



DEAN'S MESSAGE: What's On My Mind

The Institutional Review Board (IRB) is on my mind this month. The importance of the work our four IRBs do cannot be overstated. They are responsible for cultivating a culture of conscience to ensure the highest levels of advocacy and protection of the human participants in our research studies and to protect the rights and welfare of our research volunteers.



Our IRB's have had a busy and productive year, in which they evaluated and monitored 1,600 clinical research protocols from the University of Maryland's professional schools, which resulted in more than 25,000 transactions with the campus' research community.

In collaboration with the Center for Clinical Trials and the General Clinical Research Center, the IRB continues to teach the clinical research community about ethical research and good clinical practices. Hundreds of research staff and principal investigators from inside and outside UMB have attended seminars on "Good Clinical Practices." Our IRB has branched out internationally and now educates researchers and research administrators visiting from Egypt, Japan, and Nigeria; staff from the Human Research Protections Office (HRPO) have traveled to Africa to educate Nigerians.

Our formal education programs, supplemented by expert IRB panel review, an electronic protocol management system, Biomedical Research and Assurances Network (BRAAN), and by the HRPO staff, have helped improve the quality of submitted research protocols. They have reduced the burden of disapproved and deferred protocols, have increased the proportion of contingently approved and fully approved protocols, and have reduced the protocol approval turnaround time by an impressive 29 percent. In addition, as a result of a new approach to protocol review and management, this fiscal year has seen new protocol submissions fully approved at initial review.

Our IRB achieved a milestone recently when it attained full Associate Status for the Accreditation of Human Research Protection Programs (AAHRPP) accreditation of our Human Research Protections Program. The School of Medicine had been working toward AAHRPP accreditation for two years. To help make this happen, former dean Donald E. Wilson provided funding to expand the HRPO staff to a total of 24 full time employees, to include IRB analysts and quality improvement specialists. This expansion was

required both for accreditation and to monitor and nurture the rapid growth of UMB's clinical research enterprise. The HRPO staff, led by Susan Buskirk, is professional, organized and highly motivated.

The IRB is chaired by Robert Edelman, MD, professor of medicine and pediatrics. Under him are four strong vice chairs: Lisa M. Dixon, MD, professor of psychiatry, Petr F. Hausner, MD, PhD, assistant professor of medicine, Jon Mark Hirshon, MD, MPH, associate professor of emergency medicine, and Robert E. Rosenthal, MD, professor of emergency medicine and anesthesiology. Ann B. Zimrin, MD, assistant professor of medicine, has just been appointed as a fifth vice chair, to serve in Dr. Hirshon's place while he is on sabbatical.

Our IRB members are consistently highly motivated and conscientious. However, due to competing priorities and the heavy workloads we all face in an academic medical institution, there is also high member turnover, and absences are a chronic problem. I want to thank those of you who are currently IRB members for your time, dedication and the commitment you have made to serve the institution. The work you do is so important to our continued success. I encourage those of you who have not already served on an IRB to consider making the commitment of time and energy to support the important research we undertake here at the School of Medicine. This is academic citizenship in its fullest.

Our IRB is positioned to set a standard for excellence nationwide, which is imperative to UMB's robust and rapidly growing research enterprise. We must continue to look for ways to improve our service to the university research community, while maintaining quality science and protection of our research participants.

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

Portfolio Project Comes to Maryland

A portfolio is a carrying case. Portfolios are portable, flexible, adaptable and expandable. Apply that concept to the world of medicine and electronic medical records, and what do you have? Portfolio—Your health care connection.



Portfolio will be our state-of-the-art method to collect, use and report information for

clinical care, research and education. The initiative is a partnership between the University of Maryland Medical System (UMMS) and the University of Maryland School of Medicine (SOM). A rolling launch of this integrated electronic medical records (EMR) system, beginning with ambulatory care and patient access, will begin in the fall of 2007. Once implemented, Portfolio will be the single largest health care information technology project ever undertaken in Maryland and will provide a comprehensive, real-time repository of information about patients as they move between outpatient and inpatient settings.

Portfolio will benefit patients and their physicians since such information as test results, medication orders and progress notes will be easily accessible to clinicians across UMMS hospitals, the SOM and University Physicians, Inc. Portfolio will improve the patient experience by making it easier to schedule and register for appointments, fill prescriptions and access their medical records. It will also reduce the waiting time for test results and enable patients to receive information about

their particular health status, helping to engage them as active participants in their health care.

Portfolio will support our research and educational activities. The system will provide state-of-the-art decision support tools to assist physicians in caring for patients and will help us attract medical students and residents who want to train in an environment with the latest clinical information technology.

Significant progress has been made on this massive initiative since the vision to develop an electronic medical records system was announced in 2004 by UMMS President and CEO Edmond F. Notebaert and former School of Medicine Dean Donald E. Wilson.

The first task was to select a vendor. After an extensive Request For Proposals review and vendor demonstrations, Epic Systems Corporation was selected. Epic makes an excellent system, as evidenced by consistent top KLAS rankings. KLAS is considered the Consumer Reports of the health care information technology industry.

Other institutions that have adopted Epic systems include Children's Hospital of Philadelphia, Cleveland Clinic, Harvard Vanguard Medical Associates, Kaiser Permanente and University of Washington Medicine.

A new training center in the Paca-Pratt Building has 11 training rooms, accommodating up to 160 people. Approximately 8,000 people will receive training to use Portfolio, beginning next summer. Users will receive 16 to 20 hours of training, customized to the specifics of their job.

Updates regarding Portfolio will be available in the near future at a Portfolio-dedicated Web site.



Dean E. Albert Reece, MD, PhD, MBA, and UMMC President and CEO Jeffrey A. Rivest

Bicentennial


The school's bicentennial was launched on November 29 at a news conference at Davidge Hall where Dean Reece announced plans for 2007. Afterward, the campus celebrated with a birthday party on the lawn where the dean and distinguished guests cut a cake replica of Davidge Hall.

The school also introduced its special Web site, which will monitor all programs and events related to the bicentennial. Visit www.sombicentennial.umaryland.edu to contribute your comments and post departmental events, to shop at the Bicentennial Boutique, to peruse our 200 Reasons to Celebrate and to view event photos.

For more information, contact the bicentennial office at their newly designated bicentennial email address, 2007@som.umaryland.edu, or call 6.2007.



QUICK STUDIES

► **Kurtis E. Bachman, PhD**, assistant professor, Department of Biochemistry & Molecular Biology, has received a \$135,000 grant from the Maryland affiliate of the Susan G. Komen Breast Cancer Foundation. The grant supports the research of **Michele Vitolo, PhD**, post-doctoral fellow, Department of Biochemistry & Molecular Biology, who is creating a model system to study the loss of a tumor suppressor protein, PTEN, that is observed in approximately 40 percent of primary breast cancers and is associated with a worse prognosis. The goal of the research is to study the potential use of PTEN loss as a biomarker to predict a patient's response to current breast cancer treatments and to also identify and develop novel therapeutic strategies that selectively target cancer cells with this genetic abnormality. 

Decoding the Brain

Humans use their senses to guide and perform motor acts to optimize the acquisition of sensory cues. Understanding this process is the focus of research done by Asaf Keller, PhD, a professor of anatomy & neurobiology, and colleagues in his Laboratory of Sensorimotor Integration. Their work on sensory systems, which focuses on the sense of touch, aims to reveal how sensory information is encoded in the activity of brain cells. “By understanding the relationship between a stimulus and brain activity, we can begin to understand the complex code by which the brain operates,” says Dr. Keller.


Deciphering such codes is a central goal of neuroscience research, which attempts to understand normal and abnormal information processing by the brain. Recent work from Dr. Keller's lab focuses on the role of attention in processing sensory information. “We have all experienced the fact that our ability to correctly sense our environment depends critically on our level of alertness and vigilance,” he says. “However, the mechanism linking attention to sensation is not well understood.” Dr. Keller's group recently identified a novel circuitry in the brain that may be critical for this mechanism. “We are particularly excited about this finding because it not only sheds light on how consciousness operates, but also because it has important implications for understanding and treating disorders such as autism and chronic pain.”

People with an autism spectrum disorder typically suffer from an inability to focus their attention on prominent sensory cues, and an inhibition to suppress other, less relevant stimuli. As a result, they report being overwhelmed by sensory stimuli. “Indeed, the typical autistic behavior patterns, as well as their cognitive and learning difficulties, may be the result of these sensory abnormalities,” says Dr. Keller. “Our lab is studying sensory processing in animal models of autism in an attempt to identify the cause of these sensory-attention deficits.”

Chronic pain is another example where sensory processing and its regulation by attention may be abnormal. Damage to the peripheral or central nervous system often results in debilitating pain that lasts long after the original injury. “We believe that chronic pain results from long-term changes in certain brain circuits,” says Dr. Keller. “Our understanding of this phenomenon is rudimentary at best, so we are focusing on whether the mechanisms involved in regulating sensory-attention are abnormal in subjects with chronic pain, and whether these abnormalities may explain this common pathophysiology.”

Dr. Keller's lab also researches the mechanisms that control voluntary movements. As in their studies of sensory systems, the lab strives to reveal the code used by brain circuits to send commands to our voluntary muscles. They hope to be able to use this code to bridge neurological gaps resulting from injury or illnesses. “For people with paralysis, there is a disconnection between brain commands and the body's ability to carry out those commands,” says Dr. Keller. “Understanding the neural code for motor commands may, one day, be useful for developing brain-machine interfaces that will allow amputees or

people with paralysis to operate devices controlled by their thought processes.”

“Our studies of sensory and motor systems are intimately interdependent,” says Dr. Keller. “It is not possible to understand sensory processing without also understanding motor control, and vice versa. And the same is true for developing clinical applications. Brain machine interfaces, for example, cannot succeed if they do not incorporate robust sensory feedback algorithms into the motor solutions.” 



Sitting (L to R): Marie Hemelt, graduate student, and Ying Li, research assistant. Standing (L to R): Larissa Sellers, MD, research assistant; Georgia Dendrinis, graduate student; Radi Masri, PhD, postdoctoral fellow; Asaf Keller, PhD, professor of anatomy & neurobiology; Nathan Cramer, graduate student; and Tatiana Bezudnaya, PhD, postdoctoral fellow.

Hypertension Research Merits International Award

Most clinicians and scientists agree that salt (sodium chloride) causes hypertension. The mechanism of that relationship has, however, been widely disputed for years, but work done by Mordecai Blaustein, MD, a professor of physiology and medicine, has provided evidence that a hormone called ouabain and two arterial smooth muscle sodium transport systems are key factors in how the body regulates and processes salt. In October, Jin Zhang, MD, PhD, a research associate in Dr. Blaustein's lab, was recognized with the Pfizer Award at the 21st Scientific Meeting of the International Society of Hypertension in Japan for her work on the arterial transport system.

“This award brings into focus research we've been doing for the last 30 years on how salt causes hypertension,” says Dr. Blaustein.

According to Dr. Blaustein, all cells have transporters called “sodium pumps” that use energy to pump sodium out of cells and keep cell sodium low. These pumps also are receptors for plant compounds called digoxin and ouabain that have long been used to treat heart failure. In 1991, Dr. Blaustein and his colleagues discovered ouabain is also a naturally occurring human adrenal hormone. “Ouabain actually inhibits the sodium pumps and prevents them from




Jin Zhang, MD, PhD, and Mordecai Blaustein, MD, pose with the award Dr. Zhang won from Pfizer.

pumping sodium out of cells,” says Dr. Blaustein. “Furthermore, several studies have shown that nearly half of all humans with essential hypertension have too much ouabain in their blood.”

When Dr. Zhang joined the lab in 2000, she started investigating how ion transport systems regulate arterial contraction. “Myogenic tone is the spontaneous contraction of the arterial muscles that occurs when the heart pushes blood through the arteries,” says Dr. Zhang. “Arterial muscle has two types of sodium pumps, called alpha-1 and alpha-2. In normal animals, we found that the alpha-2 sodium pumps are more important for regulating myogenic tone. In transgenic animals with half the normal number of alpha-2 sodium pumps, the arteries have too much tone, causing an increase in blood pressure. This mimics the effect of sodium pump inhibition by elevated blood ouabain levels.”

Next, Dr. Zhang studied another ion transporter in arterial muscles, the sodium/calcium exchange system, to identify that system's role in hypertension. She found that sodium pump inhibition was linked to increased myogenic tone through the sodium/calcium exchanger. This discovery validated a hypothesis Dr. Blaustein proposed 30 years ago about how excessive salt intake leads to blood pressure elevation.

“What's novel here is that we have identified arterial alpha-2 sodium pumps as a potential pharmacological target that mediates the action of ouabain,” says Dr. Blaustein. “Dr. Zhang's work on the sodium pumps, the sodium/calcium exchange system and myogenic tone clarifies several key mechanisms that regulate long-term blood pressure, which could lead to better treatments for hypertension.” 

Pepper Center Rec

The Claude D. Pepper Older Americans Independence Center has received a \$6 million grant renewal from the National Institute on Aging (NIA). This prestigious award will provide funding for interdisciplinary research in aging and rehabilitation through 2011 and enable the School of Medicine and the Baltimore VA Medical Center's Geriatric Research, Education and Clinical Center to maintain their status as national leaders in aging research.

The Pepper Center's mission is to conduct exercise and neuro-motor rehabilitation research to improve the recovery of older adults with stroke, hip fracture or chronic debilitating diseases associated with aging.

The Claude D. Pepper Older Americans Independence Center Program was established in honor of Claude D. Pepper, the late U.S. senator from Florida. During his five decades of public service, Senator Pepper was a strong and effective advocate for the health and well-being of older adults and built a legacy of research support to promote independence, function and quality of life in the elderly.

“This award will support collaborations among a multidisciplinary team of investigators in the conduct of exercise rehabilitation,” says Andrew P. Goldberg, MD, professor of medicine and Pepper Center principal investigator. “Pepper Center research will focus on stroke, hip fracture, obesity-type 2 diabetes and other conditions associated with aging and the translation of these findings into effective community-based rehabilitation programs.”

Researchers Find Home-based Mentoring is Effective at Delaying Second Births among Teen Mothers

Researchers from the School of Medicine found that a home-based mentoring program for low-income, African-American adolescent first time mothers in Baltimore was effective at delaying a second birth by at least two years after the first baby's arrival. These results were published in the October issue of the journal *Pediatrics*.

"The US has the highest rate of teen pregnancies among industrialized nations with approximately 10 percent of adolescent girls becoming pregnant annually," says Maureen Black, PhD, professor, Departments of Pediatrics and Medicine. "Although rates of adolescent childbearing have declined in recent years across all racial and ethnic groups, the most recent birth rates for black adolescents are more than double the rates for non-Hispanic white teens. Within this age and ethnic group, the national rate of repeat childbirth within two years of initial delivery is as high as 30 to 50 percent. Having a baby during adolescence is a huge risk factor for the mother and for the baby, who is now living with a parent who has not completed her education, may not have employment and may not have developed proper parenting skills."

Mentoring programs, which connect adolescents with adults for support and advice, have long been viewed as an effective strategy to reduce risk behaviors among adolescents. "Teenagers from high-risk backgrounds who have a mentor are less likely to participate in high-risk behaviors such as substance use, carrying a weapon and having sex with multiple partners. These programs have been beneficial at helping teens experience academic success, career activities and feelings of self-worth and optimism," says Dr. Black.

For the study, Dr. Black and her colleagues recruited 181 adolescent mothers under the age of 18 who had just given birth at one of three Baltimore hospitals. The adolescent mothers were randomly assigned either to the intervention group or a control group.


Those in the intervention group received bi-weekly home visits for one year from college-educated black women in their 20s who were single mothers and living on their own. "The mentors presented themselves as 'big sisters' who had

been through the experience of raising a child," says Dr. Black. "They worked to build trusting relationships with the intervention group mothers and took on a supportive role instead of an authoritarian role."

The curriculum was designed to help the mothers with their own adolescent development, which included staying in school, delaying a subsequent birth and parenting skills. During the home visits, the intervention group mothers learned what to expect during their infant's first year of life, how to interpret their baby's cries and how to provide developmentally-enriching activities. The mentors also focused on personal values and decision-making regarding subsequent pregnancies, access to birth control and goal setting.

Independent evaluators followed up with participants in both the intervention and control groups when the infants were six, 13 and 24 months of age. Eighty-two percent of participants stayed with the study for its two-year duration.

The researchers found that the mentoring program was effective in preventing second births among mothers in the intervention group. Only 11 percent of the mothers in that group had a second child within two years of their first delivery compared to 24 percent in the control group. Mothers in both groups who had a second baby reported relatively high rates of self-esteem and parenting satisfaction, but they were no more likely to be married, to use contraceptives or to engage in high-risk behavior such as substance use or fighting than mothers who did not have a second baby.


"Teen mothers tend to be on a faster family track than their peers who haven't had a child," says Dr. Black. "Paradoxically, some of the young mothers wanted to have another baby because they were eager to continue the formation of their family. Our study showed that a relatively brief mentoring program focused on adolescent development and interpersonal skills was effective at encouraging mothers to delay a subsequent birth for at least two years after their first child was born. Those additional two years provide time to mature and prepare for the tasks of parenting and adulthood." 



Maureen Black, PhD



QUICK STUDIES

► **Claudia R. Baquet, MD**, associate dean for Policy & Planning, and professor, Department of Medicine, received the 2006 Maryland Rural Summit Rural Impact Award for Outstanding Rural Health Achievement at Maryland's 9th Annual Rural Summit, which the Upper Shore Regional Council co-hosted with the Rural Maryland Council, the Rural Maryland Health Association, and the Maryland State Office of Rural Health. This award recognizes Dr. Baquet's work in rural telemedicine and her development of the University of Maryland Statewide Health Network. ► **Bruce Jarrell, MD**, vice dean for Academic Affairs, and professor, Department of Surgery, has been appointed vice dean for Research and Academic Affairs. In his newly expanded role, Dr. Jarrell will work closely with Dean Reece in managing and directing both the educational and the research enterprises within the School of Medicine and with its partners. ► **Kenneth Johnson, MD**, professor, and **Horea Rus, MD, PhD**, assistant professor, both from the Department of Neurology, gave presentations at the Annual European Committee for Multiple Sclerosis Meeting in Madrid, Spain. The one-day conference, which was called "Research in MS: From Basic Science to Quality of Life," included Dr. Johnson's presentation, "Cost of a Multiple Sclerosis Relapse: The Patient Perspective," and Dr. Rus' presentation, "Dendritic Cells are Abundant in Non-lesional Gray Matter in Multiple Sclerosis." ► **Stephen G. Reich, MD**, professor, Department of Neurology, received the Buddy Award for Enduring Spirit from the Parkinson's Action Network at its 13th Annual Udall Awards reception. The Buddy Award for Enduring Spirit is given to an individual who has made an extraordinary contribution to the betterment of humankind in their work, family life and charitable endeavors. Dr. Reich is a nationally recognized expert in movement disorders. 


Pepper Center Receives \$6 Million Renewal Grant

"Our findings from the past 10 years show that exercise can reduce many of the functional declines, disabilities and health consequences associated with stroke, heart failure and peripheral arterial occlusive disease that often affect functionality and independence in older adults," says Dr. Goldberg. "This renewed funding will allow us to expand our research to examine mechanisms underlying disability in older people and better support community-based studies. The center's research career development and leadership cores will mentor junior investigators in the conduct of research on aging and provide support for them as they transition to become independent researchers."

Under the new grant, the Pepper Center will be reorganized into five core research areas under the direction of Dr. Goldberg and co-principal investigator Jay Magaziner, PhD, MSHyg, professor of epidemiology & preventive medicine. They are: clinical & translational research methods under the direction of Dr. Magaziner and Richard Macko, MD, professor

of neurology, medicine and physical therapy & rehabilitation science; neuromotor function, under Jill Whitall, PhD, professor of physical therapy & rehabilitation science, and Daniel Hanley, Jr., MD, adjunct professor of neurology and medicine; applied clinical physiology, under the direction of Leslie Katzel, MD, PhD, associate professor of medicine and Alice Ryan, PhD, associate professor of medicine; muscle biology & molecular mechanisms of inflammation, under Dr. Ryan and Charlene Hafer-Macko, MD, associate professor of neurology, medicine and physical therapy & rehabilitation science; and biostatistics & informatics, under the direction of John Sorkin, MD, PhD, associate professor of medicine and epidemiology & preventive medicine, and Michael Terrin, MD, MPH, associate professor of epidemiology & preventive medicine and medicine.

"These core areas will support other NIH-funded research projects focused on stroke, hip fractures and exercise and weight loss as they relate to obesity and type 2 diabetes," says Dr. Goldberg. "We also plan to develop a battery of tests to precisely characterize disability in a large sample of older adults to determine the biological mechanisms underlying physical and functional impairments. As a result, the Pepper Center will design rehabilitation programs that target the functional and physiological mechanisms causing disability."

"Investigators at the Pepper Center are confident that the strong, collaborative research team and resources provided by the NIA will lead to novel rehabilitation strategies which will improve the function and lifestyle of older Americans living with disability," says Dr. Goldberg. 



Andrew P. Goldberg, MD




Charles Willard participates in a Pepper Center study on exercise training for hemiparetic stroke victims.

Center for Infant & Child Loss Raises Record-Breaking Funds

October 6, 2006, proved to be a huge success for the 16th Annual Verizon Wireless-SIDS Golf Invitational & Evening Reception, an event that raises funds for the Department of Pediatrics Center for Infant & Child

Loss. The golf tournament portion of the event was cancelled due to steady rain, but the evening reception and auction yielded great

reward! This year's event raised a record-breaking \$159,000. Despite the inclement weather, many sponsors and golfers traveled from all parts of the country to support this annual event—considered as one of the best charity tournaments in the area.

Funds raised from the Verizon Wireless-SIDS Golf Invitational provide more than one third of the operating budget for the center, which provides grief counseling services, community education, training, outreach and research. Next year's event will move to Turf Valley Resort & Conference Center in Ellicott City and is slated for October 1, 2007. 



White Coat Ceremony is Highlight of Medical Family Day

The second annual Medical Family Day on November 2 kicked off with a breakfast for families of first-year students. The more than 200 attendees were welcomed by Dean Reece. "Each of you is a very important part of the continuing history and legacy of one of America's oldest and leading medical schools, and we welcome you to our expanding community," Dean Reece told the families. "During these next four years, the members of the Class of 2010 will experience the excitement and challenges of medical school. Your support will be critical to their success."

Also speaking were Bruce Jarrell, MD, FACS, vice dean for Research and Academic Affairs, who gave his perspective on medical school as both a physician and a parent; Donna Parker, MD, associate dean for Student Affairs, who encouraged the families to have their students contact her office if they are ever in need of support; Carnell Cooper, MD, associate professor, Department of Surgery, who detailed the history of the R Adams Cowley Shock Trauma Center and its importance in the training of medical students; and Alessio Fasano, MD, professor, Departments of Pediatrics, Medicine and Physiology, who talked of the importance of moving discoveries from bench to bedside.

Presentations offered more than a glimpse into what the first year of medical school is like, with David Mallott, MD, associate dean for Medical Education, giving the faculty point of view; fourth-year student Sara Faber sharing her first-year experiences; and Barbara Friedman, mother of a third-year medical student, participating in a panel discussion with Faber and Joseph Martinez, MD, assistant dean for Student Affairs, about what help family and friends can offer during this challenging time.

Few lingered over lunch, as the afternoon brought the event for which the first-year students have long been waiting—the White Coat Ceremony. This tradition, which started at the School of Medicine in 1997, involves the presentation of traditional white coats, long the symbol of physicians and scientists, to students.

The coats are put on the students by School of Medicine faculty to welcome their new colleagues into the profession of medicine. Among the presenters were Bartley Griffith, MD, professor, Department of Surgery, who presented a coat to his son David, and Larry Anderson, PhD, professor, Department of Anatomy & Neurobiology, and winner of the 2006 Founders Week Teacher of the Year award from UMB.

Before taking the stage, students signed a code of honor, which is kept in a leather-bound book in Davidge Hall and contains the signatures of medical students who have gone before them. After being "coated," students recited an oath acknowledging their acceptance of the obligations of the medical profession.



Bartley Griffith, MD, hands a white coat to his son David during the White Coat Ceremony.

Office of Admissions Mourns Loss of Its Director

Gina Patterson, director of Admissions at the School of Medicine since 2004, passed away September 23 after a long and valiant battle with cancer. She was 48.

A native of Dundalk, MD, Patterson was the daughter of a physician, who got her start in the medical field working as a secretary for her father. She spent a decade as the assistant program director of the Baltimore Council for Equal Business Opportunity, and also held positions with the Business Development Credit Fund Inc., the Maryland-District of Columbia Minority Supplier Development Council and as advancement director for UMBC's Meyerhoff Scholars Program.

As director of Admissions, Patterson was responsible for overseeing the Office of Admissions and supervising the processing of nearly 4,300 applications for the 150 spots available each year. She also helped set up admissions committee meetings, as well as interviews with applicants.

"It was her organizational and administrative skills that drew me to her," said Milford Foxwell, Jr., MD, associate dean for Admissions. "She learned admissions by the seat of her pants. She was a bridge-builder and very good with people."

Patterson is survived by a 10-year old daughter, Louise; her parents, Dr. and Mrs. Theodore Patterson; brother Chavis Patterson, MD; and sister Tina Patterson-Ricker. The family has requested that those wishing to make a donation in her name do so to the Shrine of the Sacred Heart School Fund (in memory of Gina L. Patterson), 5800 Smith Avenue, Baltimore, MD 21209.



Gina Patterson

Second Year Med Students Auction Items for Good Cause

The second-year class took time out of their busy exam schedules to hold an auction at Westminster Hall on November 2. The event raised \$14,000, the proceeds of

which were split between their class activities coffers and a fund they started to benefit underprivileged children in Mali, where the School of Medicine's Center for Vaccine Development has a field site. The event was sponsored by the Medical Alumni Association, the Office of Student Affairs Student Activities Fund and the University Student Government Association.

Larry Anderson, PhD, professor, and David Pumplin, PhD, adjunct professor, both of the Department of

Anatomy & Neurobiology, and Michael Donnenberg, MD, professor, Department of Medicine, were chosen by the class to be the auctioneers for the event, which offered trips, sports packages and entertainment and dining treats.



(L-R) Michael Donnenberg, MD, talks strategy with auction emcees Class of 2009 Vice-President Jonas Nelson and Class of 2009 President Judy Kopinski at the auction.