

# DEAN'S CORNER E-NEWSLETTER

*Texas College of Osteopathic Medicine*  
*May 31, 2004*

May's newsletter is a little late due to all the activities and events related to graduation and alumni functions. As you all know we graduated 116 physicians with the DO degree, and 26 Physician Assistants with a Masters of Science degree. In addition, many of our graduates completed dual degrees (i.e., MS, MPH, or PhD). Our graduates from the medical school will be attending internships and residencies all across the country; from JPS, OMCT and Plaza Medical Center here in town, to Johns Hopkins, University of California, and everything in between. In addition, we have a PA graduate attending a surgical residency at Yale University. The graduation ceremony was wonderful at the Tarrant County Convention Center. As you all know, we have finally outgrown Will Rogers, and within a few years we will begin filling the convention center as our classes grow, and the university begins to offer more programs!

We had a fantastic Alumni weekend on June 4-5. The classes from 1994, 1984, 1979, and 1974 were on campus. The class of 74, the first class for TCOM had over 85% participation in the weekend's events. The alumni from out of town were shocked to see the growth on the campus, and were excited about the advances in all of our programs.

**Also of note, for the third year in a row, the Texas College of Osteopathic Medicine has been named one of the top medical schools in the nation in primary care by *US News and World Report* magazine.**



Please supply any pertinent information to my office (deantcom@hsc.unt.edu) by the third Thursday of the month, for inclusion in this Newsletter.

**Student Affairs: (Thomas Moorman, Ed.D.)**

*Interim Assistant Vice President for Student Affairs*

Congratulations to the 116 DO and 26 PA graduates who walked across the stage at commencement on May 15, 2004.

\* Congratulations to Janice Thomas for being named the Texas College of Osteopathic Medicine's Student DO of the Year.

\* Congratulations to Amy Griffin from the Department of Education. She was recognized by the Medical Student Government Association and presented the 2003-2004 Thomas Moorman Unsung Hero Award.

\* Congratulations to Wes Vanderberg from the Financial Aid Office. He has accepted a position as Assistant Director of Financial Aid at Dallas Baptist University. He will be missed!

\* Congratulations to all the faculty and staff of the Health Science Center for another great academic year. During the year, 256 students completed degrees from one of our academic programs. Of those, 18% were from under-represented minority groups (Black, Hispanic, and American Indian). We are preparing tomorrow leaders in health, medicine, and scientific research. Be proud of our graduates for their accomplishments. For their accomplishments are our accomplishments.

**Clinical Affairs / Faculty Practice: (Robert Adams, D.O.)**

*Senior Associate Dean for Clinical Affairs & Chief Medical Officer*

The office of Risk Management is undergoing some significant changes. Kathie Roduner, RN, JD, Director of Healthcare Risk Management will be leaving the institution at the end of May. She is moving on to a new opportunity in Spokane, Washington. We are certainly appreciative of all that she has helped us accomplish over the past two years and wish her well in her new endeavor. She was hired almost two years ago to help us start the Risk Management program associated with our professional liability self-insurance plan. She was instrumental to the establishment of our policies and developed the tracking and reporting processes that we now use. She has been a tremendous advocate for our faculty and an important resource for the institution and our contracted attorneys. The self-insurance plan has performed well since its inception, and although it's too early to qualify it as a total success, we're extremely pleased with what we've accomplished in such a short time. Our recent actuarial study suggests that we may be able to offer a slight premium reduction next year, which is unbelievable considering what we faced on the outside market. Kathie has certainly done a good job for all of us at the institution and leaves us in a good position as we face this transition.

At the same time we're faced with the loss of Kathie, it's a pleasure to announce that her replacement is already present at the institution. Erin Dickerson RN, JD will become the Director of Healthcare Risk Management effective immediately. We are again very fortunate to have someone with both clinical and legal experience in this position. Erin may look familiar to many of you, as she did spend time with Kathie during the early development of our risk management program and therefore has first hand knowledge of the program.

Please thank Kathie for her efforts and wish her well as she leaves the institution. Also, please welcome Erin to our team and offer her your support.

**Educational Programs: (Don Peska, D.O.)**

*Associate Dean for Educational Programs*

**The new season begins.....**While the university celebrated its thirtieth commencement, the office of graduate medical education sees each graduation exercise as the beginning of a new recruitment season. With this writing, the applications for postdoctoral training are already being received and processed at Texas OPTI sites. Students of the class of 2005 are planning those critical elective rotations that fall between now and January and allow them to explore potential internship and residency sites. As important as the discoveries of our students are, so to are the impressions that program directors at these sites have of our forthcoming graduates and their ability to be productive participants in these programs. The office of medical education is contacted regularly by residency directors around the country seeking greater access to our students who have performed so well in the past. Most recently, programs at East Tennessee State University and LSU have requested affiliation status with the Texas OPTI. We send out the class of 2004 as our emissaries and wish them the best.

**Academic Affairs: (Bruce Dubin, D.O., J.D.)**

*Associate Dean for Academic Affairs*

The new academic year will bring a variety of early clinical experiences for first and second year medical students here at TCOM. Beginning in year 1, medical students will intermittently be exposed to "morning reports" at some of our teaching hospitals. These "rounds – like" exposures will occur in small groups prior to morning didactic classes. This will provide an early introduction to "hospital medicine" by primary care providers. Student experiences will be designed to increase the clinical relevance of the basic sciences, enhance student confidence, introduce medical students to the "culture of medicine" and help solidify an understanding of medical terminology.

Next year, we will also pilot a new program that will introduce a group of second year medical school students to a "continuity of care" clinic in a family practitioners office. This program will occur on Tuesday afternoons and afford students ongoing exposure to patients within a primary care setting. Students will have a longitudinal educational experience that will afford them the opportunity to see and treat the same or similar panel of patients over time. The medical education department is cooperating with the Department of Family Practice to develop this program. This will become one of the seminal projects of this nature in the country.

**Clinical Research: (Michael Clearfield, D.O.)**

*Associate Dean for Clinical Research*

As noted previously, the medical school in conjunction with the school of public health and the school for biomedical sciences have delineated three areas for collaborative research efforts. These areas are 1) Aging (including Alzheimer disease, quality and ethical care for older adults, issues dealing with institutional health of the elderly; 2) Diabetes and metabolic disorders (named DREAMS {Diabetes Research Education and Metabolic Studies}) 3) Osteopathic

Research Center (ORC). Over the next few months I will highlight each area in this column. If you haven't had the opportunity to review the Spring issue of the Clinical and Scientific Research Club student research activities from TCOM, please take some time to review this informative issue. Special acknowledgement goes to Marty Knott president of this club and his fellow officers and support team (Derrick Lai, Kelly Vopat, Ann Thyssen, Maneesh Kumar, Steccie Morgan and Chad McCormick. With students like these, the future of our profession will be in excellent hands.

**PA Studies: (Hank Lemke, P.A.)**

*Director for PA Studies Program*

**DO and PA Students Join Forces at the Border**

Accompanied by PA faculty member Patti Pagels, 10 DO and 6 PA students visited the US/Mexico border region of Big Bend/Presidio for what has become an annual UNTHSC "Border Health Trip." The participating students were given a unique opportunity to see border life and the state of healthcare delivery in this remote area of Texas. Among the many stops on the trip were a small hospital in Ft. Stockton staffed by their own "home-grown" Family Physician and a remote clinic in Sanderson staffed by a PA who serves as the only health care provider within a 90-mile radius. Students also visited a hospital, and clinic and pharmacy in Mexico where they learned first hand how dependent uninsured U.S. residents have become upon physicians and pharmacies located across the border. UNTHSC students were the invited guests of the United States Border Health Association (USNBHA), which is comprised of health officials from the border communities of Presidio, TX and Ojinaga, Mexico.

**News from the NCCPA**

According to the National Commission on Certification of Physician Assistants (NCCPA), 89% of the 4,340 PAs who took the initial PA National Certifying Exam in 2003 for the first time passed the examination. The UNTHSC first time pass rate exceeds 95%.

The NCCPA has also announced that 2004 will be the last year PAs will be offered the chance to take the *special* NCCPA Surgery Exam, upon which successful completion allows for "special recognition in Surgery" on the NCCPA certificate. The decision to stop the exam is reportedly due to the costs. This change does not affect availability of the basic certifying exam, which includes over 300 standard multiple-choice questions grouped into seven knowledge and skill areas (percent of content is shown in parentheses below). These areas include:

- (16%) History taking and performing physical examinations
- (14%) Using laboratory and diagnostic studies
- (18%) Formulating most likely diagnoses
- (14%) Clinical intervention
- (18%) Clinical therapeutics
- (10%) Health maintenance
- (10%) Applying scientific concepts

At least 20% of the test questions on the regular certifying exam cover surgical issues and up to 2% may be based on legal or ethical questions. For more information on the PA certifying exam, visit [http://www.nccpa.net/EX\\_sample.asp?r=pance](http://www.nccpa.net/EX_sample.asp?r=pance) or paste this address into your web browser.

### **New Course Director for Basic Human Science Course**

Congratulations to Dr. Armando Rosales, Assistant Professor, who was recently named course director for the 11 semester credit hour PA 4104 Basic Human Science course delivered in the first semester of the PA students' curriculum. The course is jointly supported by the departments of Cell Biology & Genetics, Integrative Physiology, and Molecular Biology & Immunology. The course serves as the foundation of the PA students' basic science instruction in the PA curriculum.

### **PA Students Receive Recognition at Awards Dinner**

Several PA students were recognized from the PA Class of 2004 at the PA Graduation and Awards Dinner held last May 13th. Honorees included Janelle Hardisty, named as the Class of 2004 President's Scholar, Jennifer Boedecker who received the Outstanding Achievement in PA Studies Award for Didactic Studies and Wade Smith who received the Outstanding Achievement in PA Studies Award for Clinical Studies. Dr. Sam Buchanan presented the first ever Surgery Award for a PA student to Stephanie Sheilds. Jennifer Boedecker was also awarded the Outstanding Master's Project Award for her paper: The Association Between Regular Foot Exams and Diabetic Outcomes. She was advised in her project by Clifton Cage, D.O. and Olive Chen, PhD. Three other students received Certificates of Excellence for their master's projects, including 1) Miny Sunny for her original research on "Health Risks Associated with Working the Night Shift Among North Texas Nurses;" 2) Cheryl Houston for her educational project, "A Career Awareness Program Targeting African American High School and College Students;" and 3) Mauri Maurizio for her literature review project researching "The Roles That Physicians and Patients Play in Antibiotic Resistance."

### **5<sup>th</sup> PA Class Graduates from UNTHSC**

The PA program was proud to graduate its 5<sup>th</sup> class of PA students from UNTHSC on May 15, 2004. Twenty-five students crossed the commencement stage and received their master's hoods. This was the largest class of PA students to graduate from the Health Science Center so far. Twenty-five PA students were in the Class of 2004 and these graduates bring our total PA alumni to 84.

### **TOMA:**

**MORE DETAILS EMERGE ON MULTI BILLION-DOLLAR PLAN FOR AUSTIN MEDICAL COMPLEX:** State representatives Jack Stick and Mike Krusee unveiled architects' drawings of a proposed medical complex being planned for the Austin area to an audience of more than 500 members of the Real Estate Council of Austin. The proposed medical complex would be built north of downtown and would consist of medical, pharmacy and nursing schools, as well as six teaching hospitals. The projected cost for the project is \$2 to \$3 billion. If the lawmakers are successful in garnering local support for the project, they will take their plan to the Legislature next year and ask for at least \$100 million in state aid to get the project underway. They say establishing a medical school is critical to the Central Texas region's ability to attract and keep high-paying jobs.

**TEXAS WORKER'S COMPENSATION COMMISSION SUNSET COMMISSION UPDATE:** The staff of the Texas Sunset Advisory Commission issued its report about the TWCC. It concluded that the TWCC should continue to exist, but described possible alternatives to its

governance structure. The report made recommendations on nine issues the Sunset Commission raised. In addition, Appendix A of the report, contained 8 more "Potential Changes to Improve the Texas Workers' Compensation System." Recurring concerns about the governance of TWCC prompted the 78th Legislature (2003) to take the unusual step of changing board member terms from 6 years to 2 years. All current board members' terms expire this coming February 1st, at which point the governor must make new appointments according to the provisions of S.B.287 (78th Legislature). Since the law also requires the chair to alternate between wage earners and employers every other year, building up experience and movement at the board level could be difficult.

The Sunset Advisory Commission has scheduled the TWCC for review at its May 18-19, 2004 meeting. The Commission will hear: (1) staff recommendations; (2) the commission's response; and, (3) public testimony. The Commission will make its decisions on the TWCC at its September 14-15, 2004 meeting.

### **Science and Health News:**

Steroid use linked to increased risk of skin cancer, lymphoma.  
May 6, 2004

NEW YORK (Reuters Health) - The risk of squamous cell carcinomas, basal cell carcinomas and non-Hodgkin lymphoma is increased in patients treated with glucocorticoids, according to a brief communication in the Journal of the National Cancer Institute for May 5th.

Immunosuppressive therapy is associated with increased cancer risk in patients with renal transplantation, Dr. Henrik Toft Sorensen and associates in Denmark note. But the immunosuppressive effects of glucocorticoid treatment in other diseases are less clear.

Dr. Sorensen, at Aarhus University Hospital, and his team extracted data from the population-based North Jutland Prescription Database for individuals prescribed glucocorticoids between 1989 and 1996.

There were approximately 59,000 patients who received at least one prescription for a glucocorticoid, but no other cytostatic or immunosuppressive drugs, before the end of follow-up in 1998.

Cancer incidence rates obtained from the Danish Cancer Registry were used to estimate standardized incidence ratios (SIR).

For patients prescribed a glucocorticoid at least 15 times, the SIR for basal cell carcinoma was 1.52; for squamous cell carcinoma it was 2.45, and for non-Hodgkin lymphoma it was 2.68. There was also a trend toward increased risk of melanoma (SIR = 1.59).

The authors note, however, that their findings do not exclude the possibility that the diseases treated with glucocorticoids, rather than the drugs themselves, may have been associated with the elevated risk.

"Results of our cohort study indicate that immunosuppression by glucocorticoids may be a shared risk factor for these malignancies," they conclude.

J Natl Cancer Inst 2004;96:709-711.

### **Physician Recruitment Woes of Medical Groups Not Expected to Ease Up Soon.**

Projections of a looming U.S. physician shortage are expected to peak by the year 2020, with the shortage expected to range from 85,000 to 200,000. Numerous demographic and cultural changes in society and among physicians are likely to compound the shortage. Medical group practices seeking new recruits to work outside metropolitan areas already are feeling the impact, say Carol Westfall, president of Cejka Search, and Dr. Joseph Scopelliti, executive vice president of The Guthrie Clinic. Westfall and Scopelliti told attendees at the 2004 annual meeting of the American Medical Group Association that the sooner they implement or expand strategic recruitment and retention models, the more effective they will be at ensuring adequate physician staffing in coming years.

Among data pointing to the growing physician shortage, Westfall and Scopelliti cited:

- From 1980 until 2003, the number of new physicians graduating from U.S. medical schools remained stable at 15,000-16,000. During those years, the U.S. population increased by 24 percent. Also, of 836,000 U.S. physicians, 33 percent are over age 55. The demographic issues are further complicated as baby boomers have reached their 50s and many are approaching their 60s, when they are likely to need more medical care.
- The National Residency Matching Program reported last year that from 1997-2002, numbers of new physicians pursuing residencies in anesthesiology, radiology and dermatology increased 288 percent, 95 percent and 39 percent, respectively. Those pursuing family practice and general surgery declined by 40 percent and 28 percent, respectively.
- Data on choices by new medical graduates published in the September, 2003 issue of the Journal of American Medical Association point to the reasons for the shifting residency applicant pool: Given a choice between a "lifestyle-friendly" specialty and a "lucrative specialty," 55 percent of graduating doctors choose the first option, while 9 percent choose the second.

"The fact that 50 percent of medical residents are women is sometimes cited by sources discussing 'controllable lifestyle,' as a top priority of medical students," said Westfall. "We see the same factors driving decision-making among young male physicians as well, indicating that it is more of a generational issue than a gender issue. An often-overlooked point, however, is that group practices are increasingly responding by offering part-time work, flex-time and job-sharing arrangements to physicians. Some physician shortage models may not be incorporating realistic decreases in the average weekly hours that will be worked by physicians in five or 10 years." In addition to flexible work options, Westfall and Scopelliti discussed other increasingly popular physician recruitment tactics such as sign-on bonus packages, incentive programs, monthly stipends for early commitment (while doctors are completing residency programs), and increased compensation offers to candidates in the most-sought-after specialties. "In its 2002 Medical Group Compensation and Production Survey, the AMGA found that radiology had the

highest compensation increase from 2001 to 2002, 13 percent, while otolaryngology came in second at 12 percent," said Westfall. Westfall also discussed the fact that in recent years many medical groups have addressed recruitment challenges by utilizing international medical graduates (IMGs).

"Flexibility and openness to diversity of personal characteristics are very important to recruitment success," said Westfall. "The availability of IMGs has decreased somewhat, however, as a result of visa restrictions (of H1-B and J-1 visas) related to the war on terrorism. In some cases, though immigration attorneys can sometimes use detailed screening methods to assess whether international candidates can actually be viable for hire." Scopelliti outlined strategies that the Guthrie Clinic has used to address the challenging physician labor market. Guthrie is a multi-specialty group practice of more than 220 physicians headquartered in Sayre, Penn., with a regional office network spanning 23 communities in Pennsylvania and New York. "We initiated a formal, centralized process for assessing the need for each requested new hire, no matter what the reason for the request," said Scopelliti. "The recruitment process is also centralized and structure to include defined expectation of the position to be filled, training in behavioral interviewing for selection team members, and assurance of management-level commitment to fill each position. "We also decided to initiate an outsourcing partnership with a national search firm that would provide us with an on-site recruiter to lead all recruitment initiatives, build and manage the candidate pool closely, and work as part of our management team," said Scopelliti. "Since we began using Cejka Search in this role, we have become very selective about who we bring in for interviews and have decreased our interview-to-hire ratio from 11-1 to 2.4-to-2.7-1, representing an enormous cost savings for recruitment."

### **Health Policy News:**

#### House Subcommittee Initiates Review of Medicare Physician Payment Methodology

The AAMC submitted a statement for the record at a May 5 House Energy and Commerce Health Subcommittee hearing on Medicare physician payments. The hearing was the first in a series to address problems with the current Sustainable Growth Rate (SGR) methodology used to calculate annual payment updates.

#### Final Criteria for Medicare Rehabilitation Facilities Published

The Centers for Medicare and Medicaid Services (CMS) April 30 issued the long-awaited final rule revising the classification criteria (commonly known as the "75 percent rule") that determines whether a facility is considered an inpatient rehabilitation facility under Medicare. This designation, which is applicable to both rehabilitation hospitals and distinct-part units of acute care hospitals, is important because those entities are paid under Medicare's rehabilitation prospective payment system (PPS), rather than the inpatient acute care PPS. The final rule will be published in the May 7 Federal Register, and will be effective for cost reporting periods beginning on or after July 1, 2004. Of key interest, the final rule temporarily reduces the percentage of total patients whose diagnoses are required to fall within one of a specified list of medical conditions.

#### CMS Sets June 4 Deadline for Resident Limit Redistribution Program



The Centers for Medicare and Medicaid Services (CMS) April 30 published a "One-Time Notification" (OTN) providing instructions to Medicare fiscal intermediaries (FIs) concerning implementation of a portion of section 422 of the Medicare Modernization Act (MMA) entitled "Redistribution of Unused Residency Positions." This provision will reduce the Medicare resident caps for those hospitals whose resident counts are below their cap and "redistribute" those unused cap positions to hospitals seeking to increase their caps.

NIH Conflicts of Interest Panel Releases Report The National Institutes of Health (NIH) Blue Ribbon Panel on Conflicts of Interest, chaired by Bruce Alberts and Norman Augustine, May 6 presented its final report to the Advisory Committee to the Director. NIH Director Elias Zerhouni, M.D., established the Panel as part of the agency's inquiry into its own conflict of interest policies, after concerns were raised in the media and Congress that some NIH employees had financial relationships with industry that could affect their work as government employees and that represented potential or actual conflicts of interest.

#### House Republicans Introduce Higher Ed Bill

Republicans on the House Committee on Education and the Workforce May 5 introduced legislation to reauthorize until 2011 the student aid portions of the Higher Education Act. The "College Access and Opportunity Act of 2004" intends to expand access to higher education for low and middle income students by "strengthening Pell Grants, student aid, student access" and "reducing loan costs, fees and red tape for students and graduates." The legislation includes several provisions of interest to medical schools and teaching hospitals.

#### Akaka Introduces Pet Theft Bill

Senator Daniel Akaka (D-Hawaii) April 26 introduced the "Pet Safety and Protection Act of 2004," S. 2346. This measure is very similar to bills introduced by Sen. Akaka in 2001, 1999 and 1996. The bill is designed to ensure all dogs and cats used by research facilities are obtained legally.

#### AAMC Opposes Spending Caps

In a June 3 letter to all members of the House of Representatives, AAMC President Jordan Cohen, M.D., expressed opposition to legislation to cap discretionary spending and to limit Congress's ability to expand entitlement programs such as Medicare and Medicaid. The letter was sent in anticipation of the House considering the "Spending Control Act of 2004" (H.R. 3973) during the week of June 7. However, since all congressional activity for the week has been canceled for the events commemorating Ronald Reagan, the schedule for considering the bill is uncertain.

#### Senators Urge President to Expand Stem Cell Policy

A bipartisan group of 58 senators sent a June 4 letter to President Bush urging him "to expand the current federal policy concerning embryonic stem cell research." At present, the administration's policy

limits federal funding only to embryonic stem cells that were derived by August 9, 2001, the date of the policy announcement.

Information: Dave Moore <dbmoore@aamc.org>, AAMC Office of Governmental Relations, 202-828-0525, or Tony Mazzaschi <tmazzaschi@aamc.org>, AAMC Division of Biomedical and Health Sciences Research, 202-828-0059.

#### Final MedPAC Commissioner Appointed

Comptroller General of the United States David M. Walker May 27 announced the appointment of Arnold Milstein, M.D., M.P.H., medical director, Pacific Business Group on Health, as the final new member of the Medicare Payment Advisory Commission (MedPAC).

#### APHIS Amends Regulatory Definition of "Animal" to Comport With New Statute

The Animal and Plant Health Inspection Service (APHIS) of the U.S. Department of Agriculture June 4 published a final rule [69 Fed. Reg. 31513] amending the definition of "animal" in the Animal Welfare Act regulations to specifically exclude birds, rats of the genus *Rattus*, and mice of the genus *Mus* bred for research. This action, which is effective immediately, brings the regulations in line with a legislative provision included in the Farm Security and Rural Investment Act of 2002 (P.L. 107-171), signed into law on May 13, 2002.

#### House Panel Approves Extension of J-1 Visa Waiver Program

The House Judiciary Subcommittee on Immigration, Border Security, and Claims June 3 approved legislation (H.R. 4453) extending the Conrad State 30 program by one year. Under the program, foreign physicians who have completed their residency training under J-1 visas may waive the visa's requirement to return to their home country for two years by agreeing to deliver primary care in a federally-designated health professional shortage area (HPSA). The legislation also provides that physicians under the program who seek to convert to H-1B visa status are not subject to the cap on H-1B visas.

#### **Research and Funding Opportunities:**

NIH Guide for Grants and Contracts - Week Of June 11, 2004  
<http://grants.nih.gov/grants/guide/2004/04.06.11/index.html>

#### NOTICES

EXTENDING THE EXPIRATION DATE OF PA-01-079, RESEARCH SUPPLEMENTS FOR UNDERREPRESENTED MINORITIES AND PA-01-080, RESEARCH SUPPLEMENTS FOR INDIVIDUALS WITH DISABILITIES

(NOT-OD-04-048)

National Institutes of Health

INDEX: HEALTH

<http://grants.nih.gov/grants/guide/notice-files/NOT-OD-04-048.html>

NIAID PRIMARY CAREGIVER TECHNICAL ASSISTANCE SUPPLEMENTS

(NOT-AI-04-035)

National Institute of Allergy and Infectious Diseases

INDEX: ALLERGY, INFECTIOUS DISEASES

<http://grants.nih.gov/grants/guide/notice-files/NOT-AI-04-035.html>

REGIONAL TRANSLATIONAL RESEARCH CENTERS SUMMER MEETING

(NOT-AT-04-006)

National Center for Complementary and Alternative Medicine

INDEX: COMPLEMENTARY, ALTERNATIVE MEDICINE

<http://grants.nih.gov/grants/guide/notice-files/NOT-AT-04-006.html>

ADDENDUM TO RFA CA-05-012 - COMMUNITY NETWORKS TO REDUCE CANCER HEALTH

DISPARITIES

(NOT-CA-04-018)

National Cancer Institute

INDEX: CANCER

<http://grants.nih.gov/grants/guide/notice-files/NOT-CA-04-018.html>

RAPID ACCESS TO INTERVENTION DEVELOPMENT (RAID)

(NOT-CA-04-019)

National Cancer Institute

INDEX: CANCER

<http://grants.nih.gov/grants/guide/notice-files/NOT-CA-04-019.html>

ADDENDUM - SMALL GRANTS PROGRAM FOR CANCER EPIDEMIOLOGY (PAR-03-010)

(NOT-CA-04-020)

National Cancer Institute

INDEX: CANCER

<http://grants.nih.gov/grants/guide/notice-files/NOT-CA-04-020.html>

NOTICE REGARDING A CHANGE OF ADDRESS FOR THE DIVISION OF EXTRAMURAL

RESEARCH, NATIONAL HUMAN GENOME RESEARCH INSTITUTE, NIH

(NOT-HG-04-002)

National Human Genome Research Institute

INDEX: HUMAN GENOME

<http://grants.nih.gov/grants/guide/notice-files/NOT-HG-04-002.html>

CHANGE OF CONTACT INFORMATION FOR: PA-03-090 - NLM EARLY CAREER DEVELOPMENT

AWARD FOR INFORMATICS (K22)

(NOT-LM-04-001)

National Library of Medicine

INDEX: LIBRARY MEDICINE

<http://grants.nih.gov/grants/guide/notice-files/NOT-LM-04-001.html>

CHANGE OF CONTACT INFORMATION FOR PA-03-107: NIH EXPLORATORY/  
DEVELOPMENTAL

RESEARCH GRANT AWARD

(NOT-LM-04-002)

National Library of Medicine

INDEX: LIBRARY MEDICINE

<http://grants.nih.gov/grants/guide/notice-files/NOT-LM-04-002.html>

CHANGE OF PROGRAM CONTACT FOR: PA NUMBER: PA-03-108 NIH SMALL  
RESEARCH GRANT

PROGRAM

(NOT-LM-04-003)

National Library of Medicine

INDEX: LIBRARY MEDICINE

<http://grants.nih.gov/grants/guide/notice-files/NOT-LM-04-003.html>

CHANGE OF CONTACT INFORMATION FOR: PAR-03-070 - INDIVIDUAL  
BIOMEDICAL

INFORMATICS FELLOWSHIPS

(NOT-LM-04-004)

National Library of Medicine

INDEX: LIBRARY MEDICINE

<http://grants.nih.gov/grants/guide/notice-files/NOT-LM-04-004.html>

CHANGE OF CONTACT INFORMATION FOR: PAR-03-109 - SENIOR INDIVIDUAL  
BIOMEDICAL

INFORMATICS FELLOWSHIPS

(NOT-LM-04-005)

National Library of Medicine

INDEX: LIBRARY MEDICINE

<http://grants.nih.gov/grants/guide/notice-files/NOT-LM-04-005.html>

LIMITED COMPETITION FOR CENTERS OF BIOMEDICAL RESEARCH EXCELLENCE  
(COBRE)

(NOT-RR-04-008)

National Center for Research Resources

INDEX: RESEARCH RESOURCES

<http://grants.nih.gov/grants/guide/notice-files/NOT-RR-04-008.html>

REQUESTS FOR APPLICATIONS

SBIR/STTR: CIRCULATING CELLS AND DNA IN CANCER DETECTION

(RFA-CA-06-001)

National Cancer Institute

INDEX: CANCER

APPLICATION RECEIPT DATES: February 14, 2005; June 13, 2005; October 12, 2005

<http://grants.nih.gov/grants/guide/rfa-files/RFA-CA-06-001.html>

ENVIRONMENTAL JUSTICE: PARTNERSHIPS FOR COMMUNICATION

(RFA-ES-04-007)

Centers for Disease Control and Prevention

National Institute of Environmental Health Sciences

National Institute for Occupational Safety and Health

INDEX: DISEASE CONTROL, PREVENTION; ENVIRONMENTAL HEALTH SCIENCES;

OCCUPATIONAL SAFETY, HEALTH APPLICATION RECEIPT DATE: November 17, 2004

<http://grants.nih.gov/grants/guide/rfa-files/RFA-ES-04-007.html>

WOMEN'S REPRODUCTIVE HEALTH RESEARCH CAREER DEVELOPMENT PROGRAM

(RFA-HD-04-014)

National Institute of Child Health and Human Development

Office of Research on Women's Health

INDEX: CHILD HEALTH, HUMAN DEVELOPMENT; WOMEN'S HEALTH

APPLICATION RECEIPT

DATE: August 27, 2004

<http://grants.nih.gov/grants/guide/rfa-files/RFA-HD-04-014.html>

STATE IMPLEMENTATION OF EVIDENCE-BASED PRACTICES II - BRIDGING SCIENCE AND SERVICE

(RFA-MH-05-004)

Substance Abuse and Mental Health Services Administration

National Institute of Mental Health

Center for Mental Health Services

INDEX: SUBSTANCE ABUSE, MENTAL HEALTH SERVICES ADMINISTRATION;

MENTAL

HEALTH; MENTAL HEALTH SERVICES APPLICATION RECEIPT DATE: October 14, 2004

<http://grants.nih.gov/grants/guide/rfa-files/RFA-MH-05-004.html>

## PROGRAM ANNOUNCEMENTS

MIDCAREER INVESTIGATOR AWARD IN PATIENT-ORIENTED RESEARCH (K24)

(PA-04-107)

National Institute on Aging

National Institute on Alcohol Abuse and Alcoholism

National Institute of Allergy and Infectious Diseases

National Institute of Arthritis and Musculoskeletal and Skin Diseases

National Institute of Biomedical Imaging and Bioengineering

National Cancer Institute

National Institute of Child Health and Human Development  
National Institute on Deafness and Other Communication Disorders  
National Institute of Dental and Craniofacial Research  
National Institute of Diabetes and Digestive and Kidney Diseases  
National Institute on Drug Abuse  
National Institute of Environmental Health Sciences  
National Institute of Nursing Research  
National Eye Institute  
National Heart, Lung, and Blood Institute  
National Institute of Mental Health  
National Institute of Neurological Disorders and Stroke  
National Center for Complementary and Alternative Medicine  
National Center for Research Resources  
INDEX: AGING; ALCOHOL ABUSE, ALCOHOLISM; ALLERGY, INFECTIOUS  
DISEASES;  
ARTHRITIS, MUSCULOSKELETAL, SKIN DISEASES; BIOMEDICAL IMAGING,  
BIOENGINEERING; CANCER; CHILD HEALTH, HUMAN DEVELOPMENT; DEAFNESS,  
OTHER  
COMMUNICATION DISORDERS; DENTAL, CRANIOFACIAL RESEARCH; DIABETES,  
DIGESTIVE,  
KIDNEY DISEASES; DRUG ABUSE; ENVIRONMENTAL HEALTH SCIENCES;  
NURSING; EYE;  
HEART, LUNG, BLOOD; MENTAL HEALTH; NEUROLOGICAL DISORDERS, STROKE;  
COMPLEMENTARY,  
ALTERNATIVE MEDICINE; RESEARCH RESOURCES  
APPLICATION RECEIPT DATE(S): Multiple dates, see announcement  
<http://grants.nih.gov/grants/guide/pa-files/PA-04-107.html>

INNOVATIVE AND EXPLORATORY RESEARCH IN DIGESTIVE DISEASES AND  
NUTRITION  
(PA-04-108)

National Institute of Diabetes and Digestive and Kidney Diseases  
National Cancer Institute  
Office of Dietary Supplements  
INDEX: DIABETES, DIGESTIVE, KIDNEY DISEASES; CANCER; DIETARY  
SUPPLEMENTS  
APPLICATION RECEIPT DATE(S): Multiple dates, see announcement  
<http://grants.nih.gov/grants/guide/pa-files/PA-04-108.html>

CROSS-DISCIPLINARY TRANSLATIONAL RESEARCH AT NIH  
(PA-04-109)

National Institute on Drug Abuse  
National Cancer Institute  
INDEX: DRUG ABUSE; CANCER  
APPLICATION RECEIPT DATE(S): Multiple dates, see announcement  
<http://grants.nih.gov/grants/guide/pa-files/PA-04-109.html>

## Quotes

The first rule of any technology used in a business is that automation applied to an efficient operation will magnify the efficiency. The second is that automation applied to an inefficient operation will magnify the inefficiency.

**Bill Gates**

I think there is a world market for maybe five computers.

**Thomas J. Watson**

(former CEO of IBM in the mid 20<sup>th</sup> century)

It's [the internet] like the flu - it just spreads like crazy.

**Jack Welch**

Marc

Marc B. Hahn, DO

Dean

Texas College of Osteopathic Medicine

University of North Texas-Health Science Center

3500 Camp Bowie Boulevard

Fort Worth, Texas 76107-2699

817-735-2416 or 2244

facsimile 817-735-2486