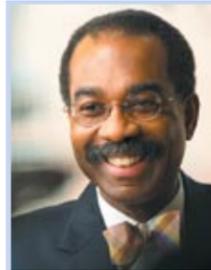


## DEAN'S MESSAGE: What's On My Mind



Information technology—and how it will transform medicine—is on my mind this month. Information technology is one of the key enablers to achieving our clinical vision to provide measurably safe and the highest quality care for the citizens of the state and region.

The Healthcare Information and Management Systems Society conducted a survey in 2003 which showed that 56 percent of physician respondents said information technology was expected to increase the level of patient care. By 2005, 75 percent of physicians responded this way. Consumer trends also reflect similar expectations of physicians and hospital providers. In a 2006 Harris Poll survey, 65 percent of Americans said they would like their providers to use electronic medical records; however only five percent said their physicians were doing so. Seventy five percent of patients indicated that they would like to be able to schedule appointments and/or communicate with their physicians electronically, but only seven percent said it was an option available to them. This data indicate that opportunities exist to expand our clinical reach to a broader patient base through the use of information technologies such as "Portfolio."

This year the University of Maryland Medical System and the School of Medicine began implementing an ambulatory electronic medical record program. Portfolio, as the program is known, began in 2004 with a wide representation of physicians, nurses and executives from across the School of Medicine and the Medical System who developed a set of guiding principles and project expectations.

Today's information technology systems contain much in the way of content, however they do not currently support an enhanced practice of medicine through the development of smart tools, such as alerts on medication conflicts or reminders for periodic exams. All of these tools will be available through Portfolio, which also has the ability to aid in developing research opportunities. We will soon be able to scan Portfolio's database for possible research subjects, based on defined criteria, and alert the treating physician of the opportunity to recruit the patient for a research protocol. In addition, the Medical System is committed to sending into

the Portfolio database clinical information from various systems within all eight hospitals. This will create a clinical database of over 3.5 million patients who have had services at any of the eight Medical System

hospitals and/or School of Medicine clinics.

We will also replace our ambulatory scheduling and registration systems.

Our unique database structure allows for full integration of all patient information into a single database, reducing redundancy and the need to continually request the same information from the patient. The Portfolio project team, a group represented by members of the School of Medicine, UPI, and all constituents of the Medical System, is working on a roll-out strategy which will start with early adopters in the fall 2007.

Another important project currently underway at the Medical Center is the implementation of the CERNER computerized physician medication order entry for inpatients. This project, known as Millennium Optimization, is being led by Tim Babineau, MD, senior vice president and chief medical officer at the Medical Center, and Mark Kelemen, MD, associate professor of medicine and associate chief of the Division of Cardiology.

Although we currently have many orders entered by physicians in the CERNER system, medication orders are still written and sent to the pharmacy for validation and entry. The Millennium Optimization project will provide the vehicle for our medical staff to enter the medication orders directly into the CERNER system. This project will support enhanced patient care initiatives and will reduce medical errors.

Changes in clinical practice and integrating new information technologies into the practice of medicine are not always easy. There are sure to be bumps in the road. We will do our best, however, to keep you informed as we make progress. Large-scale information technology implementations such as Portfolio are critically important to advance clinical services in the community and to capture new marketshare. However, technology alone will not bring about these changes. It requires the commitment, involvement and acceptance of a new way to deliver clinical services by all medical staff and the hundreds of support personnel at both the School of Medicine and the Medical System.

I look forward to working with you on this important initiative. 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, School of Medicine

## Coeus: A New Pre-Award Grants Management System

As the National Institutes of Health (NIH) moves away from paper, it makes sense for School of Medicine researchers to do the same. Coeus, a Web-based grant management system developed by the Massachusetts Institute of Technology, will let investigators prepare and submit grant applications electronically through GRANTS.GOV, or <http://www.grants.gov>. The benefits of Coeus extend to on-campus activities where it will cut out many paper forms once required.

Because paper documents no longer need to move from place to place, grant proposal routing and approval becomes faster. Rules inside Coeus automatically apply appropriate overhead rates to budget items. Errors can be found and fixed sooner. "We will have more reliable information about School of Medicine grants and invest far less effort to get it than in the past," says Gregory Handlir, senior associate dean for Resource Management.

"Automating this process means investigators can focus on writing the science," adds vice dean for Research and Academic Affairs Bruce Jarrell, MD. "Investigators will be able to route and track approvals whether they are on or off campus."

In addition to working closely on this project with two UMB offices, the Office of Research and Development and the Center for Information Technology Services, the School of Medicine's Office of Information Services is working with other entities. For example, the Department of Physiology performed an early test of the Coeus system while the Department of Anatomy & Neurobiology and the Center for Vascular and Inflammatory Diseases, along with the School of Nursing, have scheduled expanded testing this winter. As the NIH and other federal agencies accept a greater variety of electronic applications, Coeus will see widespread use. This system is expected to be fully operational by the end of 2007.

For more information about Coeus, visit [www.umaryland.edu/coeus](http://www.umaryland.edu/coeus).



Photo by Bill Wood

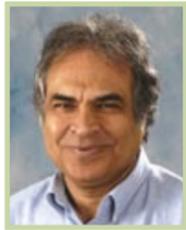
At the November 29 launch of the School of Medicine's bicentennial celebration, the anniversary cake shaped like Davidge Hall was cut by UMB President David J. Ramsay, Dean Emeritus Donald E. Wilson, Dean John Beale Davidge (portrayed by actor Alan Wade) and Dean E. Albert Reece. The party on the lawn of Davidge Hall followed a news conference in Chemical Hall. For bicentennial details, visit [www.sombicentennial.umaryland.edu](http://www.sombicentennial.umaryland.edu) or call 6.2007.

# Understanding the Importance of MERIT Awards

In the world of biomedical research, competition for a limited pool of funding is tight. The National Institutes of Health is the primary source of grant funding for the majority of investigators at the University of Maryland School of Medicine. In fact, the School of Medicine ranks 12th among all public medical schools in the United States with more than \$164 million in funding from the NIH.

In 1985, the NIH initiated the Method to Extend Research in Time (MERIT) Award program to provide long-term, stable support to investigators whose research competence and productivity are distinctly superior and who are likely to continue to perform in an outstanding manner. Researchers may be selected for support for up to ten years. "MERIT Awards signify an investigator's continued success in applying for and receiving grants from the NIH," says Bruce Jarrell, MD, vice dean for Research and Academic Affairs. "MERIT Awards are a clear sign of scientific excellence and not only alleviate the administrative burden of having to apply for renewed funding every year, but also give the researcher some leeway in pursuing high-risk experiments without the pressure of competitive renewal."

Five researchers at the School of Medicine are recipients of MERIT Awards. They are:



Abdu F. Azad, PhD, MPH, PharmD

• **Abdu F. Azad, PhD, MPH, PharmD, professor of microbiology & immunology:** Dr. Azad's MERIT Award funds research on murine typhus and its causative agent *Rickettsia typhi*, an obligate intracellular bacterium. Murine typhus is one of the most widely distributed arthropod-borne infections in the world, with severe and fatal cases reported.

With MERIT funding, Dr. Azad and colleagues have discovered the transovarial maintenance and transmission of *R. felis* and *R. typhi*, the persistence phenomenon that allows rickettsiae to remain in the host in the presence of robust immune responses, the molecular basis of rickettsial virulence and rickettsial transformation and generation of recombinant and live attenuated rickettsiae.



James Kaper, PhD

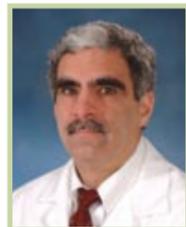
• **James Kaper, PhD, professor of microbiology & immunology, biochemistry & molecular biology and medicine:** Dr. Kaper's MERIT award funds research on the pathogenic mechanisms by which enteropatho-

genic *E. coli* (EPEC) causes infant diarrhea. Research from Dr. Kaper's laboratory has resulted in the identification of genes responsible for intestinal colonization by this organism as well as the development of diagnostic DNA probes that have been used in numerous epidemiological studies around the world. Former trainees of Dr. Kaper who contributed to this research include James Nataro, MD, PhD, the School of Medicine's first MD/PhD student and now a professor of pediatrics, and Michael Donnenberg, MD, now a professor of medicine. Dr. Kaper's MERIT Award has also funded important research on *E. coli* O157:H7, the cause of bloody diarrhea and renal failure. This strain was recently associated with a national *E. coli* outbreak linked to contaminated spinach.



Jay Magaziner, PhD, MSHyg

• **Jay Magaziner, PhD, MSHyg, professor of epidemiology & preventive medicine, medicine and physical therapy & rehabilitation science:** Dr. Magaziner has had two MERIT Awards from the National Institute on Aging to advance research on recovery from hip fracture. His first MERIT Award, funded in 1992, focused on functional changes after fracture, the resulting physiological changes in bone mineral density, muscle mass and strength and the accompanying changes in bone metabolism in older people. The five year extension of this award enabled him and his team to conduct a randomized clinical trial of a home-delivered exercise program to improve function and body composition post fracture. In 2005, Dr. Magaziner received a second MERIT Award to contrast the multifaceted physiological, functional and psychosocial changes that follow hip fractures in men and women, and to chart the excess losses in function, bone status and bone metabolism in men following hip fracture. The intent is to determine if the consequences of hip fracture in men differ in important ways from those observed in women, who have been the subject of most hip fracture studies over the past 25 or more years.



Thomas Pallone, MD

• **Thomas Pallone, MD, professor of medicine and physiology:** Dr. Pallone received his MERIT Award in 2003 to define the properties of the blood vessels and incorporate the results into computer simulations of countercurrent exchange, the process by which large concentrations of salt and urea are accumulated in the medulla region of the kidney so that urine can be maximally concentrated. Dr. Pallone's studies have revealed and quantified expression of a urea transporter and water channels in the blood vessel walls. His work has shown that both salt addition and water removal from vessels is involved in concentrating

the blood during its descent into the medulla. Mathematical simulations favor the interpretation that the transport characteristics, imparted by urea transporters and water channels, help to maximize urinary concentrating ability.



Stefanie Vogel, PhD

• **Stefanie Vogel, PhD, professor of microbiology & immunology and medicine:** Dr. Vogel received her MERIT award in 2000 to study the various aspects of host-pathogen interactions at the level of the macrophage. Macrophages are central to our innate immune responses to infection and malignancy. Microbial products, such as Gram negative lipopolysaccharide, and cytokines, such as interferons, program the expression of an array of pro- and anti-inflammatory genes that culminate in development of the "fully activated" macrophage. Although fully activated macrophages exert microbicidal and tumoricidal effector functions, they have also been implicated in diseases characterized by excess cytokine production. Thus, understanding macrophage differentiation to achieve the desired function remains a significant area of investigation. Dr. Vogel's laboratory has used an interdisciplinary approach that integrates genetic, biochemical, immunologic and molecular techniques to study mechanisms by which macrophages utilize Toll-like receptors (TLRs) to respond to different microbial motifs. For example, Dr. Vogel's laboratory identified the genetic basis of an inherited disorder exhibited by a child with severe, repeated bacterial infections as two mutations within the IRAK4 gene that encodes a key signaling molecule in TLR2, TLR4 and Interleukin-1 signaling pathways. More recently, her laboratory has analyzed DNA samples derived from high-risk infants and children with documented Respiratory Syncytial Virus infection and found a remarkable overrepresentation of two polymorphisms in the extracellular domain of TLR4. These findings were extended at the molecular level and a three-dimensional model for interaction between TLR4 and structurally diverse microbial agonists have been generated. Analysis of the cross-talk between signaling induced by TLRs and other signaling pathways are also a major focus of the Vogel laboratory on this grant. Characterization of the network of intra- and intercellular signals that result in the development of the fully activated macrophage could provide novel therapeutic approaches for diseases in which activated macrophages have been shown to have beneficial or detrimental roles. The ability to activate host macrophages might benefit patients who have neoplasms, or infections with intracellular pathogens. In contrast, the ability to control macrophage activation, by mitigating overproduction of toxic mediators, may benefit patients who suffer from inflammatory syndromes and may provide insights for the treatment of Gram negative sepsis. 

## Vaccination Program Reduces the Impact of Influenza

A national study led by researchers from the School of Medicine finds giving the nasal spray flu vaccine to elementary school students can significantly reduce the impact of influenza on children and members of their family. The study compared families of children who attend schools where the vaccine was given with families of children in schools not targeted to receive the vaccine.

The results of the study, published in the December 14, 2006, edition of *The New England Journal of Medicine*, indicate that vaccinating school children is an effective way of controlling the spread of influenza in community settings.

"Approximately 36,000 people nationwide die from influenza each year, with the majority of those deaths in the elderly and the very young. In addition about 200,000 hospitalizations result from influenza infections each year," says James King, MD, a professor of pediatrics and principal investigator of the study.

"Many studies have shown that children are the primary transmitters of influenza to their families and communities. Our research shows that school-based immunization is an effective way to vaccinate large numbers of school children, and once they are protected, so are their families. The nasal spray flu vaccine is well suited for this type of program," says Dr. King, who is also head of the division of general pediatrics at the University of Maryland Hospital for Children.

A total of 2,717 students over age five (almost half of the children in the targeted schools) were given the nasal spray influenza vaccine. The study, which was conducted during the 2004 flu season, included chil-

dren from 24 public elementary schools in Maryland, Texas and Minnesota and four private schools in the state of Washington.

The schools were grouped into clusters with respect to geography, ethnicity and socioeconomic status. In each of the 11 clusters, one school was selected as the intervention school and students over the age of five were offered nasal spray influenza vaccine. The other participating schools were designated as control schools.

"Compared to the group with non-vaccinated school children, there was a 23 to 38 percent relative reduction in adult and child influenza-like illnesses in the intervention school households," says Dr. King.

"In addition, there was a 25 to 40 percent reduction in medical office visits, household use of prescriptions, humidifiers and over-the-counter medications, as well as school days missed by elementary and high school students in the intervention households and work days missed by adults. This was a remarkable reduction given the one-week time frame we were monitoring in our study, out of a typical eight- to 12-week flu season. Our results indicated that elementary school children are amplifiers of influenza activity in the community and if they are protected, so are their family members," Dr. King adds.

"This study was an amazing cooperative effort among investigators and schools in four states," Dr. King continues. "In Maryland alone, the program has been duplicated in at least five public school systems. I believe the ease of administering nasal spray vaccine without a needle may enable us to administer the vaccine to more children. This program is also an excellent model for pandemic influenza preparedness or other biologic emergencies." 



James King, MD

# Medical Center Leaps onto List of Nation's Top 50 Hospitals for Safety and Quality



In recognition of its top levels of performance in patient safety and quality of care, the University of Maryland Medical Center (UMMC) has been named to a first-ever list of the nation's 50 best acute-care hospitals by The Leapfrog Group. The Leapfrog

Group uses objective criteria to rate hospitals based on outcomes and patient volume for selected high-risk procedures in addition to staffing levels and specific measures taken to ensure patient safety.

The Leapfrog Group was founded by The Business Roundtable to represent the nation's largest corporations and public agencies that buy health benefits for employees. The organization intends to use its influence to initiate breakthrough improvements—or "leaps"—in health care safety, quality and affordability.

The University of Maryland Medical Center was among 1,200 hospitals that submitted data and documentation for The Leapfrog Hospital Quality and Safety Survey in the spring and summer of 2006, but only a select group of 50 hospitals was included on a list that was published on October 16 on The Leapfrog Group's Website.

“The organization intends to use its influence to initiate breakthrough improvements—or “leaps”—in health care safety, quality and affordability.”

Another issue important to The Leapfrog Group is whether hospitals staff their intensive care units with intensivists—physicians with specialized training in intensive or critical care. UMMC has staffing by intensivists in its surgical, medical, neurological, cardiac surgery, multi-trauma and pediatric ICUs. (The hospital's Cardiac Care Unit is staffed by cardiologists).

Attention to adequate staffing of nurses and good communication among health care workers and between those workers and patients are also part of The Leapfrog Group's criteria, and are two areas in which the medical center scored very high.

The Leapfrog Group also evaluated the number of high-risk procedures performed at each hospital as part of its criteria, since the higher the number and the more experience an institution has, the better the outcomes. Another initiative for earning top honors was a hospital's implementation of electronic order entry, which means that lab tests, imaging studies and medications are ordered by physicians electronically, which reduces errors. 

## Abandoned Medication Once Used to Treat Malaria in Africa is Found to be Effective Again

**R**esearchers at the School of Medicine's Center for Vaccine Development and the University of Malawi have found that a once popular anti-malaria medication used in Malawi has regained its effectiveness at treating the disease that continues to be the leading killer of the world's poorest children. Chloroquine was removed from government health facilities in Malawi in 1993 after it proved ineffective at treating malaria in more than 50 percent of documented cases. The study recently appeared in the *New England Journal of Medicine* and shows that the drug is once again useful for both preventing and treating malaria.

“Malaria is a mosquito-borne parasite that kills more than 5,000 people every day, 90 percent of whom are children in Africa under the age of five,” says Miriam K. Laufer, MD, assistant professor, Department of Pediatrics, and a researcher at the Center for Vaccine Development, who helped lead the study.

“Chloroquine resistance first emerged in Southeast Asia and South America in the late 1950's, and had made its way to the African continent by the late 1970's when the resistance contributed to increased malaria transmissions and death,” adds Dr. Laufer. “Since the drug failed to treat malaria, the Malawian government replaced it in 1993 with another medication, sulfadoxine-pyrimethamine. For 12 years, chloroquine was not used in Malawi. Now, our study shows that the malaria parasite has become susceptible, once again, to chloroquine, and the medication could potentially be used in combination with other therapies to treat the disease effectively in the future.”

According to Dr. Laufer, chloroquine has many desirable attributes as an anti-malarial drug. It is inexpensive, rapid-acting and long-acting, and safe for all age groups and pregnant women. It is an excellent drug for preventing malaria in travelers and may be an ideal candidate for intermittent preventive treatment, a control strategy in which pregnant women and infants are periodically treated for malaria at routine health visits.

For the study, Dr. Laufer and colleagues enrolled 210 children between six months and 12 years of age with symptoms of malaria at the Ndirande District Health Centre in Blantyre, Malawi. The children were randomly assigned to one of two study groups: those who received chloroquine and those who received the standard treatment with sulfadoxine-pyrimethamine. The children were closely monitored for 28 days after administration of the medication.

“We found that chloroquine was effective at treating the malaria in 99 percent of the children we studied, while sulfadoxine-pyrimethamine was effective only 21 percent of the time,” says Dr. Laufer. “Infection and fever cleared more quickly in chloroquine recipients than in those who received the standard treatment.”

Additionally, blood samples obtained by the study team showed that the genetic mutation that causes chloroquine resistance, which disappeared after the medication was withdrawn from use in Malawi, was completely absent in the parasites which caused malaria infections in the children in the study.

“Chloroquine was the most important malaria drug of the 20th century and the loss of the drug to resistance was a public health catastrophe for Africa,” says Christopher V. Plowe, MD, MPH, professor, Department of Medicine, and the principal investigator on the study. “Many African nations continue to use chloroquine even after officially switching to newer drugs to treat malaria. For that reason, chloroquine cannot be successfully used again until it is withdrawn throughout Africa as effectively as it was in Malawi. We envision that chloroquine could one day return to sub-Saharan Africa as an effective treatment for malaria when it is used in combination with other therapies.”

The research team expected chloroquine to perform well because genetic studies had shown that parasites carrying the chloroquine resistance mutation had gradually disappeared from the area during the 10 years after the medication was withdrawn in Malawi. “We were still amazed at how quickly these children got better on chloroquine in this clinical study,” says Dr. Plowe.

Similar efforts to bring back other drugs by withdrawing them after microbes have become resistant have not had this dramatic success, the researchers say, but “that's likely because nobody pulled a drug out of a whole country so completely before, the way that Malawi did,” notes Dr. Plowe. “It would be worthwhile to explore the possibility of rotating drugs for malaria as well as other infections that have become resistant to important drugs.”

Future studies planned by the Center for Vaccine Development will test chloroquine in conjunction with other drugs to see which combinations are best at preventing resistance to chloroquine from reemerging.

Funding for this study was provided by the National Institute of Allergy and Infectious Diseases. 

## School of Medicine Mourns Georgiella Gerzanich



Georgiella Gerzanich

Georgiella (Lorie) Gerzanich, director of Research Program Development, died Tuesday, December 5 at the R Adams Cowley Shock Trauma Center, of injuries sustained in a car accident near Coatesville, Pa., on November 26. The Baltimore resident was 38.

Born Lorie Lee Criswell in Coatesville, east of Lancaster, she later adopted and modified her maternal grandfather's first name but was known as Lorie by family members. She graduated with honors from Coatesville Area Senior High School in 1986 and earned a bachelor of science degree in biology from West Chester University in West Chester, Pa., in 1991. She took additional coursework in computer networking at Towson University and at the time of her death was preparing for the Graduate Record Exam in anticipation of pursuing a master's degree in business administration.

“Georgi was a driving force in the development of several large-scale projects in biodefense research at the School of Medicine,” says Bruce Jarrell, MD, vice dean for Research and Academic Affairs. “She had excellent skills in organizing diverse investigators into a cohesive group, which resulted in high-quality projects that competed successfully for large National Institutes of Health grants. Her skills were unique in the School of Medicine and will be difficult to replace.”

Georgi's first job out of college was at the University of Pennsylvania Department of Neuroscience where she researched receptor function, structure and involvement in myasthenia gravis, nicotine addiction and other pathological conditions. While there, she met her husband, Vladimir Gerzanich, MD, PhD, now assistant professor of neurosurgery at the School of Medicine.

Georgi was co-founder and coordinator of the Social Action Committee for Women's Psychological Health in Philadelphia from 1996–98. She joined the School of Medicine six years ago as a research analyst in the Obesity and Diabetes Research Center and was co-author on numerous academic publications related to diabetes. She was promoted to a director in the dean's office in 2005.

Among her interests were classical music and opera, and she enjoyed playing the piano and the outdoors. She recently began pottery classes. She and her husband frequently traveled to Ukraine to visit his family.

In addition to her husband of 10 years, Georgi is survived by her parents, Victor and Joyce Criswell of Wagontown, Pa.; a brother, Victor Criswell, Jr., of Southbury, Ct.; three sisters, all in Pennsylvania: Gaye Lynn Criswell of Centerville, Christi Neff of Wagontown, and Brenda Tevis of Elverson; and numerous nieces and nephews.

In lieu of flowers, the family suggests memorial donations to The Christopher Reeve Foundation, 636 Morris Turnpike, Suite 3A, Short Hills, NJ, 07078 or [www.christopherreeve.org](http://www.christopherreeve.org). Website acknowledgements should be directed to Wilde Funeral Home at [wildefh@hotmail.com](mailto:wildefh@hotmail.com). 



Miriam K. Laufer, MD



Christopher V. Plowe, MD

## Med Students Make Beautiful Music for Patients

Music is an outlet for many School of Medicine students and faculty, some of whom are sharing those talents by participating in Otitis Musica. Meaning “musical ear infection,” Otitis started out as a chamber music ensemble but has since expanded to orchestral music with the addition of woodwinds and brass instruments. The group performs at least twice a year, in December and May, in the lobbies of the University of Maryland Medical Center and the Baltimore VA Medical Center.

New members are always welcome. “Otitis is open to all students, faculty and staff of the medical school,” says second-year student Aaron Johnson, the group’s musical director. “We have members who are professors, researchers and information technology staff who participate along with students.”

There’s no cost to join, but participants should have their own instrument and be able to make occasional rehearsals. “Our rehearsal schedule is a little sporadic,” Johnson admits. “We generally try to meet on weeks when first and second year students are not preparing for an exam. We meet on average once every two to three weeks.”

Balancing the group with the demands of school isn’t as challenging as one might think. “For many of us, the group provides balance to the craziness of med school,” explains Johnson. “We try to keep rehearsals low key and to serve as an outlet for us to unwind and take a break from studying and stressing about classes.”

Johnson has found his participation in the group integral to his school success. “Will this make me a better physician? Who knows? But I do know that if we can put a smile on the face of a sick patient—be it through music or helping to diagnose them or find a cure—then we’ve accomplished something.”

If you are interested in performing with Otitis Musica or if you would like to hire the group to perform, please visit their website at <http://davidge2.umaryland.edu/~otitis/>, or contact musical director Aaron Johnson at [ajohn011@umaryland.edu](mailto:ajohn011@umaryland.edu).

## Larry Anderson, PhD, Named 2006 UMB Founders Day Teacher of the Year

What follows is the introduction of Dr. Anderson, given by Curtis Asbury, Class of 2009, at the UMB Founders Week Gala.

It is a privilege to share in honoring Dr. Larry Anderson, a School of Medicine professor in the Department of Anatomy & Neurobiology, as teacher of the year. Dr. Anderson has been teaching anatomy courses for over 28 years, and has been the head of the Structure and Development course for first year medical students since 1998. He has combined his love for teaching and his love for anatomy to create a course that provides first year students with a wonderful introduction into medicine—an experience not many of us are soon to forget.

As if being a first year medical student wasn’t enough, jumping straight into an anatomy lab of cadavers on the third day of school was a bit more than any of us planned. As my peers at other schools learned about biochemistry in lecture halls, we spent our first months of school going home tainted with the smell of formaldehyde. Needless to say, I think we were all wondering how we ended up at Maryland.

However, we soon realized we were in good (and often ungloved) hands, both in the classroom and in the anatomy lab. Dr. Anderson made our first block of medical school a memorable one, and as my classmates and I look back we realize what an impact he has had on our experience here. Dr. Anderson not only taught us the material in the classroom, but he took that information and made it a hands-on learning experience by assisting in labs and using some of the newest technology in radiology to unify all aspects of the course.

Unlike many other professors, Dr. Anderson’s influence did not stop when class or lab ended. He spent time teaching us what to expect in medical school, and how to adjust to the unfamiliar and often daunting tasks ahead. As first year students we didn’t know where the Office of Student Affairs was, so he became our Office of Student Affairs, acting as our advisor and helping us adjust to the rigors of medical school. He taught us important life lessons—how to fake tears at a wedding, how to make up excuses for your significant other when you need to study and how, after 28 years on the job, you’ll never look as good as the first day you walked through the door.

All jokes aside, Dr. Anderson, more than any other teacher, has certainly gone the extra mile in helping us develop into well-rounded professionals. As course director, he did not NEED to attend every lecture of the block. He was not REQUIRED to learn every student’s name. He did not HAVE to come to our post exam parties, our bonfire, the sophomore auction and various other events throughout the year. He did not have to do any of these things, but he did them all because he wanted us to know that he cared. My classmates and I were lucky to have Dr. Anderson as a teacher, and we can only hope to give back to others what he has given to us. I don’t think anyone is more deserving of this award, and with that, I am honored to introduce Dr. Larry Anderson.



L-R: Dean Reece, UMB President Ramsay, Larry Anderson, PhD, and Curtis Asbury, MSII, pose with the 2006 Teacher of the Year Award won by Dr. Anderson.

# SOMnews

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## New News Tool for School of Medicine Websites

A new online tool makes it easy to add news, press releases and important internal announcements to School of Medicine Websites. Now available for use by departments, programs and research centers, Absolute News Manager enables Web content contributors to place time-sensitive news online in a matter of minutes. The application automatically places headline links to the most recent stories on the Website homepage, and creates an archive of prior stories.

With Absolute News Manager, Web stories may now include up to 10 photos. Content contributors can also upload video and attach related links and files, including Word documents, PDFs and PowerPoint presentations. In addition, the software generates an RSS (Really Simple Syndication) feed, so site visitors can view the latest news directly from their desktop.

“Absolute News Manager is easy to set up and use. No specialized technical knowledge or Web design experience is necessary,” says Larry Roberts, director of Web Communications. “The software currently manages headline news on the School of Medicine homepage and on Websites for the Office of Development, the Department of Physical Therapy & Rehabilitation Science and the Center for Vaccine Development.”

For more information, or to obtain access and training, contact Larry Roberts at [lroberts@som.umaryland.edu](mailto:lroberts@som.umaryland.edu) or 6.4939.

