



UNIVERSITY OF MARYLAND SCHOOL OF MEDICINE

Navigating the Millennium

S T R A T E G I C P L A N 2 0 0 0 - 2 0 0 5

I am pleased to present the University of Maryland School of Medicine Strategic Plan 2000-2005. As you review it, you will note the ambitious, proactive approach we have outlined to take the school into the new millennium as a preeminent educational, research and clinical institution.

The need to update our strategic plan became clear as we completed a six-month institutional self-study last year in preparation for the January 2000 Liaison Committee on Medical Education (LCME) site visit to re-accredit our medical school. We saw that almost everything that was considered a top priority in the 1994-1999 Strategic Plan had been accomplished. We also noted that the School of Medicine was enjoying the highest degree of prestige in its 193-year history—in the community, in the state and in the nation.

Our strategic planning effort began with a November 1999 senior staff retreat, followed by a leadership retreat in February 2000. During these meetings we analyzed internal and external factors to assess changes since our last environmental scan. We also reexamined our mission, vision, values and areas of focus for the new plan. Following this, I appointed a steering committee. In turn, the steering committee convened eight subcommittees to develop goals, objectives and strategies in the following areas: faculty recruitment, development and retention; education; research; clinical practice; outreach; institutional advancement; information technology and organizational structure and performance.

For the first time the School utilized electronic meeting software and a Web feedback board for efficient and effective input to the planning process. The planning process has been and will continue to be all-inclusive, with meaningful participation by faculty, staff, students and other individuals both within and outside the School.

This important plan sets the direction for the School for the next three to five years. Because the health care environment is constantly changing, our strategic plan is a work in progress. So we will continue to work together in order to ensure our competitiveness by staying responsive and proactive.

There is a wealth of opportunity available to us in the years ahead, and it is critical that we remain inspired by our values and vision and energized by our past accomplishments. As the 200th anniversary of the School of Medicine rapidly approaches in 2007, we are now ready to build on our achievements and move to the next level of distinction. This plan provides the focus and framework, but our faculty, staff, students and other stakeholders are key to its implementation.

I am most grateful for the dedication and enthusiastic support from everyone who has contributed to this effort. I invite you to join me in making this plan our future reality.



Donald E. Wilson, M.D., M.A.C.P.
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UNIVERSITY OF MARYLAND SCHOOL OF MEDICINE
STRATEGIC PLAN 2000-2005

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The University of Maryland School of Medicine is dedicated to providing excellence in biomedical education, basic and clinical research, quality patient care and service to improve the health of the citizens of Maryland and beyond. The School is committed to the education and training of medical, MD/PhD, graduate, physical therapy and medical and research technology students. We will recruit and develop faculty to serve as exemplary role models for our students.



The University of Maryland School of Medicine will achieve international eminence as an academic institution in undergraduate, graduate, post-graduate and continuing professional education; basic and clinical research; clinical practice and service; public health and prevention; and responsiveness to its community.

The School of Medicine, in an environment with both rapid scientific and technological advances and economic changes, will be recognized for its excellence and innovation in:

- Education
- Research
- Patient Care

We will accomplish this through the recruitment, development and retention of talented, culturally diverse faculty, staff, trainees and students, utilizing:

- Interdisciplinary Approaches
- Interprofessional Relationships
- Partnerships with our Local and Regional Communities
- Collaboration with Industry



These values will serve as the basis for the School of Medicine's efforts to fulfill its mission and achieve its vision for the future in teaching, research, clinical practice and service:

Excellence

The School, its faculty, trainees, staff and students will strive for advancement and excellence in all endeavors and reward such efforts.

Leadership

The School will assume a leadership role in issues of importance to the state of Maryland, the region, the nation and the world.

Diversity

The School will ensure diversity of faculty, trainees, staff and students.

Social and Public Health Responsibility

The School recognizes that its responsibilities include the disease prevention and health care needs of its West Baltimore community and the state of Maryland. The School will serve as a significant resource for addressing local, state, national and international health and public policy issues.

Collaboration and Communication

The School will actively communicate and collaborate wherever this will facilitate fulfillment of its mission and vision.

Respect, Ethical Behavior and Professionalism

The School will encourage mutual respect among faculty, trainees, staff, students and patients, demanding the highest standards of ethical and professional conduct.

Fiscal Responsibility and Accountability

The School will manage its resources in a fiscally responsible and highly accountable manner.



External

- Technological Explosion
- Concentration of NIH Funding in Fewer Institutions
- Completion of the Human Genome Project
- Changes in Affirmative Action
- Growing Elderly Population
- Growing Diversity of the Population
- Changes in the Political Climate
- Changes in the Economy
- Increasing Demands of Compliance, Regulation, Accountability and Documentation
- Ever-Changing Reimbursement Environment
- Increased Financial Support from the State, including the Tobacco Restitution Fund
- Expanding Scope of Practice of Non-Physician Health Professionals

Internal

- A Move to Mission-Based Management
- Increased Partnerships with Other Institutions and Industry
- Growing Need for Enhanced Clinical, Scientific, Educational and Information Technology
- A Shift in Emphasis from Departmental to Interdisciplinary Activities
- Changes in Culture from a "Silo" to a More Institutional Focus
- Addressing Inefficiencies in the Practice Plan



After receiving much input, the Strategic Plan Steering Committee established eight areas of focus. Eight subcommittees formulated goals, objectives and strategies in these areas to enhance the University of Maryland School of Medicine's (SOM) academic excellence and institutional strength:

- A. FACULTY RECRUITMENT, DEVELOPMENT AND RETENTION
- B. EDUCATION
 - Undergraduate Medical Education
 - Graduate and Postdoctoral Education
 - Physical Therapy and Medical and Research Technology Education
 - Graduate Medical Education
 - Student Recruitment and Development
 - Continuing Medical Education
- C. RESEARCH
- D. CLINICAL PRACTICE
- E. OUTREACH
- F. INSTITUTIONAL ADVANCEMENT
- G. INFORMATION TECHNOLOGY
- H. ORGANIZATIONAL STRUCTURE AND PERFORMANCE



Recruitment and retention of excellent faculty are fundamental to the SOM's strategic initiatives. Therefore, we will remain dedicated to the recruitment and retention of faculty scholars who demonstrate the highest standards of excellence in their academic work.

The School must continue to recruit and retain faculty with evident promise for productive careers as investigators, teachers and clinicians. The faculty must promote collaboration with others from a diverse, multicultural scientific community.

A comprehensive faculty development program must be implemented to facilitate professional development, leadership development for faculty and organizational development for the School. We must define expectations for faculty performance, develop criteria for promotion and provide resources for faculty professional development. The School must identify and reward faculty members who effectively support the School's missions of providing excellent biomedical education, research, patient care and service. The faculty must be of the highest integrity and promote collegiality through their interactions.

GOAL 1

Implement a comprehensive faculty development program that is designed and evaluated with scholarly rigor.

OBJECTIVE 1: Provide faculty with basic programming and information about the School, its missions and resources. These programs will

include, but are not limited to, orientation, introduction to research, introduction to clinical practice, introduction to teaching and introduction to the promotions and tenure process at the School.

- Strategy 1: Open new faculty orientation to all faculty.
- Strategy 2: Publicize faculty development information electronically through the Website.
- Strategy 3: Assign the Office of Student and Faculty Development and Minority Affairs (OSFDMA) to regularly assess faculty needs for professional development curricula in all mission-critical areas.

OBJECTIVE 2: Provide all faculty with access to basic and advanced programs to support teaching skills.

- Strategy 1: Promote collaboration among the Office of Medical Education (OME), OSFDMA and Office of Graduate and Continuing Medical Education (OGCME) to offer regular teaching skills programs for interested faculty.
- Strategy 2: Assign OME, OSFDMA and OGCME to help faculty develop skills required for meeting teaching skills performance measures.
- Strategy 3: Provide mentors, coursemasters, program directors and teacher-scholars with resources to help them design, implement and evaluate education programs and to perform other professional responsibilities as needed.

OBJECTIVE 3: Designate existing offices within the Dean's Office to develop, operate and effectively evaluate programs focused on faculty development.

- Strategy 1: Designate the mission-based management team to collect, analyze and report to the dean data regarding teaching effort and performance.
- Strategy 2: Designate offices responsible for faculty development, including OSFDMA, Faculty Affairs, OME and OGCME, to present program data for annual review by the dean.
- Strategy 3: Assign faculty and departments to annually assess the Education Scholarship Portfolio as a vehicle for faculty self-assessment, for documentation of effort and for scholarly productivity.

GOAL 2

Identify and reward faculty who effectively serve the School's missions.

OBJECTIVE 1: Define and utilize objective performance measures for faculty. Criteria for promotion and compensation will be guided by these objective performance measures.

- Strategy 1: Assess current department models for faculty performance measures in mission-critical domains (teaching, research, clinical practice, service).
- Strategy 2: Ensure that broad faculty participation is sought at the department level for design of department-specific performance measures.
- Strategy 3: Identify relevant uniform criteria for all faculty.

Strategy 4: Implement the Education Scholarship Portfolio as a standard format for presenting teaching data to the Committee on Appointments, Promotion, and Tenure.

OBJECTIVE 2: Offer competitive compensation packages for effective faculty.

Strategy 1: Continue to compete for and utilize retention monies to additionally compensate effective faculty.

GOAL 3

Ensure that SOM faculty collaborate with others in our diverse, multicultural scientific community.

OBJECTIVE 1: Recruit outstanding faculty who represent a diverse, multicultural scientific community.

Strategy 1: Enhance visibility of the School's ongoing and proactive commitment to diversity among its faculty.

OBJECTIVE 2: Promote skill development for all faculty to work effectively as collaborators in a multicultural environment.

Strategy 1: Periodically evaluate faculty perceptions of their work environment for cultural sensitivity or bias that may enhance or diminish collaborative productivity.



UNDERGRADUATE MEDICAL EDUCATION

Undergraduate medical education has undergone tremendous change in the last decade resulting in curriculum revisions at most medical schools. The University of Maryland School of Medicine made major revisions at all levels of undergraduate medical education starting with the class entering medical school in 1994. Part of that revision correctly anticipated a series of external and internal forces for change in both educational process and content. As we look to the future, the SOM must continue the innovation begun in the last major curriculum shift and emphasize further development of student and curricular evaluation.

Among the external forces that have caused these curricular changes are:

- A call to enhance learning objectives at the national level through the Medical School Objectives Project of the Association of American Medical Colleges (AAMC);
- Pervasive use of computers and information technology;
- Necessity for practicing evidence-based medicine;
- Increased rates of information production;
- Economic factors resulting in more ambulatory care and less time per patient encounter;
- A patient base that seeks forms of healing not traditionally embraced by allopathic medicine.

Internal forces that have contributed to curricular changes focus on the need for the medical school faculty to:

- Be more productive and accountable;
- Develop enhanced skills in assessing student performance using competency-based outcomes;
- Provide effective feedback and teaching in an evidence-based format.

Undergraduate medical education should fulfill the academic mission of the SOM to provide excellence in biomedical education, basic and clinical research and quality patient care.

GOAL 1 Enhance mechanisms for the ongoing evaluation of students and the curriculum to assure that planned educational objectives are met.

OBJECTIVE 1: Develop processes to assess student clinical competency.

Strategy 1: Develop Objective Structured Clinical Examination (OSCE) and Standardized Patient Evaluation (SPE).

Strategy 2: Continue development of clinical logbooks and direct observation of students in the third and fourth years.

OBJECTIVE 2: Develop meaningful and timely formative evaluation of students.

Strategy 1: Develop clear measurable outcome-based objectives.

Strategy 2: Assess grading policies for all medical students.

Strategy 3: Add electronic evaluations by students and faculty.

GOAL 2 Promote changes in curriculum content to reflect advances in clinical and biomedical sciences.

OBJECTIVE 1: Ensure the integration of clinical and basic science knowledge throughout the four years of undergraduate education.

Strategy 1: Identify basic science components that are and should be integrated within the clinical years.

Strategy 2: Integrate areas such as geriatrics, nutrition, cultural competency, professionalism and complementary medicine throughout the medical school curriculum.

OBJECTIVE 2: Monitor and incorporate new areas of scientific knowledge.

Strategy 1: Charge the Curriculum Coordinating Committee (CCC) to develop mechanisms to identify, assess and incorporate these relevant content areas.

Strategy 2: Implement areas such as human genome research and biomedical economics, nutrition, bioethics, chemical dependency, women's and minority health, and law into the curriculum.

GOAL 3 Provide an educational environment that encourages the development of careers in academic medicine.

OBJECTIVE 1: Develop student awareness of the opportunities available to them in a career in academic medicine.

Strategy 1: Develop an effective advisory system.

Strategy 2: Identify talented students interested in careers in academic medicine.

Strategy 3: Enhance mentoring and faculty interaction with these students.

Strategy 4: Provide opportunities for students to become involved in research, teaching and innovative clinical activities.

GOAL 4

Increase collaboration with other schools and community affiliates to develop new programs across disciplines.

OBJECTIVE 1: Identify areas of common interest within SOM departments, across campus schools, and outside programs.

Strategy 1: Review opportunities with departments in the SOM.

Strategy 2: Review opportunities with all professional schools on the University of Maryland Baltimore (UMB) campus.

Strategy 3: Review opportunities with other institutions within the University System of Maryland, e.g., University of Maryland Baltimore County (UMBC), University of Maryland College Park (UMCP), University of Maryland Biotechnology Institute (UMBI)/Institute of Human Virology (IHV).

Strategy 4: Create a process for implementing collaborative programs.

OBJECTIVE 2: Enhance existing and explore new clinical educational opportunities for students at community affiliates.

Strategy 1: Set a timetable for determining shared educational goals for students with community affiliates.

Strategy 2: Review current curricular content at affiliate sites and its relationship to education goals.

Strategy 3: Ensure faculty development of community-based teachers.

GOAL 5

Promote innovative education through increased use of technology and other mechanisms.

OBJECTIVE 1: Develop novel and productive educational support using laptop computer capabilities.

Strategy 1: Use educational technology to promote evidence-based medicine.

Strategy 2: Survey other institutions for new educational technologies.

OBJECTIVE 2: Enhance education through informatics, telemedicine and distance learning.

Strategy 1: Continually upgrade curricular content and the electronic process used for teaching.

Strategy 2: Promote electronic capabilities for assessment of learner skills and program feedback.

Strategy 3: Incorporate new educational technologies into a program for faculty development.

Strategy 4: Promote creative methods for distance learning for students at all inpatient and ambulatory sites.

GRADUATE AND POSTDOCTORAL EDUCATION

Through graduate and postdoctoral education, the SOM participates in training the next generation of scientists. Graduate training is a vital component of the School and contributes significantly to its mission and success. It is also an important factor in recruiting and retaining faculty in the basic and clinical sciences and is key to future research development. Outstanding graduate and postdoctoral training programs enhance the School's reputation and further support its mission by bringing together faculty from different departments and programs for teaching, thesis and dissertation research guidance and scientific collaborations. These training programs also facilitate scientific discovery and generate peer-reviewed publications and funding through the work of graduate student postdoctoral fellows. They have also increased our ability to compete for federally funded training grants and to train scientists and clinical investigators for productive careers in academia or biotechnology.

With the reported excess of Ph.D. scientists at the entry level, mechanisms must be put into place to:

- Increase the quality of our programs,
- Recruit an outstanding and diverse graduate student population,
- Emphasize research topics competitive for NIH funding,
- Mentor our graduate students and postdoctoral fellows,
- Enhance the competitiveness of graduates for available positions.

We must also continue to assess on an on-going basis our programs for quality.

GOAL 1

Enhance the School's graduate programs and make necessary changes to ensure their continued excellence.

OBJECTIVE 1: Develop linkages with government, industry and other external funding sources to support graduate education.

Strategy 1: Identify mechanisms of funding from these sources, e.g., training grants or fellowships.

Strategy 2: Develop relationships with organizations that have novel technologies not already available on campus to enhance research and educational opportunities for graduate students.

OBJECTIVE 2: Establish internal and external collaboration among faculty to enhance research and mentoring opportunities.

Strategy 1: Participate in development of system-wide database of faculty expertise and research interest.

Strategy 2: Develop cooperative graduate programs among schools in the University System of Maryland.

OBJECTIVE 3: Enhance curriculum and training.

Strategy 1: Assess and evaluate possible restructuring of the graduate programs housed in the SOM.

Strategy 2: Enhance collaboration with campus Graduate Program Office (GPO).

Strategy 3: Provide facilities for proper training (laboratories for graduate courses, where appropriate).

Strategy 4: Increase selectivity for admission to graduate programs.

OBJECTIVE 4: Develop faculty skills in teaching and mentoring graduate students.

Strategy 1: Assess need and explore implementation of a faculty development program to enhance teaching skills.

Strategy 2: Train faculty in mentoring techniques.

GOAL 2

Develop an environment whereby clinical relevance is considered in basic science research.

OBJECTIVE 1: Encourage interaction between students and clinical faculty.

Strategy 1: Increase the number of clinicians appointed to graduate faculty.

Strategy 2: Include clinical investigators, where appropriate, on dissertation committees and in graduate coursework.

OBJECTIVE 2: Encourage interaction between the MD/PhD program and clinical faculty.

Strategy 1: Appoint clinical faculty as secondary appointees in basic science departments and programs.

Strategy 2: Encourage MD/PhD students to attend clinical conferences during their laboratory experience.

GOAL 3

Recruit a diverse group of highly qualified students who show superior aptitude for careers in medical research.

OBJECTIVE 1: Enhance the process to ensure recruitment of superior students from a diverse population.

Strategy 1: Offer nationally competitive graduate stipends.

Strategy 2: Train graduate program directors in recruitment techniques.

Strategy 3: Centralize listings of minority funding and establish relationships with historically black colleges.

Strategy 4: Establish, update and maintain graduate program Websites.

Strategy 5: Coordinate interdepartmental recruitment efforts through the Graduate School.

Strategy 6: Enhance cooperation with the University System of Maryland Honors Programs.

GOAL 4

Evaluate on an ongoing basis the success, need and size of graduate programs.

OBJECTIVE 1: Develop an evaluation process for successful placement of graduate students.

Strategy 1: Develop a tracking system for the placement of graduate students.

Strategy 2: Contact former students to track their advancement.

Strategy 3: Obtain feedback from graduates regarding quality of training.

OBJECTIVE 2: Develop a process to determine educational and professional needs of graduates to compete successfully in the marketplace.

Strategy 1: Assess the needs of the marketplace on an on-going basis to determine appropriate size and content of the programs.

Strategy 2: Examine trends of federal organizations and industry to determine priority research and funding areas.

GOAL 5 Support a nationally recognized MD/PhD program.

OBJECTIVE 1: Recruit the most highly qualified students.

Strategy 1: Provide institutional support by funding stipends and tuition remission for a specific number of positions each year.

Strategy 2: Obtain Medical Scientist Training Program (MSTP) support from the National Institutes of Health (NIH).

OBJECTIVE 2: Smooth the transition between medical school and graduate programs and the return to the clinical setting.

Strategy 1: Carefully mentor each student in the first two years of medical school prior to entry into a selected graduate program.

Strategy 2: Incorporate clinical mentors as students return to the clinical rotations.

OBJECTIVE 3: Develop an evaluation process to track the advancement of MD/PhD graduates.

Strategy 1: Track the type and quality of academic offers at the time of graduation.

Strategy 2: Develop a five- and 10-year post-graduation questionnaire to determine the student's academic success in publications, promotion and grant support.

PHYSICAL THERAPY AND MEDICAL AND RESEARCH TECHNOLOGY EDUCATION

Two allied health programs have been housed within the SOM for decades—the Department of Physical Therapy (established 1956) and the Department of Medical and Research Technology (program established 1971, department established 1991). Masters students in the Department of Physical Therapy are prepared to provide prevention, physical habilitation and rehabilitation services in a variety of settings throughout the continuum of care. Undergraduate students in the Department of Medical and Research Technology specialize in medical technology or biomedical science research. Medical technologists play a major role in healthcare delivery by performing laboratory tests. Biomedical science research technologists perform laboratory testing in the biotechnology and pharmaceutical industries, as well as university or government-based research laboratories.

GOAL 1 Promote the appreciation and integration of allied health students into the training and research activities in the SOM.

OBJECTIVE 1: Increase interdisciplinary interaction among allied health students and medical students.

Strategy 1: Spearhead interdisciplinary community service activities on the UMB campus.

Strategy 2: Include allied health professionals on rounds and other patient-related activities.

Strategy 3: Incorporate the biomedical research students into the SOM's core research facilities and into faculty research laboratories.

GOAL 2 Develop assessment criteria that accurately measure students' academic performance and professional attributes.

OBJECTIVE 1: Revise student performance evaluation tools to reflect more competency-based skills and to provide essential feedback for planning purposes.

Strategy 1: Develop tools that are both quantitative and qualitative in nature.

GOAL 3 Continue to monitor and revise curriculum so that graduates are marketable in expanded practice settings.

OBJECTIVE 1: Continue to expand the knowledge base and incorporate training of new skills into the curriculum.

Strategy 1: Provide exposure to practicing professionals and other role models.

Strategy 2: Develop an integrated evidence-based, entry-level professional doctoral degree in Physical Therapy (DPT).

OBJECTIVE 2: Improve existing evaluation methods to better assess curricular appropriateness.

Strategy 1: Develop flexible instruments that measure the effectiveness of the curriculum in meeting the needs of employers, students and the state of Maryland.

Strategy 2: Establish collaborative effort among faculty, students and employers to determine appropriate assessment criteria.

GOAL 4 Incorporate technology and medical informatics into the curriculum.

OBJECTIVE 1: Provide educational experiences that utilize technology and that include hands-on training and practical application to enhance students' skills.

Strategy 1: Promote and reinforce medical informatics in the curriculum.

Strategy 2: Require computer access for all students.

GRADUATE MEDICAL EDUCATION

Nationally recognized residency training programs are pivotal to the educational mission of the SOM. These programs enable us to attract quality faculty and students. As residents provide a significant portion of the students' clinical education, it is critical to have high quality residents who can function as teachers and role models for our students.

Collaboration between the SOM and the University of Maryland Medical System (UMMS) and other affiliates will insure that our institution is recognized nationally as a "center of excellence" for graduate medical education (GME). We envision our training programs to bridge the transition from student to professional across the continuum of learning. These programs will be innovative in content and responsive to societal needs such as those proposed in Healthy People 2010. These needs will in turn drive curricula. Our programs will reflect the shift to competency-based curricula and evaluation that is occurring at the impetus of the Accreditation Council for Graduate Medical Education (ACGME). These teaching strategies will also reflect the efficiencies and effectiveness of collaboration across multiple disciplines thus meeting the challenges of education in an era of limited financial resources. A strong evaluation component will determine program compliance with ACGME requirements, giving us the opportunity to continually improve our training programs. Evidence-based medicine, faculty development, biomedical economics and use of technology in education will provide the vehicles through which goals and objectives will be met.

Recognizing that GME is under the aegis of UMMS, the intent is to emphasize the primary responsibility of UMMS for GME in the context of

a collaborative partnership with the SOM. The nature of this partnership will foster the development of GME programs to their maximum potential.

GOAL 1

Define and enhance the collaborative oversight of GME programs with all clinical partners through empowerment of the GME Committee.

OBJECTIVE 1: Based on a shared mission between the UMMS and the SOM, develop a plan to provide for collaborative oversight and the effective use of all physical, educational and financial resources committed annually for GME.

Strategy 1: Study and evaluate regional and national models for SOM/UMMS collaboration.

Strategy 2: Define an organizational model that clarifies and supports the flow of responsibility for oversight of these resources.

Strategy 3: Ensure that the plan that is developed is in compliance with ACGME requirements and is subject to continuous review and improvement.

OBJECTIVE 2: Enhance an objective assessment of the School's strength with UMMS and ensure collaborative efforts to facilitate improvements.

Strategy 1: Set up a mechanism via the GME Committee for biannual review of GME strengths and weaknesses and how leadership could effect necessary changes to enhance quality.

Strategy 2: Report a summary of these reviews to the dean of the SOM and the CEO of UMMS.

OBJECTIVE 3: Develop a strategic plan and evaluation process for collaborative work with other clinical partners (Veterans Administration Maryland Healthcare System, Mercy Medical Center, MedStar, etc.).

Strategy 1: Strengthen academic affiliations with community partners for creating innovative ambulatory and inpatient settings for student and resident education.

Strategy 2: Develop an evaluation process that reflects evaluations from trainees, clinical partners and from SOM/UMMS.

OBJECTIVE 4: Working with our clinical affiliates, ensure that the graduates of our residency training programs meet the health care needs of the community and the state of Maryland.

Strategy 1: Create a working group under the auspices of the GME Committee comprised of representative residency directors from UMMS and clinical partners to evaluate workforce needs.

Strategy 2: Utilize national and regional data from the Bureau of Health Professions and the state of Maryland to identify specialties that are over- and under-supplied.

Strategy 3: Continually identify opportunities for right-sizing and/or merging residencies.

GOAL 2

Through collaboration between the SOM and UMMS ensure that each clinical department has graduate education training programs that meet or surpass all ACGME requirements.

OBJECTIVE 1: Each clinical department will begin to incorporate into their residency training curricula the six competencies that will be required by all Residency Review Committees (RRC) as of July 2001. The six competencies are patient care, medical knowledge, practice-based learning, interpersonal/communication skills, professionalism and systems-based practice.

Strategy 1: UMMS, working through the GME Committee, will ensure that all institutional requirements are met through provision and appropriation of necessary resources.

Strategy 2: Faculty will develop, implement and disseminate to residents and faculty written goals and objectives that comply with their RRC guidelines.

Strategy 3: Charge the GME Committee, under UMMS leadership, to pool resources and work collaboratively on priority areas that cross disciplines (e.g. professionalism, ethics, practice management, cultural sensitivity and stress management).

OBJECTIVE 2: Develop an evaluation process for residents that measures the attainment of required competencies.

Strategy 1: Each department will develop effective tools for measuring RRC-required competencies.

Strategy 2: Provide a forum for demonstration and sharing of effective evaluation tools among departments.

Strategy 3: Develop standardized objective clinical examinations to assess resident competency where appropriate.

OBJECTIVE 3: Create a feedback loop to ensure that evaluation of residency competency modifies the curriculum.

Strategy 1: Use in-training examination scores and board certification rates as markers for comparing cognitive scores of UMMS residents with national averages.

Strategy 2: Under leadership of UMMS, strengthen GME sponsorship of internal program reviews at mid-cycle.

Strategy 3: Develop a mechanism with UMMS leadership to review and respond to citations that result from ACGME reviews.

GOAL 3

Develop educational programs to enhance professional effectiveness across disciplines and across the continuum of learning.

OBJECTIVE 1: Create faculty development programs for residents and faculty to enhance their teaching skills.

Strategy 1: Establish a core group of faculty with interest and expertise in faculty development to provide ongoing seminars/workshops that focus on improvement of teaching skills for our educators.

Strategy 2: Expand the faculty development series to residents to ensure that they have the appropriate skills to be effective teachers of medical

students during their training and future community preceptors of our residents.

Strategy 3: Foster ongoing relationships with community preceptors, providing faculty development in exchange for their roles as student and resident mentors.

OBJECTIVE 2: Expand educational technologies, including information systems, so that they become an indispensable adjunct for residents in their current and future practice of medicine and critical literature appraisal.

Strategy 1: Create a joint initiative between SOM and UMMS, the latter supporting access to computer technology and the former ensuring skilled personnel as resources.

Strategy 2: Provide training in computer technology for residents so that skills growth keeps pace with technological advances.

Strategy 3 Utilize computer technology to accomplish distance learning at community practice sites.

Strategy 4: Provide training in critical literature appraisal and evidence-based medicine.

Strategy 5: Encourage UMMS to contribute to purchase of library and electronic materials for resident use.

STUDENT RECRUITMENT AND DEVELOPMENT

The SOM is dedicated to recruiting and developing medical, MD/PhD, physical therapy, medical and research technology and graduate students. To that end, initiatives must be implemented that effectively target and entice talented students to our programs. Partnerships need to be formed and nurtured with high schools, community colleges and four-year institutions to funnel students from diverse cultural, ethnic and geographic backgrounds into science and medicine.

Once enrolled into our programs, energies must be directed towards cultivating professionalism and a commitment to lifelong learning among our students. To ensure that we continue to graduate competent professionals in the fields of medicine and allied health, this philosophy will need to be integrated throughout the curriculum.

Enhancing the quality of life of our students' experience during their tenure on our campus is of paramount importance. Support areas such as registration, financial aid and housing need to be seamless and user-friendly. Information technology must meet the demands of the rapidly evolving health care arena. An atmosphere of interdisciplinary collaboration among students from the professional schools needs to be fostered.

GOAL 1

Achieve a talented student population that reflects the cultural, ethnic, gender and geographic diversity of the state of Maryland.

OBJECTIVE 1: Develop programs that will identify and attract to the SOM talented students from diverse backgrounds.

Strategy 1: Increase recruitment visits to regional colleges and universities

to disseminate information about our programs in medicine, graduate programs and allied health.

Strategy 2: Invite high school and college students to attend campus-based programs designed to inform them of opportunities at the SOM and to afford them the opportunity to meet with students and faculty.

Strategy 3: Invite pre-health and science career advisors to the SOM to participate in annual admissions workshops.

Strategy 4: Critically evaluate the activities of the interview day and determine the factors affecting student decisions to apply to or attend the SOM.

OBJECTIVE 2: Improve the quality and flow of applicants to programs at the SOM by developing partnerships with elementary, middle and high schools that will encourage students to pursue careers in the health sciences.

Strategy 1: Set up visits to local schools by our faculty and alumni to discuss careers in the health sciences.

Strategy 2: Establish formal shadowing/mentoring programs that will encourage students toward careers in the health sciences.

Strategy 3: Acquire and utilize federal and private grants designed to encourage students from diverse backgrounds toward careers in the health sciences.

OBJECTIVE 3: Increase the availability of scholarships to attract the most talented students and improve financial aid information and resources for students.

Strategy 1: Evaluate and implement models from schools that have been successful in scholarship development.

Strategy 2: Create a financial aid officer position for programs in the SOM.

GOAL 2

Develop and nurture professionalism and encourage mutual respect among students, staff and faculty.

OBJECTIVE 1: Reinforce to students early and often their responsibilities as future health care professionals.

Strategy 1: Host a program at the end of the sophomore year reaffirming the values discussed at the White Coat Ceremony.

Strategy 2: Create a longitudinal curriculum in professionalism, ethics and cultural awareness.

Strategy 3: Develop interdisciplinary programs that allow students in each of the health sciences to interact with one another.

Strategy 4: Evaluate and provide feedback annually to students on their academic and professional development.

Strategy 5: Ensure that awards given at graduation emphasize professionalism and ethical conduct.

GOAL 3

Develop programs that encourage a lifelong commitment to learning and teaching.

OBJECTIVE 1: Promote curricular content that fosters the use of information technology.

Strategy 1: Further develop the integration of medical informatics and health

information technology into the curriculum.

Strategy 2: Advance curriculum in evidence-based medicine.

OBJECTIVE 2: Assist students in acquiring teaching skills.

Strategy 1: Foster a process for students to participate in teaching exercises for students at a lower level of training.

Strategy 2: Utilize the student-faculty advisory system to facilitate effective communication skills.

Strategy 3: Develop resources in Office of Student and Faculty Development/Minority Affairs (OSFD/MA) to develop teaching skills for interested students.

GOAL 4

Work with campus administration to improve our students' quality of life.

OBJECTIVE 1: Improve student access to information regarding registration, financial aid issues, housing, interdisciplinary opportunities, etc.

Strategy 1: Enhance computer systems and Web technology.

OBJECTIVE 2: Provide an environment that is conducive to learning.

Strategy 1: Improve the physical plant, specifically to include the sophomore and freshman lecture halls.

Strategy 2: Create space where students can congregate to work on projects and share ideas.

CONTINUING MEDICAL EDUCATION

The SOM recognizes its unique ability to provide opportunities for continuing professional development for all physicians. SOM faculty teach and learn in peer-reviewed, campus-based rounds and conference programs. Our faculty and departments offer didactic and clinical teaching programs to facilitate professional development for local and regional physicians. School faculty and departments, often with industry support, reach a national and international audience of practicing physicians with peer-reviewed enduring materials, distance learning programs and live activities. These programs reflect the highest academic standards and may be valued nationally with credits applicable to professional recognition awards and professional licensure.

The SOM will benefit from the definition and promotion of educational programs designed for the continued professional development of practicing physicians and other members of the health care team. We will compete effectively with other university and industry sponsors for educational grants and for physician learners. The School will be recognized for the quality of its postgraduate educational programs, for its use of appropriate and accessible educational methods and for rigorous evaluation of its programs.

Through the Office of Graduate and Continuing Medical Education (OGCME), we are committed to ensuring national “brand” recognition for continuing professional development.

GOAL 1

Offer excellent professional development programs for physicians in the state, region and nation.

OBJECTIVE 1: Enable learners to demonstrate enhanced knowledge, skills or practice behaviors.

Strategy 1: Conduct regular local, regional and national needs-assessments of physician learners.

Strategy 2: Use patient care and physician practice data in identifying needs for physician education.

OBJECTIVE 2: Collaborate with on-campus groups to enhance educational programs.

Strategy 1: Seek partnerships with UMMS, University Physicians Inc. (UPI) and other physician practice organizations to sponsor education programs for their physicians.

Strategy 2: Collaborate with school offices responsible for physician faculty development (OSFD/MA, OME).

GOAL 2

Establish the SOM as a leader in distance-learning educational methods and technologies for continuing professional development.

OBJECTIVE 1: Promote collaborative projects to support and enhance professional development.

Strategy 1: Collaborate with the Office of Policy and Planning (OPP) to develop patient care and physician support telemedicine programs throughout the state.

Strategy 2: Seek industry collaboration to develop Web-based educational programs for physicians.

Strategy 3: Seek opportunities for UMB to share information, expertise and resources, where appropriate, to foster optimal use of technology resources and collaborative work.

GOAL 3 Enhance faculty involvement in the CME process.

OBJECTIVE 1: Engage faculty leaders in the educational planning, business planning, marketing and resource management of the School's CME program.

Strategy 1: Restructure the CME Advisory Board to include a broad-based and experienced membership.

Strategy 2: Create four dynamic subcommittees within the CME Advisory Board to address each of these planning and management functions.

Strategy 3: Seek ad hoc participation of faculty with focused expertise in these areas.



Biomedical research is a fundamental mission of the School. In the last decade there has been dramatic growth and success in our research mission. At the same time, biomedical research has undergone what can only be described as a revolution. Advances in molecular biology have impacted all aspects of the research enterprise—from basic cellular/molecular mechanisms and understanding complex systems such as brain function to patient diagnosis and treatment. The entire sequence of the human genome has been completed. This “genomic revolution” provides incalculable potential for advancing medical treatment. Progress will be rapid and far-reaching.

To capitalize upon the potential of the genomic revolution and to maintain and grow our research mission will require rapid strategic investment of resources and the recruitment and retention of key faculty and leadership. Expansion of research space and animal facilities and the establishment of essential core facilities are vital to success. It will be increasingly important to foster cooperative, interdisciplinary approaches to research. The classic “silo” mentality that has too often characterized the research enterprise must be replaced by leaders at the department and program levels who will promote rapid, interdepartmental responses to research opportunities.

There is intense competition for the recruitment of new and established investigators/clinicians equipped to capitalize upon the opportunities presented by the genomic revolution. To recruit new faculty we must demonstrate institutional commitment to the infrastructure required to compete in this rapidly changing arena. This includes dedicat-

ed core facilities staffed by individuals who can maintain state-of-the-art technology and also serve as conduits to make the technology accessible to investigators who are re-tooling their research. The genomic revolution is labor- and intellect-intensive. Thus we must attract the best graduate students, fellows and postdoctoral trainees. There will also be increased competition for the retention of successful faculty. The School must develop mechanisms to identify, reward and retain successful investigators, programs and leaders.

The genomic revolution offers unprecedented opportunities for translational research, population-based investigation and clinical trials. The establishment of a General Clinical Research Center (GCRC) is fundamental to all these activities. Improved mechanisms to accelerate the translation from bench-to-bedside will be required to maintain our competitive position.

The leadership of the School has demonstrated its commitment to achieving top-echelon status in research. The next five years may be the most important in our history. How we meet these challenges will test our mettle and determine our standing for decades to come.

GOAL 1

Continue to enhance the School's research competitiveness and position in the top ranks of biomedical research institutions.

OBJECTIVE 1: Identify and strengthen successful existing departmental/interdisciplinary research programs.

Strategy 1: Identify and reward departments and programs that foster communication and collaboration.

Strategy 2: Require departments and programs to provide five-year strategic plans.

Strategy 3: Establish mechanisms for ongoing assessment of leadership and performance of departments, interdisciplinary programs and organized research centers.

OBJECTIVE 2: Establish new programs that complement and, where possible, build upon existing strengths.

Strategy 1: Define strategic “cutting edge” research areas/technologies for future development including:

- functional genomics
- proteomics
- bioinformatics, neuroinformatics and biostatistics
- vector science
- gene expression in interactive systems
- genetically engineered animal models
- molecular structure
- developmental biology
- biomedical engineering

Strategy 2: Retain and recruit outstanding chairs, program directors and investigators.

Strategy 3: Establish a Research Advisory Committee (RAC) comprised of SOM leadership (chairs, program directors, outstanding investigators) to advise the dean on our research mission.

OBJECTIVE 3: Enhance clinical, translational, population, outcomes- and genomic-based research.

Strategy 1: Identify and recruit visionary basic, clinical and public health scientists.

Strategy 2: Create a GCRC for studies of novel therapeutic interventions, disease pathogenesis and public health applications.

Strategy 3: Define and maintain geographically-defined, diverse community populations for clinical and mechanistic biomedical research.

Strategy 4: Foster communication and scientific collaborations between basic science and clinical investigators to facilitate translation of basic discoveries to clinical application.

Strategy 5: Ensure full compliance with all research regulations.

GOAL 2

Enhance the resources necessary to strengthen the School’s research mission.

OBJECTIVE 1: Develop and provide resources for strategic research initiatives.

Strategy 1: Assess current and future faculty requirements to develop new full-time faculty positions with priority in:

- functional genomics
- proteomics
- bioinformatics, neuroinformatics and biostatistics
- vector science
- gene expression in interactive systems
- genetically engineered animal models
- molecular structure
- developmental biology
- biomedical engineering

Strategy 2: Establish endowed chairs in basic sciences.

Strategy 3: Aggressively seek funds to seed innovative, state-of-the-art projects.

Strategy 4: Establish incentive funds for recruitment of high-quality graduate, MD/PhD and postdoctoral trainees.

OBJECTIVE 2: Strengthen the research infrastructure for laboratory, clinical, translational and population-based research.

Strategy 1: Define, establish and support appropriate core facilities staffed by technical directors.

Strategy 2: Provide guidance for translational research.

Strategy 3: Provide geographic contiguity for programmatically related research.

Strategy 4: Develop mechanisms that foster translational research in biotechnology and biomedical engineering.

OBJECTIVE 3: Strengthen successful leadership in existing research areas; develop leadership in strategically defined areas of opportunity.

Strategy 1: Predicate resource allocation on the performance evaluation of research and graduate programs.

Strategy 2: Provide resources to develop program project, shared instrumentation/infrastructure and training grants.

Strategy 3: Establish mechanisms for faculty mentoring and for grantsmanship.

OBJECTIVE 4: Provide space necessary for growth of research enterprise.

Strategy 1: Develop database of space utilization versus productivity.

Strategy 2: Develop plans to renovate current obsolete space.

Strategy 3: Develop plans for future space needs with focus on the construction of Health Sciences Facility III.

Strategy 4: Develop plans to assure that current and future animal housing space and service are adequate for growth of research.

GOAL 3

Improve faculty development in basic, translational, and clinical research.

OBJECTIVE 1: Develop uniform institutional policies to nurture new faculty recruits.

Strategy 1: Define expectations for new faculty and institutional commitments.

Strategy 2: Provide a mentor cohort for all junior faculty.

Strategy 3: Reward successful mentors.

Strategy 4: Increase seed resources for junior faculty.

Strategy 5: Provide yearly feedback on progress to individual faculty, chairs and program directors.

Strategy 6: Bring salaries for outstanding faculty to the 85th percentile for peer institutions.

Strategy 7: Increase the number of faculty who hold membership in national and international academies.

OBJECTIVE 2: Help established faculty increase research productivity.

Strategy 1: Protect faculty effort funded on grants.

Strategy 2: Explore novel approaches to help investigators update research skills.

Strategy 3: Improve information technology infrastructure for on-line access to research information/databases, faculty research interests and interactive communication for training and regulatory documents.

Strategy 4: Encourage and facilitate technology transfer and improve Office of Technology Transfer interface with investigators.

Strategy 5: Create mechanisms that facilitate translational research.

Strategy 6: Develop incentives to retain productive investigators.

OBJECTIVE 3: Promote research collaborations among faculty.

Strategy 1: Recognize faculty for participation in multiple-investigator research programs.

Strategy 2: Encourage joint faculty appointments in basic and clinical departments.

Strategy 3: Partner with affiliate institutions to increase access to basic science and clinical research resources and patients.



Excellence in clinical practice is a key mission of the SOM and the University of Maryland Medical System (UMMS). Clinical practice funds support the vital missions of research, education and service. During the past five years, major changes in the delivery of clinical practice and clinical care have occurred on the University of Maryland campus. Changes in health care reimbursement have led to a more unified practice plan and spawned new partnerships with UMMS.

In order to maintain excellence in clinical practice over the next five years, several challenges must be met. Our academic practices must become more efficient in the delivery of patient care. A key aspect of this new efficiency will be information systems that link our practices while providing state-of-the-art input and access to information in both the inpatient and outpatient settings. An operational information system would also assist in the development and delivery of appropriate practice standards and assist in assuring compliance guidelines are met. The development of appropriate practice standards will further enhance the care delivery provided to patients in our medical practices. There will be continued expansion of the SOM and UMMS Health Delivery Network from a local to a regional to a statewide health care delivery system. This expansion of clinical opportunities will not only enhance our clinical practices, but also stress our educational, research and service opportunities. The successful integration of these expanding networks with SOM faculty will present challenges and opportunities.

GOAL 1

Maintain the current level of integration in the faculty practice group to allow the current structure to mature and to allow enforcement of the rules of the Medical Service Plan (MSP).

Objective 1: Facilitate the growth and management of the faculty practice plan through the position of associate dean for clinical affairs supported by the Fiscal Affairs Advisory Committee (FAAC) and the Clinical Affairs Committee (CAC).

GOAL 2

Improve the patient care environment.

OBJECTIVE 1: Create patient care environments throughout the campus that are pleasant and appropriately modern, clean, patient-friendly, easy to navigate and respectful of patients' needs for privacy.

Strategy 1: Identify all campus space areas used for patient care delivery. Bring all patient care areas up to the same high standard of appearance and cleanliness.

Strategy 2: Develop a signage system for all campus-based patient care areas so that patients can easily and quickly access the areas of care for which they are scheduled.

Strategy 3: Encourage key faculty involvement in developing our practices. The CAC, which incorporates practice redesign in its structure, as well as the Clinical Services Standards Committee (CSSC), are developing unified standards

of practice. These committees are faculty-led. The UMMS Operating Council is working with the clinical departments and the leadership of University Physicians, Inc. (UPI) to develop a clinical structure that allows for better coordination and decision-making in the clinical areas. Over the next five years the strategy will be to improve cooperation between the clinical faculty and the hospital leadership to ensure that the needs of the patients and the clinicians are being met.

GOAL 3

Develop a clinical practice delivery system that emphasizes clinical quality, cost effectiveness and a strong consumer orientation.

OBJECTIVE 1: Define and agree on clinical performance standards by specialty area.

Strategy 1: Develop appropriate standards of practice throughout the SOM faculty practice plan.

OBJECTIVE 2: Deploy an effective clinical information system in collaboration with the medical center.

Strategy 1: Develop a clinical information system available to all practices in UPI and UMMS with accurate clinical and demographic information.

Strategy 2: Develop an electronic medical record with clinical information in the inpatient and outpatient settings to assure compliance with the practice plan and quality improvement audits. It is imperative that resources be allocated so that

appropriate information systems can be in place and expanded as technology and need continue to dictate.

Strategy 3: Use the computerized medical record to assist in compliance audits, quality control and resource utilization.

OBJECTIVE 3: Identify creative solutions to improve patient access and provider and staff accountability.

Strategy 1: Develop strong physician leadership and quality administrative support accountable to the faculty practice plan to serve the needs of the patients and patient care delivery.

Strategy 2: Analyze successful models of clinical practice on this campus and emulate them as appropriate.

Strategy 3: Ensure that practices throughout the SOM function at a high level.

Strategy 4: Expand the UMMS Operating Council to incorporate more physician leadership in addressing inpatient practice concerns.

Strategy 5: Partner UPI with UMMS to provide better management and accountability for hospital outpatient practices.

Strategy 6: Partner with UMMS to provide better management and accountability for hospital practices.

Strategy 7: Make practice standards flexible enough to allow individual practice autonomy in developing the best practice with appropriate practice plan oversight.

GOAL 4

Identify creative solutions to continue to improve the efficiency of clinical programs.

OBJECTIVE 1: Work with the medical center to redesign the use of its operating rooms in order to expand staffing and efficiency.

Strategy 1: Analyze the barriers to efficient use. Provide incentives for efficient utilization.

Strategy 2: Explore the appropriate use of affiliated hospitals for selected cases, thus reducing the pressure on facilities on the downtown campus.

Strategy 3: Develop an ambulatory surgical center on campus.

OBJECTIVE 2: Work with the medical center to redesign and expand the emergency department and improve staffing efficiency.

Strategy 1: Develop a clinical admissions center where patients can be directly admitted and receive appropriate diagnostic testing. Monitor yellow alert status to measure effectiveness.

Strategy 2: Improve the hotel functions of the hospital to more quickly identify empty beds and discharges.

Strategy 3: Develop a 23-hour bed service located proximate to the emergency department.

Strategy 4: Expand the number of telemetry beds in the hospital. Monitor red alert status for effectiveness.

OBJECTIVE 3: Work with the medical center to affect appropriate levels of change and utilization.

Strategy 1: Develop accurate cost and utilization data by service and physician.

Strategy 2: Develop inpatient and outpatient benchmarks of best practices.

Strategy 3: Use existing UPI and UMMS

oversight structures to monitor outcomes and effect change with appropriate physician input.

Strategy 4: Look at different models of care on the campus and determine which ones are most effective in delivering high quality cost-effective care. Successful models should be emulated throughout the organization.

Strategy 5: Minimize the effect that learners have on the efficient operation of our medical practices. Develop clinical faculty who can supervise and teach cost effective medicine.

OBJECTIVE 4: Expand the use of multidisciplinary patient care models to achieve better patient outcomes and higher satisfaction.

Strategy 1: Evaluate the role that the physician extenders, nurse practitioners and allied health professionals will have in the delivery of patient care. Explore alternatives to the current teaching service model.

Strategy 2: Explore the role of intensivest and hospitalist models in the academic health center.

OBJECTIVE 5: Develop faculty incentive programs.

Strategy 1: Develop appropriate standards and reward faculty who are excellent clinical practitioners.

Strategy 2: Make incentive programs flexible and department-specific.

GOAL 5

Build tertiary and quaternary care programs.

OBJECTIVE 1: Develop an approach to prioritize the expansion of clinical programs.

Strategy 1: Inventory and evaluate all clinical programs at UMMS and on the campus.

Strategy 2: Enhance programs that further our clinical educational and research mission.

OBJECTIVE 2: Expand clinical trials.

Strategy 1: Develop a GCRC.

Strategy 2: Encourage multidisciplinary research programs.

Strategy 3: Separate clinical research costs from standard-of-care costs to facilitate compliance.

Strategy 4: Develop clinical faculty who can support clinical research centers.

Strategy 5: Develop the area of translational research in biotechnology and biomedical engineering.

OBJECTIVE 3: Improve the marketing of the faculty practices.

Strategy 1: Build a reputation among referring physicians as a faculty and location that are friendly.

Strategy 2: Market faculty practices cooperatively with the hospital.

Strategy 3: Address capacity of practices and access issues.

Strategy 4: Market programs that will enhance the quality and reputation of the SOM and hospital. Target programs that are areas of excellence within the institution.

OBJECTIVE 4: Clarify roles and referring relationships with the growing UMMS

network, which now includes Kernan Hospital, Deaton Hospital, Maryland General Hospital and North Arundel Hospital.

- Strategy 1: Review and evaluate faculty involvement with UMMS institutions at the departmental, divisional or individual level.
 - Strategy 2: Identify areas within those institutions that can enhance our clinical practices and referral relationships with a wider group of community doctors. The School should look for areas of opportunity throughout the UMMS network as well as at other institutions.
 - Strategy 3: Develop these sites as areas of clinical training for our medical students and other learners.
 - Strategy 4: Develop these sites as foci of clinical research for our faculty.
 - Strategy 5: Affiliate with a larger network to provide leverage when negotiating contracts with insurance carriers.
- OBJECTIVE 5: Expand contracting and oversight efforts with third party payors.
- Strategy 1: Review all current and existing contracts to ensure compliance and appropriate reimbursement for clinical services provided by SOM faculty.
 - Strategy 2: Expand contracts that provide improved patient volumes and appropriate reimbursement to the SOM faculty.
 - Strategy 3: Work with UMMS to insure that contracts entered into by the hospital insure adequate reimbursement for clinical faculty.

Strategy 4: Set up a regular review of all contracts to insure continued compliance and adequacy.

GOAL 6

Unify the strategic clinical direction between the SOM and UMMS.

OBJECTIVE 1: The SOM and UMMS should work cooperatively in the coordination and support of clinical programs whenever possible.

- Strategy 1: Identify the areas where UMMS and the SOM practice cooperatively in a way that enhances the clinical practice.
- Strategy 2: Improve cooperation and coordination between the leaders of the SOM practices and UMMS.

OBJECTIVE 2: Work collaboratively to develop and negotiate a successful agenda with the Maryland legislature.

- Strategy 1: Enhance Medicaid funding levels and decrease payment cycles, not only for the institution but for the clinical faculty as well.
- Strategy 2: Minimize the ability of managed care organizations to adversely impact fiscal stability through inappropriate denials and slow or no-payments.
- Strategy 3: Work collaboratively to effect changes in the Medicare reimbursement environment.



The University of Maryland School of Medicine will be a leader in addressing the health care needs and improving the quality of life for the residents of the Baltimore metropolitan area, the state of Maryland and beyond. As a vital part of the University of Maryland Baltimore, and partner to the University of Maryland Medical System, the medical school is committed to advancing the health care priorities of local, state and regional communities by developing mutually beneficial partnerships with community leaders and organizations, educational institutions and the business community. Only through a dedication to collaboration and cooperation can the School continue to address the myriad health care challenges of the future, especially in light of declining resources.

The SOM will continue to pursue an increased leadership role in bringing its unique resources to bear upon pressing public policy issues, including equity costs, quality of medical care, strategies for disease prevention, physician workforce distribution and access to care.

The medical school will enhance its image and create a greater awareness of its institutional strengths and accomplishments. This is essential to its ability to recruit the best faculty, staff and students to raise more private and public funding and to build ongoing community support and understanding.

GOAL 1

Continue to integrate, strengthen and enhance educational, research, clinical and service partnerships such as the USM, UMB,

UMBI/IHV, UMMS, VAMHS and other affiliated institutions to better serve our students and the citizens of West Baltimore, the Baltimore metropolitan area, rural Maryland, the state and beyond.

OBJECTIVE 1: Enhance our relationships with partners such as Mercy Medical Center, MedStar, Maryland General Hospital and other affiliated institutions.

Strategy 1: Identify current ongoing collaborative efforts and foster additional collaboration.

Strategy 2: Provide incentives for innovative collaborative partnerships among students, faculty and staff.

Strategy 3: Develop a public information campaign to educate the media and the public on existing partnerships.

GOAL 2

Enhance existing and develop new interactive external partnerships with key community leaders and organizations, educational institutions, businesses and government to promote improved quality of life and health care in the community of West Baltimore, in the region and in the nation.

OBJECTIVE 1: Inventory existing external partnerships between the SOM and constituents in West Baltimore, the Baltimore metropolitan area, rural Maryland, the region and the nation.

Strategy 1: Regularly update the School's outreach activity inventory.

Strategy 2: Continue to educate our constituents regarding outreach efforts.

OBJECTIVE 2: Inventory the existing relationships among faculty, students and community partners.

Strategy 1: Update the existing Web-based list of community activities.

Strategy 2: Organize SOM outreach efforts to respond to new ideas.

Strategy 3: Coordinate community relations efforts with the UMB and UMMS.

OBJECTIVE 3: Promote the development of culturally sensitive and competent partnerships between the SOM faculty and staff and the communities in West Baltimore, Baltimore metropolitan area, rural Maryland, the state and beyond.

Strategy 1: Conduct faculty workshops and seminars on building mutually beneficial partnerships with community organizations.

Strategy 2: Conduct faculty workshops on development and implementation of academic-community participatory research.

GOAL 3

Encourage faculty to serve as consultants, as well as referral, continuing education and collaborative research resources to health care professionals, agencies, and industry.

OBJECTIVE 1: Promote the recognition of faculty and increase faculty visibility.

Strategy 1: Inventory the current involvement of faculty as consultants or collaborators for industry, federal agencies, and other external groups.

Strategy 2: Develop a public information campaign to educate the media and public on our existing activities.

GOAL 4

Enhance the role of the SOM as a voice in policy-making and health promotion locally, nationally and internationally.

OBJECTIVE 1: At an institutional level, identify and support opportunities for SOM faculty to participate as experts for policy-planning bodies.

Strategy 1: Document available areas of faculty expertise.

Strategy 2: Identify available opportunities for faculty at state and federal levels.

Strategy 3: Maintain updated database of faculty and student activities in this area.



Institutional advancement is among the School's highest priorities for achieving success in a new century of medicine. Institutional advancement will encompass all activities and programs undertaken by the SOM to develop understanding and support from all its stakeholders in order to secure resources.

GOAL 1

Develop an exemplary and innovative Development Office and fundraising strategy that supports the mission of the medical school through strategies aimed at grateful patients, alumni, friends, industry and business constituencies.

OBJECTIVE 1: Develop a business plan for obtaining greater resources.

- Strategy 1: Benchmark the Development Office with peer institutions.
- Strategy 2: Obtain objective feedback from the SOM's clinical and basic science departments, programs, organized research centers, etc. regarding the Development Office.

GOAL 2

Expand the fundraising activities of the medical school.

OBJECTIVE 1: Complete a seven-year campaign to raise \$150 million for endowments, programs and facilities that are aligned with medical school strategic priorities.

- Strategy 1: Create "Priority Development Teams" of faculty and staff who

would be involved in generating campaign priority recommendations.

- Strategy 2: Seek funding to endow new chairs, including the basic sciences.
- Strategy 3: Prioritize fundraising goals for each clinical and basic science program.
- Strategy 4: Complete an inventory of all current fund-raising sources.
- Strategy 5: Seek additional opportunities for resource development with industry, business, community and others.
- Strategy 6: Seek funding to support diversity initiatives.

GOAL 3

The Office of Public Affairs will develop an effective internal and external communication plan to enhance awareness of the medical school's mission, accomplishments, scientific advancement and community contributions.

OBJECTIVE 1: Enhance state and local governments and community understanding of the SOM.

- Strategy 1: Develop a public information campaign to educate our constituencies about the School's significant contributions and accomplishments.

OBJECTIVE 2: Advocate effectively for state and federal support of the medical school's mission.

- Strategy 1: Enhance lobbying efforts that specifically meet the needs of the SOM.
- Strategy 2: Continue to educate state and federal officials about our contributions and accomplishments.

OBJECTIVE 3: Enhance the relationship with our alumni and the Medical Alumni Association.

- Strategy 1: Increase alumni participation in School activities, such as mentoring.
- Strategy 2: Enhance communication efforts with School alumni.

OBJECTIVE 4: Increase awareness by medical school faculty, students, residents, staff and alumni of significant SOM accomplishments.

- Strategy 1: Maintain SOM newsletter.
- Strategy 2: Regularly update the Website to include press releases, community service, accomplishments, publications, announcements, etc.



The rapid growth of technology in education, research, clinical practice and business development in the past five years has been nothing short of explosive. Vast amounts of information along with the daily expectation of nearly instantaneous communication has led to a complex yet necessary environment in which medical schools, hospitals, businesses and individuals need to function. As dependency grows and use becomes time-critical, the need for reliable and user friendly tools continues to expand. There is an even larger need for seamless interrelationships between systems across large and small working environments, as well as the need to develop skills among all levels of users. The SOM must develop and utilize the tools of information technology as well as scientific and clinical technology to further support its overall mission. It will manage, rather than be managed by, information.

GOAL 1

Enhance information technology for the SOM that can facilitate research, education, patient care, community outreach and information management.

OBJECTIVE 1: Standardize information technology access for faculty, student and staff communication and connectivity.

- Strategy 1: Develop minimum guidelines for specific software sets for access and use of standard technology.
- Strategy 2: Update hardware for all users to a minimum required standard.
- Strategy 3: Train all users in the basic skill set necessary for accessing data/information contained on the networks.
- Strategy 4: Educate users and administrators

- on issues of security and confidentiality when using technology.
 - Strategy 5: Implement incentives for the faculty for using information technology to enhance education and research.
- OBJECTIVE 2: Centralize the coordination of information technology.
- Strategy 1: Consolidate the strategy and implementation for information technology under the direction of a chief information officer (CIO).
 - Strategy 2: Optimize the use of common hardware across different networks, locally, school-wide and across the campus in cooperation with other campus entities.
- OBJECTIVE 3: Enhance information technology support for faculty, students and staff.
- Strategy 1: Identify and train a diverse support staff to meet the needs of different user sets, in the research, educational and clinical/business arenas, to further communication and improve efficient use of time among all users.
 - Strategy 2: Develop push technology for continued seamless upgrades to maintain all users at similar base standards.
 - Strategy 3: Conduct ongoing user educational seminars through didactic and Web-based methods to keep users current within their own technology arenas.

- Strategy 4: Conduct ongoing seminars to train users in the development of original information technology-based applications or communications.
- OBJECTIVE 4: Enhance interaction with external entities for development and maintenance of new information technology in the SOM.
- Strategy 1: Disseminate information on available funding sources in a common and consistent location for faculty.
 - Strategy 2: Promote interaction with technology vendors interested in joint sponsorship of advanced products.
 - Strategy 3: Encourage the entrepreneurial spirit of faculty and other users to develop tools which could be marketed and licensed to generate revenue to fund ongoing technological projects.

GOAL 2

- Integrate relevant clinical research, educational and business systems among the SOM, UMB, UPI, UMMS, UMBI/IHV, and the VAMSH.
- OBJECTIVE 1: Develop tools to integrate different informational systems into a seamless user-friendly environment.
- Strategy 1: Create and elevate a steering committee of CIO's across all systems who need to communicate to develop hardware and software standards that promote inter-operability.
 - Strategy 2: Develop lower level support groups across the separate units who will guide/support the end-user to aid in the integration across the separate systems.

Strategy 3: Develop ongoing educational, clinical and research tools for faculty, students, residents and staff with needs to access inter-operable technology.

Strategy 4: Develop a seamless objective-based medical record system that can be filtered and expanded to meet specific departmental needs.

Strategy 5: Develop online automated laboratory and Web-based systems to integrate with medical record systems.

Strategy 6: Develop broad-based tools for integrating separate billing systems between UPI and UMMS.

Strategy 7: Develop push technology for online notification of critical information, such as conferences, meetings, resources changes or additions across all systems.

Strategy 8: Encourage standardized e-mail systems on the entire campus.

Strategy 3: Develop patient- and clinician-oriented real-time modules for consultation among physicians in diverse locations, both nationally and internationally.

Strategy 4: Develop interactive learning modules to take advantage of emerging technology, such as virtual reality systems for educating and fostering collaboration among researchers, students, residents and faculty.

GOAL 3

Develop an international and statewide information technology system for promotion of research and education for patients and community-based physicians, as well as other potential collaborators in a university environment.

OBJECTIVE 1: Develop Internet-based tools and sites for communication.

Strategy 1: Develop a knowledgeable, integrated, Web-based development group.

Strategy 2: Identify and develop distance-learning tools incorporating Web-based communication and video conferencing.



The University of Maryland School of Medicine is a complex and diverse organization of departments, programs and research centers. A continuing challenge to the School is to foster an adaptable organizational structure consistent with its by-laws that optimizes effective decision-making, communication, collaboration and accountability.

Departments, programs and research centers should be sufficiently integrated to support the mission of the SOM and to implement the goals, objectives, and strategies defined by this institution. The organization must be clearly defined yet fluid enough to provide flexibility and timely adaptation to a changing environment. Infra-structures necessary to enhance the SOM's teaching, research and clinical practice activities must be provided. Fiscal responsibility among the School's components should remain a priority.

GOAL 1 Optimize organizational structure and performance.

OBJECTIVE 1: Establish a Strategic Plan Continuing Oversight Committee (SPCOC) appointed by the dean to advise on organizational structure and institutional performance in achieving strategic initiatives.

Strategy 1: The SPCOC will regularly review institutional strategic goals and evidence of satisfactory progress towards achieving these goals.

Strategy 2: The SPCOC will regularly review the organizational structure of the School and advise the dean of changes that may best position the School to achieve its strategic priorities and preeminence.

Strategy 3: Where structural organizational changes appear advisable to address new strategic initiatives effectively, the SPCOC will consult interested School constituencies. Targeted groups will be those affected by the changes as part of the committee's deliberations. The SPCOC will forward recommendations to the dean.



Chair - Strategic Planning Steering Committee

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Professor, Psychiatry

Students

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4th-Year Medical Student

Gentzon Hall
2nd-Year Medical Student

Angela Neale
Medical & Research Technology Student Class Officer

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Susan D. Wolfsthal, M.D.
Associate Professor, Medicine (Chair, Education Subcommittee)

Department Chairs

Michael T. Shipley, Ph.D.
Chair, Anatomy & Neurobiology
(Chair, Research Subcommittee)

William L. Henrich, M.D.
Chair, Medicine

Jay A. Perman, M.D.
Chair, Pediatrics (Chair, Organizational Structure & Performance/Faculty Recruitment, Development & Retention)

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Mary M. Rodgers, Ph.D.
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Eve J. Higginbotham, M.D.
Chair, Ophthalmology (Chair, Outreach/Institutional Advancement Subcommittees)

Hugh E. Mighty, M.D.
Interim Chair, Obstetrics, Gynecology & Reproductive Sciences (Chair, Information Technology Subcommittee)

Denise M. Harmening, Ph.D.
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Giuseppe Inesi, M.D., Ph.D.
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