



After a nine-month nationwide search, E. Albert Reece, MD, PhD, MBA, has been appointed dean of the School of Medicine and vice president for medical affairs at the University of Maryland. Dr. Reece was previously vice chancellor of the University of Arkansas for Medical Sciences and dean of the University's College of Medicine. He held faculty appointments as professor in the departments of obstetrics and gynecology, internal medicine and biochemistry and molecular biology. An expert on the mechanism of diabetes-induced birth defects, Dr. Reece and his research group pioneered the discovery of the dominant biochemical and molecular mechanisms underlying the cause of these birth defects, as well as methods to prevent these anomalies. He and his team also developed a technique for early prenatal diagnosis of birth defects with potential for use in curative fetal therapy.

Prior to joining the University of Arkansas, Dr. Reece was the Abraham Roth Professor and Chair of the Department of Obstetrics, Gynecology and Reproductive Sciences at Temple University School of Medicine. He was also a faculty member at Yale University School of Medicine for nearly 10 years, where he was director of the Yale diabetes-in-pregnancy study.



Dean E. Albert Reece, MD, PhD, MBA

Q&A with Dean Reece

Q. What attracted you to the University of Maryland School of Medicine?

A. Over the past two decades, the School of Medicine has demonstrated an impressive growth profile in its mission areas, especially research. I also recognized that there was scope for me, not only to further propel the research and academic progress, but also to significantly enhance the clinical enterprise. This opportunity was very appealing.

Q. Do you plan to continue research at the School of Medicine?

A. I do. Some of my research scientists will join me here. Although I am no longer able to have an extended and regular physical presence in the laboratories, I hold weekly meetings where we discuss data, new experiments, grant proposals, potential publications and presentations.

Q. What do you believe set you apart from the other candidates?

A. I suspect that my experience and accomplishments both as a chairman for 10 years and a dean for five years were attractive to the search committee and the leadership.

Q. How has your background prepared you for the position?

A. My formal education is in medicine, research and business. I've had extensive experience in both urban and suburban environments in administration, clinical care, research and medical education. In addition, I have maintained a personal currency in those key areas which has allowed me to stay in touch with people's attitudes. I'm also involved in many national organizations which help to shape the nation's health and science policy.

Q. What are the School of Medicine's strengths and weaknesses?

A. From my perspective to date, an obvious strength is the research enterprise. This rapid rise in the School of Medicine's research portfolio is well known throughout the nation. The attention paid to the research infrastructures to sustain growth, such as the plans underway for Health Sciences Facility III, is of major significance and demonstrates the institution's strong commitment to research. I also think that the education curriculum for medical and graduate students is very strong. The curriculum in general is contemporary and very sound. Many of the integrative programs just now being created at other medical institutions across the country already exist here.

An area that can be enhanced is the clinical arena. The School of Medicine and the medical center have a national reputation for our transplant program and for Shock Trauma. I think there is opportunity to create other "magnet" areas with national reputations like these two existing programs. With additional magnet programs in place, not only will our own citizens here in Maryland benefit, but patients from all over the country will seek out our institution.

Q. What is one of the first issues you will tackle as dean?

A. One of my first goals will be to work with medical school leadership to consolidate a vision plan and communicate it across the School of Medicine. This will involve creating strategies and investments to ensure that our research enterprise continues to grow at its current pace. This is a very austere time in regard to NIH funding, but that doesn't mean that we can't continue to grow. It will require some creative initiatives and new ideas to continue on our current path. I'd also like to see our clinical areas become much stronger and will be looking for opportunities to create magnet programs and centers of clinical excellence.

Q. How do you stay connected to faculty, staff and students?

A. I believe in various communication strategies whether in print or through personal contacts. I plan to introduce a monthly e-newsletter which will feature a dean's message and will encourage faculty to submit information about their

academic and clinical life. I intend to visit every department's faculty meetings once a year. I will also meet regularly with class officers to keep my pulse on what's happening with our students. I would like to continue a yearly lecture I give in the Introduction to Clinical Medicine course, on the physiology of pregnancy, which will give me an opportunity to address the entire class.

Q. What do you want faculty, staff and students to know about your communication style?

A. I have an open door policy. Therefore, to the extent possible, I try to make time to meet with any faculty, staff member or student who wants to see me. I respond to e-mails within a reasonable time, and can usually be reached on the telephone.

Q. What sort of leadership style do you have?

A. My leadership style is characterized by fostering the collegial atmosphere that is the hallmark of successful academic institutions. I set ambitious, yet realistic, goals and motivate and encourage faculty to work collaboratively to achieve those goals.

Q. How does having an MBA impact your management style?

A. It influences my approach to management by making me much more analytic when evaluating new or existing ventures. I do more business and market analysis, return on investment and business plans to confirm my intuition and to give me greater confidence in initiating and/or staying with projects.


Q. What is the biggest challenge in replacing a dean with such a long tenure and successful track record?

A. First of all, Dr. Wilson's accomplishments are indeed remarkable. He is a highly respected national leader. I intend to capture this momentum to fuel new initiatives which will propel the School of Medicine to greater heights in all its mission areas. I plan to have a school-wide meeting this fall to share my vision with the faculty, staff and students and define how we can all work together to achieve that vision.

Q. Tell us about your family.

A. My wife, Sharon, will be a visiting professor at the University of Maryland School of Law. We have three daughters: Kelly is completing her PhD in molecular pharmacology at Vanderbilt University; Brynne is a classical pianist, who is now enrolled at the University of Maryland Dental School; Sharon-Andrea will be a freshman at Washington University in St. Louis.

Q. What do you like to do outside of work?

A. We observe Sabbath which provides welcome refreshment from the week's activities. I enjoy participating in and volunteering for civic activities. 

Bicentennial CORNER

Next month, Dean Reece will announce plans for the School of Medicine's 200th anniversary celebration. The bicentennial is not a single event, rather, it is a year of programs and activities honoring our heritage and celebrating our place in the modern global biomedical community. Here is a sneak preview:

- The bicentennial will include surprise speakers and celebrity guests at several events, including three evenings at the Hippodrome Theatre that are free and open to the public.
- Departments, divisions, centers, and programs are invited to use the bicentennial's special graphics on materials and Web sites during the year.
- The celebration Web site is www.sombicentennial.umaryland.edu and will launch in late October. It will provide up-to-date information on events, a history of the School of Medicine, 200 Reasons to Celebrate and an online bicentennial boutique.

For details, contact Tasha Rowe, bicentennial coordinator, at trowe@som.umaryland.edu or call 6.2007.



QUICK STUDIES

► **Douglas O. Frost, PhD**, professor, Department of Pharmacology & Experimental Therapeutics, has been awarded a five-year \$1,656,815 grant from the National Advisory Mental Health Council for his work entitled “Antipsychotic Drugs and Cortical Development.”

► **Laundette Jones, PhD**, assistant professor, Department of Pharmacology & Experimental Therapeutics, was granted a Henry C. Welcome Fellowship from the Maryland Higher Education Commission. As a fellow, Dr. Jones receives a three-year \$20,000 grant for research and educational expenses in preparation for the opportunity to pursue a tenured professorship. ► **Amanda Mason**, graduate assistant, Department of Physiology, received a two-year \$40,000 pre-doctoral fellowship grant from the American Heart Association for her work entitled “Elucidating the Molecular Mechanism of Endocytic Trafficking for Kir2.3 Channels.” ► **Matthew C. Trudeau, PhD**, assistant professor, Department of Physiology, received a four-year \$260,000 scientist development grant from the American Heart Association for his work entitled “Molecular Physiology of Cardiac HERG Potassium Channels.” ► **Ronn Wade, BS**, director, Anatomical Services Division, has been elected for a second three-year term to the governing board of the American Association of Clinical Anatomists as the Anatomical Services Councilor. The association advances the science and art of clinical anatomy, and encourages research and publication in the field and the maintenance of high standards in the teaching of anatomy. 🏠



Paul A. Welling, MD, and James B. Wade, PhD

Researchers Discover How Gene Regulates Potassium

Using a combination of molecular genetic and state-of-the-art physiological tools, researchers at the School of Medicine have discovered how a specific gene called WNK1 adjusts kidney potassium excretion to match dietary potassium intake. The discovery not only explains how normal kidneys maintain potassium balance, but it reveals the mechanism by which mutations in the WNK1 gene cause Gordon’s syndrome, a hereditary kidney disease characterized by altered potassium metabolism and high blood pressure. The discovery, made by Paul A. Welling, MD, and James B. Wade, PhD, both professors in the Department of Physiology, was recently published in the *Proceedings of the National Academy of Sciences*.

“Patients with Gordon’s syndrome have dangerously high levels of potassium in their bodies and have hypertension,” says Dr. Welling. “Several years ago, geneticists discovered two genes that cause the disease. Those are WNK1 and WNK4.” The same cell and hormone in the kidney regulate both potassium and sodium levels. “It’s been a mystery for a long time how it is that these two things are appropriately balanced by the same cell and hormone,” he continues. “With the identification of WNK1 and WNK4, it’s thought that these two genes act as a switch to regulate the difference between sodium and potassium balance.”

The study done by Drs. Welling and Wade reveals how WNK1 controls the levels of potassium in the body. Potassium is the most abundant mineral in the body and helps muscles and nerves work properly. Healthy kidneys maintain potassium balance by varying urinary excretion to precisely match normal variations in the amount of potassium ingested through diet. Damaged kidneys are not able to get rid of potassium properly, causing the mineral to build up in the body. “This can be debilitating, and in some cases, lethal,” says Dr. Welling. “In fact, patients with kidney disease often complain that too much potassium makes their hearts beat irregularly and sometimes their hearts can stop without warning.”

Drs. Welling and Wade identified WNK1 as the switch controlling one of the kidney’s ion channels that regulates the balance of sodium and potassium in the body. “We are now able to better explain how the kidney is able to regulate these two key elements in the body’s chemistry,” says Dr. Wade. “WNK1 and WNK4 may be important therapeutic targets for not only Gordon’s syndrome but for more common disorders of high blood pressure and potassium imbalances.” 🏠

Healthy kidneys maintain potassium balance by varying urinary excretion to precisely match normal variations in the amount of potassium ingested through diet.

UMB Staff Senate Election Results Term July 2006–June 2007

Exempt Senators

Kenneth E. Fahnestock, SOM, Department of Physiology
Collette Becker, Health Sciences Library
Libby Guarnera, SOM, Department of Surgery
Jessica Bird, SOM, Dean’s Office
Pam Crowe, SOP, Pharmaceutical Sciences Department
Beth McSweeney, OAA, Student Financial Aid
Lauren Fusillo, SOM, Department of Pediatrics
Dave Delooze, O&M, Facilities Management
Tom McHugh, SOM, Graduate Program in Life Sciences
Elizabeth Casher, SOM, Department of Epidemiology
Kiscia Cannon, SOM, University of Maryland Marlene and Stewart Greenebaum Cancer Center
Shannon Stifler, SOM, Department of Physiology

Non-Exempt Senators

John Barber, O&M, Facilities Management
Roy Ross, O&M, Facilities Management
Sharon Andres,* SOM, General Clinical Research Center
Monica Martinez,* SOP, Pharmaceutical Sciences Department
Bill Crockett,* University Athletic Center
Denisha Pendleton,* SOM, Department of Psychiatry

* Exempt senators filling vacant non-exempt senate seat



Melinda and Bill Gates with children in Mozambique

School of Medicine Receives \$27 Million from Gates Foundation to Study Diarrhea

The University of Maryland School of Medicine’s Center for Vaccine Development has received \$27.9 million from the Bill & Melinda Gates Foundation to study diarrheal diseases in young children at locations in Africa and Asia. The goal of the project is to generate information that will lead to the development and dissemination of vaccines and other public health measures in order to prevent illness and death from diarrheal diseases in the world’s poorest countries.

“Diarrheal diseases are the second most common cause of death among young children in developing countries,” says Myron Levine, MD, DTPH, professor of medicine, microbiology & immunology and pediatrics at the School of Medicine and director of the Center for Vaccine Development (CVD). Dr. Levine will serve as coordinating investigator on the multi-year project in collaboration with multiple institutions around the world. “Children die in these countries because of a lack of clean water and proper sanitation and the consumption of contaminated foods. Moreover, the health care infrastructure in the poorest countries typically isn’t sufficiently developed enough to offer all sick children easy access to care,” he says.

Under the direction Karen Kotloff, MD, professor of pediatrics and medicine, and James Nataro, MD, PhD, professor of pediatrics and microbiology & immunology, a multi-disciplinary team of researchers will investigate the specific agents that cause diarrhea in children in Mozambique, Gambia, Kenya, Mali, India and Bangladesh.

“Diarrhea-related mortality is almost unheard of in the rich world, but is a fact of life for children in the world’s poorest countries. We hope that this research will help lead to more effective tools to fight diarrheal diseases,” says Regina Rabinovich, MD, director of the Gates Foundation’s Infectious Diseases program.

According to Dr. Levine, diarrheal diseases are particularly difficult to study because they can be caused by a wide variety of bacterial, viral and protozoal pathogens and sub-types of those pathogens. “Once we know what combination of pathogens is causing diarrhea, we are hopeful that existing vaccines can be introduced in these countries to effectively prevent severe illness or that new vaccines can be created to target these pathogens,” says Dr. Levine.

Researchers Find Genetic Variation that Predicts Response to Heart Failure Medication

Researchers at the University of Maryland School of Medicine and the University of Colorado School of Medicine have identified a common genetic variation that could help determine whether a person with heart failure would benefit from beta-blockers, a class of drugs used to treat chronic heart failure. The findings are significant because it often takes several months to determine if a specific beta blocker is working for a patient.

Time is of the essence because one in five patients with heart failure will die within a year of diagnosis. The findings were published recently in the *Proceedings of the National Academy of Sciences*.

In a study that compared an investigational beta-blocker to a placebo, researchers found a 38 percent reduction in the death rate among patients who took the beta-blocker and who also had two copies of a genetic variant called arginine (Arg-389). In addition, these patients had a 34 percent reduction in another benchmark, the combined number of hospitalizations and deaths. People with another genetic variant, glycine (Gly-389), had no response to the drug compared to the placebo.

“For the first time, we have a genetic test that will help guide us to the best treatment for individual patients with heart failure and provide what has been called personal medicine,” says the study’s principal investigator, Stephen B. Liggett, MD, a professor of medicine and physiology at the School of Medicine and director of its cardiopulmonary genomics program. “This personalized therapy, based on genes, gives us an opportunity to tailor therapy in a way that we really were never able to do before.”

The genetic variance occurs in the beta-1 adrenergic receptor, which is the target for beta-blockers. People either

have the Arg variant or the Gly variant. Dr. Liggett says the type of variant does not predispose a person to develop heart failure.

In heart failure, the heart’s impaired pumping function causes adrenalin to make the heart work harder. Beta-blockers allow the heart to get some relief from the overac-

tive pumping, develop a normal cellular structure and shrink in size.

Despite their usefulness, beta-blockers and other heart failure drugs present a treatment challenge, because their effect on a given patient is somewhat unpredictable.


The researchers’ conclusions are based in part on a retrospective look at data from a placebo-controlled study of the drug bucindolol, during which 1,040 heart failure patients were followed for up to four years. The study volunteers also consented to participate in a genetic sub-study which involved an analysis of their DNA, a process called genotyping. The researchers looked at four parameters: whether the patients had the real drug or the placebo, and whether they had the Arg-389 receptor or the Gly-389 receptor.

Additionally, the researchers inspected normal donor hearts as well as hearts removed from patients who were receiving heart transplants and discovered that, compared to Gly-389, hearts with two copies of the Arg gene had a greater response to an adrenaline-like compound called isoproterenol as well as bucindolol and

several other drugs.

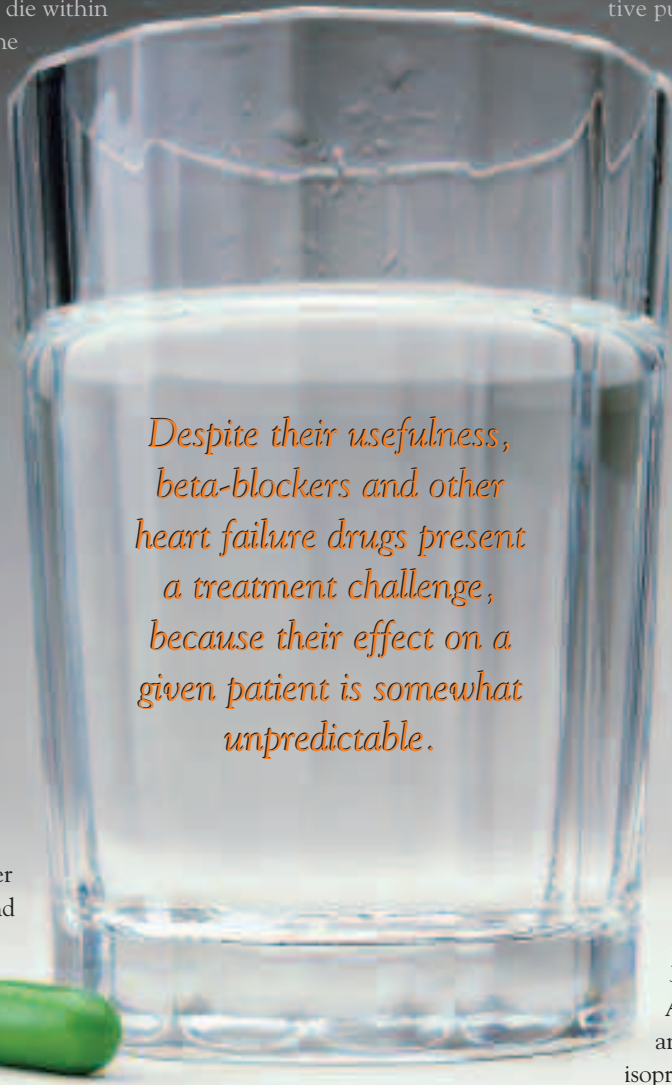
They also examined the genetic variants and the response to the beta blocker in black patients compared to whites, and found that genetics and not race determined who benefited best from the drug.

The study was funded by the National Heart, Lung, and Blood Institute of the National Institutes of Health and the Veterans Administration Cooperative Studies Group.

Dr. Liggett is a consultant to ARCA Discovery of Denver. The company is in the process of filing a new drug application with the Food and Drug Administration for bucindolol. 



Stephen B. Liggett, MD



Despite their usefulness, beta-blockers and other heart failure drugs present a treatment challenge, because their effect on a given patient is somewhat unpredictable.



QUICK STUDIES

► **Frank M. Calia, MD, MACP**, professor emeritus of medicine and microbiology & immunology, and former vice dean of the School of Medicine, has been appointed the Theodore E. Woodward Professor and Chair of the Department of Medicine. He is the 12th chairman of the Department of Medicine in its 199-year history.

► **Beth Barnett, MD**, associate professor, Department of Family & Community Medicine, was awarded a three-year \$750,000 grant entitled “RCT to Reduce Rapid Repeat Adolescent Pregnancy” from the Department of Health and Human Services’ Office of Population Affairs. This study evaluates the effectiveness, costs and benefits of computer assisted motivational interviewing and home visitation in reducing unintended rapid repeat pregnancy in teenagers.


► **Richard L. Dressler, MD, MPH**, assistant professor, Department of Family & Community Medicine, was elected president of Jewish Recovery Houses for a two-year term. Jewish Recovery Houses provides Jewish men and women a safe, compassionate place to live while recovering from drug and alcohol addiction.

► **Mobolaji Famuyide, MD**, second-year fellow, Department of Pediatrics, was awarded an American Thoracic Society Minority Trainee Travel Award to attend the 2006 American Thoracic Society Meeting in San Diego. Dr. Famuyide works in the lab of **Rose Marie Viscardi, MD**, an associate professor in the Department of Pediatrics.

► **Scott E. Strome, MD**, professor and chair, Department of Otorhinolaryngology-Head and Neck Surgery, has been invited by the National Institutes of Health’s Department of Health and Human Services to serve on the Recombinant DNA Advisory Committee for the term beginning September 1, 2006 and ending August 31, 2009.

► **Karen E. Anderson, MD**, assistant professor, **Christophe Bever, Jr., MD, MBA**, professor, **John W. Cole, MD**, assistant professor, **Paul S. Fishman, MD, PhD**, professor, **Kenneth P. Johnson, MD**, professor, **Richard F. Macko, MD**, professor, **Stephen G. Reich, MD**, professor, **Horea G. Rus, MD, PhD**, assistant professor, **Robert K. Shin, MD**, assistant professor, **Lisa M. Shulman, MD**, associate professor, **Barney J. Stern, MD**, professor, and **William J. Weiner, MD**, professor and chair, all from the Department of Neurology, and **Ann L. Gruber-Baldini, PhD**, associate professor, Department of Epidemiology & Preventive Medicine, presented at the American Academy of Neurology’s Annual Meeting in San Diego.

► **Ikwunga Wonodi, MBBS**, assistant professor, Department of Psychiatry, was awarded the first place Promising New Investigator Award for his paper “Tardive Dyskinesia in Children Treated with Atypical Anti-Psychotic Medications” by the Neuroleptic Malignant Syndrome Information Service at the American Psychiatric Association Conference.

► The **Department of Surgery** and the **Department of Otorhinolaryngology-Head and Neck Surgery** received high marks from *U.S. News & World Report’s* annual rankings for best hospitals nationwide, scoring #18 for the Kidney Disease category, and #30 for the Ear, Nose and Throat category, respectively. 

Diarrheal Disease


Previous efforts to study diarrheal diseases in developing countries have produced limited data on its apparent causes, but no study to date has investigated it as extensively and systematically as this new effort. To ensure the

quality of the data collected, each site will use the same state-of-the-art methodology.

Each of the participating sites will enroll up to 880 children from birth to age five who are suffering from severe diarrhea. Another 880 healthy children without diarrhea will serve as a control group. A parent or guardian for each child will answer a standardized questionnaire about the onset of the illness and its financial implications for the family. Sixty days after enrollment, a field worker will visit the home of each participant to determine the child’s health status, anticipating that certain pathogens may be associated with significant delayed adverse health outcomes. A stool specimen will be collected from each child to identify its specific pathogens. The unique set of pathogens obtained from this global study will be housed in a repository at the Center for Vaccine Development for use by investigators in future studies.

“Although diarrheal diseases are recognized to be the second most important killer among children under age five in the poorest developing countries, there is not agreement among scientists and public health practitioners about precisely what pathogens are responsible for this wide range of illnesses,” says Dr. Levine. “It is also not clear whether there are notable geographic differences or differences in urban or rural setting in the distribution of certain pathogens. This study hopes to resolve these controversies.”

As part of the project, economic studies will be conducted to determine the public and private costs of a diarrheal episode, and public perception of the need to prevent diarrheal diseases in children will be assessed.


This latest grant from the Gates Foundation is the third received by the Center for Vaccine Development. In 2000, the CVD received a \$20.4 million grant to develop a new type of measles vaccine that could protect infants in developing countries who are too young to receive the current measles vaccine. In 2005, the CVD received another \$3.5 million from the Gates Foundation to vaccinate children in Mali, Africa, against a bacterial pathogen that causes fatal meningitis and other serious infections and to monitor the impact of that vaccine. 

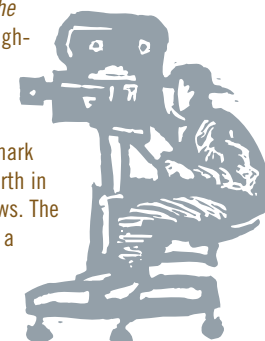


Myron Levine, MD, DTPH

Emmy Award

Bill Whiteford, filmmaker in the School of Medicine’s Video Press office, received a regional Emmy Award at the 48th Annual Emmy awards in

Washington, DC, for *Showtime at the Hippodrome*, a documentary film highlighting the Hippodrome Theatre at the France-Merrick Performing Arts Center. “*Showtime*” traces the origins of Baltimore’s west side landmark as a vaudeville theater and its rebirth in 2004 as a venue for Broadway shows. The film won for “Best Photographer in a Program.” Whiteford served as director; **Susan Hadary**, also of Video Press, co-produced the film with him. 



Med Students Keep Busy Over the Summer

This past summer, second-year medical students Alissa Zingman, Hillary Shaw and Kristin Powell participated in research programs sponsored through the School of Medicine's Office of Student Education and Research. Here are their stories:

Alissa Zingman

Alissa Zingman spent her summer in Rotterdam, The Netherlands, assisting with research in the Department of Radiology at Sofia Children's Hospital under Maarten Lequin, MD, chair of the Department of Radiology and a neuroradiologist, and in collaboration with Paul Govaert, MD, a



Alissa Zingman in Madrid, Spain.

neonatologist. Alissa used different imaging modalities to create a myelination timeline delineating which structures are visible in a neonates's brain at various gestational ages and a scoring system to assess anatomical patterns of brain injury in neonates.

She explains the concept behind the myelination project: "In order for physicians to assess neonatal brain damage in pre-term infants, there must be a standard of what structures are visible at various gestational ages. By establishing patterns of injury and a timeline for those patterns, we hope to help physicians better diagnose and treat brain injury in asphyxiated newborns."

"I am privileged to have had the opportunity to learn about another medical culture as part of my medical education," says Alissa, who says she feels fortunate to have experienced some differences in how the Dutch practice medicine versus Americans. "All decisions made in the hospital are group decisions and must be unanimous. The caregivers spend a great deal of time researching and debating ambiguous cases. If they judge a neonate will probably have a very poor quality of life, especially if the child has brain damage that eliminates the cortex, they will not only choose to terminate life-sustaining treatment, but also may give the baby an overdose of morphine if that is what is unanimously decided between the entire department and the child's parents."

While in Europe, she traveled to Germany to watch several World Cup Games, visited France and Spain, and because she is former professional dancer, saw The Nederlands Dans Theatre perform in Rotterdam and Amsterdam.

Hillary Shaw

Over the summer Hillary Shaw worked with Nanette Steinle, MD, assistant professor in the Department of Medicine's Division of Endocrinology, Diabetes and Nutrition. Hillary's study involved the genetics of eating behavior in the Old Order Amish population, an agrarian population in Lancaster, PA, of particular interest to geneticists because of their genetic homogeneity and excellent genealogical records.

Hillary examined variations in three candidate genes, a histamine receptor and two taste receptors, one sweet, one bitter. To investigate whether variations in these genes are associated with eating behaviors or with other traits that may underlie eating behavior and diabetes, she selected polymorphisms in these genes, genotyped them and then performed statistical analyses using genetic and other medical data collected as part of the Amish Family Diabetes Study.

The taste receptors are part of a parallel project involving Alan Shuldiner, MD, a professor in the Department of Medicine, head of the Division of Endocrinology, Diabetes and Nutrition and director of the Program in Genetics and Genomic Medicine and the Amish Family Diabetes Study, Dr. Steinle and Steven Munger, PhD, an associate professor in the Department of Anatomy & Neurobiology. "Dr. Steinle and Dr. Munger are wonderful mentors and brilliant researchers from whom I have learned a great deal," Hillary says. "I've also been lucky to have had help from PhD students, laboratory technicians and physicians on my project."

She also had the opportunity to travel to the Amish Research Clinic in Lancaster, PA, with Dr. Shuldiner and to shadow Elizabeth Streeten, MD, an assistant professor of medicine, during her osteoporosis clinic and endocrine rounds.

Aside from her research project, Hillary volunteered as a co-coordinator of the National Student Leadership Conference on Medicine and Health Care and as a group leader for the National Youth Leadership Forum—both of which were coordinated by Jordan Warnick, PhD, assistant dean, Office of Student Education and Research, and held at the School of Medicine.

Hillary drove across the country with her twin sister to La Jolla, CA, at the start of the summer. The girls made the trip in three and a half days, with a stop at the Grand Canyon.




Jordan Warnick, PhD, and Hillary Shaw in Davidge Hall for the National Youth Leadership Forum.

Kristin Powell

Kristin Powell was involved in research in the Department of Epidemiology & Preventive Medicine, working with Renee Royak-Schaler, PhD, an associate professor of epidemiology & preventive medicine, on two arms of a grant funded through the Lance Armstrong Foundation. During her first project she conducted telephone interviews with African-American and Caucasian breast cancer survivors regarding their follow-up care, diet and physical activity. The data will be compiled, analyzed and eventually published. The second project involved the creation of an educational CD for African-American breast cancer survivors which delivers scientifically proven information on the benefits of a healthy diet and physical activity. "The CD includes testimonials by several African-American survivors who discuss their triumphs, and their failures, with diet and physical activity," says Kristin.

In addition to her research, Kristin was a co-coordinator for the National Student Leadership Conference on Medicine and Health Care to organize student visits, plan schedules, recruit student tour guides, and conduct student panels. Like Hillary, she participated in the National Youth Leadership Forum as a student volunteer.

Kristin celebrated her 25th birthday this summer at Kings Dominion amusement park and also spent some time at the beach. "I have had the opportunity to spend time with my friends and family this summer—something I've not had a lot of time to do during my first year of medical school," she says. 



Renee Royak-Schaler, PhD, and Kristin Powell pose for a photo following the filming of their CD project.

{MINI-MED SCHOOL}

Sixth Annual Mini-Med School Calendar

The University of Maryland School of Medicine will conduct its sixth annual Mini-Med School this fall. Classes will run for five consecutive Wednesday evenings from 6:00 p.m.–8:00 p.m. and will be held in the MSTF Auditorium. For more information about Mini-Med School, visit our Web site at <http://medschool.umaryland.edu/minimed>, or contact Heather Graham in the Office of Public Affairs at hgraham@som.umaryland.edu.

Date	Topic & Speaker
Wednesday, 9/6	Welcome—Dean E. Albert Reece, MD, PhD, MBA Asthma & Allergies—Pam Amelung, MD Dementia—Adeleke Ogunmefun, MBBS
Wednesday, 9/13	Diabetes and Its Complications—Tom Donner, MD, and Michelle Rubio, RN Hearing Loss—David Eisenman, MD
Wednesday, 9/20	Importance of Vaccines—James Campbell, MD Smoking Cessation—Kevin Ferentz, MD
Wednesday, 9/27	Sickle Cell Anemia—Neil Grossman, MD HIV/AIDS—Charles Davis, MD
Wednesday, 10/4	Advances in Radiology—Reuben Mezrich, MD, PhD Graduation—Dean E. Albert Reece, MD, PhD, MBA

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Announcing...

The Student National Medical Association's 4th Annual Health Fair will be held on Saturday, September 30, 2006, from 11:00 a.m. to 3:00 p.m. at the Edmondson-Westside High School Skills Center Building (4501 Edmondson Avenue, Baltimore, MD 21229).

This year's theme is "Back to School COMMUNITYFEST: Teaming up to Revitalize, Rebuild and Restore Our Community." COMMUNITYFEST promises to be informative as well as festive and offers free health screenings for all ages including glaucoma, HIV and blood pressure as well as health information and education on asthma, diabetes, mental health, men's health, teen pregnancy, tobacco use prevention, and sexually transmitted diseases.

For more information, contact Leonie Prao, MSII, at lpao001@umaryland.edu.