

SOM *news*



Point of Pride

In 2010, Claire Fraser, PhD, Director of the Institute for Genome Sciences; Steven Schutzer, PhD, of UMDNJ-New Jersey Medical School; and their collaborators made a major achievement toward **better understanding Lyme disease** by determining the complete genetic structures of 13 strains of the bacteria that cause the disease. New insights into Lyme disease are needed as we search for a vaccine.



What's New...

SOMnews has now expanded to eight pages, with more information and special sections on Research & Discovery, Clinical Care, Academic Innovations and Community Impact.

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DEAN'S MESSAGE

As many of you know, we are continuing to celebrate our 210th Anniversary, and we have many accomplishments about which to be proud.

Some of these include the following:

- The Institute of Human Virology (IHV) received a \$14.4 M grant from the National Institute of Allergy and Infectious Diseases (NIAID) for HIV vaccine research. The IHV also received more than \$138 M in grant funding from the Centers for Disease Control and Prevention to combat HIV/AIDS in Kenya, Tanzania, Zambia and Nigeria.
- The initial cadre of new faculty recruits, brought to the School of Medicine through the "STRAP" (Special Trans-Disciplinary Recruitment Award Program) Initiative, have contributed nearly \$30 M in federal funding to our research awards, and have further reinforced our research leadership in multiple areas, including vascular biology, brain science, orthopaedics and transplantation, among others.
- We celebrated the opening of Cole Field House at the University of Maryland, College Park (UMCP), which is the home of the UM Center for Sports Medicine, Health and Human Performance, a partnership between the UMSOM and UMCP to conduct innovative, translational research and provide discovery-based clinical care.
- Our work using MRI-guided focused ultrasound was recognized as one of the top ten clinical research achievements of the year by the Clinical Research Forum, one of the nation's leading advocacy groups working to promote the public's investment in the biomedical sciences.
- Our Class of 2017 had an extremely successful Match Day, receiving residency positions at 68 different hospitals in 24 states. Of the 157 students who successfully matched, 39 entered programs in Maryland and 26 continued on to the University of Maryland Medical Center.
- In response to the opioid addiction crisis that is ravaging our Nation, and is acutely felt in our surrounding neighborhood of West Baltimore, our Department of Psychiatry is a leader in Maryland, combatting this public health "state of emergency," using a combination of therapeutic approaches, rooted in rigorous research.
- The UMSOM has taken a lead in reducing the burden of childhood obesity by providing targeted nutrition and exercise training to teachers and students in Maryland.

We had many more achievements, but I will save a comprehensive review for the upcoming State of the School of Medicine Address on **October 25, 2017 at 3:30 pm in Leadership Hall.**

Most importantly, we have remained united in our vision, values and goals as a top-tier medical school, committed to improving all human lives through our research, clinical care, education and community service mission areas. For example, when the current federal administration threatened to cut the National Institutes of Health (NIH) budget by a detrimental 20 percent, we responded by holding a Research Strategy Forum. This was a forum to develop counter strategies to mitigate anticipated major federal budget

What's on My Mind...



...is starting a new academic year refreshed and revitalized after the summer, and ready to achieve the ambitious goals set forth in our new Strategic Plan, **Forging New Pathways for the Future.**

cuts. During this event we highlighted our most successful investigators and areas of research, and the research support services available to all faculty, trainees and staff. Resources that set us apart from our peer institutions, such as those provided by our Center for Innovative Biomedical Resources (CIBR) that are featured in this month's SOMnews.

At the Research Strategy Forum, we also launched the second round of Dean's Challenge Awards, to encourage faculty to catalyze the launch of major, multi-disciplinary, collaborative "Big Science" research programs within the UMSOM and across Departments, Centers, Institutes and Programs. As before, the Dean's Challenge Awards are intended to support the generation of pilot data for new and ambitious research projects which are well positioned to receive large federal funding, specifically from the NIH. In addition, this second round of funding will provide mentoring to junior faculty on track to securing their first large external research award. Therefore, all proposals need to include both senior, well-funded faculty and junior faculty who do not currently hold R01 grants. The deadline is October 13, 2017, and I strongly encourage everyone to apply.

We are one of an elite group of seven universities now in their Third Century which formed the foundation upon which American medicine was built: Pennsylvania University, Columbia University, Harvard University, Dartmouth College, Yale University and Brown University.

I am delighted that this year included a number of major milestones for the UMSOM. As we all head back to work and back to school, I strongly encourage you to recommit yourselves to strive for even greater heights for the coming academic year.

In the relentless pursuit of excellence, I am
Sincerely yours,



E. Albert Reece, MD, PhD, MBA
Vice President for Medical Affairs, University of Maryland
John Z. and Akiko K. Bowers Distinguished Professor and
Dean, University of Maryland School of Medicine

The Gateway to Quality Community Care:

UMSOM'S FAMILY
& COMMUNITY
MEDICINE DELIVERS
HIGH-QUALITY
PRIMARY CARE
TO BALTIMORE
AND BEYOND



“In any of our engagements with a community, we never start with a preconceived notion of what sort of health care that community needs. Instead, we work to form relationships to understand how we can best help.”

— David Stewart, MD, MPH
Associate Professor of Family and Community Medicine
Chair, Family and Community Medicine



The traditional image of the family doctor — a kindly practitioner who makes house calls with a black leather bag and stethoscope — may seem a bit out of date in today’s world. But in the Department of Family and Community Medicine at the University of Maryland School of Medicine, the hands-on values embodied in that depiction are firmly in place — and in practice every day. Since the department’s founding some 45 years ago, it has gained a well-deserved national reputation for its emphasis on a wide range of community and family-related primary care issues — in particular, its longstanding attention to the health care needs of the surrounding community of West Baltimore.

“The word ‘community’ is in our department’s name, so we strongly believe that we need to understand and be involved directly with the communities we serve,” says **David Stewart, MD, MPH**, Associate Professor and Chair of the Department of Family and Community Medicine. “As our discipline focuses on primary care, such involvement is essential to the health of individuals who live in those communities.”

The cornerstone of the department’s commitment to community is **University Family Medicine Associates, PA**, at Paca Street. Since it first opened its doors more than 30 years ago, University Family Medicine and its physicians have taken a whole-life approach to caring for family members of all ages, including newborns, children, adolescents and seniors. In addition, notes **Angel Gonzalez**, Director of Practice Operations in the Department of Family and Community Medicine, the practice center maintains a strong focus on caring for West Baltimore’s underserved patient population. “About 16,000 patients are enrolled at any time in our main practice,” he says. “Of those, roughly 50 percent are on medical assistance or Medicaid/Medicare, and are primarily West Baltimore residents. We have a long and rich history of providing access and outreach to patients from that community.”

To better serve chronically ill patients who need comprehensive help in managing their health, Family and Community Medicine launched the **UMMC Coordinated Care Center** in early 2017 at nearby 36 S. Paca Street. In lieu of receiving a more focused level of care, many of these patients will become “frequent flier” visitors at local emergency rooms, which as Dr. Stewart points out, are not designed to provide long-term treatment plans. “These patients are people who truly have disorders that need better management than what an emergency room can provide,” he says. “Repeated ER visits can result in the patient requiring an additional


hospital admission, which we want to avoid. Instead of engaging expensive inpatient services, patients can find the specialized outpatient services and support they need at the Coordinated Care Center to transition back to their communities.”

Rounding out the department’s Baltimore City practice locations are three specialized services — **University Immediate Care**, which attends exclusively to the urgent health care needs of employees and students at the University of Maryland Baltimore; the **Executive Health Program**, a popular program that caters to the health management of busy executives in the Baltimore region; and **Integrated Medicine Outpatient Services** at the UM Rehabilitation & Orthopaedic Institute.

With this proven track record for providing exemplary primary care to patients of diverse ages and backgrounds, Family and Community Medicine is now setting its sights beyond the city’s boundaries to other communities in need of its services. In 2015, the department opened **University of Maryland Immediate Care in Columbia**, where walk-in patients of all ages can receive rapid care for pressing medical needs that need attention. (The practice is part of University of Maryland Faculty Physicians, Inc., in Columbia.)

“We’re definitely seeing steady growth in our patient volumes in Columbia — both for Immediate Care and for primary care services that we are offering now on a weekday basis,” says Gonzalez. “The patient population there wants quality primary care services — that’s why the Maryland name resonates with them.”

Given that win-win, the department presently is developing a strategic plan to consider additional practice locations. “Our main mission will always be here in Baltimore, but we want to be able to tap into other markets that need access to quality primary care services,” Gonzalez points out.

For Dr. Stewart, the best interests of a community continue to come first. “In any of our engagements with a community, we never start with a preconceived notion of what sort of health care it needs,” he says. “**Instead, we work to form local relationships to understand how we can best help, either there in the community or through our on-campus services. In terms of providing the best primary care in the region, we see ourselves as the gateway.**” 

Full-Service Community Programs

BALTIMORE CITY:

University Family Medicine Associates, PA at Paca Street
29 S. Paca Street, First Floor
Baltimore, MD 21201
(667) 214-1800

University Immediate Care

408 W. Lombard Street
Baltimore, MD 21201
667-214-1899

UniversityCare at Edmondson Village

4538 Edmondson Avenue
Baltimore, Maryland 21229
410-328-CARE (2273)

HOWARD COUNTY:

University of Maryland Immediate Care in Columbia — Immediate Care
5890 Waterloo Road
Columbia, MD 21045
667-214-2100



Comprehensive Quality Primary Care

The Department of Family & Community Medicine offers comprehensive primary care to patients of all ages through both outpatient and inpatient services, while coordinating all sub-specialty care within the University of Maryland Medical Center.

Services include:

- Primary family care for patients of all ages
- Preventive care
- Acute and chronic illness
- Employee health care
- Routine obstetrics and gynecology
- Geriatric health care
- Patients needing family counseling



IGS CELEBRATES ITS 10TH ANNIVERSARY —

<<< **LOOKING BACK, LOOKING FORWARD** >>>

The Institute for Genome Sciences (IGS) began with a core of 50 people from The Institute for Genome Research (TIGR) in Rockville. The group shared a vision with Dean E. Albert Reece, MD, PhD, MBA, that the University of Maryland School of Medicine (UMSOM) could benefit by a strong genomics presence here in Baltimore. The Dean’s mandate to the team was to create a center of excellence in genomics, to build bridges with colleagues in basic and clinical departments and to apply the power of genomics to research questions of mutual interest.

Q&A

with IGS leadership, they look back over the last 10 years — and look forward to the future.



(CF)

Claire M. Fraser, PhD, Professor of Medicine and Microbiology & Immunology, and Director of IGS



(OW)

Owen White, PhD, Professor of Epidemiology & Public Health, and Associate Director Informatics, IGS



(JR)

Jacques Ravel, PhD, Professor of Microbiology & Immunology, and Associate Director, Genomics at IGS

Q: WHAT WERE YOUR EARLIEST CHALLENGES?

CF A: Some of our initial challenges were to hire administrative staff, as well as get the research enterprise set up. In that regard we were extremely fortunate to be able to recruit **Lori McKay** as our Senior Administrator. She has been our lifeline to the campus, and without her knowledge and enthusiasm we would have been much slower in launching.

We also are indebted to **James Kaper, PhD**, the then-new Chair of the Department of Microbiology and Immunology, who offered us Microbiology space in HSF II (that he eventually filled with new hires) until the BioPark was ready for occupancy in late 2008. That was the epitome of the collegiality that we have found here at UMSOM.

We weren’t able to move many of the large grants and contracts that we had at TIGR (nearly \$60M per year), and it was a stressful first year filled with frantic grant writing. We also had to get all of our facilities up and running in order to convince potential funders that we had something real here at UMSOM. Trading on the past performance of the group was not enough.

OW A: Certainly one of the biggest early challenges was scaling up — getting large-scale computing power online, getting systems production-ready and hiring knowledgeable people.

JRA: As we arrived on a new campus, we had to work toward building relationships with faculty. One of the main reasons we were attracted to UMSOM was the opportunity to work with clinicians and to be able to initiate

studies that leverage their clinical expertise. We had to develop a lot of new relationships, most of which led to large project grants and studies.

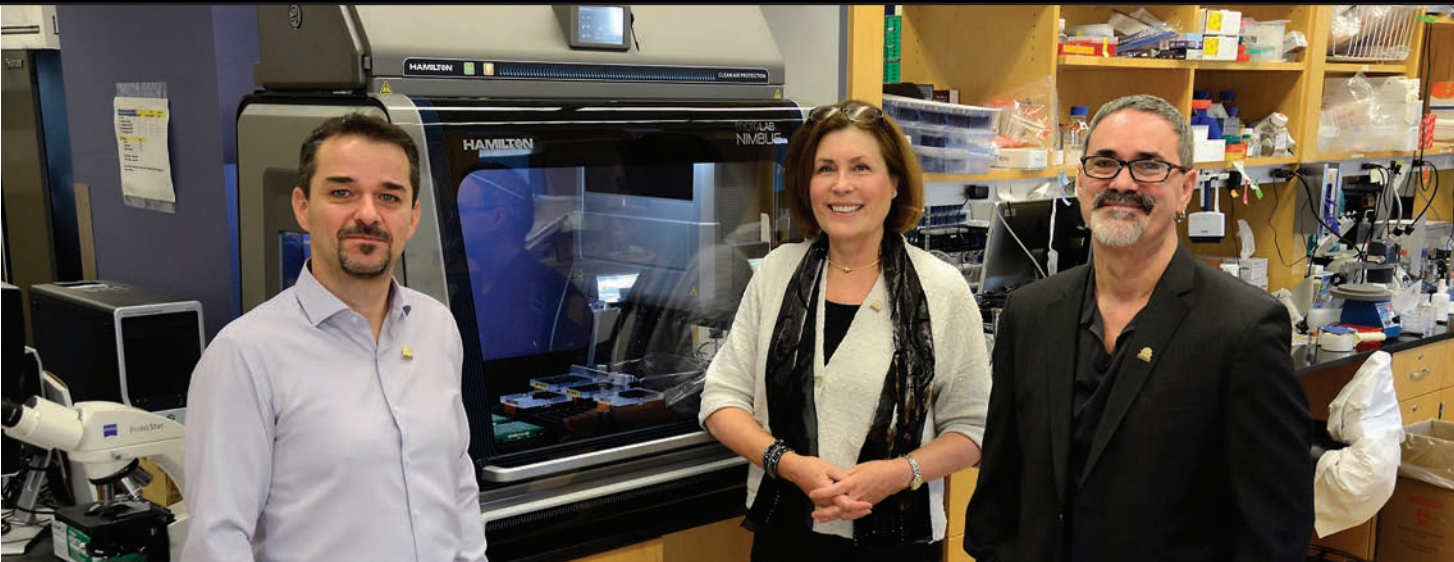
Q: WHAT ARE YOUR CORE MODELS?

OW A: Even before we arrived, we had a clear idea that we wanted to replicate the model that we had when we were at JCVI/TIGR. We were very much aware of the power of supplying centralized services to researchers at the faculty level to enable large multi-investigator projects. This model allows investigators to leverage infrastructure that is often unobtainable, make them more competitive in the grant arena, and accomplish multi-disciplinary science.

It was also a very exciting time in that it allowed us to re-evaluate how we could apply these infrastructures to the health domain, and tailor it to meet the diverse needs of campus faculty.

CF A: We had created a large genome center (at the time) at TIGR — indeed, for a considerable time, TIGR was the largest sequencing center in the world. We knew how to think big, and we were certain that we could build something great again if we had the appropriate resources and the right people. Luckily we were able to recruit enough key faculty and staff to build this kind of enterprise a second time — with the advantage of starting over and leaving old technology behind.

JRA: It gave us the opportunity to not just replicate what we had but to build on a clean slate. This afforded us the opportunity to assemble a leaner but more efficient infrastructure that did not rely on upgrading older infrastructure. The support of UMSOM was invaluable when establishing these critical cores to our operations.



The group knew that they needed two strong cores — for large-scale sequencing computation and for analytics — so the GRC (Genomics Resource Center) & IRC (Informatics Resource Center) were part of their original model.

Q: WHAT WERE YOUR THOUGHTS ON GOING FROM A RESEARCH CENTER TO AN ACADEMIC CAMPUS?

OW A: Back in 2007, genomics was undergoing a transition. Prior to that time genome centers were isolated ivory towers where the research community came to us with projects. But we were entering an inflection point in genomics. Now it makes much more sense to be embedded directly in a health institution. It would not have been as sustainable for us to remain at arms-length from that kind of research. For that and many other reasons, I'm glad we made the move.

CF A: Most of the work that we had been involved in during our 15 years at TIGR was collaborative, and that experience gave us a chance to hone our skills as good collaborators. For all of us, a great collaboration is one where all parties bring an essential expertise to bear on an important problem — with respect for everybody's contributions. We jumped into new collaborations at IGS in that spirit.

I think we need to remember that 2007 wasn't exactly so early in the evolution of the field. We published our first genome paper in 1995 and in the 12 years between that and our move to UMSOM much had happened including the completion (more than once) of the human genome project and the start of the 1,000 genomes project. By 2007, we had also finished plant genomes, parasite genomes and probably close to 100 bacterial genomes.

JR A: This was an exciting time for all of us. While TIGR was located in a research park where other biotech industry was also present, we felt quite isolated. Moving to a large academic institution gave us the opportunity to meet people with similar interests and to collaborate with people locally instead of across the country (with all the issues associated with being in two different institutions). Access to students was also a major drive. At TIGR it was difficult to attract students, and that hindered our research progress. Moving to UMSOM represented the best of both the research and academic worlds.

Q: WHAT WAS YOUR EXPERIENCE LIKE WITH SOME OF YOUR EARLY COLLABORATORS ON CAMPUS?

OW A: Certainly one thing I remember from the early days here is that we really truly were two cultures separated by a common language. There were many moments where we talked about the same thing, but we were unaware of the implications of what was being said. That being said, one thing that has been true for all of my career is that in order to survive you need to be able to explain what you do to people, to the newly initiated. It's a survival skill in this field.

CF A: We were not unfamiliar with collaborations when we arrived. Essentially every project at TIGR represented a collaboration with folks involved in infectious disease studies, ecology, environmental microbiology, plant biology, mammalian systems, etc. We had already learned how to find common ground with collaborators from other fields, how to listen to collaborators describe the burning questions that they hoped could be answered with genome data, etc. Also, I had served on advisory panels for NIH, NSF, and DOE that were specifically focused on how genomics could be used to accelerate research across lots of disciplines, so I was thinking about this all the time.

JR A: We were expert at collaborating, but our collaboration didn't involve having the collaborators close by in the same building. It took some adjustments, but it became clear that it was a major advantage. We worked hard to make ourselves known and to get to know others, and we established new collaborations easily. It was exciting to work with experienced researcher clinicians — it sped up the pace of our studies. The benefits were obvious as we started to obtain new collaborative grants.

OW A: I say this playfully but one of the things I remember is people viewed "genomics" as magic fairy dust that was sprinkled on the application in order to get a big grant. The challenge was generating a research plan that a review panel familiar with this kind of work would still view as competitive. Fortunately, we've been able to do that very successfully.

CF A: Not only have we entered into many collaborations with colleagues in the basic and clinical departments at UMSOM, but we have also collaborated with colleagues in all the other professional schools on campus. That, to me, is very gratifying. In addition, we (**Scott Devine** and **Michelle Giglio** in particular) have taken over the Genome Biology track in Molecular Medicine, and this is now one of the most popular graduate programs. We have successfully graduated several students who have gone on to great positions.

Q: WHAT ABOUT YOUR RESEARCH OVER THE PAST 10 YEARS HAS SURPRISED YOU? WHAT CAN YOU SHARE ABOUT THE COMPLEXITY AND POTENTIAL OF YOUR WORK?

OW A: From a practical point of view, the amount of transcriptional work and clinical sample handling stuns me every time I see the numbers. I also never would have expected our expertise in microbiome research would be applied to immunology, organ transplants and other exciting research areas.

CF A: I agree that the impact of our microbiome work (some of us published the first human microbiome paper in 2006) has been astounding. It is now inconceivable to think about health and disease without considering the contribution of the microbiome to human biology.

JR A: Our work has taken off over the past 10 years. Through collaborations we have established large collections (tens of thousands!) of clinical samples. By characterizing the microbiome in these samples, we identified markers of diseases or novel beneficial bacteria. And now, 10 years later, we are contemplating truly translating this science and are developing clinical solutions. The translational potential of our research is now becoming a reality. From an IGS perspective, our collective work is seeking solutions for intestinal disorders, women's health issues, premature infants and even improving organ transplantation success, among others.

Q: OWEN, CAN YOU REFLECT ON THE IRC'S WORK AND HOW IGS HAS INFLUENCED INFORMATICS OVER THE PAST 10 YEARS?

OW A: Currently, I'm the most proud of our training at several levels. We offer a variety of workshops and online training, and it seems like that could expand without bound. We also have been involved in some of the earliest cloud-based systems funded by the NIH. Now the NIH is ramping up cloud systems for storage and computing at an entirely new level. It's very exciting to me that we got in on the ground floor with that work. I am really looking forward to where that goes in the future.

Q: CLAIRE, WOULD YOU PLEASE REFLECT ON THE PAST 10 YEARS OF IGS AND THE INSTITUTE'S MANY ACCOMPLISHMENTS?

CF A: I'm very proud of the fact that when lists of prominent genome centers around the world are created, IGS is always on that list. I'm also most proud of our outstanding group of faculty, research and administrative staff who work tirelessly to help us stay at the forefront of genomics. We wouldn't be where we are without the hard work and dedication of everybody at IGS. Our record of sustained and substantial funding, together with our high impact publications over the past ten years, speak to the quality and dedication of our team.

Being associated with such a great group of colleagues, some of whom I've worked with for more than 20 years, is the best part of my job. 🏛️

2007 2008

2009

2010

2011

2012

2013

2014

2015

2016

2017

Kids Mini-Med School

BATTLE TO DEFEAT DIARRHEAL DISEASES

Kathy Neuzil, MD, MPH



In 2008, the University of Maryland School of Medicine decided to expand its Mini-Med School program by initiating a Kids Mini-Med at the Salvation Army’s Franklin Square Boys & Girls Club in West Baltimore. Doctors from the School visited the camp weekly to not only teach about health, but to also encourage the young campers (ranging in age from 6-13) to consider careers in science and medicine. The idea took off, and over the past decade our faculty have touched the lives of hundreds of these campers.

On August 16, 2017, the tenth session of Kids Mini-Med School came to a close with a class here on campus, followed by a special ceremony in which each participant was presented with a graduation certificate from **E. Albert Reece, MD, PhD, MBA**, Vice President for Medical Affairs, University of Maryland, and the John and Akiko K. Bowers Distinguished Professor and Dean of the School of Medicine. As he shook hands with each child, Dean Reece asked what they wanted to be when they grew up. He received a variety of answers, from police officer, to nurse, to surgeon, to mermaid and even one child who declared he was going to become President of the United States one day. (He certainly had the personality to back up that claim!)

Before graduation, the students had one final class. **Kathy Neuzil, MD, MPH**, Professor of Medicine and Director of the Center for Vaccine Development (CVD), discussed what a vaccine is, why people are vaccinated, who should get vaccinated, and how vaccines work. Dr. Neuzil acknowledged getting a vaccine can be painful if it’s given as a shot, but stressed that the temporary pain from the shot was much less than the pain these illness can bring on. *“I am kind of scared on shots,”* noted one seven-year old, *“but I am glad I got my shots so I don’t get sick.”* Another child noted that *“if you get vaccinated, it helps others not get sick.”*

The group played a game that emphasized this. They learned how quickly measles can spread through a community that is not vaccinated and how vaccines can stop the chain of infection. They saw how the number of people infected decreased as the number who had been vaccinated increased. Several keen participants even noticed that some children did not get measles even though they were not vaccinated, a concept known as herd immunity.

The lesson culminated with a video where superheroes and villains faced off in the battle to defeat diarrheal diseases. With their superpowers, which included vaccines, these heroes conquered the biggest villains sickening kids with diarrhea — rotavirus, enterotoxigenic *Escherichia coli*, *Shigella*, and *Cryptosporidium*.

Dean Reece emphasized to the campers that they have the potential to be super themselves, if they *“aim high, stay focused, and stick with your goals.”* 🏛️



EDUCATION

Innovative Podcast

FINDS NEW WAY TO EDUCATE MEDICAL STUDENTS

Earlier this year, the Office of Student Affairs (OSA) launched *The OSA Insider* podcast as another way of keeping in touch with students. The goal of the podcast is to explore medical student life and the journey to becoming a physician, with topics that are directly relevant to a medical student's personal and professional experiences. Hosted and produced by **Neda Frayha, MD**, Assistant Dean of Student Affairs, the podcast recently broadcast its 14th episode.

The idea for the podcast started with **Donna Parker, MD**, Associate Dean for Student Affairs. "Within the OSA, we were brainstorming innovative ways to reach out to the students and share messages about important milestones with them, especially the students who may not always come by the OSA in person," explained Dr. Frayha. "Separately, Dr. Parker knew that radio production is a hobby of mine. She said, 'What if we make a podcast for our students?' And the idea took off from there."

After the idea was discussed within the Medical Education Advisory Committee, Dr. Frayha conducted focus groups with students and then surveyed the entire student body before launching the podcast, to learn their preferences regarding ideal podcast episode length, frequency of episodes, and potential topics. She has not had to look far to find interview subjects.



"So far I've interviewed about a dozen faculty and staff members, half a dozen residents, and half a dozen students, with many more interviews planned for the future."

— Neda Frayha, MD

Topics so far have included wellness, burnout, preparing for major exams like USMLE Step 1, and big life transitions such as beginning medical school, starting clinical clerkships, making the leap from medical school to internship, and even how to decide between staying at a particular place or moving to a different location. "We also highlight the work of important educators, like Art Cohen of our Substance Abuse Consult Liaison team, and we have a series with Dr. Norman Retener on the basics of healthcare policy," Dr. Frayha says. "Our latest episode is about a patient's perspective on illness and interacting with the healthcare system. When it comes to interesting topics that can broaden our students' horizons, teach them something new, introduce them to great people, or help them navigate a particular milestone of medical school, it feels like the sky is the limit."

Funding for the program comes mostly from OSA. "The Office of Student Affairs pays a small monthly fee for the media host that launches our podcast episodes to platforms like iTunes and Google Play," Dr. Frayha explains. "The time is my own, within my role as Assistant Dean of Student Affairs, and I use my own equipment and audio editing software."

The medical students have so far reacted "very favorably, thank goodness. Each episode inspires several students to write in with positive feedback and suggestions for future episodes," Dr. Frayha admitted. One student recently wrote, "I have recently started listening to your podcast and it is totally amazing. I wanted to thank you for doing them, and I appreciate how well done and insightful they are." Students especially seem to identify with episodes featuring other students, a format Dr. Frayha hopes to continue.

The podcast is one that is unique among medical schools. "A student-focused podcast produced by a medical school's Student Affairs Office is a really novel, innovative idea, and also a total delight to produce and share with our students," said Dr. Frayha.



August 3, 2017

Episode 11: Starting Medical School

We love to cover transitions in this podcast. Transitions like the leap to third-year clerkships, or from med school to internship. Today, we are taking it back to the very beginning of the journey. Our new first years are starting soon, and the entire world of medical school will be new to them. To help welcome them to the family, today's episode has advice, tips, and happy memories from Class of 2020 president Brigit Baglien as well as our OSA deans. This is where it all begins.



Brigit Baglien


September 12, 2017

Episode 14: Andrea Avery: A Patient's Perspective

So far, our podcast has focused on student experiences along the path to becoming a physician. In this episode, we'll begin to explore what it's like to be a patient. Andrea Avery is an English teacher and writer who lives in Phoenix, AZ. She and our host became friends in high school, where Andrea was a phenomenal piano player learning to deal with her diagnosis of rheumatoid arthritis. Andrea is super smart, funny, and full of sparkling light. She tells us about the pitfalls of being a good patient, being "bi-abled," and an orthopedic surgeon who changed her life with a game of tic-tac-toe. Through her stories, she sheds light on what it's like to be a patient, and how med students and physicians can be their best selves as care providers.



"We are one of the only OSAs (if not the only OSA) in the country doing work like this."

Dr. Frayha, who has formal training in radio production through the Transom Traveling Workshop, is also proud of the quality of the broadcast. "It has a professional sound and feel to it, which also sets us apart. We are excited for the future, and all the ways this podcast can continue serving our students' needs and interests." 

You are Invited

A comprehensive review of our past, present and future.

State of the School Address

A THIRD CENTURY of

Transforming the *Trajectory*
of medicine



Wednesday,
October 25, 2017
Leadership Hall
3:30 pm
(Formerly the MSTF Auditorium)



UNIVERSITY of MARYLAND
SCHOOL OF MEDICINE



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SOMnews

UNIVERSITY of MARYLAND
SCHOOL OF MEDICINE
655 West Baltimore Street
Baltimore, Maryland 21201-1559

SOMspirit

DRIVE WITH PRIDE!



All faculty and staff have the opportunity to have their very own UMSOM license plate. The School will cover the cost and handle the MVA paperwork. Look for more information in your "mailbox."

SOMnews is produced by the University of Maryland School of Medicine Office of Public Affairs

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