

*Texas College of Osteopathic Medicine*

*September 15, 2004*

This Friday will be the annual White Coat Ceremony and Convocation for the campus. The ceremony will take place at Will Rogers Auditorium on Friday, September 17, beginning at 2:30 p.m. This year's guest speaker is Leonard H. Finkelstein, D.O., vice chancellor of the Philadelphia College of Osteopathic Medicine and former president of PCOM. In addition to our White Coat ceremony, we will also have a presentation of the Founders' Medal and Special Faculty Awards. A reception will follow on the Health Science Center campus, after dedication of the Alumni Plaza.

The White Coat Ceremony was initiated on August 20, 1993 at the Columbia University College of Physicians & Surgeons. At the ceremony, students are welcomed by their deans, the president, faculty and other respected leaders who represent the value system of our school and the new profession the students are about to enter. The cloaking with the white coat, the mantle of the medical and scientific profession, is a hands-on experience that underscores the bonding process. It is personally placed on each student's shoulders by individuals who believe in the students' ability to carry on their noble tradition of the healing arts and scientific study. It is a personally delivered gift of faith, confidence and compassion. Currently, a White Coat Ceremony or similar rite of passage takes place at more than 90% of allopathic or osteopathic medical schools in this country.

I look forward to seeing you all there on Friday.

In other news, the annual Horseshoe competition between Dr. Blanck and I versus Dr. Yorio and whom ever he can coax to play with him (usually Dr. McQueen who this year was replaced by Dr. Glenn Dillon (a "ringer"), took place last Friday. Due to events beyond our control (wind, sun, sand, etc.), Dr. Blanck and I were defeated by the basic science duo. We will be back next year!

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

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**Student Affairs:**

Thomas Moorman, Ed.D.

*Associate Vice President for Student Affairs*

Dr. Bruce Dubin has completed all of the Dean’s Letter interviews for the TCOM Class of 2005. The Seniors are collecting their final letters of recommendation and preparing their internship/residency applications for the upcoming AMA and AOA matches.

**Financial Aid Update**

The Financial Aid Office delivered over 5 million dollars in aid to MSI, MSII, PAI, PAII, SPH and GSBS students in fall disbursements recently. This disbursement cycle is the largest and most diverse done to date with the new EIS computer system. The system, while still "a work in progress" performed reasonably well. Enhancements or improvements are occurring daily.

**Withholding Your Directory Information**

The Family Educational Rights and Privacy Act of 1974 (FERPA), designates certain information related to students as “Directory Information” and gives the University of North Texas Health Science Center the right to disclose such information to anyone inquiring without having to ask students permission. Students requesting that their directory information be withheld must submit a “Withhold Directory Information” form to the Registrar’s Office on or before the 12th class day of the spring or fall semester, or the 4th class day of the summer term. The “Withhold Directory Information” forms are located in the Registrar’s Office.

**Directory Information Includes the Following:**

- Student’s full name
- Addresses - local, permanent, and e-mail
- Telephone listings - both local and permanent
- Date and place of birth
- Major field of study
- Participation in officially recognized activities
- Photograph
- Weight and height of members of athletic teams
- Dates of attendance
- Degrees and awards received
- Most recent previous school attended
- Classification

**All Student Mixer: Fun Food & Friends**

With over two hundred people in attendance, the first Annual all student mixer was a huge success! Kimberly Fulda of the School of Public Health and Josh Gatson of the Graduate School of Biomedical Sciences and the Black Graduate Student Association conceived the idea of an all student mixer, and went through great lengths to assemble a planning team that was inclusive of all Health Science Center programs. Their goal was to bring students together from all four programs to mingle and learn about each others' disciplines. Each member of the planning team is an established leader in their own programs and they are as follow: Everett Nixon represented the Graduate School of Biomedical Sciences, Richard Delezene represented the Physician Assistant's School, Marvin Moul represented the Texas College of Osteopathic Medicine, and of course the leaders of the group Kim Fulda, and Josh Gatson. Once the group was assembled, they went to each Dean and to Student Affairs to elicit their support. All administrators were so encouraged by the idea that funds were found to support the cause. Once the planning was done, all that was left was fun to be had by all students. In addition to the free food, and door prizes, students enjoyed music, karaoke, and dancing. The highlight of the evening was when Dr. Moorman got on stage and did the "running man" during Bobbie Ann Adair's rendition of the famous rap song *Baby Got Back*. All in all, the first annual All Student Mixer was a tremendous success. If you missed out on the fun, don't worry you will be able to attend next year.

#### **Ranchland Social**

Ranchland was very well attended this year with over four hundred and fifty UNTHSC faculty, staff and students. The whole campus was invited to this event and the attendance reflected this. All guests enjoyed free food, horseback riding, dancing, horseshoes, volleyball, and the all favorite bounce house. If that's not enough, there was also a hula hoop contest, and bingo with great prizes!

#### **Clinical Affairs / Faculty Practice:**

Robert Adams, D.O.

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

In our continued effort to improve our healthcare services and the overall performance of our clinics, the UNT Physicians Group will begin a major initiative this fall. The delivery of service to our patients, our referring physicians, and each other is critical to our success as a group practice. Patients come to the HSC assuming that the quality of medical care is good. Our opportunity to differentiate our practice from others in the community is in the way we interact with our customers. While some find the idea of patients as customers offensive, the truth is that the principles of good customer service are important to the patients impression of what we offer. Our goal is to exceed the expectations of those who deal with us. This requires a customer focused approach. Complaints we receive from referring physicians and patients about the difficulties they have using our system suggests that we can greatly improve the service we provide. If we can be successful in being known for the service we deliver as well as the quality of care we provide, we will achieve greater success as a group practice.

To accomplish this goal, we are developing a new training program that will have a significant focus on customer service. The program is being developed currently and is expected to be introduced later this fall. Many of you will be seeing a new face associated with this initiative in the very near future. Candice (Candy) Clifton has joined the UNT physicians group to coordinate our training activities. Please welcome her to the institution and provide her your full support in this important initiative. More to come later, but for now, be thinking about what you recognize as good service and try incorporating this as your standard for dealing with others on a daily basis.

**Educational Programs:**

Don Peska, D.O.

*Associate Dean for Educational Programs*

The recruitment season is underway with members of the Texas OPTI reporting an increase in applications compared to this time last year. Recent graduating classes have mirrored the national trend away from primary care and the number of qualified applicants to these residency programs in Texas has steadily gone down. With most OPTI sites seeking to fill residency positions in family practice and internal medicine, program directors have struggled to find candidates. In order to maintain the minimum number of interns needed to provide house coverage, hospitals are offering more traditional (rotating) internship positions with graduates of those programs going on to residencies in anesthesiology, emergency medicine, physical medicine and rehabilitation. Over time, each hospital will have to reconsider its strategies and the distribution of its training programs. For now every internship/residency sponsor is hoping that there is renewed interest in primary care and that a proper balance of the house staff who are at work in our hospitals can be restored.

**Academic Affairs:**

Bruce Dubin, D.O., J.D.

*Associate Dean for Academic Affairs*

Early clinical exposure is not a new concept for medical schools. Here at TCOM, students have “shadowed” primary care physicians in their office for some time on an episodic basis during their “ice weeks”. This has been a regular part of our medical school curriculum. With this year, however, the dimension of early clinical experience has taken on a new direction. Six of our second year medical students are now piloting a new “continuity of care” clinical program in their second year. Three times per month, on Tuesday afternoons, these students travel to the office of a family practitioner where they observe and participate in “office based” family practice. They will do this throughout the entire academic year. On the fourth Tuesday of the month, students come together and discuss the cases they’ve seen, the procedures they have participated in, and what they have learned. “We are very excited to pilot this project,” says Michael Martin,

Assistant Dean for Medical Education. "Anytime we can correlate the classroom didactics with clinical experiences, it creates a better learning atmosphere."

All six students are enjoying the program. One student comments that; "This is a great experience so far." "I was in a room doing the initial history and physical exams on patients by myself. Dr. Lee came in after I had presented the patient and I watched him finish the exams. Lots of Spanish speakers, all charts/records are on computer, great preceptor, and a drug rep steak dinner at The Silver Fox".

**Clinical Research:**

Michael Clearfield, D.O.

*Associate Dean for Clinical Research*

This month's contribution will focus on the third major area of research within TCOM: aging and Alzheimer's disease. The MIND study (Maintaining Independence, Neutralizing Dementia) is a multi-disciplinary effort focusing on several aspects in older adults. The first major area entails strategies to maintain health, independence and advance the ethical care of the older adult. This approach using bench to bedside framework, targets prevention and practical interventions that increase or maintain independence for the elderly. This incorporates contributions from TCOM under the leadership of Dr. Knebl including the GAP program, clinical trials and hypothesis driven clinical research. Contributions from the School of Public Health under the leadership of Dr. Fairchild include special projects in aging such as the CARE program, a clinical database for dementia and hypothesis driven clinical research. The contribution from the School of Basic Sciences under the leadership of Dr. Simpkins centers around the Institute for Aging and Alzheimer's Disease Research. (IAADR) This institute combines basic research with clinical trials such as the role of menopausal vasomotor symptoms in determining risk of dementia, single nucleotide polymorphism profile in dementia, pain and dysfunctional behaviors in demented elderly and effects of vitamin E and C on cognitive function in Alzheimer's disease. As with the ORC and DREAMS projects this area is a focused research effort balanced with contributions from all three schools within the HSC. If you require further information about any of the efforts within MIND you can contact myself, Drs. Knebl, Fairchild or Simpkins.

**PA Studies:**

Hank Lemke, P.A.

PA Program moves to Department of Medical Education. In August, the Dean of TCOM announced creation of the Department of Medical Education within the Texas College of Osteopathic Medicine; effective September 1, 2004. On that date, PA program faculty and staff will administratively relocate to the Department of Medical Education. The Department of Family Medicine has hosted the program and nurtured its success over the

past seven years. The PA program faculty and staff want to express their sincere appreciation to the Department of Family Medicine for its support and encouragement since 1997. Several PAs will continue their clinical appointments in the Department of Family Medicine working with physicians in the Central and Northside clinics. Moving of the PA program into the Department of Medical Education will help to align the educational mission of the PA program with that of TCOM and the D.O. program. The PA program is pleased to welcome two new faculty. Diane Simmons, PA-C, joined the program in July and is working half-time in PA Studies and half in the Department of Surgery. PA Simmons has been a PA for nearly 20 years; working in orthopedic surgery, plastic surgery, and more recently in Bariatric surgery. She is a graduate of the UT Southwestern PA program and plans to seek a PhD in public health. She loves reading and travel to – “anywhere you can walk for miles and miles in peace, surrounded by natural beauty.” Parvaneh Firozbakht, PA-C, joined the PA faculty in June and she will be working half-time in the Department of Family Medicine in their Community Based Outpatient Clinic for Veterans. PA Firozbakht was born in Iran and obtained her midwifery degree in 1986. After moving to the U.S., she continued her education at Western Michigan University where she received her PA training and degree. She speaks two languages, Persian and English.

#### **PA Program Continues Search for New Faculty**

The PA program is recruiting PAs as faculty to work in the PA program and in clinical departments. As faculty, the PAs participate in a wide variety of course delivery and instruction while also acting as allied health members of the UNT Physicians Group. Texas PA licensure, a master’s degree and PA national certification are required for all new PA faculty. Candidates having 3-5 years of clinical experience are preferred.

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

##### ***The Dallas Morning News***

[August 25, 2004]

By SHERRY JACOBSON

Parkland Memorial Hospital should look for new sources of state and federal funding in its effort to shore up the financial future of the county's lone public hospital, according to preliminary findings of a comprehensive study released Tuesday.

In a two-hour preview for the Dallas County Commissioners Court, the authors of the study laid out a plan that they said could recover \$25 million by converting Parkland's six community clinics, which handle more than 800,000 patient visits annually, into a new category of federally financed health centers called Critical Care Providers.

Another suggestion was to recapture more of the hospital's \$240 million share of federal Medicaid funding using a method that worked well in other states. They also suggested that Parkland sell neighboring counties on the idea of a regional trauma district to spread the cost of such services.

"This is very valuable information and really the first time we've tried a comprehensive look at Parkland," said Commissioner Kenneth Mayfield. "We're going to implement a lot of these things."

Several Parkland officials were less enthusiastic about the likelihood of attracting such outside funding because it was the loss of \$34 million in state and federal money that precipitated the hospital's financial woes. Parkland officials are in the midst of a two-year effort to cut \$70 million from the hospital's spending. More than 500 jobs have been eliminated.

### Benefits questioned

Dr. Lauren McDonald, chairwoman of the Parkland Board of Managers, called the study's suggestions "interesting and helpful." But she wondered whether the county could so easily alter the hospital's popular community clinic system, which lost an estimated \$42 million last year. The consultants' plan promises greater Medicaid reimbursement for the same services.

"Turning our clinics into federal health centers may not be as beneficial financially as they say," Dr. McDonald said. "And it may take longer than a year to do."

Dr. Ron Anderson, Parkland's president and chief executive officer, said he could appreciate that some hospitals in other states are able to collect a greater share of state and federal funds by getting paid directly. However in Texas, the state collects Medicaid funds and spreads them among smaller public facilities instead of reimbursing the largest public hospitals, including Parkland. Last year, the Dallas facility got about \$80 million, roughly a third of its Medicaid funding.

Still, the commissioners said they intended to broach the Medicaid reimbursement shortfall during the next session of the Texas Legislature, a decision hospital leaders supported.

"We've got a duty here to provide services at Parkland and to protect the local taxpayers," said County Judge Margaret Keliher, who leads the court. "But I want to be sure we're getting the federal dollars we've already paid. To lose that \$240 million, or whatever the amount, is awful."

### Studying Contracts

Health Management Associates, a Michigan consulting firm, was offering a peek at its study of Parkland as the hospital struggles to prepare its 2005 budget. The consultants' final report, for which county commissioners have budgeted \$900,000, is to be completed in November.

The study also examined the contractual agreement between Parkland and the University of Texas Southwestern Medical School. About 550 physician residents comprise the hospital's medical staff while the school's faculty is paid to supervise them.

The faculty contract has climbed from \$22 million annually in 1993 to \$72 million in 2003, the study said. The faculty is negotiating a \$98 million contract for 2005.

The study raised a number of questions about the faculty contract, including why the amount has grown since 1993 while clinical service volume has been flat. "There has been inadequate documentation of the current level of clinical service," it said.

### Increased Load

Dr. Kern Wildenthal, president of UT Southwestern Medical Center at Dallas, said the payments grew as the faculty physicians lost their private-paying patients to managed care. Most recently, an 80-hour-per-week work rule for resident doctors has required the faculty to work longer hours.

"We'd prefer the work be covered by nurse practitioners and physician assistants," he said. "But if Parkland doesn't budget for them, the work falls to the faculty."

Parkland's budget, including the contract with UT Southwestern, must be approved by the end of September. However, the commissioners set the maximum tax rate for Parkland next year at the same level as this year, 25.4 cents per \$100 of assessed property value. The Parkland staff had asked for a 2.63-cent increase.

Wide variability seen in risk of death among breast cancer patients. [Story List](#)  
September 1, 2004

NEW YORK (Reuters Health) - In women with breast cancer, the probability of dying from that malignancy, as opposed to some other cause, can range from 3% to 85%, depending on factors such as disease stage, receptor status, and age at diagnosis, new research shows.

"To our knowledge, this is the first comprehensive competing-risk analysis to quantify the probability of death from breast cancer and other causes after a diagnosis of breast cancer," Dr. Catherine Schairer, from the National Cancer Institute in Rockville, Maryland, and colleagues note in the *Journal of the National Cancer Institute* for September 1.

The findings are based on an analysis of data on breast cancer patients entered in the Surveillance, Epidemiology, and End Results (SEER) Program. The investigators determined the vital status, and classified any deaths as either from breast cancer or other causes, for more than 395,000 white and 35,000 black women who were diagnosed between 1973 and 2000.



For women with in-situ disease, the probability of death from breast cancer ranged from 3% to 10%, depending on age and race. In contrast, in patients with distant disease, the probability ranged from 70% to 85%.

For both localized and distant disease, the probability of death from breast cancer was higher for subjects diagnosed before 50 years of age compared with those diagnosed at age 70 years or older. This was observed in black and white patients.

Regardless of age, patients with distant disease were more likely to die from their cancer than from all other causes. In contrast, with localized and regional disease, death from breast cancer only outweighed other etiologies when diagnosed before age 50 and 60 years, respectively.

For localized or regional disease, the probability of death from breast cancer was higher for black than for white patients, the investigators point out. Patients with estrogen receptor-negative tumors were more likely to die from their disease than were those with estrogen receptor-positive tumors, they add.

"The probability of death from breast cancer versus other causes varied substantially according to stage, tumor size, ER status, and age at diagnosis in both white and black patients," the researchers conclude.

J Natl Cancer Inst 2004;96:1311-1321.

### **Health Policy News:**

#### Congress Returns to Washington to Face FY 2005 Spending Bills

Congress returns to Washington Sept. 7 to confront the formidable task of completing the annual appropriations bills prior to the Oct. 1 start of the federal fiscal year. While the House has made significant progress toward completing the FY 2005 spending bills - approving 10 of the 13 bills prior to the August recess - Senate action on the bills has been slowed by the Senate's inability to approve the conference agreement on the FY 2005 budget resolution (S. Con. Res. 95 - H. Rept. 108-498). GOP leaders finally attached an \$821.4 billion discretionary spending cap to the defense appropriations bill, which the President signed on Aug. 5 (P.L. 108-287). This allows Senate Appropriations Committee Chairman Ted Stevens (R-Alaska) to set spending allocations for each of the appropriations subcommittees and enforce these limits with budget points of order when the spending bills come to the Senate floor.

#### New GAO Report Looks at Costs of Student Loan Consolidation

The Government Accountability Office (GAO) Aug. 23 released a report (GAO-04-843) that concludes that the Department of Education should consider the type of school a consolidation borrower attended in developing risk categories for the department's budgetary cost estimates. The report, "Student Loan Consolidation: Further Analysis Could Lead to Enhanced Default Assumptions for Budgetary Cost Estimates" notes that borrowers who had defaulted on loans prior to consolidation were more likely to default on their consolidation loans than those who did not default before consolidation, and that defaulted loans from either program were more likely to be consolidated in the William D. Ford Direct Loan Program (FDLP) than the Federal Family Education Loan Program (FFELP) - likely due to the less stringent requirements in the FDLP to consolidate defaulted loans.

#### Application Cycle for NIH Loan Repayment Opens

The application cycle for the National Institutes of Health (NIH) loan repayment programs will be open from Sept. 1 through Dec. 15. The NIH loan repayment programs offer health professionals conducting qualified research up to \$35,000 per year to repay educational debt.

#### GAO Finds Inadequate Oversight of State Medicaid Program Integrity Activities

A recently released report (GAO-04-707) from the Government Accountability Office (GAO) concludes that Centers for Medicare and Medicaid Services (CMS) oversight of state Medicaid program integrity efforts "may be disproportionately small relative to the risk of serious financial loss."

#### NQF Cancer Data and Methods Panel Meets

The data and methods panel for the National Quality Forum's Cancer Care Project met Aug. 18 to develop recommendations to assist the project's three technical panels 2004. Each panel will evaluate candidate measures in one of the following areas: breast cancer, colon cancer, and symptom management / end-of-life care. The purpose of the project is to achieve consensus on a set of voluntary standards that can be used to assess the quality of cancer care in the United States.

#### On the Hill

Forty-four members of the 108th Congress have announced they will not return for the 109th Congress. A complete list is available through the link below:

## **Research and Funding Opportunities:**

NIH Guide for Grants and Contracts - Week of August 27, 2004

<http://grants.nih.gov/grants/guide/2004/04.08.27/index.html>

### NOTICES

EXTRAMURAL LOAN REPAYMENT PROGRAM FOR CLINICAL RESEARCHERS  
(NOT-OD-04-060)

National Institutes of Health

INDEX: HEALTH

<http://grants.nih.gov/grants/guide/notice-files/NOT-OD-04-060.html>

EXTRAMURAL PEDIATRIC RESEARCH LOAN REPAYMENT PROGRAM  
(NOT-OD-04-061)

National Institutes of Health

INDEX: HEALTH

<http://grants.nih.gov/grants/guide/notice-files/NOT-OD-04-061.html>

ELIGIBLE INSTITUTIONS - CORRECTION TO PAS-03-168  
(NOT-AI-04-052)

National Institute of Allergy and Infectious Diseases

INDEX: ALLERGY, INFECTIOUS DISEASES

<http://grants.nih.gov/grants/guide/notice-files/NOT-AI-04-052.html>

ADDENDUM - PATIENT NAVIGATION RESEARCH PROGRAM (CA-05-019)  
(NOT-CA-04-029)

National Cancer Institute

INDEX: CANCER

<http://grants.nih.gov/grants/guide/notice-files/NOT-CA-04-029.html>

INACTIVATION OF RFA-HG-03-006  
(NOT-HG-04-004)

National Human Genome Research Institute

Office of Rare Diseases

National Institute of Drug Abuse

INDEX: HUMAN GENOME; RARE DISEASES; DRUG ABUSE

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

NOTICE OF DEACTIVATION OF PAR-03-130 - BUILDING THE EVIDENCE TO  
PROMOTE  
BIOTERRORISM AND OTHER PUBLIC HEALTH EMERGENCY PREPAREDNESS  
IN HEALTH CARE  
SYSTEMS

(NOT-HS-04-008)

Agency for Healthcare Research and Quality

INDEX: HEALTHCARE RESEARCH, QUALITY

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

CLARIFICATION OF ELIGIBILITY FOR: PAR 03-070 - INDIVIDUAL  
INFORMATICS

RESEARCH FELLOWSHIP (F37)

(NOT-LM-04-006)

National Library of Medicine

INDEX: LIBRARY MEDICINE

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

CLARIFICATION OF ELIGIBILITY FOR: PAR 03-109 - SENIOR INFORMATICS  
RESEARCH

FELLOWSHIP (F38)

(NOT-LM-04-007)

National Library of Medicine

INDEX: LIBRARY MEDICINE

<http://grants.nih.gov/grants/guide/notice-files/NOT-LM-04-007.html>

#### REQUESTS FOR APPLICATIONS

AGING THROUGH THE LIFE SPAN: LONGITUDINAL DATA ANALYSES

(RFA-AG-05-004)

National Institute on Aging

INDEX: AGING

APPLICATION RECEIPT DATE: January 11, 2005

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

DEVELOPING INTERVENTIONS FOR MULTIPLE MORBIDITIES

(RFA-AG-05-007)

National Institute on Aging

INDEX: AGING

APPLICATION RECEIPT DATE: January 13, 2005

<http://grants.nih.gov/grants/guide/rfa-files/RFA-AG-05-007.html>

FOOD ALLERGY RESEARCH CONSORTIUM AND STATISTICAL CENTER

(RFA-AI-04-034)

National Institute of Allergy and Infectious Diseases

INDEX: ALLERGY, INFECTIOUS DISEASES

APPLICATION RECEIPT DATE: December 16, 2004

<http://grants.nih.gov/grants/guide/rfa-files/RFA-AI-04-034.html>

THE EARLY DETECTION RESEARCH NETWORK: Biomarker Developmental  
Laboratories

(RFA-CA-05-023)

National Cancer Institute

INDEX: CANCER

APPLICATION RECEIPT DATE: December 20, 2004

<http://grants.nih.gov/grants/guide/rfa-files/RFA-CA-05-023.html>

ADVANCED RESEARCH COOPERATION FOR ENVIRONMENTAL HEALTH  
(RFA-ES-04-009)

National Institute of Environmental Health Sciences

INDEX: ENVIRONMENTAL HEALTH SCIENCES

APPLICATION RECEIPT DATE: December 15, 2004

<http://grants.nih.gov/grants/guide/rfa-files/RFA-ES-04-009.html>

SUPERFUND BASIC RESEARCH AND TRAINING PROGRAM  
(RFA-ES-05-001)

National Institute of Environmental Health Sciences

INDEX: ENVIRONMENTAL HEALTH SCIENCES

APPLICATION RECEIPT DATE: April 21, 2005

<http://grants.nih.gov/grants/guide/rfa-files/RFA-ES-05-001.html>

EFFICACY OF INTERVENTIONS TO PROMOTE RESEARCH CAREERS  
(RFA-GM-05-009)

National Institute of General Medical Sciences

National Institute of Child Health and Human Development

INDEX: GENERAL MEDICAL SCIENCES; CHILD HEALTH, HUMAN  
DEVELOPMENT APPLICATION

RECEIPT DATE: November 15, 2004

<http://grants.nih.gov/grants/guide/rfa-files/RFA-GM-05-009.html>

#### PROGRAM ANNOUNCEMENTS

DESIGN, MEASUREMENT AND STATISTICS IN COMMUNITY MH RESEARCH  
(PA-04-150)

National Institute of Mental Health

INDEX: MENTAL HEALTH

APPLICATION RECEIPT DATE(S): Multiple dates, see announcement

<http://grants.nih.gov/grants/guide/pa-files/PA-04-150.html>

MDMA: RESEARCH AREAS NEEDING MORE EMPHASIS  
(PA-04-152)

National Institute on Drug Abuse

INDEX: DRUG ABUSE

APPLICATION RECEIPT DATE(S): Multiple dates, see announcement

<http://grants.nih.gov/grants/guide/pa-files/PA-04-152.html>

HEALTH DISPARITIES AMONG MINORITY AND UNDERSERVED WOMEN  
(PA-04-153)

National Institute of Nursing Research

National Institute of Child Health and Human Development  
National Institute on Drug Abuse  
National Institute of Diabetes and Digestive and Kidney Diseases  
Office of Research on Women's Health  
INDEX: NURSING; CHILD HEALTH, HUMAN DEVELOPMENT; DRUG ABUSE;  
DIABETES,  
DIGESTIVE, KIDNEY DISEASES; WOMEN'S HEALTH APPLICATION RECEIPT  
DATE(S):  
Multiple dates, see announcement  
<http://grants.nih.gov/grants/guide/pa-files/PA-04-153.html>

TRANSLATIONAL RESEARCH CENTERS IN BEHAVIORAL SCIENCE (TRCBS)  
(PAR-04-151)  
National Institute of Mental Health  
INDEX: MENTAL HEALTH  
APPLICATION RECEIPT DATES: November 15, 2004, October 19, 2005, October 22,  
2006  
<http://grants.nih.gov/grants/guide/pa-files/PAR-04-151.html>

**Quotes**Error! Bookmark not defined.:

**Creativity is allowing yourself to make mistakes. Art is knowing which ones to keep.**

Scott Adams

**The aim of art is to represent not the outward appearance of things, but their inward significance.**

Aristotle

**True art is characterized by an irresistible urge in the creative artist.**

Albert Einstein

Marc

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