



DEAN'S MESSAGE: What's On My Mind

This message is adapted from a February 20, 2009, Op-Ed in the *Baltimore Sun* authored by Curt I. Civin, MD, associate dean for Research, director, Center for Stem Cell Biology & Regenerative Medicine, and professor of pediatrics, and Dean E. Albert Reece, MD, PhD, MBA.



What's on my mind this month is human embryonic stem cell research. Recently, President Barack Obama lifted the ban on federal funding for human embryonic stem cell research, which has been in place since 2001 and has limited federal funding to only 21 existing lines. Lifting the ban is an important first step—but it is mostly symbolic. Unless it leads to a significant increase in funding for rebuilding the infrastructure this field needs to mature, it is likely to have little tangible effect. This would be very unfortunate, because the field of regenerative medicine—which utilizes stem cells, among other tools, to understand disease processes and to repair damaged organs—is ripe for development.

Little federal research has been conducted on human embryonic stem cells over the past eight years. In 2007, for example, the federal government allocated a mere \$41 million to this research, compared with approximately \$400 million invested by the states last year. The federal funding ban made it extremely difficult to attract young or new researchers to stem cell research, while prompting many established investigators to look elsewhere to conduct their work. The lack of progress in embryonic stem cell research has held back venture capital investment in this field as well.

Human embryonic stem cells can differentiate into any type of cell in the body, whereas adult stem cells can change into only a limited number of cell types. Thus, the lack of progress in embryonic stem cell research has created a major bottleneck in developing understanding of and potential treatments for many diseases not currently treatable by adult stem cell therapies.

... the field of regenerative medicine—is ripe for development.

in Bethesda conducts stem cell research throughout many of its 27 institutes. In addition, the Johns Hopkins University has a major stem cell research program, and

Maryland is positioned to become a world leader in stem cell research and regenerative medicine. The National Institutes of Health

we recently launched the Center for Stem Cell Biology and Regenerative Medicine here at the University of Maryland School of Medicine.

Governor Martin O'Malley made an early commitment to providing state funding for stem cell research and has increased funding this year despite the dismal fiscal climate. As a result—and because of our state's growing nucleus of expertise in stem cells—the University of Maryland and Johns Hopkins will co-host the World Stem Cell Summit in Baltimore this fall.

The federal government's more favorable attitude toward embryonic stem cell research must not prompt states and private funders to cut back their support, keeping the field underfunded and fragmented.

A significant new investment in stem cell research could allow research institutions such as ours to have a major impact not only on the health of our nation but also on the health of our national economy. Additional investments in stem cells would allow us to create more high-paying, sustainable jobs in our research laboratories as well as economic opportunities for businesses that will help translate our lab discoveries into therapies for patients. The new administration's encouraging words on embryonic stem cell research are a good sign that progress toward that goal may now resume.

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 &
Dean, University of Maryland School of Medicine

Maryland is positioned to become a world leader in stem cell research and regenerative medicine.

Frank Calia and Mandeep Mehra Appointed to New Positions in Clinical Affairs

Frank M. Calia, MD, MACP, the Dr. Theodore E. Woodward Chair in Medicine, has been promoted to vice dean for Clinical Affairs.

The national search for a new chair of medicine is in its final stages and Dr. Calia soon will be stepping down from that position. In his new position, he will explore new program developments and work to create fresh initiatives to strengthen the School of Medicine's clinical affairs effort in both the University of Maryland Medical Center (UMMC) and the University of Maryland Medical System (UMMS). He will work closely with various School of Medicine department chairs to design and implement new programs to enhance clinical care within the medical system.

Dr. Calia has been a longstanding member of the School of Medicine faculty and has been an outstanding academic citizen, having served the School of Medicine, the University of Maryland Medical Center, and the Baltimore VA Medical Center in many capacities over the years, including medical school vice dean, interim chair of several departments (including the Department of Medicine three times), and medical services chief at the VA. Dr. Calia's leadership and his many contributions over his long tenure here have been invaluable to the School of Medicine.

Dr. Calia earned his medical degree from Tufts University School of Medicine, and joined the University of Maryland School of Medicine as chief, Section of Infectious Diseases, Baltimore VA Medical Center. He rose to become professor of medicine and microbiology & immunology. His major interests



Frank M. Calia, MD, MACP

Teacher of the Year by the Maryland Higher Education Council (representing all colleges and universities in Maryland) and Teacher of the Year by the University System of Maryland.

Mandeep R. Mehra, MBBS, FACC, FACP, the Dr. Herbert Berger Professor in Medicine, and head, Division of Cardiology, has been appointed assistant dean for Clinical Services.

Dr. Mehra will work to ensure patients have access to the various faculty practices of the School of Medicine. He will be charged with enhancing the efficiency and effectiveness of the process that smoothly facilitates access for patients from medi-

cal system institutions into the faculty practices. He will also work with Dr. Calia on a variety of projects.

are in infectious disease, bacterial diarrhea, vibrio infections, staphylococcal infections and clinical pharmacology. Throughout his time at the School of Medicine, medical students have honored him with nearly 30 teaching awards, including both the Golden Apple and the Teacher of the Year awards. He also has been awarded

cal system institutions into the faculty practices. He will also work with Dr. Calia on a variety of projects.

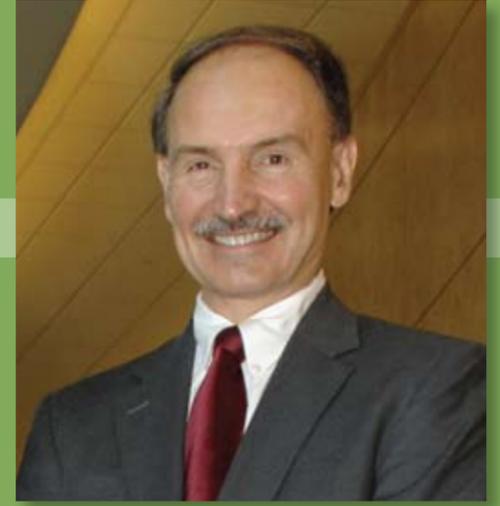
Dr. Mehra joined the School of Medicine faculty in 2005. His leadership skills and ongoing record of strengthening the School of Medicine's patient care efforts are key to his appointment to his new role, in which he will serve on a part-time basis. Dr. Mehra earned his medical degree from the Mahatma Gandhi Institute of Medical Sciences in Sevagram, India. He came to the University of Maryland School of Medicine from the Ochsner Clinic Foundation in New Orleans, where he was vice-chair for clinical and academic affairs in the Department of Cardiovascular Medicine and chief of cardiomyopathy and heart transplantation at the Ochsner Multi-Organ Transplant Center. His research has explored advanced heart failure and cardiac transplantation, including various treatments and alternatives to transplantation.

Mandeep R. Mehra, MBBS, FACC, FACP

This new joint effort between Drs. Calia and Mehra will enhance and expand the School of Medicine's clinical care initiatives, including developing important novel programs, throughout UMMS and UMMC.

Q&A

WITH ROBERT (BOB) A. CHRENCIK



Bob Chrencik was named president and chief executive officer of the University of Maryland Medical System (UMMS) in December 2008. The medical system consists of the University of Maryland Medical Center, University Specialty Hospital, Kernan Orthopaedics and Rehabilitation Hospital, Maryland General Hospital, Baltimore Washington Medical Center, Memorial Hospital at Easton, Dorchester General Hospital, Chester River Hospital Center and Mt. Washington Pediatric Hospital. This nine-hospital system has annual operating revenues of \$2.2 billion and 15,000 employees.

Mr. Chrencik has been the long-time, respected financial leader of the medical system since its creation as a non-profit health system in 1984. He came to University Hospital (as it was called then) as director of Financial Planning in 1983 and then was promoted to vice president of Finance and Chief Financial Officer in 1987, to senior vice president of Finance and Systems in 1989, to executive vice president and Chief Financial Officer in 1999, and finally to his current position as president and CEO in 2008. During his 25-year career at the medical system, UMMS has grown and prospered into a nationally-recognized hospital system.

Prior to joining the system, Mr. Chrencik was a senior manager in the healthcare consulting practice at KPMG and a supervisor in the accounting and audit practice at PricewaterhouseCoopers. He earned a Bachelor of Science degree, summa cum laude, from Bucknell University and an MBA degree from Loyola College in Maryland and is a certified public accountant. He is considered a leading authority on healthcare policy and financial issues in Maryland.

Will you describe your history with the University of Maryland Medical System and why that led to your new role as its President and CEO?

I go way back, more than 25 years at UMMS. The amount of progress I've seen over this period of time has been nothing less than remarkable. I've had the chance to put my brick in the wall, so to speak. We went from an organization that had not experienced a lot of success, to one that has become a market leader. My role up until recently was mostly financial and strategic, but I've been involved in every major decision that UMMS has made over its 25-year history—whether we were constructing buildings, developing clinical programs, negotiating rates or acquiring hospitals.

Because I've been with UMMS for such a long time, I know the state of Maryland very, very well. I have a good understanding of our competitors, where opportunities may lie for expansion and the unique Maryland regulatory system. I know the University of Maryland Medical Center, the state government and the players at all levels—from the governor on down—and how they all fit together. In addition, I am very familiar with our key partner, the University of Maryland School of Medicine. I virtually grew up with many of the department chairs, so they know me and what I'm about.

I think I was in a good position to assume the role of president and CEO because we were going through a tumultuous period and I was able to step in and settle things down pretty quickly. I understand how UMMS is governed, what the issues were with the School of Medicine and how to get things back on track. Becoming the president and CEO was a natural progression. I look forward to a close and productive partnership with the School of Medicine.

Since assuming your new position in December, what is one of the first issues you've tackled?

An important part of the UMMS mission is "Where Maryland Comes First." Keeping that in mind, we strive to focus on Maryland and its citizens by giving them access to outstanding clinical programs, advanced medical technology and exceptional physicians. In partnership with the School of Medicine, we also train the next generation of physicians who will care for Maryland's residents. We are working on adding additional hospitals to the medical system and obtaining capital funds for a major expansion of the R Adams Cowley Shock Trauma Center. And, on the Eastern Shore, we are working with the Shore Health System to construct a brand new replacement hospital in the Easton area. All of these initiatives are moving forward nicely.

What is the biggest challenge in replacing your predecessor?

A handful of key problems had to be resolved quickly. The strength of UMMS is built around three key relationships. The first one is the medical system's relationship with the state of Maryland, and that relationship passes through the governor's office. It was clear that the recent conflict at UMMS had created some difficulty with the execu-

tive branch of state government, so we had to repair that relationship immediately. Even though we are a private entity, we are the state's academic health system, we receive significant financial support from the state and we are accountable to the state.

The second relationship is with the School of Medicine, and that relationship clearly had frayed. I had to take quick action to make sure that UMMS had a positive and strong alignment with the school. We can't have a successful hospital system without a solid, productive partnership with the School of Medicine. I have developed an excellent relationship with Dean Reece, who I consider an outstanding leader and a good friend.

Finally, the third major relationship in an academically-centered hospital system is between the flagship academic medical center and the system's community and specialty hospitals. I had to ensure that those relationships were tight. Each entity must respect the other, despite any differences in management and culture, in order for business to flow back and forth in an efficient and seamless manner. In short, all of the parts of the medical system need to be symbiotic.

What is your philosophy towards work?

I enjoy work and improving the medical system is a passion of mine. It's a privilege to have the opportunity to work here. I recommend the healthcare field to anyone, it's so rewarding. For me it is not just about reading financial statements and making business decisions, it's about the human component of what we do. It's very rewarding to see the difference that UMMS and the School of Medicine make in the lives of the people we treat. I visit patients in our hospitals and see firsthand how we help them, and it is very moving and inspirational. I enjoy being hands-on and interacting among the staff and patients of UMMS.

What do co-workers say about you?

I think they say I am very dedicated to the medical system, determined to accomplish our goals and very focused. Also, that I have a friendly style, good sense of humor and I am someone with whom it is easy to communicate.

Do you have a message for the School of Medicine faculty, staff and students?

Yes. I want them to know that UMMS understands the importance of a very positive and strong relationship with the school and its constituents and how important that is to our mutual success. I am greatly committed to working hand-in-glove with the faculty to make sure both organizations are successful in a major way. We are committed to a very strong partnership and will constantly seek alignment of our goals. It is very important that both organizations leverage each other's strengths. UMMS has certain assets and the School of Medicine has certain assets. When you combine them in a strong partnership, the synergies are tremendous. That is where trust and good communication really make a difference.

Will you describe your leadership style?

I have a friendly style and I encourage open dialogue and clear communication. I try to foster an inclusive and transparent style of leadership that reflects the statewide mission of UMMS. We want to engage the members of our board, the University of Maryland, Baltimore and the School of Medicine in our governance process. This organization is a public trust and I'm committed to being very open and inclusive in the way we do business. However, I also can be very decisive since we must be timely in our decision-making. I am not afraid to take measured, calculated risks.

I also try to stay focused when I'm engaged in business discussions. I sometimes speak in analogies because I think it helps people understand the points I want to convey. For instance, I'll analogize our major capital projects to planes at an airport. The planes (the equivalent of our capital projects) are at the gate and the airport (UMMS management) prioritizes which planes can take off first and how much fuel (capital funds) they need to get to their destination. We always are looking for the planes to take off on time, in the right order, and to have a successful landing.

Tell us about the most fun you have had on the job.

The greatest amount of fun is opening a new building or working with our physician partners to start new a clinical program. It is a lot of work, but in the end, when you cut a ribbon or witness a program at its inception, it is very gratifying. For example, we recently opened a Joslin Diabetes Center and a Transplant Clinic in Easton. It was a lot of fun to be with Dr. Steve Bartlett (chair, Department of Surgery), Dean Reece, the local hospital staff, and, most importantly, grateful patients, all celebrating the opening.

I also have enjoyed the many long partnerships and friendships I've established while I've been with UMMS—from the first and former UMMS CEO Dr. Mort Rapoport to Hank Franey, the current medical system CFO, to Joan Gartside, my administrative assistant. In fact, Joan has been with me throughout my entire 25-year career here at UMMS. I've enjoyed working with her and value the partnership we've formed, very much.

And, finally, just to interact with our many teammates—the faculty, nurses and staff. They are great. We are a huge family and many positive relationships and friendships have grown out of that. I enjoy walking around the system hospitals and visiting with patients and staff. It's nice to receive a friendly wave while I'm on those visits. Also, I would say that the University of Maryland Medical Center and School of Medicine have the feeling, the ebb and flow, of a small city. Together, they have a pulse that never stops and I find that fascinating.

What do you do outside of work?

I have three grown children who live out of town, so my wife, Ellen, and I enjoy taking trips to visit with them. Also, I am a big University of Maryland sports fan, particularly of the basketball team. I enjoy going to their games and rooting for the Terps. 

IHV - Providing AIDS Relief Services Worldwide

The President's Emergency Plan for AIDS Relief (PEPFAR), has enabled the School of Medicine's Institute of Human Virology (IHV) to have an enormous, global impact on people suffering from HIV and AIDS.

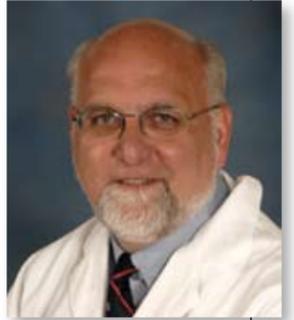
In 2003, IHV partnered with Catholic Relief Services, Catholic Medical Mission Board, Interchurch Medical Assistance and Futures Group to collectively form *AIDSRelief Consortium*. In 2004, *AIDSRelief* was awarded a competitive five-year PEPFAR grant from the US Department of Health and Human Services to provide HIV care and anti-retroviral therapy (ART) in the following nine countries: South Africa, Zambia, Nigeria, Kenya, Rwanda, Uganda, Tanzania, Haiti and Guyana. *AIDSRelief* is one of two major PEPFAR grants IHV implements and is led by principal investigator Robert Redfield, MD, who also is professor, Departments of Medicine and Microbiology & Immunology, and associate director, IHV.

At the close of year five of the grant, *AIDSRelief* is proud to reflect on its accomplishments in "Providing Treatment and Restoring Hope," the program's mantra. It has made remarkable progress improving the quality of life for people living with HIV/AIDS around the world, while increasing access to services. Most importantly, this work has been aligned to support the countries' national treatment plans and strengthens and empowers local healthcare systems. As of November 30, 2008, *AIDSRelief* is providing 141,669 patients with ART and has enrolled 382,189 patients in HIV treatment at 187 local partner treatment facilities in the aforementioned nine nations. *AIDSRelief's* strong focus on a comprehensive continuum of care, from health institution to community and household, has continued to demonstrate a low level of patients lost to follow-up care at 5.33 percent, while cumulative mortality remains around 8.1 percent.

"Dr. Redfield's program has been extremely successful in assisting these PEPFAR countries in therapy, education and training," said Robert Gallo, MD, professor, Departments of Medicine and Microbiology & Immunology, and director, IHV. "*AIDSRelief's* significant contributions, including care and therapies for more than 350,000 HIV-positive Africans and Caribbeans, are historical legacies for IHV and the School of Medicine."

IHV's role in the consortium is to impart years of experience to physicians, nurses, adherence specialists, laboratory technicians and communities in resource-limited settings in Africa and the Caribbean. IHV is responsible for the medical and clinical outcomes of *AIDSRelief*, including its medical curriculum, quality assurance and quality improvement in addition to laboratory procurement, installation and training.

AIDSRelief strives to achieve durable viral suppression through first line regimens, or the first medication used to treat a disease. Programs that demonstrate durable therapeutic outcomes are more cost-effective over the long run, as fewer patients require more expensive second-line and/or salvage regimens or costly diagnostic testing. Maintaining maximum HIV viral suppression is the basic treatment goal of ART upon which all other outcomes rest—including immune restoration, decreased morbidity attributed to opportunistic infections, AIDS-related mortality, quality of life and long-term costs of care. Results from *AIDSRelief's* second-round patient-level outcomes indicate high levels of "on treatment" viral suppression: Kenya at 94.6 percent, Zambia at 92.4 percent, Nigeria at 86.2 percent and Rwanda at 89.3 percent.



Robert Redfield, MD

It has made remarkable progress improving the quality of life for people living with HIV around the world, while increasing access to services.

"I have been enormously privileged to work with an outstanding group of deeply-committed health professionals to share the experience and capacity of IHV globally and to contribute to the impact and success of our nation's global health programs," said Dr. Redfield.

The goal of IHV's *AIDSRelief* is to provide care and treatment for HIV patients and their families through supportive care delivery models which are sustainable and can be replicated easily. A program implemented successfully through IHV in Baltimore, known as the JACQUES Initiative, has served as a model for IHV programs in Africa and the Caribbean. IHV has been successful in building upon the JACQUES Initiative to translate a non-traditional model of care into an effective community-based health delivery system. This scalable model includes ART adherence and treatment support and utilizes HIV-positive patients as treatment specialists to form a strong and expanded health network in their countries.

This grant recently was renewed through 2013. As *AIDSRelief* enters its sixth year of operations it will continue to prepare and graduate its partners abroad who are ready to operate independently. 🏛️

Combined Degrees Debut

As if earning a medical degree wasn't enough of an achievement, students at the School of Medicine now have the option to add a supplementary master's degree to their medical training. In most cases they'll be able to do so with only one additional year of schooling, as opposed to the two years needed to earn a master's degree separately or the four additional years, or more, that it takes to earn a PhD. The School of Medicine recognizes that some medical students may be interested in pursuing multiple study programs to enhance their medical training. With this in mind, the school has brought together a number of academic pursuits to complement the medical degree.

The goal is to train physicians in emerging areas of interest. To accomplish this, a series of combined degree programs has been developed that also provides students with the opportunities to embark on medical, research, business or administrative careers or continue their education as doctoral candidates, should they desire. Students are encouraged to apply during the medical school application

"Combined degrees help attract students with interests in addition to medicine, which gives us a more diverse student population."

process but entry into these programs is also afforded once a student has matriculated. The combined MD/Masters programs are five years in duration.

The programs are offered in collaboration with the Department of Epidemiology & Preventive Medicine and the University of Maryland College Park (UMCP) and University of Maryland, Baltimore County (UMBC). They will provide classroom and experiential learning in bioengineering, business administration, clinical and translational research education, epidemiology, health services administration, public health and public policy.

The joint degrees already in place for current and prospective students are the MD/MPH (Master of Public Health), MD/MSCR (Master of Clinical Research), MD/MS EPM (Master in Epidemiology), MD/MS BioEng (Master in Bioengineering, in conjunction with the Clark School



"The School of Medicine's combined programs will serve to help change the face of medical education once again."

of Engineering at UMCP) and the MD/MPP (Master of Public Policy, in conjunction with UMBC). They soon will be followed by the MD/MBA (Master of Business Administration, in conjunction with UMCP's Smith School of Business, which maintains a presence at the UMB Bio Park) and the MD/MHA (Master of Health Administration, in conjunction with UMCP's School of Public Health). Additionally, an MD/MED (Master of Education) program is in the planning stages.

"A few years ago, my office had a discussion with the dean's office about combined degree programs," said Jordan Warnick, PhD, professor, Department of Pharmacology & Experimental Therapeutics, and assistant dean for Student Education & Research, who oversees the combined degree programs. "We wanted students to be able to specialize early, not necessarily on clinical material alone, but also in their other interests. So when they journey to their residencies and beyond, there's an enhancement of their attractiveness to those residency programs and an enhancement of their opportunities once they get out into the working world."

It took a great deal of organization and negotiation to enable these combined degrees to come to fruition. "Each combined program is specifically tailored," Dr. Warnick explained. Some students can handle the workload of tak-

ing parallel courses for their medical and master's degrees, while others might take those classes immediately before matriculating to medical school or do that work during school breaks.

In all cases, though, combined degree students take off after their second year of medical school to spend a year focusing on classes for their master's degree of choice. "At the end of that time, they go back into the third year of medical school, complete their clinical requirements and go into their senior year," Dr. Warnick said. During their last year of medical school, students use their electives to complete their master's coursework, which includes a combination of course work and/or a capstone project in their master's degree field that requires a minimum of 240 hours and runs around six weeks, according to Dr. Warnick.

Interest in the combined degree programs has been high, even though students must be accepted to both the medical school and their master's program of choice and maintain a B in all their courses to remain eligible for both degrees. "This past year we had over 130 MD/MPH applicants," Dr. Warnick recalled. "We had to cull through the applications and decide on their acceptability in parallel with decisions reached by the Office of Admissions. We arrived at 36 students who will interview and then we'll possibly accept around 24. The high interest in the programs is astounding and more than I imagined."

That number will likely double in the future as the programs mature and word spreads. "Combined degrees like these help attract students with interests in addition to medicine, which gives us a more diverse student population," said Bruce Jarrell, MD, vice dean for Research & Academic Affairs. "They also compliment our existing international programs, offering opportunities for students who have an obvious interest in those areas."

"I fully expect these programs to attract a different kind of student," Dr. Warnick agreed. "The School of Medicine's combined programs will serve to help change the face of medical education once again."

For more in-depth information, go to http://medschool.umaryland.edu/osr/student_md.asp. 🏛️

Technology Corner

This is the first in an occasional series.

Connecting with Facebook at the University of Maryland School of Medicine

With more than 175 million participants, Facebook has become the most popular social network on the Web and the University of Maryland School of Medicine is an active member of this online community. Facebook enables users to create a profile page and interact with friends, co-workers and acquaintances. By joining Facebook groups or becoming a fan of a Facebook page, users can connect with people who share a common interest.

"Facebook can help students, prospective students, faculty and alumni to stay connected and up-to-date," said Larry Roberts, director of Web Communications. "It is also a great way for us to increase awareness about the School of Medicine and its programs."

For example, the School of Medicine's Facebook page provides a platform for news, videos, event photographs and a "fact of the day." More than 100 people—primarily current students—are fans of the page, ensuring that they will be notified when new information is posted. Medical students maintain their own Facebook group, which allows them to interact with each other.

By visiting <http://medschool.umaryland.edu/facebook> you can find links to many School of Medicine Facebook groups. The Graduate Program in Life Sciences

"Facebook can help students, prospective students, faculty and alumni to stay connected and up-to-date."

(GPILS) administers Facebook groups for three of its programs. "Feedback has been positive," said Sharron Graves, program coordinator for the Program in Molecular Medicine. "The Facebook group provides a venue for prospective students to learn more about the campus and student life. They also have an opportunity to ask current students

questions about the program as well as life in Baltimore." Graves hopes that Facebook will become a key recruitment tool.

"Facebook allows us to meet prospective students where they live," said GPILS administrator Tom McHugh. For young people, Facebook provides a familiar platform for those students to voice their opinions. "Our students are our best spokespeople," he said. But Facebook is not limited to the high school and college set. The fastest growing Facebook demographic is people over the age of 30.

To see the School of Medicine's Facebook page, visit <http://medschool.umaryland.edu/facebook>.



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Marlene and Stewart Greenebaum Cancer Center

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Sunday, May 31, 2009
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This race is unique as 100% of all net proceeds directly benefit The University of Maryland Marlene and Stewart Greenebaum Cancer Center.

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For more information and/or to register, visit <http://mdhalfmarathon.com/>.

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