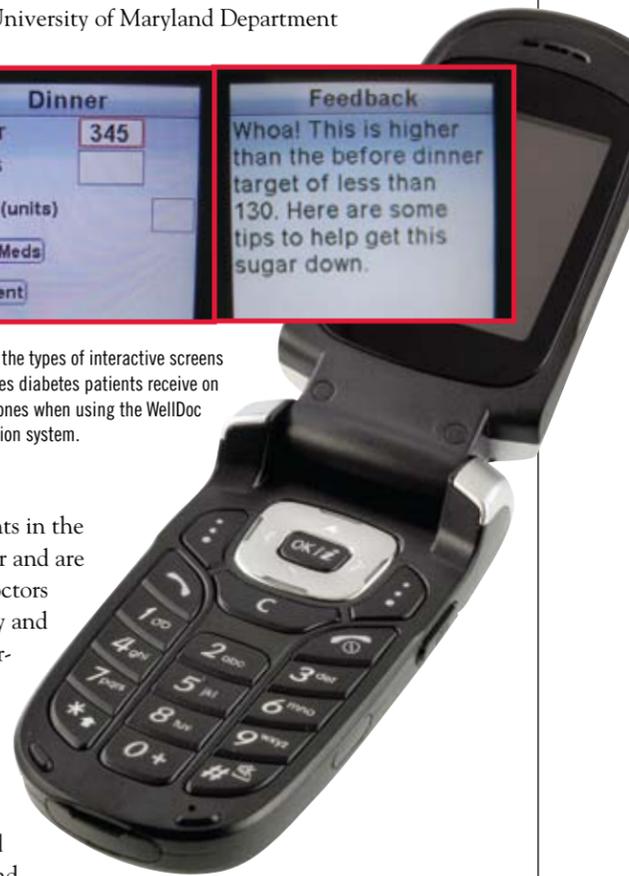
To qualify, patients must be under 65 and have poorly controlled diabetes, private health insurance and access to the Internet. According to Dr. Quinn, study participants will be divided into four groups. Three groups will receive cell phones loaded with the WellDoc software, some with the most basic features and others with the most sophisticated features, and the fourth group will serve as a control group. People in the fourth group will receive a free blood glucose meter. All of the participants will receive a free hemoglobin A1c test if they haven't had a recent test.

In addition to cell phones, the WellDoc system uses secure Web servers for data storage, statistical models for data analysis and Web portals for patients and physicians to access information. All patient data is handled in accordance with federal patient privacy laws.

WellDoc Communications, Inc. and CareFirst BlueCross BlueShield are sponsoring the study. Part of the funding comes from a grant from the University of Maryland's Maryland Industrial Partnerships program, which funds research and development projects between companies and University of Maryland faculty members.



Examples of the types of interactive screens and messages diabetes patients receive on their cell phones when using the WellDoc communication system.



Get Fit Maryland™ kicks off its fourth year this fall on September 16, 2008—and it's shaping up to be as successful and invigorating as our past programs! The 2008 honorary chairman is Maryland's Governor Martin O'Malley. This year the Ray Lewis Foundation supports the 2008 Get Fit Maryland/Get Fit Kids programs!

MedChi's Physician of the Day Program

During the Maryland General Assembly, you will not only find lawmakers and lobbyists in the halls of the State House, you will also find a doctor, and often, it's a faculty member of the University of Maryland School of Medicine. It's all part of MedChi's Physician of the Day program, which ensures that there is a volunteer physician on standby from gavel to gavel during the legislative session.

Richard Colgan, MD, associate professor, Department of Family & Community Medicine, has been volunteering for the Physician of the Day program since he joined the School of Medicine in 1998. "It's fun, and allows you to use your doctoring skills while seeing the legislative process up close," he said. The program is insured by Medical Mutual.

Working at the first aid room in the State House, the physician of the day typically deals with common primary care matters, such as blood pressure checks, colds and flu symptoms. But occasionally, it's more serious. "When I worked at the State House this past session a woman collapsed in the main hallway," recalled Dr. Col-

gan. "She was a chaperoning parent for a visiting school group and became dehydrated. After allowing her to lie down and rehydrate, she was well enough to be driven to her family physician's office." The first aid room is also staffed by a nurse.

The Physician of the Day program gives physicians an opportunity to talk to lawmakers directly about health-care issues and their work at the University of Maryland

"It's fun, and allows you to use your doctoring skills while seeing the legislative process up close."

School of Medicine. "It benefits the academic program and the physician community as a whole because of the potential to impact in real time some of the emerging opinions of our legislators as they consider new laws," said Roger M. Stone, MD, MS, FACEP, FAAEM, clinical

assistant professor, Department of Emergency Medicine. Dr. Stone, who is looking forward to his 12th session as a volunteering physician, says doctors are permitted to be on the house or senate floor when the legislature is in session. Physicians are also invited to attend committee hearings and may also give testimony.

"The legislators get to see us up close, and witness our human side, said Dr. Colgan. "Last year I took two medical students with me, and we were introduced to the legislature and publicly thanked for serving. The Physician of the Day program is a good way for our lawmakers to get to know us. One legislator I saw this past session asked a lot of questions about the School of Medicine, and I was able to enlighten her on many things of which she was not aware."

If you would like to volunteer for the Physician of the Day Program, please contact Jeanette K. Balotin, MPA, MA, assistant dean for Program & Planning, at jbalotin@som.umaryland.edu or (410)706-2906.

A patient is examined in the State House first aid room by Physician of the Day volunteer Roger Stone, MD, clinical assistant professor, Department of Emergency Medicine.



Family Medicine Clerkship Popular Among Med Students

The Department of Family & Community Medicine Third-Year Clerkship is consistently one of the highest-rated among students.

Credit for much of that goes to the physicians throughout Maryland who volunteer to serve as preceptors for these students.

Students in the clerkship spend four weeks with a family medicine doctor, working side-by-side with them in their offices. "In contrast to many other third-year clerkships, I was fortunate enough to have daily, one-on-one contact with one attending physician who became a valuable mentor and preceptor for me," recalled Class of 2008 graduate Kara Choi, who is now doing a family medicine residency at York Hospital in York, Pennsylvania. "Having that kind of consistency was valuable to me and allowed me to get more out of this clerkship than others, where I felt more like a shadow or an anonymous number rather than a dynamic member of the medical team."

Students who go into these clerkships aren't always planning a future in family medicine. "In your third year your mind is really malleable and not made up yet, so I was keeping an open mind," said another recent graduate, Stephanie Fleegle, who is now doing her residency at Thomas Jefferson

University Medical Center in Philadelphia. "The family medicine clerkship is one of the first ones I completed. It was when I was actually on other rotations, looking back on my family medicine clerkship, that I decided on family medicine."

Others were more certain about their futures from day one. "I knew I was headed towards a primary care specialty, but the clerkship solidified my desire to be trained in family medicine," said Benjamin Calvert, another Class of 2008 graduate, now doing his residency at Franklin Square Hospital in Baltimore County. "It gave me insight into the breadth of patients who are cared for by those trained in family medicine and offered me a great opportunity to see the joys and stresses of practicing family medicine."

"I'm convinced that family medicine is on the front lines of promoting change in our current health care system . . ."

medicine from the inpatient, hospital setting," she revealed. "Things like insurance policies and rigid time constraints in the office were rude awakenings to the more frustrating aspects of medicine, especially within outpatient primary care medicine. On the other hand, I'm convinced that family medicine is on the front lines of promoting change in our current health care system and in promoting better health care for the underserved and underrepresented patient populations. And I've decided I want to be a part of that passion!"

Dr. Choi appreciated this opportunity to see both the good and the bad. "Family medicine's clerkship was my first exposure to outpatient medicine, where I quickly discovered a drastically different practice of

These clerkships can help the physician mentors rediscover their passion as well. "It's exciting," said David Granite, MD, clinical instructor, Department of Family & Community Medicine, who has been a preceptor since the early 1980s. "I write questions for the American Board of Family Practice, so I have to keep up, but this adds a little bit of electricity to the whole thing. It makes it more interesting and more immediate, seeing my patients being taken care of by another doctor, even though they're under my direction. I do this every other month, and I find that at the end of a month where I haven't had a student I'm really looking forward to having a new one." 



Richard Colgan, MD, associate professor and course director, Third-Year Family Medicine Clerkship, poses with David Granite, MD, clinical instructor and a preceptor in the Department of Family & Community Medicine Clerkship Program, at a May 6, 2008, preceptor appreciation dinner.

New Hope for Baltimore City

Heroin Addicts



Eric Weintraub, MD

A new grant is helping psychiatrists at the University of Maryland School of Medicine remain at the forefront of substance abuse treatment. The \$70,000 grant, which began in February 2008, comes from the Baltimore Buprenorphine Initiative and funds 30 treatment slots for heroin-addicted patients.

Buprenorphine—or "bupes," as street slang would have it—is one of the latest tools in substance abuse treatment. It's an alternative to methadone, and its use was restricted until recent years.

The Baltimore Buprenorphine Initiative began two years ago under the leadership of Baltimore City Health Commissioner Joshua M. Sharfstein, MD. It is a partnership between the Baltimore City Health Department, Baltimore HealthCare Access, Inc. and Baltimore Substance Abuse Systems, Inc. The initiative works to train physicians how to treat patients with the new medication, which also is known by its brand name Suboxone, and create treatment slots for patients struggling with heroin addiction.

The new grant ran through June 2008, but officials expect it will be renewed for the rest of the year for a total of more than \$150,000, stated Eric Weintraub, MD, associate professor, Department of Psychiatry, and director of the Alcohol and Drug Abuse Program (ADAP). The grant makes ADAP one of just a handful of city programs to receive money from the Baltimore Buprenorphine Initiative.

ADAP serves patients at the Walter P. Carter Center on West Baltimore Street. There, the grant funds will pay for each patient in one of the 30 treatment slots to receive buprenorphine for their addiction, as well as time with doctors from the Department of Psychiatry at the University of Maryland School of Medicine. The patients also will undergo counseling to address their heroin addiction and other mental health needs and addictions as necessary.

According to Dr. Weintraub, buprenorphine allows both patients and doctors more flexibility in treatment regimens than methadone, which is a far more strictly regulated medication. One of buprenorphine's advantages is that it can help patients who do not respond to methadone. Patients also report less of a "heavy" feeling with buprenorphine than with methadone. But perhaps most importantly, because the regulation of buprenorphine is more relaxed, once patients are stabilized they don't need to be as closely tied to the clinic as they do with methadone. "We have a little bit more freedom in how we're able to treat heroin-addicted individuals with this medication," Dr. Weintraub said.

For patients to be able to take methadone home with them, they must meet a series of very strict criteria. But it is not as difficult for a stabilized patient to earn a prescription for buprenorphine, which they can fill at their pharmacy. Stabilized patients regularly pass drug screenings and begin to rebuild their lives, holding jobs or attending school, taking responsibility for their children and engaging in other healthy activities.

Taking their medication home gives patients the freedom to live their newly stabilized lives, without being tied to the clinic. With methadone treatment, patients must mold their schedules to the operating hours of their clinics in order to get their medication and counseling. "It lets us be more flexible in getting people back into the work force," Dr. Weintraub said of buprenorphine. When patients take medications home there is always a risk, he added. "But because of its pharmacology, buprenorphine is a safer medication," he said. "You're less likely to overdose on it, and if a child got hold of it, they would be less likely to overdose on it than on methadone."

The results of treatment can be dramatic Dr. Weintraub added. "Everything changes for the patients. They become better family members, they can take better care of their health and a lot of them are employable." There are benefits for the community as well—especially in Baltimore City, which has one of the highest rates of heroin addiction in the country.

In the first year of the Baltimore Buprenorphine Initiative, according to a report released last summer, 388 patients were receiving buprenorphine and 65 percent remained in treatment for at least three months. Sixty-two of those patients were able to get their care from sources other than this initiative such as private insurance.

Statistics from the federal government indicate buprenorphine is effective in helping addicts stay clean. According to the Substance Abuse and Mental Health Services Administration (SAMHSA) close to 60 percent of patients treated with the medication remained in treatment at the six-month point. SAMHSA also found 81 percent of patients treated with buprenorphine were abstinent from opioids, including

heroin, for the past 30 days at the six-month mark, and 59 percent were abstinent from all drugs.

"This is an exciting new intervention to treat these very sick people," said Dr. Weintraub. "If we can help any one of them, it makes a huge impact on their lives." 

Taking their medication home gives patients the freedom to live their newly stabilized lives, without being tied to the clinic.



"What Do We Do?"

THE OFFICE OF STUDENT RESEARCH

The Office of Student Research (OSR) is led by Jordan E. Warnick, PhD, assistant dean for Student Education & Research, and professor, Department of Pharmacology & Experimental Therapeutics. The OSR grew out of the Office of Student Affairs in the early 1980s, when the school began to secure more funding for student research programs, including a summer fellowship program that was funded by the National Institutes for Health (NIH) for 15 years from 1985 to 2000. Although the NIH no longer provides money for these fellowships, they are still going strong thanks to the generosity of professional societies and the Office of the Dean. "More than 500 medical school students and nearly twice as many other students at the university have gone through these fellowships over the years," said Dr. Warnick.

Between 12 and 20 medical students participate in one of the many fellowships available each year, most between their first and second years of medical school. "I'll interview them to find out their interests and strengths and then recommend anywhere from three to six faculty members [to be their mentor]," explained Dr. Warnick. "But the students are free to find someone themselves, as long as that person fits the mold of a mentor who is actively engaged in a successful research program, whether it is clinical, translational or basic science. The caveat is it can't be something that's purely data-mining and the research program must have the qualities of asking and answering a research question that is potentially publishable. The students must have a solid experience in developing and testing a hypothesis."

Even students who are not pursuing research interests have occasion to use the OSR. "We're responsible for two-thirds of the second-year

teaching in medical school," said Dr. Warnick. "I have one coordinator who handles all of the paperwork that is involved in the second year, including Host Defenses

and Infectious Diseases, but I function as the course director for Pathophysiology and Therapeutics as a primary responsibility. So there's an educational component to the office as well."

That educational component has expanded recently. "Many medical students wanted to learn how to teach and give back to other students, so we developed an academic research track which we are slowly implementing," explained Dr. Warnick. "Part of it involves having our senior medical students teach second-year material to rising sophomores who want to do better in the second year. Each of the eight academic scholars, as we call them, obtains elective credit for the time they spend preparing the course and

"More than 500 medical school students and nearly twice as many other students at the university have gone through these fellowships over the years."

the month they spend teaching. They'll divide up the 40 hours of lecture time and teach two hours of lecture in the morning, or two hours of small group. In the afternoon they'll conduct clinical visitations with the students. Since they just finished their third year, the seniors know the attending physicians and the senior residents well, so they can tap them to allow the sophomores into the clinics to get a look at the clinical parallels of their morning lectures and small group discussions."

"Another component of the OSR is the combined MD/Masters programs that are being developed out of our office," said Dr. Warnick. "Right now, this only includes the MD/MPH program here and the new MD/MS in Bioengineering collaboration between the School of Medicine and College Park, but we have, hopefully, six or more combined Masters programs coming along. Proposals are either partially written or completely written and ready to submit." he said.

Dr. Warnick's office also oversees a high school Mini-Med School program in which medical school students go to local high schools to lecture on health topics. PROMISE: Maryland's Alliance for Graduate Education and the Professoriate, a National Science Foundation-sponsored program at UMB, also is run out of the OSR and gives graduate students the opportunity to lecture to high school students about the topics on which they're doing their graduate research. They also work with the Vivien T. Thomas Medical Arts Academy's Summer Program, which gives high school students the opportunity to work with scientist mentors here at the School of Medicine.

"Our office deals mostly with what's going on in the School of Medicine, but it reaches out to the community, other professional schools and UMB students and its graduate schools as well," said Dr. Warnick. "It's a very multi-faceted office." 



(L-R) Members of the Office of Student Research (OSR): Jean Marie Roth, academic program specialist, Jordan E. Warnick, PhD, assistant dean for Student Education & Research, Antanett Harris, OSR programs coordinator, and Charity Ogunbo, UMB Promise coordinator.

SOMnews

UNIVERSITY OF MARYLAND SCHOOL OF MEDICINE JULY 2008 VOL.9 NO.11

SOMnews is produced by the University of Maryland School of Medicine, Office of Public Affairs
▶ E. Albert Reece, MD, PhD, MBA, Vice President for Medical Affairs, University of Maryland, and
Dean, School of Medicine ▶ Jennifer Litchman, Executive Editor ▶ Heather Graham, Managing Editor
▶ Sharon Boston, Karen Buckelew, Caelie Haines, Tony Mafale and Larry Roberts, Contributors
▶ Brushwood Graphics Design Group, Design ▶ Submitting information to SOMnews: Please
email your submission six weeks prior to the month you wish to see your submission included
to Heather Graham, Public Affairs Manager, at hgraham@som.umaryland.edu.
▶ Printed using environmentally-responsible low VOC inks.

Mini-Med School for Kids 2008

Last summer's Mini-Med School for Kids was so successful that we're going to do it again, and we plan on making it an annual event. For six consecutive Wednesday mornings, members of the School of Medicine faculty will talk with the children at the Salvation Army's Franklin Square Boys & Girls Club.

Mini-Med School for Kids targets children (ages 5-14) from our underserved community in hopes of delivering key messages about important, and very relevant, health and lifestyle issues. Through these efforts, the program strives to educate and empower the children, in turn helping them to make better choices which will affect their health and the quality of their lives.

Session I – Wednesday, July 9, 2008

10:00 – 11:00 AM **Welcome**
Dean E. Albert Reece, MD, PhD, MBA
STI's/HIV
Ligia Peralta, MD
Associate Professor, Department of Pediatrics

Session II – Wednesday, July 16, 2008

10:00 – 11:00 AM **Stress Relief & Anger Management**
Gina Perez, MD
Assistant Professor, Department of Psychiatry

Session III – Wednesday, July 23, 2008

10:00 – 11:00 AM **Diabetes, Obesity & the Importance of Nutrition**
Vivienne Rose, MD
Assistant Professor, Department of Family & Community Medicine

Session IV – Wednesday, July 30, 2008

10:00 – 11:00 AM **Asthma, Smoking, Drug and Alcohol Abuse**
Kevin Ferentz, MD
Associate Professor, Department of Family & Community Medicine

Session V – Wednesday, August 6, 2008

10:00 – 11:00 AM **Heart Health & Exercise**
Yvette Rooks, MD
Assistant Professor, Department of Family & Community Medicine

Session VI – Wednesday, August 13, 2008

10:00 – 10:45 AM **Student Day @ the School of Medicine**
Anatomy
Ronn Wade
Director, Anatomical Services Division and
Director, Maryland State Anatomy Board

10:45 – 11:15 AM **Rap Session with P.H.A.T. (Promoting Healthy Alternatives for Teens)**

11:15 – 12:00 PM **Lunch with Medical Students**