

MARYLAND'S

HEALTH MATTERS

COVER STORY

DIAGNOSIS WITH TIME TO SPARE

PAGE 6



WINTER 2025

**ACADEMIC
MEDICINE AT WORK**
THE ADEPT CENTER:
OFFERING HOPE FOR
DIFFICULT-TO-TREAT
DEPRESSION
PAGE 10

**BUILDING CAREERS
IN NURSING**
WORKFORCE DEVELOPMENT
PROGRAM HELPS HEALTH
CAREER DREAMS COME TRUE
PAGE 14



UNIVERSITY
of MARYLAND
MEDICAL
SYSTEM



ON THE COVER

6

DIAGNOSIS WITH TIME TO SPARE

Advanced robotic technology allows physicians to biopsy smaller lung masses—and diagnose more lung cancers earlier than ever before. For one patient, early detection was the key to a cure.



10

ACADEMIC MEDICINE AT WORK:

ADepT at Offering Hope— A new collaborative clinic helps people with difficult-to-treat depression move forward.

14

BUILDING CAREERS IN NURSING

An innovative workforce development program helps make health career dreams come true.



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UM BALTIMORE WASHINGTON MEDICAL CENTER

KATHY McCOLLUM

President and Chief Executive Officer

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Please send us your comments, information requests or change of address to:

umbwmcpr@umm.edu or call **410-787-4367**

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Message from the CEO



AS WE START a new calendar year, I'm excited to share new services available at UM Baltimore Washington Medical Center (UM BWMC) with our community.

The third floor of our Outpatient Care Center recently opened, making additional exam rooms, diagnostic tests and therapies available for patients who need our cardiology and pulmonary care services. Renovations to our cardiac procedural suite will be completed this spring, offering patients access to state-of-the-art technology and facilities for procedures.

That's important, because lung and heart diseases are some of the most prevalent conditions affecting our community. More than 29,000 county residents are living with heart disease. Lung cancer is the leading form of cancer death in Anne Arundel County and in the U.S.

Just as your heart and lungs work together to keep you going, our team of specialists collaborate to offer accessible, comprehensive care that produces more positive health outcomes for our patients.

This edition of *Maryland's Health Matters* highlights great examples, including a new cardiac calcium scoring test to detect the risk of heart disease earlier, an incision-free alternative to bypass surgery for vascular disease and a program designed to increase lung endurance for patients with hypertension.

You'll also meet Mona Collins, a 74-year-old avid bowler who is now cancer free after a team of specialists at UM BWMC quickly diagnosed her with Stage 1 lung cancer and provided curative treatment.

With your support, we'll continue to transform the health care we provide to better meet the needs of our community and all those we serve.

Kathy McCollum
President and Chief Executive Officer

GETTING TO KNOW YOUR HEART'S Calcium Score

A SAFE, NONINVASIVE TEST CAN
HELP YOU UNDERSTAND YOUR RISK
FOR HEART DISEASE.



Abid Fakhri, MD

EARLY DETECTION OF risks is crucial for preventing serious conditions like heart attacks and strokes. At the UM Baltimore Washington Heart Associates (UM BWA), cardiologists are using a new tool to understand a patient's risk for heart disease.

Cardiac calcium scoring takes a scan of the heart and measures the amount of plaque buildup in the blood vessels.

Plaque—which contains calcium—can clog these vessels, reducing oxygen flow and leading to heart attacks or heart muscle weakness. Using the latest software, cardiologists at UM BWA can give patients a picture of this buildup and a numeric score to quantify their risk for heart disease:

- Zero indicates no calcium (and is ideal).
- 1 to 100 is low.
- 101 to 300 is intermediate.
- Above 300 is high, signaling significant plaque buildup.

"These scans offer a blueprint that help us make informed care decisions and treatment plans, before symptoms develop and signal a larger problem," said Abid Fakhri, MD, director of cardiac CT at UM BWA. "This enables us to work together to take the necessary preventive steps and minimize the chances that this buildup turns into something more serious."

Consider a cardiac calcium scoring if you are a man over 38 or woman over 45 with a family history of heart disease and any of these risk factors:

- Diabetes
- Tobacco use
- High blood pressure
- Abnormal cholesterol levels

This test may not be covered by health insurance. Check with your insurance provider first.

Learn more about cardiology services at UM BWA at umbwmc.org/heart. Scan the QR code to learn more about cardiac calcium scoring.





BYPASS PAD WITHOUT MAJOR SURGERY

A MINIMALLY INVASIVE PROCEDURE CAN HELP YOU MOVE PAST PERIPHERAL ARTERY DISEASE (PAD).

PAD OCCURS WHEN plaque reduces blood flow in arteries outside the heart, usually in the legs. As a result, you may develop pain in your legs and difficult-to-heal sores on your feet.

In 2024, UM Baltimore Washington Medical Center (UM BWMC) became one of the first in Maryland to offer percutaneous transluminal arterial bypass (PTAB), an incision-free alternative to bypass surgery for PAD. Requiring just two needle punctures, PTAB involves rerouting blood through specialized stent grafts that lead out of the artery, into a nearby vein and back into the artery below the blockage.



Justin Nelms, MD, FACS

A FASTER RECOVERY

Unlike surgical bypass, PTAB doesn't require general anesthesia—you'll only need moderate sedation. PTAB also reduces the risk of complications compared with surgical bypass.

"Patients who have PTAB can go home the same day without any activity restrictions," said Justin Nelms, MD, FACS, clinical assistant professor of vascular surgery at the University of Maryland School of Medicine and chair of vascular surgery at UM BWMC. "Once blood flow is restored by bypassing the blocked arteries, most patients experience immediate resolution of their symptoms."



To see if you are at risk for PAD, take our free and quick online risk assessment at umbwmc.org/vascularHRA9. Learn more about our vascular care at umbwmc.org/vascular.

BUILDING

Breathing Room

REHABILITATION HELPS PATIENTS WITH PULMONARY HYPERTENSION SHAPE A BETTER FUTURE.



Katrina Roux-Bernstein, CRNP

PULMONARY HYPERTENSION IS high blood pressure in your lungs. It can cause shortness of breath and other symptoms that can complicate the simplest tasks, such as walking to the mailbox. Pulmonary hypertension rehabilitation at UM Baltimore Washington Medical Center can help you build strength and stamina through monitored exercise.

"In our fully equipped gym, nurses and therapists with our pulmonary hypertension program monitor patients' cardiac activity and blood oxygen levels while they exercise," said Katrina Roux-Bernstein, CRNP, pulmonology nurse practitioner at UM Baltimore Washington Medical Group. "We develop unique exercise goals for each patient. They attend two or three sessions per week for two months."

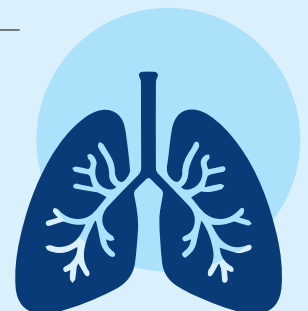
NEW LIFE FOR THE LUNGS

Available to all patients with pulmonary hypertension with a cardiologist's or pulmonologist's referral, pulmonary hypertension rehabilitation teaches patients skills they can use at home to maintain lung endurance and improve their overall functioning long after completing the program.

"Pulmonary hypertension rehabilitation is another treatment in our toolbox, just like supplemental oxygen, medications or an inhaler," Roux-Bernstein said. "This type of rehabilitation can improve patients' quality of life and extend their lives."



If you're interested in pulmonary hypertension rehabilitation, call the pulmonologists at the Lung Center at UM Baltimore Washington Medical Center at **410-553-8240**.



Cancer's EARLY START

AMERICANS INCREASINGLY RECEIVE CANCER DIAGNOSES BEFORE AGE 50.

IN THE FIGHT against cancer, there is good news and bad news. The good news is that there has been a 30-year decline in the risk of dying from cancer due to advanced treatments, early detection and better patient education, according to the American Cancer Society (ACS). The bad news is that the rates of several common cancers are rising, and many of these are cancers that occur in people younger than age 50, called early-onset cancers.

According to the ACS, from 1995 to 2020, new cancer cases in people younger than 50 increased, but Americans older than 50 didn't see a rise in new diagnoses. Increasing obesity, inactive lifestyles and high consumption of ultra-processed foods—foods you wouldn't be able to make in your own kitchen—may contribute to the growing numbers of early-onset cancers.

3 REASONS TO CONSIDER CANCER GENETIC TESTING

Genetic tests are available for many types of cancer, including breast, colorectal and prostate—all of which are rising among people younger than age 50. Testing may make sense for you for several reasons, including:

- 1. Clarity about your risk:** If your family has a history of certain cancers, knowing whether you have a cancer-causing gene mutation can help you and your relatives better understand your cancer risk.
- 2. Informed medical decision-making:** If testing reveals a cancer-related gene mutation, you can take steps to reduce your risk, such as making lifestyle changes.
- 3. Treatment planning:** If you've been diagnosed with cancer, learning whether you have a related gene mutation can help guide your treatment.



TREND STOPPERS

Follow these tips to help reduce your risk of early-onset cancer and improve the chances of successful treatment.



Stay up to date with screenings.

Screening tests are available for breast, cervical, colorectal and prostate cancers, all of which are increasing. Detecting these cancers early can lead to more options for treatment and a better chance of beating the disease. Many tests are minimally invasive.



Stop smoking.

If you smoke, quitting can reduce your risk for 12 types of cancer, according to the Centers for Disease Control and Prevention. One of these, colorectal cancer, is now the leading cause of cancer death in men younger than 50 and the second-leading cause of cancer death in women younger than 50, according to the ACS.



Watch your weight.

What do breast, colorectal, endometrial, kidney, liver and pancreatic cancers have in common? Each is on the rise and linked to excess body weight, the ACS reports. You can get to and maintain a healthy weight by exercising regularly and eating more whole foods, such as fresh vegetables and fruit, rather than ultra-processed foods.



To learn more about UM Baltimore Washington Medical Center's Tate Cancer Center and its services, visit umbwmc.org/cancer.



Mona Collins,
lung cancer
survivor

Diagnosis with **TIME TO SPARE**

ADVANCED ROBOTIC TECHNOLOGY ALLOWS PHYSICIANS TO BIOPSY SMALLER LUNG MASSES AND DIAGNOSE MORE LUNG CANCERS EARLIER THAN EVER BEFORE. FOR ONE PATIENT, EARLY DETECTION WAS THE KEY TO A CURE.

MONA COLLINS, 74, of Odenton, fills her life with activity. A wife of 54 years, mother of four daughters and grandmother of four, she likes going for walks near her home and, especially, bowling.

“I like trying to get that 300 score,” she said. “I’ve never gotten it, but I’ve come close at 272. Currently, I’m in three bowling leagues—seniors, mixed and travel.”

In bowling, curving the ball is a sought-after skill. In life, however, getting thrown a curve can send everything off course. That could have happened to Collins when she was diagnosed with cancer—twice. Instead, high-level care from a skilled team of physicians helped ensure she can keep chasing bowling perfection.

AN UNFORESEEN PROBLEM

In 2019, Collins was diagnosed with colon cancer and had surgery to remove it. At the time, a PET scan physicians ordered to view her colon showed a small growth called a nodule on her right lung. Not all nodules are cancerous, but some can be.

Collins didn’t smoke—the leading risk factor for lung cancer—but she used to.

“I had a light smoking history in my 20s,” Collins said. “I stopped smoking before I had my third child. I never smoked much. A pack of cigarettes would last me a week or more.”

The nodule on Collins’ lung was small, but physicians wanted to keep an eye on it. Over the next few years, she had a CT scan every three to six months so physicians could watch the nodule for signs of growth.

TIME TO ACT

In 2023, Collins was referred to Peter Olivieri, MD, FCCP, director of interventional pulmonology at UM Baltimore Washington Medical Center (UM BWMC). He didn’t like what he saw when he reviewed Collins’ CT scans.



Gavin Henry, MD, and Peter Olivieri, MD

“The scans showed the tiny spot on her lung was slowly growing,” Dr. Olivieri said. “Because of the nodule’s growth and appearance, I was concerned about the possibility of lung cancer.”

To confirm the diagnosis, Dr. Olivieri needed to take a sample of the nodule—a procedure known as a biopsy. Previously, the small size and challenging location of the nodule would have made an accurate biopsy impossible, he said. Not anymore.

INSIDE INFORMATION

Earlier in 2023, Dr. Olivieri began performing a high-tech procedure called robotic bronchoscopy to take samples of lung nodules as small as 7 millimeters. During the procedure, with the patient under general anesthesia, the interventional pulmonologist uses a GPS-like map created from a CT scan to direct a robotic scope down the patient’s throat and through the airways to the target nodule.

“Once we take a sample of the nodule, I use a different scope with ultrasound guidance to biopsy nearby lymph nodes,” Dr. Olivieri said. “This allows us to diagnose and stage lung cancer in the same procedure. Patients typically return home the same day and are back to normal activities the following day.”

FLIPPING THE SCRIPT

Nationally, most lung cancer cases are diagnosed at Stage 4 when the disease has spread to other parts of the body. **Only 22% of cases are diagnosed at Stage 1** when treatment can cure the cancer, according to the National Cancer Institute’s Surveillance, Epidemiology, and End Results Program.

At UM Baltimore Washington Medical Center, interventional pulmonologists use robotic bronchoscopy to diagnose more lung cancers at Stage 1 than at any other stage, achieving results that are better than the national average.

% OF CASES DIAGNOSED	STAGE 1	STAGE 4
NATIONALLY	22%	> 50%
UM BWMC PRE-ROBOT	26%	43%
UM BWMC POST-ROBOT	40%	36%



Dr. Olivieri calls the robotic technology a “game changer.”

“Due to its accuracy and precision, the robot has allowed us to diagnose lung cancer earlier than we ever could before,” he said. “Since the introduction of robotic bronchoscopy at our center, Stage 1 lung cancer has become the most common stage of lung cancer we diagnose. Previously, Stage 4 was the most common.”

When patients are diagnosed at Stage 1, lung cancer is often curable with surgery.

“Around the country, most patients are diagnosed with Stage 3 or 4 lung cancer and aren’t evaluated for surgery because the disease isn’t considered curable at that point,” said Gavin Henry, MD, FACS, assistant professor of surgery at the University of Maryland School of Medicine, medical director of the Tate Cancer Center and chair of thoracic surgery at UM BWMC. “After just one year of using the robotic bronchoscopy, we’re diagnosing 40% of lung cancers at Stage 1. Imagine the impact we could have with more screenings and this technology in the years to come.”

The team at UM BWMC is also helping to eliminate a racial disparity in early lung cancer diagnosis, engaging more diverse patient populations and increasing access to care for members of the community. Early data suggests that 50% of Black patients coming to UM BWMC for lung cancer treatment are getting diagnosed with Stage 1 lung cancer. Nationally, only about 15% of Black patients are likely to be diagnosed early, according to the American Lung Association. Dr. Henry credits this early data with having accessible screenings, timely follow-up and advanced technology that supports earlier diagnosis for patients.

PARTNERS IN CARE

Dr. Olivieri used robotic bronchoscopy to biopsy Collins’ nodule. The result: Stage 1 lung cancer.

“When I heard the word ‘cancer,’ I thought it was a death sentence,” Collins said, “but we found it early, and I had faith and did what the physicians recommended. It was a blessing to find the cancer when it was so small.”

For Collins, an early diagnosis led seamlessly to surgical treatment. At UM BWMC, the interventional pulmonology and thoracic surgery teams work closely to diagnose and treat lung cancer. It’s a part of UM BWMC’s academic mission and allows for better collaboration across care services and most importantly, better health outcomes for patients.

“Working hand in hand with our thoracic surgery colleagues has allowed for a more seamless transition from diagnosis of early-stage lung cancer to surgical treatment,” Dr. Olivieri said. “We have a weekly thoracic tumor board meeting where members of the interventional pulmonology and thoracic surgery teams meet with the oncology, pathology and radiology teams to discuss cases together and determine the best course of action for each patient.”

LOOKING FOR EARLY-STAGE LUNG CANCER

Mona Collins’ smoking history wasn’t extensive enough to qualify for a low-dose CT screening for lung cancer. For those who are eligible, though, this screening can be a valuable tool for early detection. You may qualify if you meet the following criteria:

- Are 50 to 80 years old
- Currently smoke or quit smoking within the past 15 years
- Have a history of smoking at least one pack per day for 20 years

Due to lung cancer screenings and robotic bronchoscopy, lung cancer is now the most diagnosed cancer at the Tate Cancer Center at UM Baltimore Washington Medical Center. More diagnoses, especially early in the disease process, bring more opportunities to cure lung cancer.

To understand your risk for lung cancer, take a health risk assessment at umbwmc.org/lunghra2.



This collaborative approach paid off for Collins, as it has for so many other patients.

“Before I saw Mona, I was familiar with her case because Dr. Olivieri and I had already discussed her biopsy results,” Dr. Henry said. “Our offices are right next to each other, which allows us to consult with each other easily. We were able to get Mona in for surgery quickly, which is typical of our streamlined process from biopsy to surgery to recovery.”

MAKING A COMEBACK

In November 2023, Dr. Henry removed the cancer, and Collins didn’t require further treatment. Now cancer-free, Collins takes daily walks and goes bowling often.

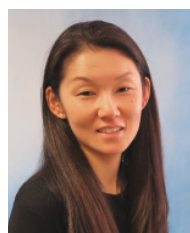
“I’m thankful Dr. Olivieri wanted to perform the robotic biopsy as soon as possible,” Collins said. “I think being proactive is so important. If you have good physicians and take care of a medical problem early, you can have a good outcome.”



To learn more about pulmonary and lung cancer services, visit umbwmc.org/lung and umbwmc.org/cancer.

Getting Your Groove Back AFTER CANCER

ACCESSIBLE SOLUTIONS FOR SEXUAL HEALTH CAN HELP CANCER SURVIVORS RESTORE CONFIDENCE AND THEIR COMFORT AFTER TREATMENT.



Ikumi Suzuki, MD

WHEN YOU THINK about the side effects of cancer treatment, impacts on sexual health may not top the list.

“Changes to sexual health are an unfortunate, yet typical part of cancer treatment,” said Ikumi Suzuki, MD, medical oncologist at Tate Cancer Center at UM Baltimore Washington Medical Center (UM BWMC). “Even if you’re not being treated for a gynecologic cancer, certain treatments for breast cancer and other forms of the disease, such as hormone therapy or chemotherapy, can negatively affect your sexual health and quality of life.”

Radiation therapy to the pelvis, surgery and chemotherapy can cause a range of symptoms. Some related to sexual health include vaginal dryness, changes to the pelvic floor, reduced interest in intimacy and pain during sex.



Sarah McAvoy, MD

BRINGING SOLUTIONS INTO THE LIGHT

UM BWMC radiation oncologist Sarah McAvoy, MD, associate professor of radiation oncology, vice chair of education and residency program director at University of Maryland School of Medicine, said that as treatments become more effective at curing cancer, more focus is shifting to improving wellness after treatment. That includes the long-overlooked area of sexual health for female survivors.

“Sexual health can be an awkward subject to broach,”

Dr. McAvoy said, “but talking about it is the first step toward finding the solutions you need.”

Treatments are accessible and available, depending on your comfort level. Vaginal gels, moisturizers and dilators can make intimacy more comfortable. Pelvic floor physical therapy can teach you exercises to reduce discomfort and manage symptoms such as urine leakage.

Most importantly, talk with your partner about your challenges and how you can adjust the sexual experience to meet both of your needs. Communicating with your medical provider is critical, too.



Connect with fellow cancer survivors at the monthly UM BWMC Cancer Survivorship Support Group. To learn more, call **410-553-8179**.



WHEN CANCER AND MENOPAUSE COLLIDE

Some cancer treatments, such as surgical removal of the ovaries or radiation or chemotherapy that damages them, can cause a woman to start the transition to menopause years before she would have otherwise—the average age for American women is 52. As a result, women may experience typical menopause-related symptoms, including hot flashes, vaginal dryness, mood changes and difficulty sleeping, earlier than expected.

Women can talk with a medical provider about treatments that can offer relief. These may include:

- Changes to the home environment to manage hot flashes and promote better sleep, such as keeping the bedroom cool and using sheets with a low thread count
- Cognitive behavioral therapy to assist with coping with new symptoms
- Hormone therapy or antidepressants to ease hot flashes

ADEPT AT *Offering Hope*

A NEW COLLABORATIVE CLINIC HELPS
PEOPLE WITH DIFFICULT-TO-TREAT
DEPRESSION MOVE FORWARD.



LAUREN TERRILL, 41, of Baltimore, is one of an estimated 30% of people with depression who have treatment-resistant depression (TRD), which is diagnosed when depressive symptoms do not improve with typical first-line treatments, such as at least two different courses of antidepressants. For those individuals, hope can be found at the outpatient Advanced Depression Treatment (ADepT) Center that serves patients across Maryland.

The ADepT Center is a joint initiative between the University of Maryland School of Medicine and University of Maryland Medical Center (UMMC), the academic medical center of University of Maryland Medical System. This collaboration, which offers the highest level of care for behavioral health disorders, helps Terrill and others with TRD get the help they need.

Open since 2023, the ADepT Center is the only one of its kind in Maryland. There, patients and their psychiatrist or primary care provider can access second opinions and find more effective treatments for TRD. Jack Vaeth, MD, clinical assistant professor in the Department of Psychiatry at the University of Maryland School of Medicine, is one of the psychiatrists who treats patients at the center.

“Previously, we called TRD ‘refractory depression,’ but we now like to refer to it with our patients as ‘difficult-to-treat depression,’” Dr. Vaeth said. “‘Refractory’ and ‘resistant’ suggest red flags with this condition when, instead, the challenges of difficult-to-treat depression might only require a yellow flag of caution. We have hope.”

So does Terrill. She walked a long road to find it.

FRUSTRATING JOURNEY

Terrill views her mother’s 2008 death from cancer as a turning point for her mental health.

“Prior to my mom’s passing, I dealt with periods of being depressed because of issues with her health, among other things going on in my life, but the depression wasn’t chronic,” she said. “My mom’s passing was a major blow because of how close I was with her.”

Two years later, Terrill was diagnosed with major depressive disorder and generalized anxiety. At various times over the next decade, she experienced feelings of hopelessness, struggled to get out of bed and had suicidal thoughts.

Over the years, Terrill took medications for depression, worked with psychiatrists, attended inpatient and outpatient treatment programs, and tried transcranial magnetic stimulation (TMS), a noninvasive treatment that activates areas of the brain involved in depression. Still, the disorder maintained a firm grip.

“Even before finishing TMS, I hit a low point because it hadn’t helped in a significant way,” Terrill said. “When my psychiatrist brought up the ADepT Center, I felt like she was proactively trying to help me. Now, since I’ve been going to the center, I know I have a group of mental health professionals around me who care.”

For Terrill, her personalized treatment plan and the unwavering attention she receives from the entire team is what sets the ADepT Center apart.

“From the front desk staff to the nurses to the physicians, everyone is invested in seeing me get better,” Terrill said. “I love being able to meet with the physicians regularly. It’s one more indication that I’m not alone. A team of experts is working together and with my psychiatrist to do everything they can to help me.”

ALL TOGETHER NOW

Dr. Vaeth believes the ADepT Center’s unique design helps both patients and their medical providers.

“With our consultation and follow-up, we provide another set of eyes with a different angle and a fresh perspective,” he said. “This second opinion can be an invaluable resource during times when hope and optimism wear thin.”

The process at ADepT begins with an initial patient evaluation and consultation with their referring provider to agree on a treatment approach. Next, the ADepT team puts the treatment into action. Options include brain stimulation therapies, such as TMS and electroconvulsive therapy, individual or group talk therapy, and advanced medications for depression.

Terrill began using one of those medications, esketamine nasal spray, in May at the direction of ADepT Center psychiatrist Gustavo Costa Medeiros, MD. She receives the medication once weekly under the supervision of ADepT Center staff and meets with Dr. Medeiros during every appointment.

SMALL AND MEANINGFUL VICTORIES

All patients respond differently to treatment, another reason for the ADepT Center’s personalized treatment approach, with some seeing dramatic improvement as high as 80%. Esketamine helped Terrill feel better—progress she hopes to build on.

COULD YOU SPOT THE SIGNS OF DEPRESSION?



Some depression symptoms are subtle and easy to miss. Others are more obvious. Not all involve mood.

You may have depression if you experience symptoms most of the time for at least two weeks. Symptoms to watch for include:

- A hopeless or negative outlook on life
- Avoidance of favorite activities
- Changes to your appetite
- Difficulty remembering information, focusing on tasks or making decisions
- Feelings of frustration or irritation that occur for seemingly no reason
- Feelings of guilt or worthlessness
- Feelings of sadness or emptiness that won’t go away
- Lack of energy
- Physical symptoms, such as headaches or stomach discomfort
- Suicidal thoughts
- Trouble falling asleep or sleeping too much or not enough
- Unexpected weight gain or loss

“I hope that as I continue these treatments, I see incremental change,” she said. “It’s been a while since I’ve worked full time. I won’t be able to jump into a full-time job right away, but working part time is a near-term goal.”

In addition to esketamine treatment, Terrill continues to take an antidepressant and see her UMMC psychiatrist, Marissa Flaherty, MD, both of which she finds valuable.

“We encourage patients to continue to follow up with their referring medical provider,” Dr. Vaeth said. “As a result of our consultative process, we form a new care team: the patient, their referring medical provider and the ADepT team.”

As she works to get life back into a routine, Terrill urges others to be proactive about seeking mental health care.

“I know how difficult it is when you’ve tried various medications and are still struggling,” she said. “If a treatment you haven’t attempted is available and may be able to help you, it’s worth it to try.”



If you are working with a health care provider to treat your depression but it hasn’t improved, ask about a referral to the ADepT Center or call **410-328-8415** to schedule a consultation. If you need mental health support, primary care is a great place to start. Find a provider at umbwmc.org/primary.



Lessons in Resilience

COMMUNITY EVENTS HELP STUDENTS LEARN HOW TO STRENGTHEN THEIR MENTAL HEALTH.

UM BALTIMORE WASHINGTON Medical Center (UM BWMC) partners with Anne Arundel County Public Schools (AACPS) to help address the crisis in youth mental health. Solutions are sorely needed. From 2017 to 2021, emergency department visits for suicide attempts by Anne Arundel County young people ages 10 to 24 reached 1,620 across the county—an increase of more than 300 from the previous five-year period.

“Mental wellness is a critical factor in students’ educational success, which is what led us to partner with our local schools,” said Kelly Koorey, MS, MCHES, manager of community health at UM BWMC. “We want to do our part to break the stigma that surrounds mental health and wellness.”

TEACHABLE MOMENTS

Thanks to the relationship with AACPS, UM BWMC is making more opportunities available to students throughout the county to help them build mental health resilience. At an event sponsored by UM BWMC this past April, former National Basketball Association (NBA) player Jumaine Jones spoke to more than 100 student athletes at Meade High School about how to put their mental health first. In November, UM BWMC held a free workshop at Moose Athletic Club in Glen Burnie where teenagers learned how to recognize the signs of mental health distress, increase their emotional resilience and support others struggling with mental health.



Jumaine Jones, former NBA player, meets with student athletes at Meade High School as part of a special presentation on managing mental health while achieving success. The event was sponsored by UM BWMC. Photo courtesy of Anne Arundel County Public Schools

SELF-CARE STEPS



For Lauren Terrill, and many other people with depression, managing the disorder involves more than one form of medical treatment. Self-care also plays an important role.

If you have depression, you can complement your treatment by adopting healthy habits at home, including:

- **Eat whole (not processed) foods** rich in vitamins, minerals and fiber, which can promote good mental health.
- **Move your body**, which can release endorphins—chemicals that improve your mood—and prompt the release of proteins that fuel brain-boosting nerve connections.
- **Prioritize tasks**, complete the most important ones first and let the others wait until you feel like getting to them.
- **Resume a favorite activity or two**—it may be tough at first, but your mood will benefit.
- **Set a sleep schedule**—go to bed and get up at the same times each day.
- **Talk regularly with close family and friends** and be open about your feelings.



To learn more about health classes in your community, visit umbwmc.org/community.

Stop the

STIGMA

DO YOUR PART TO NORMALIZE THE CONVERSATION AROUND MENTAL HEALTH.

1 in 5:

the number of American adults who experience mental illness each year

- **LEARN THE FACTS**
Educate yourself about mental health and share what you learn with others.
- **LIVE EMPOWERED**
Only you have the right to define how you feel about yourself and how you talk about your mental health.
- **GET PERSONAL**
Opening up about your own mental health journey (as much as you're comfortable with) may inspire others to do the same or get help.
- **PRACTICE COMPASSION**
Whether they're loved ones, acquaintances, coworkers or strangers, treat all people with kindness and respect.
- **PUSH FOR PARITY**
Speak up about mental health being just as important as physical health—because it is.
- **WATCH YOUR WORDS**
When talking about mental health, use language that is accurate and descriptive and avoid stereotypes.
- **WALK THE WALK**
Extend the same compassion you show others to yourself and seek help if you're facing a mental health challenge.



Scan the code to read more and listen to the podcast on mental health stigma.



Have questions about mental health? Your primary care provider can help you find answers. If you need a primary care provider, visit umbwmc.org/primary.

Building Careers IN NURSING

AN INNOVATIVE WORKFORCE DEVELOPMENT PROGRAM HELPS MAKE HEALTH CAREER DREAMS COME TRUE.



FOR 17 YEARS, Isaac Davila worked as a patient care technician at UM Baltimore Washington Medical Center (UM BWMC), assisting nurses with taking vital signs and helping patients with basic hygiene. A new program called the LPN Pathway gave him the opportunity to provide a higher level of patient care as a licensed practical nurse.

“I’d always wanted to be a nurse,” Davila said. “Then UM BWMC started the LPN Pathway program. I hadn’t planned on going back to school after the COVID-19 pandemic, but I couldn’t pass up this opportunity.”

LEARNING AT WORK

Established in 2023 in partnership with Anne Arundel Community College (AACC) and Anne Arundel Workforce Development Corporation, the LPN Pathway program offers UM BWMC employees and AACC students the

chance to enter nursing by taking classes on the medical center campus from AACC instructors.

“Program participants complete simulations, labs and clinical rotations in our new outpatient care center,” said Jaime Van Allen, DNP, RN, director of nursing practice and outcomes at UM BWMC, who also teaches classes for the program as an AACC adjunct instructor. “For students who are also employees, having classes at UM BWMC is convenient because they can work their shift before attending class or vice versa.”

FINDING YOUR PATH

For LPN Pathway program graduates, the next chapter of their professional life begins.

“UM BWMC team members find LPN positions on their current units or elsewhere within the hospital based on their interests and staffing needs

at the time,” said Grant Dopheide, volunteer services and patient and family advisory manager at UM BWMC, who helped develop the program. “In addition, AACC students have the opportunity to interview for any remaining open positions.”

In February 2025, Davila was among the first participants to graduate from the program.

“As an LPN, I will care for my team of patients under the supervision of registered nurses,” Davila said. “I’m fortunate to have been one of the first to receive this amazing opportunity through the LPN Pathway program.”

To learn more about career development initiatives at UM BWMC, visit umbwmc.org/career-development.



“Isaac is the type of person we want to grow and become part of the next generation of nurses. One day, I’ll need to be cared for, and I’d be ecstatic if Isaac were my nurse.”

—JAIME VAN ALLEN, DNP, RN, DIRECTOR OF NURSING PRACTICE AND OUTCOMES AT UM BALTIMORE WASHINGTON MEDICAL CENTER, REFLECTING ON FORMER PATIENT CARE TECHNICIAN ISAAC DAVILA’S GRADUATION FROM THE LPN PATHWAY PROGRAM

NEWS & Events

UM BALTIMORE WASHINGTON MEDICAL CENTER (UM BWMC) OFFERS A WIDE RANGE OF HEALTH SCREENINGS, CLASSES, SUPPORT GROUPS AND RESOURCES TO HELP YOU IMPROVE AND MANAGE YOUR HEALTH.

BLOOD DRIVES*

Feb. 21 and April 18

Participate in an American Red Cross blood drive sponsored by UM BWMC and help save lives. Register and review eligibility guidelines at redcrossblood.org or call **1-800-733-2767**.

EXPECTING PARENTS

- Childbirth education classes
- Pascal Women's Center tour
- Nest and Nurture, a free, incentive-based education and support group for pregnant individuals in Anne Arundel County who are at risk for adverse pregnancy and birth outcomes
- Infant community CPR class
- Essentials of Breastfeeding Class* covering positions, tips for a good latch and pumping
- Prenatal and postnatal yoga classes*

FAMILIES AND CHILDREN

- Lactation Support Group for mothers in the community to connect and learn about the challenges and successes of breastfeeding
- Car seat safety checks, performed by a certified car seat safety technician at UM BWMC who also demonstrates proper car seat installation and checks for recalls
- Safe Sitter* class for students in sixth through eighth grade to learn how to safely babysit

DIABETES

- Diabetes Prevention Program* explores lifestyle changes to prevent diabetes and improve overall health. Sign up through the QR code below to participate in our next cohort, starting February 27, 2025 from 5-6pm.
- Diabetes Self-Care Success Class* is a free one-hour diabetes education class for patients and families living with diabetes. Monthly classes are taught in English or Spanish.

LUNG AND VASCULAR HEALTH

- Smoking Cessation* classes offer peer support and education from a certified American Lung Association Freedom from Smoking facilitator. All classes are free to adults who live or work in Anne Arundel County.
- Online vascular risk assessment helps you understand your risk for vascular diseases, including abdominal aortic aneurysms, peripheral artery disease and carotid artery disease. Take the free and quick assessment at umbwmc.org/vascularHRA9.

*Activity is located in the Outpatient Care Center at UM BWMC (255 Hospital Drive, Glen Burnie, MD 21061).

CANCER

- Online lung cancer risk assessment helps you understand if you are eligible for a lung cancer screening. The assessment is free and takes only a few minutes. Learn more about your risk at umbwmc.org/LungHRA2.
- Cancer Survivorship Support Group for cancer patients and survivors

MENTAL HEALTH

- Mental Health Support Group for UM BWMC adult mental health patients, their families and any other individuals interested in psychiatric issues

STROKE

- Stroke Support Group for stroke survivors, high-risk stroke candidates and anyone interested in learning more about stroke recovery
- Gentle Chair Yoga and Mindful Movement*

PARKINSON'S

Parkinson's Support Group for individuals with Parkinson's disease, their caregivers, family members, friends and anyone interested in learning more about the disease

GENERAL HEALTH AND WELLNESS

- Zumba*
- Level 1 Vinyasa/Flow Yoga*
- Hungry Harvest Community Markets with discounted local produce at UM BWMC's Executive Center every other Wednesday starting April 9-Oct. 22, 2025 between 10am to 12:30pm
- Community Wellness Day* is a free, family-friendly community event hosted by UM BWMC. Activities include health screenings, education tables, kid-friendly activities, produce boxes and more. Join us Saturday, April 26, from 10am-1pm at the Outpatient Care Center at UM BWMC.

HIRING EVENTS

Connect with recruiters and hiring managers and learn more about our job opportunities at UM BWMC. For a list of upcoming hiring events, visit jobs.umms.org.

Please visit umbwmc.org/calendar or call **410-553-8103** for additional activities, virtual offerings and more. Scan the QR code with your cell phone camera and follow the link that appears.



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