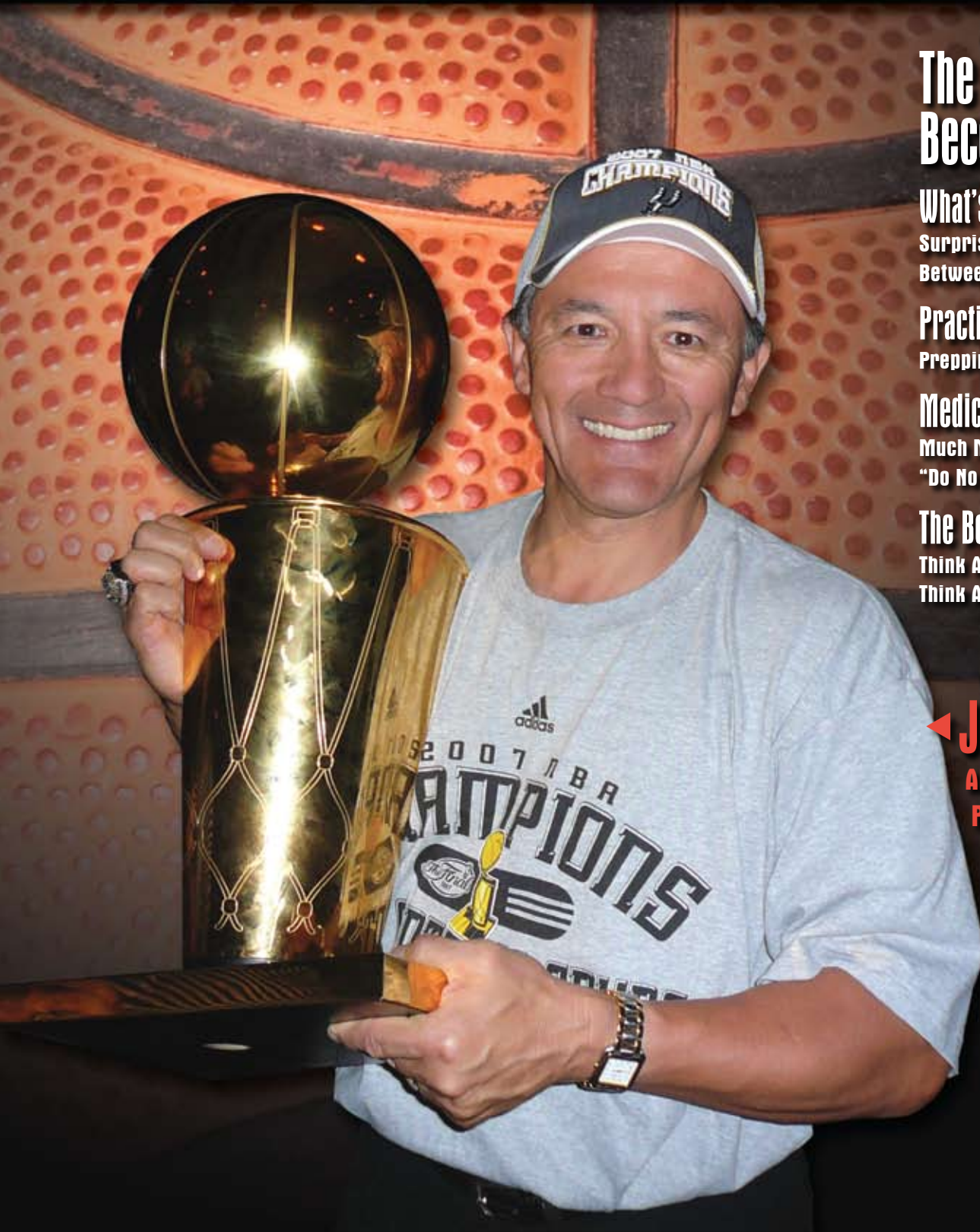


NORTH TEXAS HEALTH & SCIENCE

Fall 2008

The Quarterly Magazine of UNT Health Science Center



The Right Stuff: Becoming a DO

What's in a Name?
Surprising Similarities
Between MDs and DOs

Practice Makes Perfect
Prepping for Medical School

Medical Ethics
Much More Than
"Do No Harm"

The Bottom Line
Think All Doctors are Rich?
Think Again.

◀ **Jock Doc**
Alumni Profile:
Paul Saenz, DO '86

MESSAGE from the PRESIDENT



As summer slides into autumn, our campus is once again abuzz with eager new students dashing from one classroom to another. And if hallways and sidewalks seem a bit more crowded than last year, that's because they are! This fall, we welcomed a record number of new students – 1,222 to be precise – and we've also grown our faculty to record numbers – nearly double, to 400 – to handle the influx.

Clearly, Michael Phelps wasn't the only one breaking records in 2008!

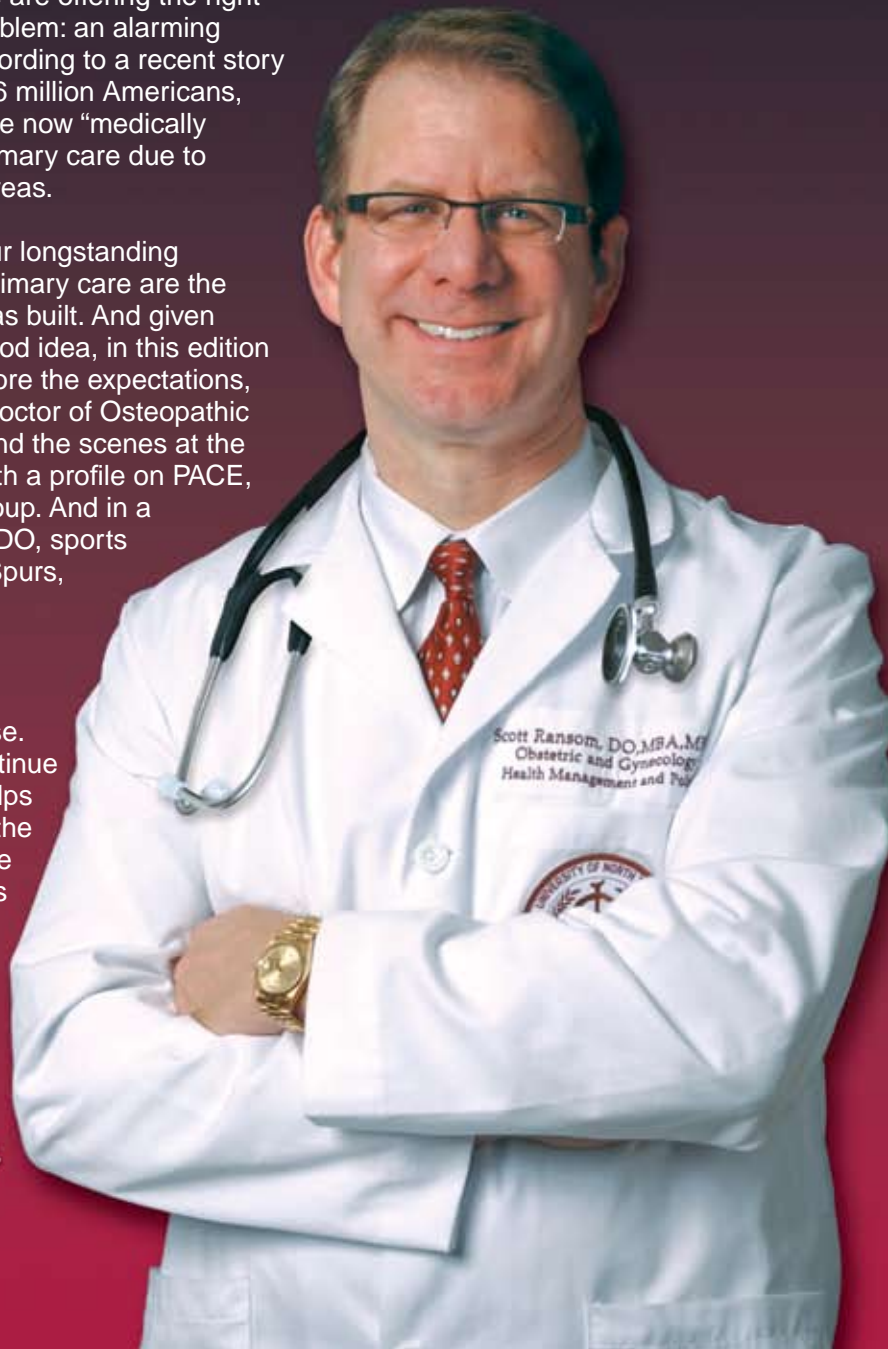
But we're just getting started. This growth represents our commitment to elevating our performance to new heights of unsurpassed excellence in academics, research and clinical care. Extramural grant funding is approaching an all-time high of \$30 million, and we're attracting record numbers of donors and contribution dollars. We're also seeing record numbers of patient encounters (600,000) at UNT Health, which is now the largest multi-specialty group practice in Tarrant County.

All this growth is extremely good news, both for the future of our institution and our community's health and well-being. Why? Because we are offering the right solution at the right time to a growing problem: an alarming shortage of primary care physicians. According to a recent story in September's AARP Bulletin, at least 56 million Americans, or almost one in five of the population, are now "medically disenfranchised," or lacking access to primary care due to physician shortages in their respective areas.

Fortunately, we're part of the solution. Our longstanding dedication to whole-person health and primary care are the foundations upon which our institution was built. And given that bedrock, we thought it might be a good idea, in this edition of North Texas Health & Science, to explore the expectations, ethics and rewards of becoming a DO (Doctor of Osteopathic Medicine). We're also taking a peek behind the scenes at the world of continuing medical education with a profile on PACE, our professional continuing education group. And in a freewheeling interview with Paul Saenz, DO, sports medicine physician for the San Antonio Spurs, we get an insider's look at one alumnus' innovative application of whole-person health care.

There's much more in this issue, of course. So read, enjoy and stay tuned as we continue to reach all-new heights. As Michael Phelps is fond of saying, "The more you dream, the farther you get." So I hope you will join me in dreaming big. We'll keep you posted as our results match our dreams!

As always, please feel free to e-mail me with your comments and suggestions at sransom@hsc.unt.edu



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CAMPUS FACILITY UPDATE

Construction begins on Public Health Education Building



The newest addition to the UNT Health Science Center campus – Building A – is now becoming reality. Demolition of the former Osteopathic Medical Center of Texas was completed in mid-August, and construction of the foundation for the new 112,000-square-foot building is underway. When completed, Building A will house new auditoriums and lecture halls, cutting-edge patient simulation labs, an osteopathic manipulative training center, study rooms and much-needed space for faculty offices. It's the first step in the Health Science Center's phased five-year plan that will add more than 300,000 square feet of floor space to our campus and take our legacy of innovation to an entirely new level.



Artist's rendition of Building A courtesy of Jacobs Carter Burgess

Photo: Bob Short



Did you Know...

The following quantities of materials were recycled:

- 2,637 tons of scrap metal
- 6,435 tons of concrete
- 17,228 tons of masonry

We also donated four medical supply boxes to the River Oaks Volunteer Fire Department.

Growing Greener

More than seven months and \$1,069,473 have been spent demolishing the old Osteopathic Medical Center of Texas (OMCT) building to make way for the Health Science Center's growth. And because of the environmental and fiscal consciousness of the project, there's been a lot of saving going on, too – saving the planet and saving money.

The culmination of the conservation efforts will be to achieve Leadership in Energy and Environmental Design (LEED) certification for Building A, which is rising from the OMCT site. LEED certification provides independent, third-party verification that a building project is an



environmentally responsible, profitable and healthy place to live and work. The U.S. Green Building Council awards this certification after a building meets an extensive checklist of criteria. Part of these criteria is to recycle 75 percent of the demolished building's weight.

Since 2005, when the Health Science Center purchased the property, hundreds of abandoned items from the hospital have been recycled. All types of furniture, office equipment and fixtures, even medical and office supplies, have found new homes with various local churches, school districts, universities and social service agencies. Donating these reusable items to non-profit organizations helps them get

more mileage from their own financial resources and also allows the Health Science Center to do something good for the planet and the community.

But plaques and certificates are not the most important outcome of this green goal. Salvaging more than 26,000 tons of recyclable materials from ending up in landfills is only one of the ways the Health Science Center has tried to be a responsible corporate citizen throughout this process. Since February 2008, more than 2,000 truckloads of metal and concrete have been hauled to nearby recycling facilities. These trucks may have appeared to be hauling away unsightly debris, but now that green is the new gold, they were actually hauling precious cargo.

And since trees represent the best green investment ever, it's reassuring to know that every effort has been made to protect as many

existing trees at the site as possible during demolition. In fact, the new building's design incorporates the mature greenery currently on the property. The natural shade will enhance both the attractiveness and energy efficiency of the building for years to come.

When Building A is complete, it will be one of 21 LEED-certified structures in Fort Worth. The donated hardware and fixtures, combined with the structural steel, aluminum, copper, brick and concrete salvaged from the site, will help significantly in obtaining this recognition. The addition of this sophisticated yet practical structure is one of the "building blocks" towards the Health Science Center's goal of reaching top-10 status. 🏡

More information on the U.S. Green Building Council and LEED certification can be found at www.usgbc.org.

* The Right Stuff:

Recipe for becoming a doctor:

- Start with a four-year pre-med bachelor's degree (seasoned with courses rich in math and science)
- Heat to a GPA of at least 3.5.
- Carefully blend the demanding Medical College Admission Test (MCAT) with glowing reference letters and proof of part-time and/or volunteer work in hospitals, clinics or doctors' offices into an acceptable medical school submission package
- Toss with two years of intense class and lab work in anatomy, biochemistry, physiology, pathology, medical ethics and pharmacology courses (along with many more)
- Mix in another two years of exhausting clinical rotations
- Top with a choice of specialization
- Simmer in three years (minimum) of residency

Voila! Your proud (and nearly broke) parents can now boast about "my son/daughter, the doctor."

* (This is the first in a series of occasional articles about the schools and students of UNT Health Science Center. Profiled in this issue: The Texas College of Osteopathic Medicine, or TCOM).



Laura Allen, first year TCOM student (2012)

Becoming a DO

Did You Know...

Osteopathic medicine was developed in 1874 by Andrew Taylor Still, MD, DO, who stated: "Any variation from health has a cause, and the cause has a location. It is the business of the osteopathic physician to locate and remove it, doing away with the disease and getting healthy instead." Dr. Still believed that many medications at that time were useless, even harmful, and identified the musculoskeletal system as a key component for good health.

Dr. Still's inspiration to create a better way came from personal tragedy: despite his vast training and experience as a Civil War surgeon, he watched helplessly as three of his children died of meningitis in 1864. Concluding that orthodox treatments of the day were ineffective, he spent the next 10 years focusing on anatomy and finding better treatment methods.

He founded the American School of Osteopathy (now Kirksville College of Osteopathic Medicine, part of A.T. Still University) in Kirksville, Mo., in 1892. Today there are 28 accredited schools of osteopathic medicine in the U.S., and 127 accredited U.S. allopathic (MD-granting) schools.

Approximately 65 percent of practicing osteopathic physicians specialize in primary care areas, such as pediatrics, family practice, obstetrics and gynecology, and internal medicine. Many fill a critical need by practicing in rural and other medically underserved communities.

Image courtesy of the Still National Osteopathic Museum, Kirksville, MO [PH 446]



Andrew Taylor Still, MD, DO

Hey, if it was easy, anybody could do it. But the fact is, becoming a doctor, be it a DO (Doctor of Osteopathic Medicine) or an MD (Doctor of Medicine), takes an incredible amount of money, time, effort, sacrifice and sheer willpower. With all that's required, it's a wonder anybody dares to embark on this journey, much less complete it.

However, those who choose the world of health care are a special breed, driven by an overwhelming desire to help their fellow humans. And while the pay's not exactly shabby, most doctors argue that financial gain is not their primary motivator. In fact, most say that their ultimate compensation comes from being one of those very special people who is able to tell the difference between indigestion and a heart

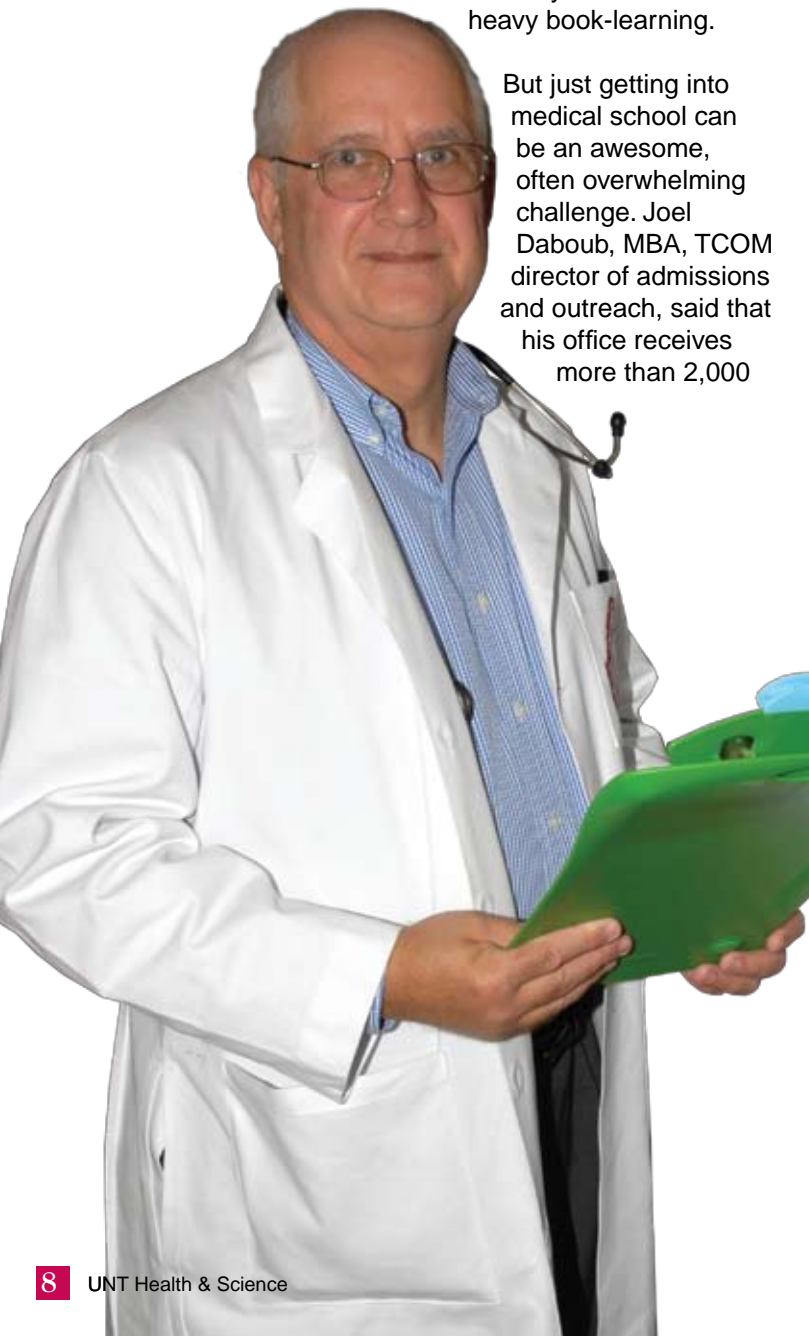
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attack, or who can remain encouraging while gently explaining a prognosis to someone with a progressive, debilitating disease.

“We’re in the business of training great physicians, not just good physicians,” said Bruce Dubin, DO, JD, TCOM associate dean of academic affairs. “And great physicians are equivalent to Olympic athletes, in terms of competing at an incredibly high level, even before they think about applying to medical school. Once these special few get into medical school, just like in the Olympics, the pressure ramps up even more.”

Dr. Dubin’s comparison is apt: great physicians-to-be, like great athletes, don’t shrink from training four or five hours after the day’s work is done, and consistently dedicate another 10 to 12 hours every weekend to heavy book-learning.



But just getting into medical school can be an awesome, often overwhelming challenge. Joel Daboub, MBA, TCOM director of admissions and outreach, said that his office receives more than 2,000



Joel Daboub, MBA, Director of Admissions and Outreach

applications for each year’s open slots, a record 175 this fall. Given such an abundance of candidates, choosing who to accept should be relatively easy, right?

Not so fast.

“Choosing the best candidate is more than just scoring points on an application and doing well in interviews,” Daboub said. “Especially at TCOM, we’re looking for a unique blend of intelligence, community commitment and curiosity. Academic firepower, in terms of great grades, is always important. But if the candidate has little or no volunteer experience, then the candidate with more community time but a slightly lower GPA might weigh in equally, or maybe even a bit ahead. We’re looking for the best of the best in both cognitive and non-cognitive variables. It’s a painstaking process.”

“This level of commitment and dedication to science and to community is what distinguishes those who simply graduate from those who will be great physicians.”

– Dr. Bruce Dubin (seen left)

The dreaded application essay also plays a hugely significant role, according to Daboub. “Applicants hate it,” he chuckled, “and it’s understandable. Nobody likes writing an essay. But we really examine them. We want to know the whole story about the whole person, not just what the applicant thinks we want to hear. It’s a big distinction.”

“When we bring potential students on campus for a visit, we take a lot of time to interview them thoroughly,” added Russell Gamber, DO, MPH, TCOM assistant dean of admissions and outreach. “Then the admissions committee reviews each candidate. It’s a very democratic and holistic process, and we like to think we attract young people who understand this philosophy and will practice it for the rest of their lives. After all, we expect our graduates to become part of the community they will practice in and to do everything they can to better understand their patient population.”

Clearly, getting into medical school is hard enough: staying in is another challenge entirely, especially since success at TCOM comes from

Continued on page 10



Russell Gamber, DO, MPH, TCOM assistant dean of Admissions and Outreach

TCOM’S Innovative Curriculum

Several innovative programs are hallmarks of TCOM’s curriculum:

- **ROME** (Rural Osteopathic Medical Education of Texas) is a comprehensive program that provides training to students who want to practice in rural areas. TCOM’s Division of Rural Medicine offers numerous training sites throughout Texas, staffed by TCOM adjunct rural medicine faculty physicians, many of whom are also alumni. Students are matched with a rural community in their first year and continue the association throughout their four-year curriculum. Through intensive interaction (participating on EMS teams and presenting health lectures at community centers are just two of many immersive activities), students discover firsthand the realities of serving in a rural community.
- Exciting opportunities await those who sign up for special “**Community Resource**” courses. Student physicians observe and/or participate in a variety of health and social services with diverse groups in both urban and rural settings, to better understand the roles and skills of other health care team members.
- A newly developing field, **medical informatics**, includes areas of health care information organization, analysis, management and use. TCOM helps students understand this innovative discipline with a two-year program that concludes with a complex case presentation during Student Grand Rounds.
- **Biomedical research** is another burgeoning area of interest to today’s medical students. And thanks to the National Institutes of Health’s National Center for Complementary and Alternative Medicine, a four-year Research Education Project Partnership Grant will help TCOM better integrate biomedical research competencies into the curriculum and increase research in osteopathic medicine.



Jessica Toler, TCOM student body president, class of 2010.

applying, not merely acquiring, knowledge. Now in her third year, TCOM student body president Jessica Toler noted, "Rote memorization is not enough. A student must be able to think critically about the information they receive."

A Whole-Person Curriculum

And talk about receiving information — the cliché of drinking from a fire hydrant is entirely apt. But as Dr. Dubin points out, "part of the beauty of TCOM's unique curriculum is that it's based heavily on the application of facts rather than just their acquisition. That's why we've developed an application-based curriculum that's becoming recognized as cutting-edge and is actually helping set the pace for medical education in the 21st century."

Some of those cutting-edge components include non-medical techniques that help students develop skills like time management. There's good reason: while non-medical programs might dedicate an entire semester to physiology, medical schools may cover the same depth of material in just three or four weeks. Therefore, the ability to effectively process material on a Mount Everest-like scale is essential.

Good time management skills also help students stay sane. "Life balance is extremely difficult for medical students," Dr. Dubin said. "School is hugely demanding, but life isn't complete without friends and family. So becoming a great time manager, while enlisting the support from family to comprehend what a student is going through, is vital to making sure the time you do have together is quality time."

"The goal is to achieve a high level of wellness, rather than just a lack of disease."

– Dr. Russell Gamber

A Hands-On Approach

First- and second-year TCOM students spend the majority of their time, as do their MD student counterparts, studying the medical basics. But in addition, they also begin learning the practice, and art, of osteopathic manipulative treatment, or OMT.

"In the first two years, we introduce students to functional anatomy versus static anatomy," Dr. Gamber said. "In plain English, we deal with living human beings instead of cadavers. We see the musculoskeletal system almost like a keyboard to orchestrate a more efficient blood supply to internal organs. When these systems aren't aligned, the body fatigues more easily and functions less efficiently. We teach students how to help a patient have a finely tuned body that functions well. The goal is to achieve a high level of wellness, rather than just a lack of disease."

Third-year TCOM students begin applying their collective medical knowledge at clinical rotations in area hospitals and UNT Health clinics.

"This third-year core rotation is a unique part of our curriculum that I'm quite proud of," Dr. Gamber said. "It puts OMT on the same page as other medical disciplines, and I'm delighted that we instituted the concept ahead of other DO schools. Recently, I was with 12 students who were applying their 200 hours of learning to the real world of patient care. In effect, we're giving students 18 months' worth of practical exams every 30 minutes, which is how often a new patient comes in the door."

"This is so much better than being in the classroom!" Toler enthused during her rotation in family medicine at a UNT Health clinic. "For the



Don Peska, DO, MEd, (center) performing arterial angioplasty in a vascular special procedures laboratory with student assistants.

first two years, you're stuck in books and figuring out how everything applies. Now we're using our knowledge, interacting with patients and formulating treatments. It's what I've been waiting for and much, much better than I ever thought it would be. I feel like I'm home."

After two years in rotation, it's time for students to don their caps and gowns and graduate, then move on to residency (three years minimum) at a hospital or other healthcare facility. But the individual reward that comes from making a positive impact in a patient's life is well worth the time and effort.

"During my last day of making rounds at the hospital, a patient stopped me in the hallway," Toler said. "She told me that when I graduate, she wants me to be her doctor! She was very sincere and honest. It was one of those special moments that makes all the hard work completely worth it."

"Commitment and dedication to science and to community are what distinguish those who simply graduate from those who will be great physicians. We have a tradition of excellence that will only grow in scope and impact, and our

commitment is to these students, their communities and to our national health. It's what we do and I think we do it better than anybody else."

– Dr. Bruce Dubin

Did You Know...

TCOM students routinely excel on the Comprehensive Osteopathic Medical Licensing Examination (COMLEX). In the 2007-2008 academic year, TCOM classes scored the highest in the nation on the Level 1 and Level 2 COMLEX. And this year, TCOM's class of 2008 performed best in the nation for all osteopathic medical schools with a 100 percent pass rate and student mean scores well above the national average.

What's in a Name?

Surprising Similarities Between MDs and DOs

America's 60,000 DOs (Doctor of Osteopathic Medicine) make up just 8 percent of the total American physician population. The remaining 92 percent are MDs (Doctor of Medicine). But the balance is beginning to shift. Today, nearly 20 percent of students entering medical school choose osteopathic medicine, compared to just 5 percent nearly 30 years ago. And the recent emphasis on primary care in MD programs is promoting greater overlap between the two philosophies, proving that what's good for the patient is good for the entire profession of medicine.



Doctor of Medicine

MDs complete a four-year undergraduate degree with an emphasis on science courses

MDs complete four years of basic medical education.

MDs complete a residency program (typically two to six years of additional training).

MDs practice in a specialty area of medicine—such as psychiatry, surgery, obstetrics or sports medicine, to name just a few.

MDs must pass state licensing examinations

MDs practice in fully accredited and licensed hospitals and medical centers.

MDs perform surgery, deliver children, treat patients, and prescribe medications in hospitals and clinic settings.

Doctor of Osteopathic Medicine

DOs complete a four-year undergraduate degree with an emphasis on science courses.

DOs complete four years of basic medical education.

DOs complete a residency program (typically two to six years of additional training).

DOs practice in a specialty area of medicine—such as psychiatry, surgery, obstetrics or sports medicine, to name just a few.

DOs must pass state licensing examinations.

DOs practice in fully accredited and licensed hospitals and medical centers.

DOs perform surgery, deliver children, treat patients, and prescribe medications in hospitals and clinic settings.

DOs train for four semesters of class work and lab study, plus an additional clinical rotation for a month in osteopathic manipulative treatment.

DOs concentrate on primary care and emphasize a whole-person approach to patient care and disease prevention.

DOs have the option of pursuing an osteopathic residency program or applying for a residency through the National Residency Match Program used by MDs.

DOs have a strong history of serving rural and underserved areas, often providing care to some of the most economically disadvantaged members of society.

Practice Makes Perfect

Prepping for Medical School



Jamboor Vishwanatha, PhD, Graduate School of Biomedical Sciences dean.

The Health Science Center offers students wanting to become doctors of osteopathic medicine a better chance to succeed at medical school. The Master of Science in Medical Sciences program offers a strong, challenging biomedical science core curriculum to those individuals who want to enhance their medical school entry credentials in the environment of a health science center.

Acceptance to this exclusive post-baccalaureate club is limited to a special few. Each year, the Graduate School of Biomedical Sciences receives 150-160 applications, but only 50 gain admission.

Jessica Toler, now a third-year TCOM medical student and student body president, was one of the lucky ones. "There is wonderful interaction and the teachers are big student advocates, so we got to know each other extremely well," she said. "And when it came time to apply to medical school, they went to bat for us – for me. I was so impressed by the program and the faculty that I thought, 'If the medical school is like this, too, then TCOM is for me.'"

In the past six years of the program's history, about 70 percent of all students who maintain a 3.5 grade point average or higher have been accepted to medical school.

The 12-month program is designed to give its students a strong foundation for building a medical career. Each student is paired with a

physician for a "shadowing" experience, and takes courses in biostatistics, two health disparity courses, biochemistry, MCAT prep, molecular cell biology, epidemiology, physiology, pharmacology, clinical research and studies, structural anatomy, and ethical, legal and social issues for responsible clinical research.

The Diversity Post-Baccalaureate Entry Enhancement Program (DiPEEP) continues the school's mission of serving underrepresented minority students by giving financial support to enter this program. This special scholarship is awarded only to those students pursuing a Master of Science in Medical Sciences degree, and only to those who meet certain criteria:

- A member of an underrepresented minority
- A first-generation college student
- Economically disadvantaged
- A rural or inner-city background
- Experience with or commitment to serving historically underserved or underprivileged populations

The Health Science Center offers 15 of these up-to-\$7,000 scholarships for DiPEEP, supported by a grant from the Texas Guaranteed Student Loan Corporation. Its goal is for at least 80 percent of those scholarship recipients to eventually get into medical school.

"The goal of this program is to give minority and underrepresented individuals the chance to build on their bachelor's degree in science, with an eye toward their successful completion of medical school. We believe if we can give these students this foundation to build on, not only will they successfully complete medical school, but they will also return to their communities to serve there – in those areas of Texas that are in most need for world-class health professionals."

– Dr. Jamboor Vishwanatha

Medical Ethics

Much More Than "Do No Harm"

"First, do no harm." New doctors solemnly pledge themselves to this well-known section of the ancient Hippocratic Oath.

But Hippocrates didn't live in today's litigious times, when a good physician needs more than anatomy, chemistry and a warm bedside manner. Today's doctors require the ability to make the right decision in sometimes complicated circumstances. That's why future DOs at the Texas College of Osteopathic Medicine take mandatory courses in medical ethics. Designed to help them navigate decision making as skillfully as they do the human body, TCOM's ethics curriculum guides them through the gray areas between black-and-white issues.

What is the right thing to do when it comes to a patient? In today's world, physicians have a responsibility to consider the impact their decisions will have beyond the patient – to the patient's family, the community, the health care system and the world.

"Most people come to medical school out of a moral imperative to help people. However, as we find out in the clinical years, this is not so simple," said Amber Lehmann, third-year medical student. "Elements of culture, end-of-life preferences, and other unpredictable features of a patient's interaction with mortality confuse how best to care."

Roy Martin, DMin, TCOM assistant professor in clinical ethics, said, "Medical ethics is the ability to think critically about values – the doctor-patient relationship for example, or your relationship to the community. It is not how to get out of trouble or stay out of trouble."

The goal of the TCOM medical ethics curriculum is not to teach students a set of rules to follow, but a

way of thinking that will help them, as doctors, deal with any medical situation.

The four-year medical ethics coursework helps students develop perspective for dealing with complexities. Small and large group discussions expand students' awareness of concepts such as respect, empathy, compassion, patient autonomy, quality of life, spirituality and cultural differences.

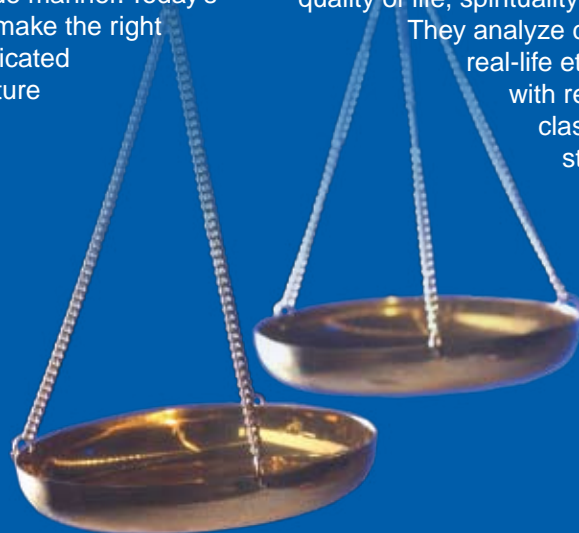
They analyze case studies and observe real-life ethics committees wrestle with real-life dilemmas. As a class, first-year medical students are also required to collaboratively write a code of ethics.

"In small group settings, lively discussions make it clear that ethics don't occur within a vacuum, especially in a country that prides itself on openness to other ways of thinking. Because of the diversity of our nation and rapid changes such as expanding technology and the aging of the population, training in medical ethics and cultural competency is more critical than ever," Lehmann said.

At the center of the debate on medical decision-making is a question Dr. Martin feels is critical for medical students to consider: "Who decides, and who decides who decides?" He challenges that physicians should be leading the discussion on how healthcare decisions are made and who should make them.

Lehmann has a few questions of her own: "When will we wake up to the ethical issue with the greatest determinacy on health outcomes – economic standing? When will we address the huge disparities in global health? Should these be in the forefront of our conversations as future healthcare providers, or should they be left to the economists?"

May the discussion continue...



The Bottom Line

Think All Doctors are Rich? Think Again.

Much is assumed about the financial rewards of being a physician. And while it's true that some highly trained, highly skilled superstar surgeons pull down formidable compensation, they are the exception rather than the norm.

For the vast majority of physicians, earnings vary according to number of years in practice, geographic region, hours worked, skill, performance and professional reputation. Most doctors are in training until they're at least 30 years old, while their business and engineering peers are taking home steadily higher salaries in the meantime. Add the cost of sizable education loans, and it becomes clear that most doctors will face an uphill struggle for a number of years until their practice begins to generate a significant paycheck.

"The costs of becoming a physician are enormous, both in money and time involved," said Michael Haynes, UNT Health Science Center's

director of financial aid. "The academic requirements of our medical students dictate that the majority cannot work, even in a part-time capacity. Therefore, they rely on a financial aid package comprised largely of student loans to meet their living expenses for the academic year.

The average student loan debt is approximately \$120,000, excluding any loans they might have incurred during their undergraduate career."

For physicians overall, pay tends to vary by region. The southern U.S. is higher than the national average, but behind salaries in the western part of the country. And self-employed doctors who own or are part owners of their medical practice generally have higher median incomes than salaried physicians.

As a sampling, the starting salary for a primary care or pediatric physician is approximately \$120,000. As you might imagine, surgeons demand salaries in the mid-\$300,000 range, with neurosurgeons ranking at the top with a national average of \$530,000.

Keep in mind, though, physicians in private practice must maintain continuing medical education, pay stiff malpractice insurance premiums, and absorb overhead costs for facilities, well-trained staff, nurses and other mid-level care providers such as physician assistants or nurse practitioners.

Nevertheless, the reward that comes from being a physician goes beyond financial consideration.

According to Joel Daboub, MBA, TCOM director of admissions and outreach, "Most choose this work not because they're driven by money, but because they want to help people, be it in the lab or a hospital or private practice or some other area of the health profession. How well they do in terms of financial reward tends to be a secondary consideration."

"We make a living by what we get, but we make a life by what we give."

—Winston Churchill



Health and Science for a Song

Technology that revolutionized digital music is now changing the way UNT Health Science Center students learn.

Putting on a pair of headphones to listen to music is a great way to escape, with your favorite songs as the soundtrack to your own little world. But with the advent of digital media and iPods, that world is expanding to include more than music. The next time you see a student wearing iPod's iconic white earbuds, they may not be engrossed in their favorite music mix. They may be attending a lecture.

The Health Science Center recently launched a site on iTunes U – a section of Apple's wildly popular iTunes Store that's devoted to education. With iTunes U, students can access Health Science Center educational and course materials just a few clicks from where they download their favorite music.

Digital media in a variety of formats – including audio, video, photos and documents – can be downloaded and viewed with Apple's free iTunes software on any computer (Mac or PC) with an Internet connection, Apple iPod or iPhone portable media device. Once downloaded, the content can be viewed anytime – even without an Internet connection – which makes it ideal for a student's on-the-go lifestyle.

But perhaps its biggest selling point: iTunes is already everywhere. According to Apple, iTunes has more than 50 million users and is the number one retailer of music in America. A recent survey by the Health Science Center's Information Technology Services (ITS) found that 76 percent of incoming medical students already use an iPod or other digital media player.

"Many of our students already use iTunes for music and video," said Lynley Dungan, director of customer services for ITS. "It's only natural to provide information in a format that fits their digital lifestyles."

Because iTunes U is available everywhere, it has great potential to enhance the Health Science Center's expanding distance learning opportunities. One beneficiary: the Texas College of Osteopathic Medicine's Rural Osteopathic Medical Education of Texas program, which sends medical students to small towns across the state to learn the ropes of being a rural physician. "With iTunes U, our medical students, especially those in their third and fourth years,

who are training in places like Corpus Christi, Odessa and El Paso, have another easy way to access material for their coursework and stay connected with what's happening on campus," said Bruce Dubin, DO, JD, TCOM associate dean of academic affairs.

iTunes U is also connecting the Health Science Center with the community it serves. Lab lessons are available to participants of Project SCORE (Schools' Cooperative Opportunities for Resources and Education) – an outreach program that fosters collaborations between Graduate School of Biomedical Sciences students and Fort Worth Independent School District teachers and students to improve science education in public schools.

Because most of the Health Science Center's iTunes U information can be viewed by the public, the school's available content can attract potential new students, provide employee training and distribute PACE (Professional and Continuing Education) material to health care workers around the country.

"Now that our site is launched, we're working with students and faculty to find new ways that iTunes U can improve learning," Dungan said. "We are looking at the possibility of connecting iTunes U to our course management system to make it easier for students to access class material. And many have shown an interest in starting student podcasts."

"iTunes U has such great potential. This is just the tip of the iceberg."

– Lynley Dungan

Did you know...

UNTHSC joins dozens of prestigious universities on iTunes U, but it's one of the few health science centers with its own site. Other health science centers and medical schools – including Texas Tech Health Sciences Center and Stanford School of Medicine – are included with their schools' main site.

Anyone can use iTunes U. All you need is an Internet connection and a computer with iTunes software.

- Download iTunes for free at: <http://www.apple.com/itunes/download/>
- Access UNTHSC on iTunes U through the iTunes Store or at: <http://www.hsc.unt.edu/itunesu>

Patrick McDermott, Graduate School of Biomedical Sciences student

KEEPING PACE WITH PACE

William Osler by Thomas C. Corner (1865-1938), 1905.
Source: The Alan Mason Chesney Medical Archives



Did You Know...

The controversy around commercial funding for continuing medical education programs isn't new. In fact, it's almost as old as modern medicine itself. The father of modern medicine, William Osler, MD, fretted about the encroachment of pharmaceutical companies in early 20th century medicine. He was worried that physicians would come to rely on the "specious and seductive pamphlets issued by pharmaceutical houses, the bastard literature which floods the mail" and the salesmen who "are ready to express the most emphatic opinions on questions about which the greatest masters of our art are doubtful."



The benefits of continuing medical education (CME) are obvious: no one wants or needs an uninformed physician. But keeping America's healthcare professionals current with the latest discoveries, therapies, treatments, trends and philosophies is a complex proposition. While there are no federal mandates for how many hours of CME a doctor needs, each state has its own requirements. (In Texas, doctors must spend 24 hours a year refreshing their knowledge and skills.) All those hours add up to a big business: the most recent statistics (2006) value the CME industry at \$2.38 billion.

"It's a huge industry, no doubt about it, with plenty of room to make a difference," said Pam McFadden, associate vice president of PACE (Professional and Continuing Education) at the UNT Health Science Center. She should know: she and her energetic staff registered about 36,000 healthcare professionals in more than 600 high-quality learning programs throughout the U.S. last year. Demand, as well as variety of course offerings, continues to grow.

In fact, CME course types and descriptions encompass nearly every healthcare situation one can imagine, from diabetes awareness, menopause, new cancer therapies, depression, hypertension, multiple sclerosis, ALS, infant mortality and so much more – the list is almost endless.

Delivery methods are unlimited, too – traditional live classroom settings at large convention centers and hotels are still readily available, but are increasingly being replaced by performance improvement initiatives and

competency-based activities, many of which are exclusively online.

This vast array of course offerings and delivery methods across the country has greatly expanded the palette of available medical education opportunities. But as demand continues to rise, so has controversy around activity funding. At the moment, an estimated 60 percent of funding comes from commercial supporters like pharmaceutical and medical device companies. And according to McFadden, that's creating a lot of debate right now. "Many in the industry worry that commercial funding is unduly influencing physicians by overemphasizing certain medicines, medical devices, and diagnostic tests," she said.

In June, a report by the AAMC (Association of American Medical Colleges) urged medical schools and teaching hospitals to adopt policies that prohibit drug industry gifts and services to physicians, faculty, residents, and students, and to curtail the involvement of industry in continuing medical education activities. The report, "Industry Funding of Medical Education," recommended that association members implement policies and procedures consistent with the report's guidelines by July 1, 2009.

Andy Crim, PACE executive director, pointed out that most medical schools, including the Health Science Center, already have administrative and financial guidelines and safeguards in place to help eliminate the perception of commercial bias in CME activities. "We won't talk to an industry representative about any specific product," Crim said, "because CME isn't about sales and promotion. For the time being, commercial support is a part of CME and can be used to enhance quality and improve educational outcomes if used appropriately. The controversy comes when a company wants to have a say in the content of the activities we offer, the faculty we use and the venues we choose. We just don't allow them that kind of influence."

"Every day, I ask myself how we can make a difference."

– Pam McFadden

McFadden cited a 2007 program, "Depression in Women," as an example of how continuing education funding can, and should, be done. The program confronts the disproportionate numbers



Andy Crim, executive director and Pam McFadden, associate vice president of PACE

of mid-life women who are under- and mis-diagnosed for depression and was assembled by Health Science Center faculty members Alan Podawiltz, DO, MS, chairman of psychiatry, and Ralph Anderson, MD, FACOG, FRCS, chairman and assistant professor of obstetrics and gynecology. Pharmaceutical giant Wyeth provided funding for the program, which offers practical strategies for identifying depression and improving care for women at midlife and beyond.

"In our case, Wyeth funded the project with a completely hands-off attitude, which is exactly how it should work," McFadden said. "In the for-profit world, things don't always work that way, which is why there's controversy and a greater call for more rigid guidelines. In the world of state-funded medical schools, we already have safeguards and watchdogs in place. We're bound by state guidelines and have more checks and balances than most commercial enterprises. These things protect us and, for lack of a better word, sanitize educational programs in the minds of our consumers."

Crim pointed out what he called an "interesting" disparity in the amount of funding that actually

Continued on page 20

Custom-Built Courseware

In addition to keeping their collective finger on the pulse of thousands of course offerings by physician member organizations, publishing and education companies, and other medical schools, PACE creates its own high quality performance-improving course offerings. And while the educational topics change constantly, PACE follows a consistent formula to determine how best to construct each discrete program.

Needs Assessment:

One of the most challenging jobs in CME is identifying educational needs, or gaps in skills, knowledge, performance or attitude. PACE is constantly looking for these gaps, especially in the primary care setting, so educational activities can be designed to narrow the space between "what is" and "what should be."

Objectives and Content:

Once the need for an educational intervention is identified, PACE works with experts and thought leaders to develop objectives, in the form of actions, that participants may perform to improve desired outcomes. At that point, content and instructional strategies are developed to best satisfy the objectives.

Content Delivery:

This is the element that most people taking part in CME are familiar with – the presentation. Of course, depending on the previous step, the presentation can be delivered in a number of ways, including online, live lecture, interactive workshop or even as a performance improvement process.

Evaluation and Outcomes:

The final and most important step is determining if the identified gap was narrowed. While post-course attendee surveys are still part of CME, they are becoming less meaningful in the evaluation process. PACE has expanded the evaluation process to include clinician performance, impact on patient health and impact on community health. PACE also tries to determine what difference an activity or series of activities might make in terms of helping improve healthcare. The evaluations and learnings from measuring outcomes help improve future activities.

Continued from page 19

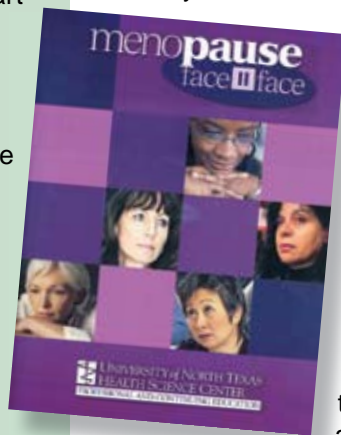
results in deliverable activities. "In 2006, about 50 percent of continuing education funding went to commercial enterprises, but those entities only delivered 6 percent of total educational instructional hours. On the other hand, 21 percent of funding went to medical schools that delivered, in turn, 31 percent of the total CME hours. If you do the math, you can see where the industry is heading. I think more proportionate funding is a good thing for everybody, because it will mean more choices for physicians."



McFadden noted with pride that PACE is accredited by the two most prestigious organizations in the industry – the AOA (American Osteopathic Association) and the ACCME (Accreditation Council for Continuing Medical Education). She also noted that PACE is one of only seven providers that maintain dual accreditation. "In our world, this is a very big deal," McFadden said. "Add to that our recent 'accreditation with commendation' from ACCME for our exemplary procedures and processes, and you begin to get the idea that we're doing something right."



For McFadden, all the activity in the CME industry comes down to one catchphrase: making a difference.



"Every day, I ask myself how we can make a difference, how we can maybe save a life," she said, talking over the jangle of ringing phones and clacking keyboards in her tiny campus headquarters office. "Professional and Continuing Education is the thread that weaves through all our schools here at the Health Science Center. Our

job is to find or create the best programs possible and create a win-win for everyone involved in order to improve the quality of care that the patient ultimately receives."

Applause!

The Texas College of Osteopathic Medicine (TCOM) Class of 2009

... recently scored the best in the nation on the Level 1 Comprehensive Osteopathic Medical Licensing Examination (COMLEX). This marks the third consecutive year that the medical school has been the top performer in the U.S. on this exam. This year's results are best in the nation for all osteopathic medical schools with a 98.5 percent pass rate and student mean score 8.5 percent above the national average.

Members of TCOM faculty and alumni

... received honors from the Texas Osteopathic Medical Association at its joint convention June 18-22 in Addison, Texas.

Marc B. Hahn, DO, TCOM dean, received TOMA's Meritorious Service Award, which recognizes outstanding accomplishments in scientific, philanthropic or other fields of public service to the profession.

Brooks M. Blake, DO, TCOM '99, received the New Physician of the Year Award. He is a specialist in OMM and was honored for outstanding community service in the Marble Falls area. He was recognized for donating free tattoo removal services for youths turning away from gang-related activities.

TCOM faculty and alumni elected to TOMA offices for 2008-2009 include:

President

Monte E. Troutman, DO, chief of the Division of Gastroenterology

Vice President

Elizabeth A. Palmarozzi, DO, TCOM '84, chair of the Department of Family Medicine

House of Delegates

Duane Selman, DO, TCOM '87, family and emergency medicine physician in Arlington

Ray L. Morrison, DO, TCOM '86, general surgeon in Crockett

Board of Trustees

Audrey R. Jones, DO, TCOM '88, family physician in Alamo

Al Yurvati, DO, TCOM '86

... was elected chair of the American Osteopathic Board of Surgery (AOBS), which was founded in 1940 to examine and grant board certification to osteopathic surgeons. The board is made up of 20 members representing surgical specialties including general, neurological, plastic and reconstructive, urological, general vascular, cardiothoracic and surgical critical care. Dr. Yurvati is professor and chair of Surgery.

Salvatore LoCoco, MD

... was appointed chair of the Texas Medical Association's (TMA) Committee on Cancer. The committee supervises TMA's cancer activities and promotes cancer education among physicians and the public. Dr. LoCoco, assistant professor of Obstetrics and Gynecology, will serve as chair through 2010.

Family physicians honor Health Science Center

... for achievements in education and strong dedication to primary care. The Texas Academy of Family Physicians (TAFP) awarded the Health Science Center with the Medical School Award of Achievement for the 14th consecutive year. Texas' largest medical specialty organization, TAFP established the award in 1993 to encourage Texas medical schools to increase the number of graduates entering family medicine residencies. The award honors Texas medical schools with at least 25 percent of graduates entering family medicine residencies. The Health Science Center is the only school in Texas recognized in 2008.

Quality Texas Foundation honors Health Science Center


... for commitment to organizational performance improvement. The Quality Texas Foundation is an organizational improvement training and education group that helps businesses and organizations achieve excellence through knowledge, feedback and recognition. This was the first year that the Health Science Center applied for the recognition, and was one of only 18 organizations to be recognized.

NEWS

UNIVERSITY of NORTH TEXAS HEALTH SCIENCE CENTER



Estrogen aids in resuscitation outcomes

 James Simpkins, PhD, chair of the Department of Pharmacology and Neuroscience, has partnered with the emergency medicine department at UT Southwestern to study the effects of estrogens on patients who need emergency resuscitation, specifically those with traumatic brain injury, shock and sudden cardiac arrest.

While less than 5 percent of the 1,000 Americans who suffer sudden cardiac arrest survive, Dr. Simpkins' new study has found that the rapid administration of a dose of estrogen increased survival and decreased ultimate lesion size by up to 65 percent.

The same combination of estrogen and other substances delivered intravenously after injury had similar effects in subjects suffering from traumatic brain injury. Radiological imaging and immunofluorescent technologies revealed a decrease in injury size of up to 65 percent.

This study is part of the Resuscitation Outcomes Consortium, a National Institutes of Health-funded program designed to study cardiac arrest and trauma events in patients, the outcomes of these events, and how treatment in the field immediately after these events affects patient survival rates.

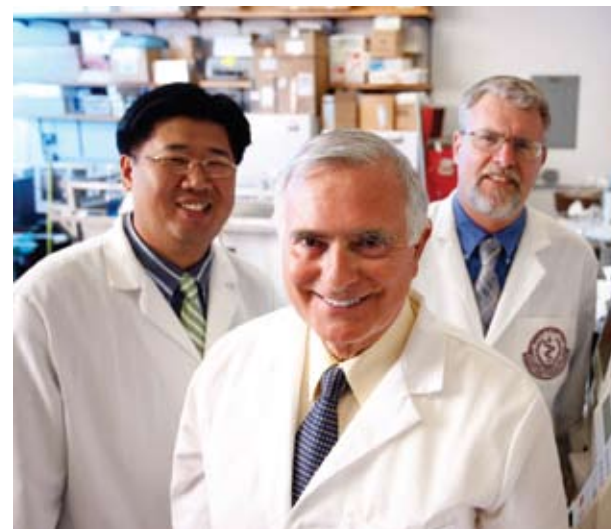
Intermittent hypoxia may strengthen heart

Researchers at the UNT Health Science Center have demonstrated that depriving the heart of oxygen actually may strengthen it. These recent discoveries by research team members Robert Mallet, PhD, associate professor of Integrative Physiology, Fred Downey, PhD, regents professor of Integrative Physiology, and doctoral student

Myoung-Gwi Ryou, were in the June 2008 issue of *Experimental Biology and Medicine* magazine and may lead to a new paradigm to protect hearts of patients at risk of coronary disease.

Hypoxia (the lack of oxygen) is considered harmful to the heart. However, this new research has demonstrated that a 20-day program of brief, repetitive, moderate reductions in the amount of oxygen in arterial blood help increase the heart's resistance to heart attack.

"Intermittent hypoxia treatment may be a powerful adjunctive therapy for patients at risk of heart disease," Dr. Downey said. "The brief periods of moderate hypoxia are easily tolerated by most people, require neither surgery nor expensive medications, and can be administered by the patient at home or work using available devices. Indeed, intermittent hypoxia has been used for several decades in eastern Europe to treat heart and neurological diseases and high blood pressure."



HSC researchers doctoral student Myoung-Gwi Ryou, Dr. Fred Downey and Dr. Robert Mallet

Quick test can help prevent HIV in newborns, save money

Until this spring, women who delivered babies at John Peter Smith Hospital chose whether or not they wanted to be tested for HIV. The test, called ELISA, took 8-10 hours to process. Unfortunately, by that time, a mother could leave the hospital with her baby, never knowing if her infant was exposed to the deadly disease. (Treating a baby within the first few hours of exposure can prevent the child from contracting HIV.)

This spring, Patty Hardt, MD, a resident of Ralph Anderson, MD, suggested that physicians at JPS begin using a new HIV test called OraQuick, which only takes 75 minutes to process. This quick turnaround enables doctors to rapidly assess the need to treat a newborn for HIV. Plus, it saves one more night's stay in the hospital — which can cost up to \$1,300. In addition, Dr. Hardt suggested that the test be administered as a routine part of delivery, unless the patient specifically refused that test.

Dr. Anderson, professor and chair of Obstetrics/Gynecology at the Health Science Center, guided Dr. Hardt through the process of establishing the new testing requirements, proving that even residents can make a difference. Estimated savings: \$830,000 — not to mention healthier babies — in Tarrant County.

The new protocol for HIV testing is one more example of how ForHER, a collaborative health model for women under the leadership of Dr. Anderson, is making a difference to the women of Tarrant County.

Agreements aid Fort Worth community

Negotiations have been successfully concluded, and professional service agreements signed, between the UNT Health Science Center and the JPS Health Network. The agreements will guide the services provided to patients by UNTHSC departments of Ob/Gyn, Psychiatry, Community Medicine, Orthopedic Surgery and undergraduate and graduate education.

All the discussions were based on how best to serve the patient with the best possible quality of care and being accountable and efficient with

local tax dollars. This new agreement will be for a five-year period and will be used as a template for future agreements.

New faculty join School of Public Health

Six new faculty members joined the School of Public Health this summer to support its growing programs and research. Among the additions are four senior members who will serve in administrative and teaching roles. The new faculty members bring strong research experience that will strengthen the Health Science Center's research areas, especially in reducing health disparities among minority groups.



Elena B. Bastida, PhD, associate dean for research, and professor and interim chair of Social and Behavioral Sciences

Prior to joining the Health Science Center, Dr. Bastida was professor and chair of sociology at the University of Texas Pan American at Edinburg, Texas, where she led its National Institutes

of Health SCORE Program and its Center on Aging and Health. She has recently received a \$2.3 million grant from the National Center for Health Disparities and Minority Health to reduce the prevalence of diabetes among Hispanics in the Texas border region. She holds a PhD in sociology from the University of Kansas at Lawrence.



Christine A. Moranetz, PhD, associate dean for curricular enhancement and associate professor of Social and Behavioral Sciences

Dr. Moranetz comes to the Health Science Center from the University of Kansas School of Medicine, in Kansas City and Wichita, Kan., where she served as

adjunct associate professor of family medicine and preventive medicine and public health, and director of special projects. She earned her PhD in Education/Exercise Physiology and Nutrition from the University of Kansas at Lawrence.

Continued on page 24



David A. Sterling, PhD, chair and professor of Environmental and Occupational Health

As professor and division director of Environmental and Occupational Health at Saint Louis University School of Public Health in St. Louis, Mo., Dr. Sterling earned a strong reputation as a principal investigator on

projects related to air quality and disease. Dr. Sterling is a lead investigator studying the effects of lead mining on the health of residents in Peru's mountainous regions.



Carlos Reyes-Ortiz, MD, PhD, associate professor of Social and Behavioral Sciences

Dr. Reyes-Ortiz served as researcher at the Sealy Center on Aging and as assistant professor of Rehabilitation Sciences at the University of Texas Medical Branch at Galveston. Prior to that he was assistant

professor of family medicine at Valle University in Cali, Colombia. Dr. Reyes-Ortiz earned his MD from Valle University at Cali, Colombia, and his PhD in Preventive Medicine and Community Health from the University of Texas Medical Branch at Galveston.



Subhash Aryal, PhD, assistant professor of Biostatistics

Dr. Aryal has served as instructor and research assistant of biostatistics at the University of Illinois at Chicago, where he also earned his PhD in biostatistics. At the conclusion of his studies, he was selected as the

outstanding student in biostatistics and epidemiology at the Illinois School of Public Health.



Hsueh-Fen Chen, PhD, assistant professor of Health Management and Policy

Dr. Chen comes to the Health Science Center after serving as an instructor and research assistant at Virginia Commonwealth University in Richmond, Va., where she earned her PhD in health administration. Her research

focused on how hospital finances affect quality of care.

W. Paul Bowman, MD, named department chair of Pediatrics



In June, W. Paul Bowman, MD, was named department chair of Pediatrics for the Texas College of Osteopathic Medicine (TCOM). In addition to his current role as senior pediatric hematologist/ oncologist and chairman of Cook Children's Health Care System Leukemia & Lymphoma program, Bowman

also has been named director of academic pediatrics for Cook Children's Medical Center.

"The new appointments tie together the teaching and research capabilities of the Health Science Center with the renowned patient care of Cook Children's Medical Center and Physician Network to bring leading-edge research and care to Tarrant County," said Scott Ransom, DO, MBA, MPH, UNT Health Science Center president.

Dr. Bowman, a native of Winnipeg, Canada, graduated from the University of Manitoba as class valedictorian before becoming a fellow in pediatric hematology-oncology at St. Jude Children's Research Hospital in Memphis, Tenn. In 1982, he came to what was then Cook-Fort Worth Children's Medical Center as co-director of the hematology-oncology department. He has served on numerous boards and committees in Tarrant County including the American Cancer Society, American Society of Clinical Oncology and the Legislative Task Force on Cancer in Texas.

Darrin D'Agostino, DO, named new chair of Internal Medicine



Darrin C. D'Agostino, DO, MPH, has been named chairman for the Department of Internal Medicine. He joined the Health Science Center on Sept. 15, and will see patients in general internal medicine at the campus Patient Care Center. Dr. D'Agostino received his Doctor of Osteopathic

Medicine from New York College of Osteopathic Medicine, his Master of Public Health from the University of Connecticut, and his Bachelor of Science in psychology from Union College. He is certified by the American Osteopathic Board of Neuromusculoskeletal Medicine.

He comes to the Health Science Center from the University of Connecticut School of Medicine, where he served as director of osteopathic medical education and associate professor of clinical medicine; assistant director of medicine, Hartford Hospital; and program director of the osteopathic internal medicine residency program.



TCOM ranked a top medical school

The UNT Health Science Center's Texas College of Osteopathic Medicine (TCOM) has been recognized as a top medical school for Hispanic students by Hispanic Business

magazine for the third time in four years. TCOM ranked 12th in the nation out of all MD and DO medical schools, which now total 155.

Dallas Business Journal features Health Science Center growth

In July, the Dallas Business Journal featured UNTHSC's commitment to train more health care professionals in Texas. Dr. Scott Ransom said that the school hopes to enroll as many as 2,040 students in five years and will add about a million square feet of building space in 10-15 years. The article also mentioned that research funding, now at about \$30 million annually, is expected to exceed \$50 million in just five years.



UNTHSC Board of Visitors

The newly-created UNTHSC Board of Visitors met on campus July 18-19. At the meeting, the Board learned more about the Health Science Center's programs and mission and gave input on UNTHSC's five-year strategic plan. UNTHSC created the Board of Visitors to serve as an advisory group to the president, administration and deans of the colleges on projects; assist in community relations; and generally promote the interests of the Health Science Center. The Board is made up of 16 national members with diverse expertise.



In the COMMUNITY

College for the younger crowd

The halls of the UNT Health Science Center were bustling again this summer as high school students came to campus for classes – and a bit of fun in the process. Students from the More Knowledge in the Sciences (MKITS) program at Fort Worth ISD's North Side High School and aspiring college students from North Side and Dunbar high schools spent part of their summer vacation here.

This year, 17 MKITS students engaged in a host of activities during their one-week visit to the Health Science Center, including extracting DNA from strawberries and holding a human heart. Sophomore-to-senior students spent each of their five days on campus in different workshops designed to show them the exciting world of what biomedical scientists research and practice. Activities also included a visit to the simulation lab, growing bacteria from their own thumbs in a petri dish, and a game of "MKITS Jeopardy," in which students were quizzed about the week's lessons, then received prizes for their performance.

MKITS is a partnership between the Health Science Center and Fort Worth ISD's North Side Pyramid (Manuel Jara Elementary, J.P. Elder Middle School and North Side High School) designed to encourage an interest in biomedical sciences among underrepresented minorities.

A dozen students also attended a new "College 101" prep class. These North Side and Dunbar high school students spent two days learning about the college application and admission process, and received an introduction to college life. They learned how to fill out college applications, what is expected of them on a college campus and in a college classroom, what preparations they should make to get ready for college, and other skills necessary to further their education. Students also took a field trip to the University of North Texas campus in Denton to see first-hand what college life is like.



MKITS students Ester Ma, Daisy Carillo and Lauren Ortiz work with DNA they extracted from a strawberry.

Cowtown marathon to include Health Science Center name

The Health Science Center is the new title sponsor of the annual multi-event race known as the Cowtown marathon. The new sponsorship will increase the Health Science Center's presence at the event and expand visibility in the Fort Worth community, as well as create new volunteer opportunities for the UNTHSC family.

Additionally, Jean Tips, vice president of Marketing and Communications, has joined Robert Kaman, PhD, professor, associate dean and director of outreach for the Graduate School of Biomedical Sciences, on the Cowtown board of directors. Dr. Kaman co-founded the Cowtown marathon in 1978. The Health Science Center has continued to support the event through sponsorship, promotion and by providing medical services. Registration is underway for next year's Cowtown on Feb. 28, 2009.



Presented by  UNT HEALTH SCIENCE CENTER

Health Science Center volunteers at Fair

UNTHSC faculty, students and alumni volunteers provided health screenings, including body mass index calculations and osteopathic manipulative treatment, to hundreds of people at the 10th Annual Hispanic Wellness Fair in Fort Worth on Aug. 2. Many members of the community turned out for vision exams, prostate cancer screenings, HIV/AIDS tests and more.

Richard Kurz, PhD, dean of the School of Public Health, was on the board for the fair this year, and Ximena Urrutia-Rojas, PhD, former associate professor of social and behavioral sciences, helped organize volunteers. The Health Science Center cofounded the event, which is the top Hispanic wellness event in Tarrant County.



Carolyn Kenney, TCOM Class of 2011, measures the height of a Hispanic Wellness Fair participant.

Alumni update

Who says meetings can't be fun?



Thanks again to all our fabulous alumni at June's joint convention of the Texas Osteopathic Medical Association and the Texas Society of the American College of Osteopathic Family Physicians (TOMA/TXACOF), held at the Intercontinental Hotel in Addison, Texas. Co-chaired by Damon Schranz, DO '98, the conference featured thought-provoking lectures, vendor displays, old friends and new colleagues. As with all major conferences, the TCOM Alumni Office was on-site to meet and greet our graduates and update them on news from their alma mater.

The TCOM Alumni Association Board meeting on Thursday, June 19, was followed by an outstanding "Alumni & Friends" reception, featuring entertainment by Alumni Development Coordinator Denise B. Armstrong and the BCM band. They performed "God Bless the Child," "Tain't Nobody's Bizness If I Do," and "Summertime," which was so popular that the crowd asked for, and got, a smoky, smokin' reprise.



Denise B. Armstrong, Alumni Development Coordinator



TCOM dean Marc Hahn, DO (right), recognizes Jack McCarty, DO '78, for his service to the osteopathic profession as Immediate Past President of TOMA (Texas Osteopathic Medical Association).



TCOM alums and supporters kick back and relax at the TCOM "Alumni & Friends" Reception.



TCOM grads Clare F. Laminack, DO '87 (far left) and A. Ray Lewis, DO '86 (far right) with UNTHSC's Director of Development Keith Overstreet (middle left) and Vice President of Institutional Advancement Gary Grant (middle right).



Back Row: Ginelle Gellert, PhD ('03), Pam Marshall, MS ('01, '02), Julie Poirot, MS ('03), Jami Kern, MBA, PhD ('02), Harlan Jones, PhD ('01) Front Row: Pat Cappelletti, MS ('98), Eve (Ettinger) Shulman, PhD ('04), Annita Bens, PhD ('93)

Expectations run high at August's Graduate School Alumni Association board meeting

Aside from making a point about Dr. Eve Shulman's "great expectation" (see above picture), discussion at the Alumni Association's board meeting centered around building support for the upcoming Gala honoring the 15th year of the Graduate School of Biomedical Sciences (GSBS). The possibility of leveraging the Gala as an anchor event for alumni homecoming weekend received a major thumbs-up by the planning committee. Alumni attendance is a critical factor in fundraising and keeping GSBS alumni connected with the Health Science Center and their faculty mentors. So, to all of you GSBS alums, keep your eyes peeled to the GSBS web site www.hsc.unt.edu/ToYourHealth and check out who's attending this year's festivities. And mark your calendars now for Oct. 25, even though blast e-mails will remind you about this historic event.

Moved recently?

Send your updated contact information to us at alumni@hsc.unt.edu

Update your classmates

E-mail your news and photos to us at alumni@hsc.unt.edu, and we'll post it on the alumni Web site for all of your classmates to see.

Keep in touch

alumni@hsc.unt.edu
817-735-2278 or 800-687-7580
www.hsc.unt.edu/alumni

Stay up to date

with campus news at:
www.hsc.unt.edu/news/connections/campusconnection/

View and share Class Notes

www.hsc.unt.edu/alumni

Jock Doc

Alumni Profile:
Paul Saenz, DO

Paul Saenz, DO,
graduated TCOM 1986

Occupation:

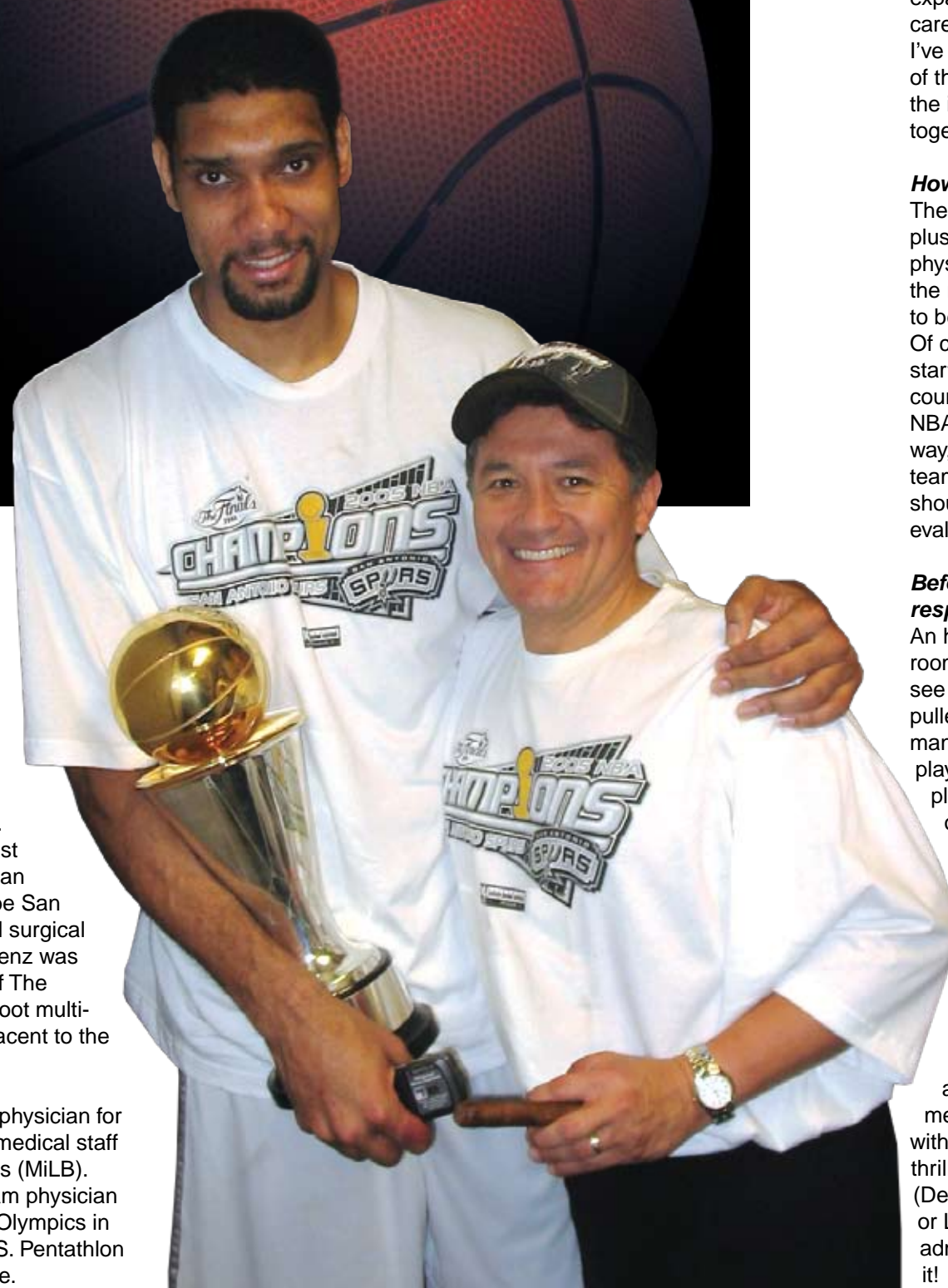
Founder (in 1992) and partner in Sports Medicine Associates of San Antonio; associate clinical professor with TCOM and University of Texas Health Science Center of San Antonio Medical School

City of Residence:
San Antonio, Texas

At a Glance

After graduation from the Texas College of Osteopathic Medicine (TCOM), Dr. Saenz completed family practice training in Phoenix Ariz., and moved to Seattle, Wash., where he became one of the first in the nation to participate in a sports medicine fellowship. He returned to his native San Antonio in 1988 and used his osteopathic training and experience to establish himself in the rapidly evolving field of primary care sports medicine. In fact, he became the city's first such specialist and founded Sports Medicine Associates of San Antonio. The group's mission statement is to be San Antonio's "preeminent provider of medical and surgical care to athletes and active individuals." Dr. Saenz was also instrumental in the concept and design of The Texas Center for Athletes, a 133,000-square-foot multi-specialty, multi-disciplinary facility located adjacent to the San Antonio Spurs' practice site.

Dr. Saenz will begin his 11th season as team physician for the San Antonio Spurs (NBA) and heads the medical staff for the city's Silver Stars (WNBA) and Missions (MiLB). He attended the 1998 Goodwill Games as team physician for USA Boxing, and also served at the 1996 Olympics in Atlanta, Ga. In 2004, he accompanied the U.S. Pentathlon team to the Olympic Games in Athens, Greece.



Dr. Paul Saenz with Tim Duncan of the San Antonio Spurs.

How did you get into this business?

The field of primary care sports medicine began evolving back around 1980 or so, when team physicians were usually orthopedic surgeons. Recognizing the increased focus on nutritional and training regimens, injury and illness prevention, and issues such as steroid abuse and performance enhancement, college and professional teams expanded their medical staffs to include a primary care physician as well as an orthopedist. Since I've always been interested in sports and was one of the first to participate in a sports fellowship, the industry and I just sort of managed to evolve together.

How many Spurs games do you attend a year?

The schedule calls for 82 regular season games plus a few exhibition games. Although team physicians don't usually accompany their teams on the road during the regular season, it's mandatory to be with them at all games during the playoffs. Of course, that's where the real fun and intensity starts with charter travel, great hotels and a courtside seat right behind the players! Yeah, the NBA is, as the commercial states, **fantastic!** By the way, it's standard operating procedure for the home team physician to also attend to the visiting team, should any need arise, giving me the opportunity to evaluate some of the league's other stars.

Before, during and after a game, what are your responsibilities?

An hour or so before tip-off, I go into the locker rooms and check on players for both sides, see if anyone has anything like a sore throat, pulled hamstring or perhaps needs osteopathic manipulation (OMT) on a sore neck or back. Our players love OMT, and many of the European players are totally familiar with the concept of osteopathy. Invariably, if there is a need, players and even referees usually find me before I find them. And if there's an injury, then post-game, I'm probably the busiest guy in the arena. But if all goes well, with no injuries or illnesses, all I do is watch the game!

Care to name-drop any superstars you've treated?

It sounds odd, but when I'm working on a player, I tend to be pretty focused on the medical issue at hand and not so concerned with their celebrity status. It's still absolutely a thrill to meet NBA superstars like Allen Iverson (Denver Nuggets), Steve Nash (Phoenix Suns) or LeBron James (Cleveland Cavaliers), and I do admit I'm liable to go home and tell my kids about it! I know they think their old man has a pretty

sweet job. A few weeks ago, Tony Parker (San Antonio Spurs) asked me to work on his neck a bit. He happened to mention that he and his wife, actress Eva Longoria of "Desperate Housewives," had recently hung out with soccer's reigning king, David Beckham (Los Angeles Galaxy) and his wife, Victoria (Posh Spice). And I admit, hearing all that was a bit of a rush and reminded me of the circles these players frequently run in.



Dr. Paul Saenz at the 2004 Olympics in Athens Greece.

You've worked in sports like basketball, baseball, boxing, and served at the '96 and '04 Olympics. Is there such a thing as a common injury in these different sports?

Every sport has its share of overuse injuries due to repetitive activities. In general, tendonitis is quite common across every sport. In baseball, you see it in the shoulder and elbow. In basketball and soccer, knee and ankle injuries predominate. In football and hockey, you see more trauma: things break, ligaments tear and impact injuries from collisions are all too routine.

What's the strangest injury you've ever encountered?

Last year, right before a playoff game with the New Orleans Hornets, Manu Ginobili horribly cracked his fingernail while using a stretchable sports cord. Now, this is a tough guy, an Olympic gold medalist. In fact, he carried the flag in Beijing for the Olympic Argentinean team during the opening ceremonies just a few weeks ago. Anyway, this seemingly minor injury was actually incredibly painful, and the challenge was how to get his finger ready for the next game. After all, fingernails take time to grow back in, so there's no simple fix. We ended up calling a nail technician, a cosmetic professional who applied an acrylic nail over the injury. It worked great, even though Kobe (Bryant) said it was the ugliest thing he'd ever seen. I never thought I'd have to call in a manicurist to save a game!

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What advice do you have for weekend warriors who overdo it?

There's an old saying in the business that sounds really self-evident, but it's as true now as it ever was: get in shape to play a sport, don't play a sport to get in shape. Even pro teams train before the season, so the rest of us should follow their example and build up slowly before we take on intensive activities. Otherwise, pain and injury are virtually inevitable. Start slow and go slow.

Which sports hero do you most admire and why?

Yankees No. 7, the great Mickey Mantle. Because of him I grew up dreaming of playing center field for the famed New York Yankees. This summer, my oldest son and I caught a game in the historic stadium, and when I placed my hand on The Mick's commemorative plaque, I'll admit I got goose-bumps. He was a tremendous player who displayed extraordinary fortitude while playing through so many injuries.

You have a local high school named after you. What's up with that?

It's a junior high charter school here in San Antonio. But while I was extremely flattered when the superintendent approached me with the concept, I have to tell you, I really debated it. Am I deserving of this? What are the ramifications and responsibilities from both a moral and an ethical standpoint? But when I went to visit the site, I realized that it was the same place that I used to ride my bike to for baseball practice when I was in Little League, so fate seemed to be involved. And when the superintendent told me that he wanted to name the school after someone that the students could meet and talk to – in other words, someone who wasn't dead, as is traditionally the case – I had to say yes. It's a unique opportunity to positively influence the educational direction of adolescents. It's a great honor and also quite humbling.

What is your best memory of TCOM days?

I have so many great memories and so many great friendships! We worked hard, no question, but we had a fun bunch to relax with. We were



Dr. Paul Saenz treating former San Antonio Spur Brent Barry.




1986 TCOM Alumni Drs. Al Yurvati, Paul Saenz and Christopher Mann.

always going to the lake or having a barbecue in someone's backyard. Here's a recent memory: I was invited back on campus earlier this year to talk with students about my career, and I told about how I've been able to do things that I dreamed about, like going to the Olympics and being team physician for the Spurs. I've been extremely lucky to have a really fun career and am blessed that it's all fallen into place. And I'm sure there are plenty more cool things on the horizon! But it all started at TCOM, and I have nothing but fond, happy memories. 📷

ADVANCEMENT *update*

Organization Supports First-Ever Endowed Chair for Geriatrics

 Recently celebrating a major milestone of 25 years of service as an organization, the Dallas Southwest Osteopathic Physicians, Inc. (DSWOP), has a strong practice of philanthropic support for entities such as the UNT Health Science Center.

Since their founding in 1983, DSWOP has provided grants and gifts to a wide range of Metroplex causes, including colleges and higher education, law enforcement, libraries, museums, public recreation, abused women and children, scholarships, drug abuse, health and public education.

Scott Ransom, DO, MBA, MPH, Health Science Center president, recently congratulated Joseph L. LaManna, DO, DSWOP chairman, and the entire DSWOP Board on its 25 years of service to the community. "We are keenly aware and deeply appreciative of the very generous support of DSWOP over the years and are very proud of our strong partnership with their fine organization," Dr. Ransom said.

The largest gift in the history of DSWOP has been their 2001 agreement to create a \$1.2 million endowment for clinical geriatrics at the Health Science Center. When completely funded, this first-ever chair at any osteopathic medical school in geriatrics will expand the school's work in geriatrics and be a permanent catalyst for increasing services to older adults and their caregivers in North Texas.

Health Science Center professor and chief of the Division of Geriatrics, Janice Knebl, DO, MBA, was appointed as the DSWOP Endowed Chair in Clinical Geriatrics. Dr. Knebl, named on more than one occasion as a "Top Doc" by Fort Worth, Texas magazine, praised DSWOP's positive vision for the future of geriatrics and noted, "Their generosity is a crucial component of our commitment to prepare for the coming health care tsunami as millions of baby boomer generation members become older."

Dr. LaManna, DSWOP Board chair, voiced his strong support of the work of Dr. Knebl at the Health Science Center. "We are very proud to partner with Dr. Knebl and the Health Science Center," he said. "The special health issues of senior adults and the increasing prevalence of Alzheimer's Disease and dementia tell us that

we are going to need more physicians and professionals who understand how to provide effective care to older adults."



DSWOP Board Members present check to Dr. Janice Knebl and Greg Upp, UNTHSC Senior Vice President, Community Engagement, in support of the DSWOP Endowed Chair in Clinical Geriatrics.

Finding the right physician



When you or your family needs to see a doctor, you put time into checking that the physician has the right background, training and experience. What many people don't

think about is the arduous process that physician practices, such as UNT Health – the physician group affiliated with the UNT Health Science Center – take to find the right physician to join their group.

The value of a good physician is evident to patients. It's also evident in the commissions paid to physician recruiting firms, who often receive fees starting at \$20,000 for a successful search for a family practice physician. The more specialized a physician search, the higher the fee. Good physicians are in high demand and searches for them are easily on par with CEO searches for large corporations.



Blair Chappell, physician recruitment coordinator

But to maintain escalating costs of finding and recruiting physicians to UNT Health, while also adding depth, knowledge and more ease for physician candidates, an in-house physician recruiter and process was established in 2006. Other advantages, according to Blair Chappell, physician recruitment coordinator for UNT Health, include allowing for a more direct, personable relationship with a physician. "They don't have to be passed along from one function to the other," Chappell said. "I'm able to ensure it will be a good feel and fit for both the physician and our institution."

Chappell will recruit some 30 physicians, physician assistants and nurse practitioners over the course of a year for UNT Health.




October 25
UNTHSC Annual Gala
 Celebrating the 15 Year Anniversary of the GSBS
 The Worthington Grand Ballroom

DO Dash 5k/1k
 8 am
 UNTHSC

November 27 – 28
Thanksgiving Holiday
 Administrative offices closed

December 22 – January 2
Christmas Vacation
 Administrative offices closed

For more information about any news item or event, please e-mail news@hsc.unt.edu.



To Your Health

Unmasking Discoveries

UNT Health Science Center invites you to a Masquerade Ball celebrating 15 years of the Graduate School of Biomedical Sciences.

Saturday, October 25, 2008
 Reception at 6:30 pm • Dinner at 7:30 pm
 Renaissance Worthington Hotel
www.hsc.unt.edu/ToYourHealth



Frogs and Weepuls for a Cure

The UNT Health Science Center and UNT Health are teaming up with the TCU Horned Frogs for "Frogs for a Cure" on Wed., Oct. 16. The football game with Brigham Young University will help support the efforts of Komen for the Cure of Tarrant County. Visitors to the game will receive a special edition pink ribbon weepul from the Health Science Center and the UNT Health physician group to help show our support of those impacted by breast cancer.

FROM *the* ARCHIVES



The Health Science Center founded The Cowtown marathon in 1978. Now, 30 years later, we are the new title sponsor of the annual multi-event race.



Presented by ■ UNT HEALTH SCIENCE CENTER

