

DEAN'S CORNER E-NEWSLETTER

Texas College of Osteopathic Medicine

January 31, 2006

As we begin 2006, we are also entering a defining moment for the continued success of the Texas College of Osteopathic Medicine. We have seen great advances in student performance, academic recognition, expansion of our clinical services, and research success; but we must continue on this path.

Therefore, last week the Associate Deans, Department Chairs and faculty leaders from the medical school and the PA program had a 2 day Conclave. Academic and Clinical Success Through Synergistic Growth: Leadership Conclave was held to define the vision and to begin the strategic planning process that will assure: the strength of our academic programs; increased focused research; expansion and financial stability for our clinical practice; as well as faculty, staff, and student satisfaction.

The Mission (as redefined in June 2001) for TCOM, remains unchanged:

“Educating the Physician and Physician Assistant of Tomorrow Through the Quest For Knowledge Today.”

However, I have just redefined the vision for TCOM for the next 5 years.

Vision for TCOM

“To be a recognized academic leader in primary care and rural medicine for the state of Texas and the nation.”

- To achieve this vision we will become:
 - *An international leader in **medical education** and curricular design.*
 - *Nationally renowned for **focused research and unique programs**.*
 - ***The preeminent multi-specialty medical practice in Tarrant County.***
 - *An institution with high faculty and staff **career satisfaction**.*

As we move forward with the strategic planning process, faculty, staff and students will be involved with shaping our destiny. More to follow.

If you did not hear the President’s State-of-the Union address last evening, here are excerpts on health care from the White House website:

Our second goal is high quality, affordable health care for all Americans. (Applause.) The American system of medicine is a model of skill and innovation, with a pace of discovery that is adding good years to our lives. Yet for many people, medical care costs too much -- and many have no coverage at all. These problems will not be solved with a nationalized health care system that dictates coverage and rations care. (Applause.)

Instead, we must work toward a system in which all Americans have a good insurance policy, choose their own doctors, and seniors and low-income Americans receive the help they need. (Applause.) Instead of bureaucrats and trial lawyers and HMOs, we must put doctors and nurses and patients back in charge of American medicine. (Applause.)

Health care reform must begin with Medicare; Medicare is the binding commitment of a caring society. (Applause.) We must renew that commitment by giving seniors access to preventive medicine and new drugs that are transforming health care in America.

Seniors happy with the current Medicare system should be able to keep their coverage just the way it is. (Applause.) And just like you -- the members of Congress, and your staffs, and other federal employees -- all seniors should have the choice of a health care plan that provides prescription drugs. (Applause.)

My budget will commit an additional \$400 billion over the next decade to reform and strengthen Medicare. Leaders of both political parties have talked for years about strengthening Medicare. I urge the members of this new Congress to act this year. (Applause.)

To improve our health care system, we must address one of the prime causes of higher cost, the constant threat that physicians and hospitals will be unfairly sued. (Applause.) Because of excessive litigation, everybody pays more for health care, and many parts of America are losing fine doctors. No one has ever been healed by a frivolous lawsuit. I urge the Congress to pass medical liability reform. (Applause.)

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

The Division of Student Affairs has wished goodbye to three employees over the last two months. Martin Hernandez, Associate Director of Financial Aid, has left to pursue a career as a bank representative for the Access Group. Bobbie Ann Adair, Coordinator of Student Development, was married on January 21st to TCOM 2005 DO Graduate Heath White. She will be moving to Temple, Texas where Heath is completing his post graduate training in internal medicine. Prudence Zavala, Student Development Coordinator, also left us in December. Prudence will become a full-time mom to her beautiful daughter Polar. Her husband, Victor, is a third year medical student at UT Southwestern in Dallas. We wish them all the best.

The Division of Student Affairs is also proud to announce the addition of Misty Holt as our new Student Development Coordinator. She has come to us from Tennessee. She has a Masters Degree in Student Services Administration. Her office is located in EAD room 110A. Come by and say hello.

Clinical Affairs / Faculty Practice:

Robert Adams, D.O.

Senior Associate Dean for Clinical Affairs/Chief Medical Officer

The future of healthcare will be shaped by the availability of health information. Many of the members of our practice have been asking for some time about when we might move to an electronic health record (EHR). It's great to be able to say that we believe the opportunity to begin implementation of an EHR will occur toward the end of FY06 or at the beginning of FY07. The importance of having an EHR cannot be emphasized enough as it relates to the success of the clinical practice in the future. Patient care will be improved through the ability to better manage the health concerns of individuals. Outcomes will be improved, medical errors reduced, and research efforts enhanced. In addition, better access to information will improve the evaluation and reporting of quality measures, and be beneficial to marketing activities. All of these will be important as we move into pay for performance reimbursement. A plan for implementation will be developed over the next several months. Many people will be asked to assist in this enormous and complicated endeavor. If you have an interest in assisting with this task, please let your department chair or clinical director know.

Educational Programs:

Don Peska, D.O.

Associate Dean for Educational Programs

The deadline for students in the class of 2006 to enroll in the national matching program for osteopathic internships and residencies passed on Friday, January 27. Now we wait. Final match results will be reported on February 13 at noon. Each year about one third of our graduates seek their training programs through this route listing their preferences as the training programs rank their applicants. The remainder will wait for the ACGME match in March. Those failing to match through either program will then scramble for open positions. It's a hectic and anxious few weeks for students and residency directors but it has emerged as a fair process that has withstood any number of challenges going as far as the federal courts. Gratitude is to be extended to the staff in our Office of Student Affairs who began orchestrating the process for our students last March. Work for the class of 2007 is about to begin.

Academic Affairs:

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

Associate Dean for Academic Affairs

Medical Education

Advanced ADLS training coming to TCOM

Previously the University of North Texas Health Science Center set a "national challenge" in becoming the first medical school in the country to have all medical students trained in Core Disaster Life Support; a four hour class that occurs in the first year of medical school; and Basic Disaster Life Support; an eight hour class of advanced training.

Beginning this year, TCOM will also be offering Advanced Disaster Life Support to all our medical students. During the first day of Training, Advanced Disaster Life Support (ADLS) includes lectures in detailed MASS Triage; community and hospital disaster planning; media and communications during disaster, and mass fatality management. Small group interactive sessions allow students to work through a series of difficult questions of disaster management in a table top format.

ON day 2 of ADL the "hands on" day of training. 4 skills stations reinforce the previous days learning. These skills stations include:

MASS Triage - This challenging station allows the students to practice the concepts of the disaster paradigm with an emphasis on patient triage. Simulated disaster victims must be triaged and treated correctly while attempting to manage a chaotic scene and request appropriate resources.

PPE and Decontamination - This station teaches important concepts about the use of personal protective equipment and decontamination technique. Students are

given the opportunity to wear PPE and participate in a simulated decontamination while attempting to render medical care.

Disaster Skills - This station emphasizes important information about vital skills necessary for medical disaster management. Students are taught vital information on the Strategic National Stockpile, and proper Mark-I kit use. Students are also allowed to practice Small pox immunization.

Human Patient Simulator - Recognition of victims of a chemical and biological disaster is paramount. This station is designed to reinforce the detection and proper treatment of conditions that may occur during disasters that we do not normally treat. Treatment of chemical, biological, and traumatic patients is covered. The use of these high fidelity simulators allows the student to see, hear and feel information that would normally be provided by an instructor allow for a more realistic experience than normal manikins would allow.

Students will receive a certificate of competency after the completion of this course. We look forward to offering this wonderful opportunity in medical education.

Clinical Research:

Michael Clearfield, D.O.

Associate Dean for Clinical Research

We have started 2006 with continued growth in research activities. New awards *Pyruvate enhanced CABG Study* with Dr. Yurvati as PI, *Texas Bioterrorism Continuing Education Program* with Dr. Smith-Barbaro as PI, *Texas Consortium Geriatrics Education Center (TCGEC)* with Dr. Knebl as PI, *Positive Attitude Toward Changing Habits (PATCH)* with Patti Pagels PI, an EXPORT grant to investigate the relationship between CVD and discrimination, social support and sense of control with Dr. Carderelli as PI and two awards granted to Dr. Eisenberg, *Developing Improved Capacity for Texas Missing Persons and Forensic Casework Reduction Program*. More news from the ORC, Dr. Licciardone was honored as the Louisa Burns Memorial Lecturer at the AOA Annual Research Awards Ceremony and also has been appointed the first Osteopathic Heritage Foundation Clinical Research Chair at the ORC. Congratulations Dr. Licciardone! In addition to Dr. Licciardone, two students were acknowledged at the AOA research meeting. Janice Thomas for *Immediate effects of OM T in immune function* received a research fellowship and Som Mousumi for *Efficacy of OMM in COPD* was approved for a non-funded fellowship. The ORC also held its third focused research forum this month on the safety and efficacy of Cervical Spine manipulation, more on this in the future.

Remember OCCTIC VII will take place on March 26 and 27 in Birmingham, Alabama and the Research Appreciation Day (RAC) will occur here on April 7th. Get your abstracts ready for submission to this years' RAC. Looking forward to a great 2006.

Admissions:

Russell Gamber, D.O.

Assistant Dean of Admissions and Outreach

TCOM received a total of 1866 applications (1666 Texans, 220 nonresidents) for the entering class of 2006. This number represents a 10% increase over last year's application pool. A total of 534 applicants (501 Texans, 33 nonresidents) were interviewed between August and December 2005.

An additional 20-25 students currently enrolled in the UNTHSC Post-baccalaureate Program in Biomedical Sciences will be interviewed February 16 and 17, 2006, following the Texas Medical and Dental Schools Application Service (TMDSAS) Match. The Post-baccalaureate Premedical Certification Program is designed to provide opportunities to individuals who would like to enhance their credentials for entry into medical school by offering a challenging biomedical science core curriculum in the Graduate School of Biomedical Sciences. Post-baccalaureate students seeking admission to TCOM who have achieved a 3.5 or higher GPA will be reviewed later in the spring by the TCOM Admissions Committee for consideration of acceptance into the entering class of 2006.

The first Joint Admission Medical Program (JAMP) Match took place on December 15, 2005. A total of 34 students progressed through the JAMP program to participate in the Match. Four of these students were matched at TCOM and will matriculate into the entering class of 2006.

On February 1, 2006, the results of the TMDSAS Match will be published informing applicants to Texas medical schools if they "matched". TCOM will seat a total of 150 students (encompassing JAMP students, Post-baccalaureate Program students, and TMDSAS Match students) in the entering class of 2006. We would like to express once again our sincere thanks to the department chairs, faculty members, and interview coordinators for their support and assistance during the interviewing season.

PA Studies:

Hank Lemke, P.A.

Vice Chair for PA Studies

PA Studies has Distinguished Visitor

On January 27, 2006, the PA program hosted Katherine A. Adamson, Lt Col, USAF, Commander Detachment 1, 381st Training Squadron who visited with 3rd Year PA students to explain the details of registering and planning for the PA National Certifying Exam (PANCE) administered by the National Commission on Certification of Physician Assistants (NCCPA). Lt Col Adamson is a PA-C and faculty member at the Interservice PA Program in Fort Sam Houston, TX. She is also past-chairman of the NCCPA Board. PA Students use Kaplan™ to

prepare for PANCE over the next 3-4 months, Year 3 PA students will be using Kaplan™ on-line testing and study service to help them prepare for the PA National Certifying Exam (PANCE). This service was first piloted with the PA Class of 2005 and appeared to positively influence average scores on the exam. The Kaplan™ test-bank includes 1,200+ exam-relevant practice questions with explanations why an answer is correct or not. Passing the PANCE is an essential milestone to becoming nationally certified as a PA.

Modification to PANCE Content Blueprints

Based upon analyses conducted by the NBME and the NCCPA in 2004, labels for two categories of the PANCE blueprint have been changed. Effective in 2006, “clinical therapeutics” will be changed to “pharmaceutical therapeutics,” and “applying scientific concepts” will be changed to “applying basic scientific concepts.” These two components make up 28% of the PANCE task areas and the changes are expected to more accurately describe the knowledge and skills tested under those headings.

Admissions News

The PA Studies Admissions Committee continues its selections and recommendations under the rolling admissions process for the Class of 2009. During this cycle, over 550 applications have been received and the process of interviewing 100 applicants continues. The program will enroll 30 new students in the Fall. Final selections are expected to be made in March.

Other PA Faculty News

Congratulations are extended to PA Linda Reed for receiving acceptance of publication of her article, "Determinants of Faculty Job Satisfaction and Potential Implications for PA Program Personnel" accepted for publication in Perspectives on PA Education, the official journal of the PA Education Association (formerly known as the Association of PA Programs). Also, congratulations go out to PA Michael Clark, PhD who will preside as President of the Texas Academy of Physician Assistants at their upcoming annual CME meeting at the Westin Galleria Hotel in Dallas on February 17-19, 2006.

Other Important State Legislation/Rule Changes for PAs

New York – Legislation passed last year overrides a regulatory requirement that in-patient orders written by PAs must be co-signed within 24 hours. Ohio – The Ohio Medical Association voted to support legislation to authorizing physician-delegated prescribing by PAs. Texas – A bill to modify supervision requirements for PAs assisting in disaster and emergency field response became law. South Dakota – A PA has assumed the role of medical board executive director. United States Virgin Islands – Recently passed legislation authorizing licensure of PAs. PAs are

now authorized to practice in all 50 states, the District of Columbia, the Commonwealth of the Northern Mariana Islands, Guam, and now too – the USVI.

Science and Health News:

Avian influenza: Time for preparation, not panic

MD Consult

By DOUG KAUFMAN

When President Bush recently asked Congress for \$7.1 billion to prepare the United States for a bird flu pandemic, growing concern about the H5N1 avian influenza soared.

Bird flu has killed scores of people, primarily in Southeast Asia. But while a heightened alert would be prudent, it is not time to panic, according to an infectious disease expert.

"It's a serious concern," said Dr Hillary Babcock, an infectious disease specialist at Barnes-Jewish Hospital in St Louis. "But to put it in perspective, it's not an imminent concern. The spread of the avian influenza has been primarily through poultry populations, and, in that setting, has in fact spread from Asia and across into Europe now. But it still has had a lot of difficulty transmitting between birds and humans and has shown very little capability for spreading between people. So, as of now, there is no imminent pandemic threat."

Still, she said, it's smart to be proactive.

"I do think that pandemic preparedness, in general, is an area that the country needs to do more with, and it's good that this is prompting us to push forward a little bit more with that," she said. "That kind of pandemic preparedness for avian influenza will also be helpful in preparing for another SARS outbreak, if something similar to that comes up. Or any kind of bioterrorism event as well. This kind of preparing can help us prepare more broadly for a wide range of possibilities."

The federal government has assembled a procedure to handle such a pandemic, said Dr Babcock, who is also a professor of medicine at Washington University School of Medicine in St Louis. Those steps include improving vaccine preparation and production plus having hospitals and clinics stockpile antiviral drugs and vaccine against the avian virus.

"In the president's plan, compared to the amount of money spent on those things, there's a fairly small amount of money set aside for states and local governments to prepare emergency plans," she said. "That's an area that each state and city government and each hospital and medical facility is going to need to look at and work on to see what they can do to prepare."

"We need, at those levels, to have a strategy available to recognize influenza when it comes through our communities, to be able to test and look for avian influenza, as separate from the regular influenza outbreaks," she said.

It's also essential, she added, to have "a good public relations mechanism, so we have a way to reach the public with key information about what exactly is happening and what the risks are and what we would like the public to do in response."

Infection control measures should be established to limit the spread of viral illnesses in healthcare settings and the community, Dr Babcock said.

"In healthcare settings, having the ability to isolate patients who are infected, to do rapid testing to identify those patients and to protect our healthcare workers (is important)," she said.

In the community, encouraging people who are sick to stay home and not spread infection should be emphasized, she said. It's equally important for employers to be on board with this. Additional common sense precautions that should be emphasized include cough etiquette (covering the mouth and nose when you cough), consistent hand washing and avoiding unnecessary contact with sick people.

"All of those things can help also," she said. "I think we're ready for our current flu season as much as possible. Probably a good side effect of the pandemic concern is increasing interest, hopefully, in getting vaccinated against the regular human flu strains."

But is it possible to coordinate the kind of large-scale preparation necessary to prevent such a pandemic?

"The more time we spend talking about what needs to happen, the more time local communities spend having bioterrorism and pandemic preparedness task forces, trying to connect disparate aspects of the community-the public health community, local hospitals, outreach settings ... all of those things will help," Dr Babcock said. "So I think we can certainly improve our preparedness."

The clinical presentations of the avian and human influenza strains "are probably pretty similar," Dr Babcock said.

So healthcare professionals should learn a patient's background and travel history.

"Most of the distinction would be based on the personal history, epidemiologically, of the patient you are seeing," she said. "The likelihood of avian flu being found in a person who lives in the United States, who has never left the United States, who doesn't work with sick poultry, is pretty much nil. But if you're seeing people who have recently come to this country from a country where avian flu is endemic, if they lived on a poultry farm or had sick poultry in their home or yard, ... that is somebody there would have to be a higher suspicion (of avian flu infection) for. So it's really going to be based, at least here right now, on history from the patient."

Health Policy News:

Research Resources Advisory Council Examines BIRN

The advisory council of the National Institutes of Health's (NIH) National Center on Research Resources (NCRR) met Jan. 19 and focused its public session on a review of the Biomedical Informatics Research Network (BIRN) launched in 2001. Presenters were Bruce Rosen, M.D., Ph.D., Harvard Medical School; Mark Ellisman, Ph.D., University of California-San Diego; Steven Potkin, M.D., University of California-Irvine; and Arthur Toga, Ph.D., UCLA (Drs. Ellisman and Toga are also council members).

CMS Publishes Psychiatric and Long-Term Care PPS Proposed Rules

The Centers for Medicare and Medicaid Services (CMS) published in the Jan. 23 Federal Register its annual Medicare proposed rule for the inpatient psychiatric facility (IPF) prospective payment system (PPS). For inpatient psychiatric facilities, CMS is proposing that the PPS payment rate be updated by 4.5 percent. CMS released Jan. 19 on its web site its annual Medicare proposed rule for the long-term care hospital (LTCH) PPS; the proposed rule is scheduled to be published in the Jan. 27 Federal Register. CMS is proposing a zero percent update for the LTCH PPS. If finalized, changes in both proposed rules would be effective for discharges occurring from July 1, 2006 through June 30, 2007 (known as "rate year" (RY) 2007).

Senators Introduce National Science Competitiveness Legislation

Sens. Pete Domenici (R-N.M.), Jeff Bingaman (D-N.M.), Lamar Alexander (R-Tenn.), and Barbara Mikulski (D-Md.) Jan. 25 introduced the Protecting America's Competitive Edge (PACE), a bipartisan package focused on strengthening America's competitiveness as a global scientific and technological powerhouse. Consisting of three bills (PACE-Energy (S. 2197), PACE-Education (S. 2198) and PACE-Finance (S. 2199)), the package strives to increase investments in basic research in the physical sciences, to improve science and math training across all levels of education and to foster innovation through tax incentives.

AAMC Comments on Good Guidance Practices

The AAMC Jan. 10 commented on the Office of Management and Budget's (OMB) proposal to require federal agencies to adopt standards for "good guidance practices" in their formal advice to the public on matters of regulation or other requirements. The proposal would require agencies to notify the public and seek comments on draft guidance documents if said guidance qualifies as "significant" (creates an economic impact of \$100 million or more, or meets other criteria). The Association supports the requirements, and recommends that OMB also require agencies to respond to all comments collected. AAMC's chief concern is that OMB's definition of

"significant guidance" is so broad that it might allow agencies to avoid using more formal rulemaking processes for some important actions.

HHS Announces Pandemic Flu Funding

The Department of Health and Human Services (HHS) Jan. 12 announced that \$100 million will be made available to the states, territories, the District of Columbia, New York City, Chicago and Los Angeles to combat pandemic influenza. The grants, part of the \$350 million provided for state and local preparedness in the emergency supplemental of the Defense Appropriations bill (P.L.109-148), will be awarded later this year.

States are to use the funds to bolster planning efforts for pandemic flu and to test the plans. The plans should focus on community-based procedures designed to prevent or delay the spread of flu and reduce burden on local resources in the event of an outbreak. HHS Secretary Mike Leavitt also announced the launch of a series of preparedness summits to be held in every state over the next several months to discuss state and local preparedness.

Commission on the Future of Higher Education Holds Public Meeting

The Secretary of Education's Commission on the Future of Higher Education will hold its third public hearing Feb. 2-3 in San Diego, CA, and will host a field hearing Feb. 7 in Seattle, WA. U.S. Secretary of Education Margaret Spellings Sept. 19 established the "national dialogue," comprised of academic, corporate, and industry leaders. The committee is charged with developing a comprehensive national strategy for postsecondary education that will meet the needs of America's diverse population and also address the economic and workforce needs of the country's future.

ONCHIT Issues Implementation Plans for AHIC Workgroups

At the Jan. 17 meeting of the American Health Information Community (AHIC), the Office of the National Coordinator for Health Information Technology (ONCHIT) issued "implementation plans" for four AHIC workgroups. The groups will focus on biosurveillance, consumer empowerment, chronic care, and electronic health records. Each group will develop recommendations to help achieve the following objectives within one year:

Use a standardized electronic format to transmit essential utilization and lab data to authorized public health agencies within 24 hours. Implement a secure electronic registration system for personal health records among certain populations. Assure that a medication history is linked to the registration summary. Develop a secure electronic messaging system for clinicians and patients in support of chronic care management. Deploy a standardized and secure electronic system for accessing lab results and interpretations

FDA Releases New Format for Prescription Drug Labels

The U.S. Food and Drug Administration (FDA) Jan. 18 released new requirements for the content and format of drug labeling. The revisions, developed from public meetings, physician surveys, focus groups, and comment letters, share a common goal - to increase public safety by decreasing medical errors and improving the management of drug risks. The AAMC submitted a comment letter Dec. 20 [see Washington Highlights, Dec. 23].

The new format will simplify drug labeling and emphasize critical prescribing information. Product approval dates; contact information for reporting adverse events; a "Highlights" section with crucial benefit and risk related information; and a "Table of Contents" will be among the new additions to drug labels. Free online resources, such as "Daily Med," will also be established to increase accessibility to risk and benefit information. The new requirements will be progressively implemented beginning with medications that have recently received approvals.

Research and Funding Opportunities:

NIH Guide for Grants and Contracts - Week of January 06, 2006

<http://grants.nih.gov/grants/guide/WeeklyIndex.cfm?WeekEnding=01-06-06>

Notices

March IACUC 101 and PRIMR/ARENA Annual IACUC Meeting in Boston
(NOT-OD-06-027)

National Institutes of Health

<http://grants.nih.gov/grants/guide/notice-files/NOT-OD-06-027.html>

Findings of Scientific Misconduct
(NOT-OD-06-028)

Department of Health and Human Services

<http://grants.nih.gov/grants/guide/notice-files/NOT-OD-06-028.html>

Rapid Access to Intervention Development (RAID)
(NOT-CA-06-005)

National Cancer Institute

<http://grants.nih.gov/grants/guide/notice-files/NOT-CA-06-005.html>

Request for Proposal: NIH-NIDDK-O6-02 United States Renal Data System
(USRDS) Special Studies Centers
(NOT-DK-06-003)

National Institute of Diabetes and Digestive and Kidney Diseases

<http://grants.nih.gov/grants/guide/notice-files/NOT-DK-06-003.html>

Request for Proposal: NIH-NIDDK-O6-01 United States Renal Data System (USRDS)
Coordinating Center

(NOT-DK-06-004)

National Institute of Diabetes and Digestive and Kidney Diseases

<http://grants.nih.gov/grants/guide/notice-files/NOT-DK-06-004.html>

Request for Information (RFI): Advanced Informatics for Biomedicine

(NOT-LM-06-001)

National Library of Medicine

<http://grants.nih.gov/grants/guide/notice-files/NOT-LM-06-001.html>

NIH-NSF Ecology of Infectious Diseases Program: A Joint Program for Multidisciplinary Research

(NOT-TW-06-003)

John E. Fogarty International Center

<http://grants.nih.gov/grants/guide/notice-files/NOT-TW-06-003.html>

Requests for Applications

Countermeasures Against Chemical Threats (CounterACT) Research Projects (U01)

(RFA-NS-06-004)

National Institute of Neurological Disorders and Stroke National Eye Institute National Institute of Allergy and Infectious Diseases National Institute of Arthritis and Musculoskeletal and Skin Diseases National Institute of Environmental Health Sciences National Institute of General Medical Sciences Application Receipt Date(s): April 11, 2006

<http://grants.nih.gov/grants/guide/rfa-files/RFA-NS-06-004.html>

Countermeasures Against Chemical Threats (CounterACT) Research Centers of Excellence (U54)

(RFA-NS-06-005)

National Institute of Neurological Disorders and Stroke National Eye Institute National Institute of Allergy and Infectious Diseases National Institute of Arthritis and Musculoskeletal and Skin Diseases National Institute of Environmental Health Sciences National Institute of General Medical Sciences Application Receipt Date(s): April 11, 2006

<http://grants.nih.gov/grants/guide/rfa-files/RFA-NS-06-005.html>

Countermeasures against Chemical Threats (CounterACT) Small Business Innovation Research (SBIR/U44) Awards for Therapeutics Development

(RFA-NS-06-006)

National Institute of Neurological Disorders and Stroke National Eye Institute National Institute of Allergy and Infectious Diseases National Institute of Arthritis and Musculoskeletal and Skin Diseases National Institute of Environmental Health Sciences National Institute of General Medical Sciences Application Receipt Date(s): April 11, 2006

<http://grants.nih.gov/grants/guide/rfa-files/RFA-NS-06-006.html>

Diagnostic Technologies for Chemical Threat Exposure Small Business Innovation Research (SBIR/U44) Awards

(RFA-NS-06-007)

National Institute of Neurological Disorders and Stroke National Eye Institute National Institute of Allergy and Infectious Diseases National Institute of Arthritis and Musculoskeletal and Skin Diseases National Institute of Environmental Health Sciences National Institute of General Medical Sciences Application Receipt Date(s): April 11, 2006

<http://grants.nih.gov/grants/guide/rfa-files/RFA-NS-06-007.html>

NIH Guide for Grants and Contracts - Week Of January 27, 2006

<http://grants.nih.gov/grants/guide/WeeklyIndex.cfm?WeekEnding=01-27-06>

Notices

Small Business Innovation Research (SBIR) and Small Business Technology Transfer (STTR) Grant Programs

(NOT-OD-06-033)

National Institutes of Health

Centers for Disease Control and Prevention

Food and Drug Administration

<http://grants.nih.gov/grants/guide/notice-files/NOT-OD-06-033.html>

Expert Meeting on the Future of the National Long-Term Care Survey: Data Needs for Disability Policy Making and Research for the Future

(NOT-AG-06-003)

National Institute on Aging

<http://grants.nih.gov/grants/guide/notice-files/NOT-AG-06-003.html>

Change in Expiration Date of Program Announcement PA-03-167

(NOT-AG-06-004)

National Institute on Aging

National Institute of Arthritis and Musculoskeletal and Skin Diseases

National Institute of Child Health and Human Development

<http://grants.nih.gov/grants/guide/notice-files/NOT-AG-06-004.html>

Change in Expiration Date of PA-05-136

(NOT-AG-06-005)

National Institute on Aging

<http://grants.nih.gov/grants/guide/notice-files/NOT-AG-06-005.html>

RFP Announcement: Network on Antimicrobial Resistance in Staphylococcus aureus (NARSA) NIH-NIAID-DMID-07-11

(NOT-AI-06-015)

National Institute of Allergy and Infectious Diseases

<http://grants.nih.gov/grants/guide/notice-files/NOT-AI-06-015.html>

Addendum to RFA-AI-06-005 - Microbicide Innovation (R21/R33) Program (MIP)

(NOT-AI-06-016)

National Institute of Allergy and Infectious Diseases
National Institute of Child Health and Human Development National
Institute of Mental Health

<http://grants.nih.gov/grants/guide/notice-files/NOT-AI-06-016.html>

Extension of Expiration Date for PAR-03-017 - Cutting-Edge Basic
Research Awards (CEBRA)

(NOT-DA-06-007)

National Institute on Drug Abuse

<http://grants.nih.gov/grants/guide/notice-files/NOT-DA-06-007.html>

Requests for Applications

Developmental Centers for Research on Complementary and Alternative
Medicine: Phase II (DCRC II)[U19]

(RFA-AT-06-001)

National Center for Complementary and Alternative Medicine Application

Receipt Date(s): August 11, 2006

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

Innovative Technologies for Molecular Analysis of Cancer (SBIR
[R43/R44])

(RFA-CA-07-006)

National Cancer Institute

Application Receipt Date(s): February 22, 2006; May 26, 2006; September
26, 2006

<http://grants.nih.gov/grants/guide/rfa-files/RFA-CA-07-006.html>

Innovative Technologies for Molecular Analysis of Cancer (STTR
[R41/R42])

(RFA-CA-07-007)

National Cancer Institute

Application Receipt Date(s): February 22, 2006; May 26, 2006; September
26, 2006

<http://grants.nih.gov/grants/guide/rfa-files/RFA-CA-07-007.html>

Application of Emerging Technologies for Cancer Research (SBIR
[R43/R44])

(RFA-CA-07-008)

National Cancer Institute

Application Receipt Date(s): February 22, 2006; May 26, 2006; September
26, 2006

<http://grants.nih.gov/grants/guide/rfa-files/RFA-CA-07-008.html>

Application of Emerging Technologies for Cancer Research (STTR [R41/R42])
(RFA-CA-07-009)
National Cancer Institute
Application Receipt Date(s): February 22, 2006; May 26, 2006; September 26, 2006
<http://grants.nih.gov/grants/guide/rfa-files/RFA-CA-07-009.html>

Innovations in Cancer Sample Preparation (SBIR [R43/R44])
(RFA-CA-07-010)
National Cancer Institute
Application Receipt Date(s): February 22, 2006; May 26, 2006; September 26, 2006
<http://grants.nih.gov/grants/guide/rfa-files/RFA-CA-07-010.html>

Innovations in Cancer Sample Preparation (STTR [R41/R42])
(RFA-CA-07-011)
National Cancer Institute
Application Receipt Date(s): February 22, 2006; May 26, 2006; September 26, 2006
<http://grants.nih.gov/grants/guide/rfa-files/RFA-CA-07-011.html>

Disease Investigation through Specialized Clinically-Oriented Ventures in Environmental Research (DISCOVER) [P50]
(RFA-ES-06-001)
National Institute of Environmental Health Sciences
Application Receipt Date(s): November 17, 2006
<http://grants.nih.gov/grants/guide/rfa-files/RFA-ES-06-001.html>

Nanomedicine Development Centers (PN2)
(RFA-RM-06-007)
NIH Roadmap Initiatives
National Eye Institute
Application Receipt Date(s): June 23, 2006
<http://grants.nih.gov/grants/guide/rfa-files/RFA-RM-06-007.html>

Program Announcements

Technologies for Monitoring and Performing Resuscitation (SBIR [R43/R44])
(PA-06-126)
National Heart, Lung, and Blood Institute
Application Receipt Date(s): Multiple dates, see announcement.
<http://grants.nih.gov/grants/guide/pa-files/PA-06-126.html>

Technologies for Monitoring and Performing Resuscitation (STTR

[R41/R42])

(PA-06-127)

National Heart, Lung, and Blood Institute

Application Receipt Date(s): Multiple dates, see announcement.

<http://grants.nih.gov/grants/guide/pa-files/PA-06-127.html>

New Technology for Proteomics and Glycomics (SBIR [R43/R44])

(PA-06-128)

National Center for Research Resources

National Heart, Lung, and Blood Institute

National Institute of General Medical Sciences

National Institute of Neurological Disorders and Stroke Application

Receipt Date(s): Multiple dates, see announcement.

<http://grants.nih.gov/grants/guide/pa-files/PA-06-128.html>

New Technology for Proteomics and Glycomics (STTR [R41/R42])

(PA-06-129)

National Center for Research Resources

National Heart, Lung, and Blood Institute

National Institute of General Medical Sciences

National Institute of Neurological Disorders and Stroke Application

Receipt Date(s): Multiple dates, see announcement.

<http://grants.nih.gov/grants/guide/pa-files/PA-06-129.html>

NIH Pathway to Independence (PI) Award (K99/R00)

(PA-06-133)

National Institutes of Health

John E. Fogarty International Center

National Center for Complementary and Alternative Medicine National Cancer Institute National

Center for Minority Health and Health Disparities National Center for Research Resources

National Eye Institute National Human Genome Research Institute National Heart, Lung, and

Blood Institute 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 Engineering

National Institute of Child Health and Human Development National Institute on Drug Abuse

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 of Environmental Health Sciences National Institute of General Medical

Sciences National Institute of Mental Health National Institute of Neurological Disorders and

Stroke National Institute of Nursing Research National Library of Medicine Application Receipt

Date(s): Multiple dates, see announcement.

<http://grants.nih.gov/grants/guide/pa-files/PA-06-133.html>

Applications of Imaging and Sensor Technologies for Clinical Aging Research (SBIR

[R43/R44])

(PAS-06-130)

National Institute on Aging

Application Receipt Date(s): Multiple dates, see announcement.

<http://grants.nih.gov/grants/guide/pa-files/PAS-06-130.html>

Applications of Imaging and Sensor Technologies for Clinical Aging Research (STTR
[R41/R42])

(PAS-06-131)

National Institute on Aging

Application Receipt Date(s): Multiple dates, see announcement.

<http://grants.nih.gov/grants/guide/pa-files/PAS-06-131.html>

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Quotes:

How much more grievous are the consequences of anger than the causes of it.

Marcus Aurelius

Get mad, then get over it.

Colin Powell

Holding on to anger is like grasping a hot coal with the intent of throwing it at someone else; you
are the one who gets burned.

Buddha

Marc

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