

DEAN'S CORNER E-NEWSLETTER

*Texas College of Osteopathic Medicine
March 1, 2004*

This has been a busy month. We began with an accreditation site visit from the American Osteopathic Association (AOA) for the medical school. The associate deans and Warren Anderson, EdD (Office of Educational Support) did a superb job preparing for the visit; this combined with our great resources, excellent students, and the finest faculty and staff made for a first-rate inspection. They had minimal comments, and we expect a full seven year accreditation.

Last week the Fort Worth Business Press held their annual "Healthcare Heroes" awards dinner. We had three of our faculty, Janice Knebl, DO, MBA, Professor of Medicine, Craig Spellman, DO, PhD, Professor of Medicine, and Ray Page, DO, PhD, Adjunct Associate Professor of Medicine receive recognition, as "heroes". We are quite proud of the outstanding role models these faculty members are, not only for our students and faculty, but to all physicians in the community.

This past weekend, Dr. Blanck and I attended the Texas Medical Association's annual winter conference, along with the Committee on Medical Education, which gives us the opportunity to meet with our counterparts from the other 7 state medical schools. Dr Blanck will host the state's Department of Health and Human Services' Committee on Weapons of Mass Destruction on our campus next week. I will be presenting at several meetings this month, American Academy of Pain Medicine, and the American College of Osteopathic Family Physicians.

The call for research abstracts for the 2004 AOA Research Conference is now available on DO-Online. The Research Conference will be held in conjunction with the AOA Convention and Scientific Seminar, November 7-11, 2004 in San Francisco.

Please note that this year abstracts can be submitted electronically. The due date is April 15, 2004. To access the call for abstracts, please click on the link below.

http://doonline.osteotech.org/index.cfm?PageID=res_abscall

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

[Student Affairs: \(Dr. Thomas Moorman\)](#)

Interim Associate Vice President for Student Affairs

Please join the Division of Student Affairs in saying good-bye and good luck to Dr. Mitchell Forman. There will be a "Farewell Texas" party given in his honor. Friday, March 5, come and go between 3:00 and 5:00 p.m. in the Student Affairs reception area, EAD-1, 247.

The Division of Student Affairs has made arrangements with the TCU Bookstore to begin carrying all of our medical textbooks and increasing the medical reference section in their bookstore. The Office of Academic Support will be contacting students and faculty for a list of recommended reference texts. Additionally, the TCU bookstore will be hosting a book sale on campus each semester. The book sales will take place for 3-5 days at the beginning of each semester. Please contact the Student Affairs Office at (817) 735-2505 with questions or concerns.

[Clinical Affairs / Faculty Practice: \(Dr. Robert Adams\)](#)

Senior Associate Dean for Clinical Affairs/Chief Medical Officer

Several faculty have asked pertinent questions regarding our practice initiatives. They have expressed increasing concerns about the lack of specialty appointments in certain areas and the problems this causes when trying to refer. While we've long had problems in areas such as rheumatology and endocrine, we now are hearing of problems in cardiology and gastroenterology. Let me try and discuss the complexities that have brought this to be.

There are several factors that need to be considered.

- (1) In areas such as Rheumatology and endocrine, the difficulty of getting an appointment in our practice has long been the large number of patients needing these services in a community where there are simply not enough of these specialists.
- (2) The loss of faculty in the divisions of gastroenterology and soon in rheumatology has created a significant impact to available patient appointments.
- (3) Initiatives at other sites, such as JPS, decreases the available patient appointments on our campus. This has been noticeable in Cardiology and will potentially become more of a problem in rheumatology and other areas.

Many of you have asked why we're exploring other initiatives, such as JPS, when they may impact our abilities to support our existing practice. To answer this, I would first say that it's important to remember the mission of the practice, which is to support the educational activities of TCOM. It has become evident over the past several years that our students and residents need training opportunities in excess of what's been available in the past. To accomplish this, new relationships in the community are required that will offer new educational venues and experiences. This spirit of collaboration has proven to be beneficial at Medical Plaza and now JPS. Sometimes, in exchange for educational opportunities for our students and residents, we've been able to offer faculty or services that are needed. In other instances, we've offered our services with the future development of training programs in mind. There's no doubt that for us, these initiatives are more about establishing collaborative efforts to serve our educational mission than they are for our practice needs. While it's important that our practice grows and is successful for the support of our clinical faculty and the institution, we have to keep in mind our educational demands first and model the practice accordingly.

Currently, we are managing the contract for cardiology at JPS. Dr. Marty Weiss has been named Division Chief of Cardiology for the JPS Health Network and will spend most of his time at that facility. We're in the process of immediately recruiting another cardiologist to assist in the

support of this contract and are planning for the recruitment of another one within the next year. It is our hope and intent to complete these recruitment efforts in order to be appropriately staffed for our needs in this division. Obviously, the division is working hard to minimize the impact in the interim.

There are other initiatives and issues that are, or potentially will create similar disruptions in the future. Gastroenterology has been impacted by the loss of one faculty member and the loss of some of Dr. Troutman's clinical time as he allocates time to his work as department chairman. Rheumatology will lose Dr. Forman the early part of March. With our contract commitments to FMC Ft Worth and JPS, the appointment time for this division may also suffer. In each of these areas, recruitment searches are underway.

The good news from all of this is that practice opportunities continue to develop. Dr. Jay Turner was recently hired in Pulmonary/Critical Care to work at JPS through a contract with NTAMG. It appears there may be opportunities in neurology and psychiatry that could develop over the next 6-12 months. We are developing recruitment efforts for these areas. It's important for us to maximize these opportunities so we can move forward in establishing relationships that will serve the needs of our educational programs.

Some of the strains currently being experienced in our clinical setting are the result of good things that align with the vision and mission of TCOM. Please notify me of problems you encounter so that we can work to find solutions. I ask for your patience and understanding through the process. If you have questions about the direction we're going, please attend the March 1st faculty meeting and raise them. It's important that we all have an understanding of where we're going as a practice and an institution. Our institution's educational programs can benefit from collaborative efforts within the community, and our clinical practice can provide services of benefit to various programs or entities within the community.

[Academic Affairs/Graduate Medical Education: \(Dr. Don Peska\)](#)

Associate Dean for Academic Affairs

The Osteopathic Graduate Medical Education committee (OGME) of the Texas OPTI held its mid-winter meeting in conjunction with the Texas Osteopathic Medical Association (TOMA) at the Omni Mandalay Hotel in Las Colinas. Directors of medical education, program directors, key support personnel, residents and interns who were in attendance received reports of new educational initiatives and recruitment from the various training programs. Following the business meeting over forty faculty and house staff from around the state attended a development workshop. Dr. Linnea Hauge from the department of surgery at Rush Medical College in Chicago facilitated a formal presentation and discussion on resident assessment. The attendees were provided several tools that will enable their institutions to meet standards established by the accrediting bodies. The Texas OPTI remains committed to assuring its members receive state-of-the-art instruction in educational theory and practical applications.

[Medical Education: \(Bruce Dubin, D.O., J.D.\)](#)

Acting Associate Dean for Medical Education

Online Testing:

Ask any medical student during their first two years of training when their next test is scheduled and they can easily name a date, and it will typically be a date within the next week. Tests and quizzes are a necessary part of the educational process for both faculty and students. Faculty, of course, use tests to evaluate whether or not their students have acquired, comprehended, and can apply key facts and concepts. It often helps to do this testing several times during a course so that the instructors can “see how it’s going”. At the same time, tests or quizzes can be an important mechanism for helping students to identify areas of their strengths and weaknesses and “see how it’s going” prior to that last big final exam. However, two of the major drawbacks of frequent summative testing, i.e., testing that counts towards a grade in a course, are the high anxiety level created for the students and the loss of valuable time that would otherwise be allocated for teaching/learning activities.

We have recently started using a different approach in the form of online, formative (i.e., not for a grade) exams. These online exams are tests composed of questions very similar in format and difficulty to regular classroom or COMLEX exams. However, the student accesses the exam from a computer anywhere on campus or off. In addition, the student is allowed to take the exam during a specified period of time, say anytime from Friday afternoon until Monday morning at 8:00 am. This process allows much more flexibility as to when an exam is presented and eliminates the need for paper, proctors, and even large testing rooms. Another big advantage of the online testing format is that the exam can be configured to allow instantaneous feedback to the student. After the student has answered a question, she/he can click on a button that shows the right answer and can also provide explanations for each of the answer choices in a particular question. The online program provides excellent feedback to the instructor as well, in the form of extensive exam and individual question statistics including the amount of time spent on each item.

We have just begun to explore the options available with online testing. For example, it may be possible in the very near future to use this format in a secure fashion for summative exams. So far feedback from students has been very positive. Students tell us that formative online testing provides them with the opportunity to test themselves and receive immediate feedback without the high stakes and anxiety associated with our normal written exams. It is worth noting that this type of computer-based testing is already used for the USMLE board exams and is on the horizon for the COMLEX. We look to use this new technology with increasing frequency in the coming months and years.

[Clinical Research: \(Dr. Michael Clearfield\)](#)

Associate Dean for Clinical Research

Please note the memorandum from the Dean that states "Scientific research for all research protocols using human subjects need to have approval from both the respective department chair, and the office of the Associate Dean for Clinical Research, before submission to the IRB for review." This policy is not a change from what is already being done but does formalize the process for scientific review.

Please also note this month's DO which highlights our keynote speaker, Dr. David Kaufman for RAD. Also remember the deadline for abstract submissions for RAD is March 5. I hope to see every department and graduate program represented.

[PA Studies: \(PA Hank Lemke\)](#)

No report submitted

[Science and Health News:](#)

Bring Attention to the Nearly 44 Million Americans Living Without Health Care Coverage
Nearly 44 million Americans have no health coverage, including 8.5 million children. In 2002, the number of people without health coverage increased by more than 2 million, the largest one-year increase in a decade. The health and financial consequences of millions of people living without health coverage are devastating. In fact, people without health coverage live sicker and die younger than those who are covered.

To help reverse this disturbing trend, some of the most influential organizations in the United States, such as the U.S. Chamber of Commerce and the AFL-CIO and more than 800 national and local organizations will work to make the issue of the uninsured a focus of national discussion during Cover the Uninsured Week 2004. Co-chaired by former Presidents Gerald Ford and Jimmy Carter, this weeklong series of national and local activities is part of a year-round, nonpartisan effort.

From May 10-16, 2004, and in the months leading up to Cover the Uninsured Week, activities and events will take place to make more Americans aware of this critical problem—who is affected, why they are uninsured, the consequences of being uninsured—and how this issue affects every American, not just those who are uninsured. Americans will also learn more about the wide array of proposed solutions to the problem.

Cover the Uninsured Week 2004 will involve a diverse group of organizations representing thousands of individuals from many sectors of American society, including business owners, union members, educators, students, health insurers, hospitals, health consumers, physicians, nurses, faith leaders and their congregants, among others. A broad array of activities organized by local coalitions and volunteers will take place before and during the Week, including health and enrollment fairs, interfaith outreach, health coverage seminars for small businesses owners, news conferences, and campus activities.

"With the help of organizations across the country, we are expecting Cover the Uninsured Week 2004 to be the largest mobilization effort in history around the issue of the uninsured," said Risa Lavizzo-Mourey, M.D., M.B.A., president and CEO of The Robert Wood Johnson Foundation.

During Cover the Uninsured Week 2003, more than 900 events took place across the country. Even more activities and events are expected to take place during Cover the Uninsured Week 2004.

Cover the Uninsured Week staff have been hired to plan activities in communities across the nation, including: Albuquerque, NM; Chicago, IL; Denver, CO; Detroit, MI; Houston, TX; Los Angeles, CA; Nashville, TN; New Orleans, LA; New York, NY; Portland, OR; Sacramento, CA.; Salt Lake City, UT; San Francisco, CA; Seattle, WA; St. Louis, MO; Topeka, KS; and Washington, DC.

"Cover the Uninsured Week 2004 could not have come at a more urgent time. We know that the problem of the uninsured is growing worse, not better. Rising health care costs continue to undermine the ability of individuals, businesses and state governments to purchase health care coverage," said Dr. Lavizzo-Mourey. "It is important that communities come together to talk about this issue that affects each and every one of us."

[ORGANIZATION]'s members can work with Cover the Uninsured Week organizers in one of the communities listed above to help plan or participate in any activity during or leading up to the Week. For volunteers interested in planning activities in other communities, a Cover the Uninsured Week Action Kit has been created to assist in planning and publicizing activities. The Action Kit is a complete manual that includes background information, how-to guides, timelines and template materials that can easily be tailored for each community. The kit, as well as additional Cover the Uninsured Week information, is available online at www.CoverTheUninsuredWeek.org. Cover the Uninsured Week national staff is also available to provide technical assistance in planning activities in your area. For more information, please call (202) 572-2928.

[Health Policy News:](#)

Senate to Debate New Liability Legislation

Senate Majority Leader Bill Frist (R-Tenn.) has indicated that floor debate on a new medical liability reform bill will begin on Feb. 23. The legislation, the "Healthy Mothers and Healthy Babies Access to Care Act of 2003" (S. 2061), was introduced by Sen. Judd Gregg (R-N.H.) on Feb. 10. The reforms in S. 2061 apply to providers of pre-natal, labor/delivery, and immediate postpartum OB/GYN services. The remaining provisions in S. 2061 are similar to those outlined by the AAMC-supported and House-passed HEALTH Act of 2003 (H.R. 5). However, the collateral source ("double recovery") provisions in S. 2061 differ from those in H.R. 5.

VA CARES Commission Releases Final Report

The Department of Veterans Affairs (VA) Capital Asset Realignment for Enhanced Services (CARES) Commission released its final report to VA Secretary Anthony Principi on Feb. 13. The report calls for closure of VA facilities in Pittsburgh (Highland Drive), Cleveland (Brecksville) and Gulfport, Miss. Additionally, Commissioners recommended construction of new hospitals in Orlando and Denver and studies to look at construction in Charleston, Louisville, and for a possible single new facility to replace the four existing hospitals in Boston.

Senators Express Medicaid Financing Concerns

In a Jan. 30 letter to Department of Health and Human Services (HHS) Secretary Tommy Thompson and General Accounting Office (GAO) Comptroller General David Walker, Senate Finance Committee Chairman Charles Grassley (R-Iowa) called for a "broad review of revenue-maximizing or –enhancing arrangements between states and private consulting firms to generate increased federal reimbursement" under the Medicaid program.

GAO Issues Report on State Bioterrorism Preparedness

In a Feb. 10 report, the Government Accounting Office (GAO) revealed that states fell short of goals included in the federal bioterrorism programs that support state and local preparedness efforts. The report examined the 2002 cooperative agreements for the CDC Public Health Preparedness and Response for Bioterrorism Program and the HRSA National Bioterrorism Hospital Preparedness Program, which ended Aug. 30, 2003.

Senator Frist Introduces Health Disparities Bill

Senate Majority Leader Bill Frist (R-Tenn.) Feb. 12 introduced the "Closing the Health Care Gap Act" (S. 2091). The bill seeks to address the gaps in health care quality between minority and non-minority groups by authorizing and broadening the authority of the Office of Minority Health within the Department of Health and Human Services (HHS).

NIH Publishes Annual Salary Cap Notice

The National Institutes of Health (NIH) Feb. 13 published an annual notice regarding salary limitation on grants, cooperative agreements, and contracts (NOT-OD-04-025). The FY 2004 omnibus appropriations bill (P.L. 108-199) restricts the amount of direct salary of an individual under and NIH grant, cooperative agreement, or contract to Executive Level I of the Federal Executive Pay scale. Executive Level I was set at \$171,900 for the 2003 calendar year and was increased to \$174,500, effective Jan. 1, 2004.

Kaiser Study Argues HHS Overstates Benefit of Medicaid Waivers

A recent study by the Kaiser Commission on Medicaid and the Uninsured concludes that Medicaid and State Children's Health Insurance Program (SCHIP) waivers have not generated substantial growth in healthcare coverage.

Senate Fails to Avert Filibuster On Liability Reform Legislation

A Republican-led Feb. 24 procedural vote in the Senate failed to avert a filibuster on medical liability reform legislation that would apply to providers of prenatal, labor/delivery, and immediate postpartum services [see Washington Highlights, Feb 20]. The 48 to 45 vote in favor of the motion fell short of the three-fifths majority needed to shut off debate on the "Healthy Mothers and Healthy Babies Access to Care Act" (S.2061). The AAMC sent a Feb. 23 letter to Senate Majority Leader Bill Frist (R-Tenn.) and bill sponsor Sen. Judd Gregg (R-N.H.)

supporting the motion to avoid a filibuster.

Greenwood Expands Investigation Of NIH Consulting Fees

As part of a continuing investigation into management and ethics concerns at NIH, Rep. James Greenwood (R-Pa.) has requested information from the Department of Health and Human Services regarding the amount of fees NIH employees receive from drug companies for consulting outside their government work. In a Feb 25 letter to HHS Secretary Tommy Thompson, Rep. Greenwood requested all dollar amounts of all consulting arrangements (past and current) for NIH employees since January 1, 1999. In addition, the letter requests the department to provide all records relating to any internal review or investigation conducted in response to the Dec. 7, 2003, Los Angeles Times article profiling six NIH officials about their outside consulting arrangements with drug companies.

NIH Announces Conflict Of Interest Panelists

National Institutes of Health Director Elias Zerhouni, M.D., Feb. 19 announced the full membership of the agency's Blue Ribbon Panel on Conflict of Interest Policies. Co-chaired by Bruce Alberts, Ph.D., president of the National Academy of Sciences, and Norman Augustine, chairman of the Executive Committee of the Lockheed Martin Corporation, the panel's first meeting will be March 1-2. Panelists have been charged with reviewing and making recommendations for improving the existing rules and procedures under which NIH operates regarding real and apparent financial conflicts of interest.

McClellan Nominated to Head CMS

President Bush announced Feb. 20 his intention to nominate Mark McClellan, M.D., Ph.D., to be the Administrator of the Centers for Medicare and Medicaid Services (CMS). Currently, Dr. McClellan serves as Commissioner of the Food and Drug Administration (FDA). He previously served as a member of the White House Council of Economic Advisers. Prior to that position, he worked at Stanford University as an Associate Professor and Director of the Program on Health Outcomes Research. He also was an attending physician for internal medicine at Stanford Health Services. Dr. McClellan earned his bachelor's degree from the University of Texas, his master's degree from Harvard University, his medical degree from Harvard-MIT Division of Health Sciences and Technology and his Ph.D. from Massachusetts Institute of Technology. His mother is the Comptroller of the State of Texas, Carol Strayhorn. Lester Crawford, D.V.M., Ph.D., currently the Deputy Commissioner of FDA, will serve as Acting Commissioner until a permanent replacement is nominated.

On the Hill

Representative Ben Chandler (D-Ky.) was elected in a Feb. 17 special election to fill the remainder of the term vacated by Ernie Fletcher (R-Ky.) who resigned in December to become Governor of Kentucky. Rep. Chandler is a former state Attorney General and recently lost the

gubernatorial election to Governor Fletcher. His election brings the party breakdown in the House of Representatives to 228 Republicans, 205 Democrats, 1 Independent, and 1 vacancy.

Research and Funding Opportunities:

NIH Guide for Grants and Contracts - Week Of February 20, 2004
<http://grants.nih.gov/grants/guide/2004/04.02.20/index.html>

NOTICES

FINDINGS OF SCIENTIFIC MISCONDUCT

(NOT-OD-04-027)

Department of Health and Human Services

INDEX: HEALTH, HUMAN SERVICES

<http://grants.nih.gov/grants/guide/notice-files/NOT-OD-04-027.html>

PRE-POSTING OF FY 2003 CONTRACTS AWARDS FOR REVIEW

(NOT-OD-04-028)

National Institutes of Health

INDEX: HEALTH

<http://grants.nih.gov/grants/guide/notice-files/NOT-OD-04-028.html>

CORRECTION TO RFA-GM-05-003, EQUIPMENT SUPPLEMENTS TO NIGMS MBRS SCORE

GRANTS - NOTE ADDITIONAL INFORMATION ON SUBMITTING AN APPLICATION

(NOT-OD-04-029)

National Institute of General Medical Sciences

INDEX: GENERAL MEDICAL SCIENCES

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

AMENDMENT #1 TO ASSESSING SAFETY OF CELL SUBSTRATES AND VACCINE COMPONENTS - NIH-NIAID-DAIT-04-22

(NOT-AI-04-017)

National Institute of Allergy and Infectious Diseases

INDEX: ALLERGY, INFECTIOUS DISEASES

<http://grants.nih.gov/grants/guide/notice-files/NOT-AI-04-017.html>

NIH ROADMAP FOR MEDICAL RESEARCH: A BRIEFING BY THE NIH DIRECTOR AND SENIOR STAFF

(NOT-RM-04-010)

National Institutes of Health

INDEX: HEALTH

<http://grants.nih.gov/grants/guide/notice-files/NOT-RM-04-010.html>

REQUESTS FOR APPLICATIONS

THE NCI CAREER DEVELOPMENT AWARD FOR QUANTITATIVE SCIENTISTS
(RFA-CA-04-016)

National Cancer Institute

INDEX: CANCER

APPLICATION RECEIPT DATE: April 20, 2004

<http://grants.nih.gov/grants/guide/rfa-files/RFA-CA-04-016.html>

PROSPECTIVE STUDIES ON CRANIOFACIAL PAIN AND DYSFUNCTION
(RFA-DE-05-007)

National Institute of Dental and Craniofacial Research

INDEX: DENTAL, CRANIOFACIAL RESEARCH

APPLICATION RECEIPT DATE: November 16, 2004

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

PROGRAM ANNOUNCEMENTS

AN SBIR/STTR INITIATIVE FOR IMAGE-GUIDED CANCER INTERVENTIONS
(PA-04-063)

National Cancer Institute

INDEX: CANCER

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

<http://grants.nih.gov/grants/guide/pa-files/PA-04-063.html>

TECHNOLOGY AND AGING: NIA SBIR/STTR PROGRAM INITIATIVE
(PA-04-064)

National Institute on Aging

INDEX: AGING

APPLICATION RECEIPT DATE(S): April 1, August 1, December 1

<http://grants.nih.gov/grants/guide/pa-files/PA-04-064.html>

RESEARCH GRANTS FOR CLINICAL STUDIES OF KIDNEY DISEASES
(PAR-04-065)

National Institute of Diabetes and Digestive and Kidney Diseases

INDEX: DIABETES, DIGESTIVE, KIDNEY DISEASES

APPLICATION RECEIPT DATES: July 19, 2004, March 18, 2005

<http://grants.nih.gov/grants/guide/pa-files/PAR-04-065.html>

FINDINGS OF SCIENTIFIC MISCONDUCT
(NOT-OD-04-030)

Department of Health and Human Services

INDEX: HEALTH, HUMAN SERVICES

<http://grants.nih.gov/grants/guide/notice-files/NOT-OD-04-030.html>

JUNE 29-30 WORKSHOP ON ANIMAL WELFARE AND GOOD LABORATORY
PRACTICES IN DETROIT

(NOT-OD-04-031)

National Institutes of Health
INDEX: HEALTH

<http://grants.nih.gov/grants/guide/notice-files/NOT-OD-04-031.html>

REGISTRATION NOW OPEN FOR 2004 NIH REGIONAL SEMINARS IN PROGRAM
FUNDING AND GRANTS ADMINISTRATION
(NOT-OD-04-032)

National Institutes of Health
INDEX: HEALTH

<http://grants.nih.gov/grants/guide/notice-files/NOT-OD-04-032.html>

ADDENDUM - INSTITUTIONAL CLINICAL ONCOLOGY CAREER DEVELOPMENT
PROGRAM (PAR-03-083)
(NOT-CA-04-008)

National Cancer Institute
INDEX: CANCER

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

ANIMAL MODELS OF METHAMPHETAMINE-INDUCED COGNITIVE IMPAIRMENT
(NOT-DA-04-023)

National Institute on Drug Abuse
INDEX: DRUG ABUSE

<http://grants.nih.gov/grants/guide/notice-files/NOT-DA-04-023.html>

NOTICE OF LIMITED COMPETITION FOR COMPETING APPLICATIONS: FEASIBILITY
PROJECTS TO TEST STRATEGIES FOR PREVENTING OR SLOWING PROGRESSION
OF DIABETIC NEPHROPATHY
(NOT-DK-04-005)

National Institutes of Diabetes and Digestive and Kidney Diseases
INDEX: DIABETES, DIGESTIVE, KIDNEY DISEASES

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

RFP ANNOUNCEMENT: STUDIES TO EVALUATE THE TOXIC AND CARCINOGENIC
POTENTIAL OF TEST AGENTS IN LABORATORY ANIMALS VIA INHALATION
EXPOSURE FOR THE NATIONAL TOXICOLOGY PROGRAM, RFP NIH-ES-04-07
(NOT-ES-04-006)

National Institute of Environmental Health Sciences
INDEX: ENVIRONMENTAL HEALTH SCIENCES

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

CHRONIC MICROELECTRODE RECORDING ARRAYS
(NOT-NS-04-006)

National Institute of Neurological Disorders and Stroke
INDEX: NEUROLOGICAL DISORDERS, STROKE

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

REQUESTS FOR APPLICATIONS

PARTNERSHIPS BETWEEN BASIC AND CLINICAL RESEARCHERS IN OBESITY (RFA-DK-04-010)

National Institute of Diabetes and Digestive and Kidney Diseases

INDEX: DIABETES, DIGESTIVE, KIDNEY DISEASES

APPLICATION RECEIPT DATE: July 21, 2004

<http://grants.nih.gov/grants/guide/rfa-files/RFA-DK-04-010.html>

ASTHMA EXACERBATIONS: BIOLOGY AND DISEASE PROGRESSION (RFA-HL-04-029)

National Heart, Lung and Blood Institute

National Institute of Allergy and Infectious Diseases

INDEX: HEART, LUNG, BLOOD; ALLERGY, INFECTIOUS DISEASES APPLICATION
RECEIPT

DATE: June 18, 2004

<http://grants.nih.gov/grants/guide/rfa-files/RFA-HL-04-029.html>

PROGRAM ANNOUNCEMENTS

PHARMACOTHERAPY FOR COMORBID ALCOHOL AND DRUG USE DISORDERS (PA-04-067)

National Institute on Alcohol Abuse and Alcoholism

National Institute on Drug Abuse

INDEX: ALCOHOL ABUSE, ALCOHOLISM; DRUG ABUSE

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

<http://grants.nih.gov/grants/guide/pa-files/PA-04-067.html>

DEVELOPMENT OF ASSAYS FOR HIGH THROUGHPUT DRUG SCREENING (PA-04-068)

National Cancer Institute

National Institute of Allergy and Infectious Diseases

National Institute of Diabetes and Digestive and Kidney Diseases

INDEX: CANCER; ALLERGY, INFECTIOUS DISEASES; DIABETES, DIGESTIVE,

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

<http://grants.nih.gov/grants/guide/pa-files/PA-04-068.html>

IN VIVO CELLULAR AND MOLECULAR IMAGING CENTERS (ICMICS) (PAR-04-069)

National Cancer Institute

INDEX: CANCER

APPLICATION RECEIPT DATE: July 22, 2004; July 21, 2005

<http://grants.nih.gov/grants/guide/pa-files/PAR-04-069.html>

SIMIAN MODELS FOR THE ORAL BIOLOGY OF HIV INFECTION AND AIDS-RELATED ORAL COMPLICATIONS (PAS-04-066)

National Institute of Dental and Craniofacial Research
INDEX: DENTAL, CRANIOFACIAL RESEARCH
APPLICATION RECEIPT DATE(S): Multiple dates, see announcement
<http://grants.nih.gov/grants/guide/pa-files/PAS-04-066.html>

INFORMATION FROM THE PUBLIC HEALTH SERVICE

RE: USPHS Recruiting Primary Care Providers into the Commission Corps - Ready Responders
Below is the Federal Register Notice from February 26, 2004 (Volume 69, Number 38)[[Page
8982-8983]

**DEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTH RESOURCES AND
SERVICES ADMINISTRATION**

Recruitment of Clinicians To Become Commissioned Officers; Recruitment of Sites for
Assignment of Commissioned Officers

AGENCY: Health Resources and Services Administration (HRSA), HHS.

ACTION: General notice.

SUMMARY: The Health Resources and Services Administration (HRSA) announces that
applications will be accepted from clinicians seeking to be hired as commissioned officers in the
U.S. Public Health Service and from sites seeking the assistance of these commissioned officers.

These commissioned officers will be primary care clinicians who are physicians, dentists, family
nurse practitioners, physician assistants, clinical psychologists, and clinical social workers. In
support of other Presidential and Department of Health and Human Services Initiatives, a limited
number of registered nurses (baccalaureate level) will be considered for placement in ambulatory
community-based systems of care. These officers will be assigned by the National Health
Service Corps (NHSC) to the neediest Health Professional Shortage Areas throughout the
Nation. The NHSC will pay the salaries, moving expenses and benefits for these commissioned
officers.

These officers will be part of a mobile cadre of health care professionals who, in addition to the
services they will provide to patients at their assigned sites, may be called upon to respond to
regional and/or national emergencies. The NHSC will assist the officers in acquiring,
maintaining and enhancing emergency response skills. Their initial assignments will be up to
three years in duration, after which, should these clinicians choose to stay in the U.S. Public
Health Service, they will progress to new assignments.

Eligible Applicants

Clinicians--Applicants must file a U.S. Public Health Service Commissioned Corps application
and meet the requirements for such commissioning. For example, all clinicians must be U.S.
citizens under 44 years of age (age may be offset by prior active duty Uniformed Service time
and/or civil service work experience in a Public Health Service (PHS) agency at a PHS site at a
level commensurate with the duties of a commissioned officer), and have served less than 8 years

of active duty if the clinician is/was a member of another Uniformed Service. Also, applicants must meet medical requirements, and pass an initial suitability investigation.

In addition, prior to the start of their assignment at an NHSC site, clinicians must meet the following requirements:

- (1) Physicians must have completed a residency in Family Practice, Internal Medicine, combined Internal Medicine and Pediatrics, General Psychiatry or Obstetrics and Gynecology and be a diplomate of their respective Allopathic or Osteopathic Specialty Boards;
- (2) Dentists must have passed a state or regional dental board exam;
- (3) Family Nurse Practitioners must have national certification by the American Nurses Credentialing Center or the American Academy of Nurse Practitioners;
- (4) Physician Assistants must have national certification by the National Commission on Certification of Physician Assistants;
- (5) Clinical Psychologists must have a doctoral degree in clinical psychology, have a minimum of 1 year of postgraduate supervised clinical experience, have passed the Examination for Professional Practice in Psychology, and be able to practice independently and unsupervised as a clinical psychologist;
- (6) Clinical Social Workers must have a masters degree in social work, have passed the Association of Social Work Board's (ASWB) Clinical or Advanced licensing exam prior to July 1, 1998 or the ASWB Clinical exam on or after July 1, 1998, and be able to practice independently and unsupervised as a clinical social worker; and
- (7) All clinicians must possess a current, unrestricted, and valid license to practice their health profession in at least one of the 50 States, Washington, D.C., the Commonwealth of Puerto Rico, the U.S. Virgin Islands, or Guam.

Sites--Applicants must be located in a Health Professional Shortage Area (HPSA) and submit a Proposal for Use of a Commissioned Officer 2004. Applicants must also submit a Recruitment and Retention Assistance Application, if not yet approved as an NHSC site. Sites applying for a physician, family nurse practitioner, physician assistant or registered nurse must be located in a primary medical care HPSA. Sites applying for a dentist must be located in a dental HPSA. Sites applying for a psychiatrist, a clinical psychologist, or a clinical social worker must be located in a mental health HPSA.

All sites to which NHSC clinicians are assigned must accept assignment under Medicare, have appropriate agreements with the applicable State entity to participate in Medicaid and the State Children's Health Insurance Program, see all patients regardless of their ability to pay, and use and post a discounted fee plan. Sites must also understand and accept that these officers will periodically be away from their assigned locations as they train for, or respond to, a regional

and/or national health emergency.

Application Requests, Dates and Addresses

Application materials are available for downloading via the Web at <http://nhsc.bhpr.hrsa.gov> or by calling the National Health Service Corps "Call Center" at 1-800-221-9393.

Clinicians--The original of the completed application must be mailed or delivered no later than March 31, 2004 to: Division of Commissioned Personnel, ATTN: Recruitment and Assignment Branch, 5600 Fishers Lane, Room 4A-18, Rockville, MD 20857-0001. A copy of the completed application must be mailed or delivered no later than September 30, 2004 to: HRSA Commissioned Corps Operations Office, Parklawn Building, Room 13A-22, 5600 Fishers Lane, Rockville, MD 20857. Clinicians are encouraged to submit an application early, as applications will be considered as soon as they are received. Applications delivered or postmarked after the deadline date or sent to a different address will be returned to the applicant and not considered.

Sites--Completed applications must be postmarked or delivered to the NHSC by no later than September 30, 2004. Site applications will be evaluated as soon as they are received at NHSC headquarters. Sites will be deemed qualified based on the quality of the application submitted and the score of the HPSA in which they are located. Preference will be given to NHSC-approved sites in HPSAs with higher scores (the neediest HPSAs). Officers will be assigned to qualified sites on an ongoing basis. Sites are encouraged to apply early so as to have a better chance of acquiring one of the commissioned officers. The number of qualified sites is expected to exceed the limited supply of commissioned officers. Completed site applications should be mailed or delivered to: National Health Service Corps, Parklawn Building, Room 8A-55, 5600 Fishers Lane, Rockville, MD 20857. Applications delivered or postmarked after the deadline date or sent to a different address will be returned to the applicant and not considered.

Quotes

Education is an ornament in prosperity and a refuge in adversity.

Aristotle

Nations have recently been led to borrow billions for war; no nation has ever borrowed largely for education... no nation is rich enough to pay for both war and civilization. We must make our choice; we cannot have both.

Abraham Flexner

Nations have recently been led to borrow billions for war; no nation has ever borrowed largely for education... no nation is rich enough to pay for both war and civilization. We must make our choice; we cannot have both.

Abraham Flexner

Marc

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