

DEAN'S

CORNER E-NEWSLETTER

Texas College of Osteopathic Medicine
March 30, 2004

Spring has arrived on the campus of the Health Science Center with a flurry of activity. We began the month by bidding farewell to our long time colleague and friend, Mitch Forman, DO, Associate Professor of Internal Medicine (Rheumatology), and Assistant Vice President of Student Affairs. Dr. Forman will be moving to Las Vegas, to take on the monumental task of starting a new osteopathic medical school, that will be affiliated with Touro University of New York, which currently runs an osteopathic medical school in the San Francisco bay area. We wish him much success in this initiative!

I have also represented the TCOM at numerous professional meetings this month, to include the fifth annual Osteopathic Collaborative Clinical Trials Initiatives Conference held in Colorado Springs, CO. Our school was well represented, with nearly 25% of the attendees being our faculty, administrators, and students! TCOM, without a doubt is one of the leaders in our profession, with biomedical research, in which many studies are uniquely dealing with osteopathic practices and principles. We have invited the profession to hold next year's conference on our campus in conjunction with our own Research Appreciation Day (RAD), and will therefore play host to the entire profession!

Speaking of RAD, remember, Friday is Research Appreciation Day, and I know that all students, faculty and staff will come out to support our colleagues who will be presenting the results of their research efforts. Truly the academic programs and clinical services within TCOM is so successful because of its foundation of scholarly initiatives such as research! I look forward to seeing everyone this Friday.

Additionally, there were multiple programs on the campus this past weekend, checkout the Student Affairs section.

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

[Student Affairs: \(Thomas Moorman, Ed.D.\)](#)

The Division of Student Affairs sponsored several separate programs on March 26-27:

March 26 - Preview Weekend. Newly accepted students into the TCOM 2008 and PA 2007 classes have been invited to come and meet each other and learn more about the programs they will be entering and the campus. It's an early "welcome" into the campus community.

March 26 - Internship and Residency Fair. The health science center will be host to internship and residency programs from across the country. Many of the exhibiter will be former students returning to recruit our future graduates to their programs.

March 26 - DO Specialty Roundtable. This event will be co-sponsored by Student Development and Alumni Affairs and targets 3rd year medical students. However all medical students are welcome to participate. This program consists of a general group session and then allows small groups of individuals to talk with specialists in many different medical fields.

March 26 - ULAMS (United Latin American Medical Students). This organization will be hosting a minority recruitment night where minority college students visit our campus to learn more about TCOM and the other academic programs available at the health science center.

March 27 - Spring Fling. This will be a campus wide social event that will have ping pong tournaments, volleyball games, a basketball tournament, and free lunch. There will also be a bounce house for the kids. It all adds up to lots of fun for you!

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

Senior Associate Dean for Clinical Affairs/Chief Medical Officer

No report submitted.

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

Associate Dean for Educational Programs

The “Match” is Out.....Results of the National Resident Matching Program were released last week to the medical community and, more importantly, to the graduating medical students around the country that were desperate to know where they will be spending the next several years of their lives. Each year fourth year medical students participate in the program that seeks an orderly end to the annual recruitment period. Osteopathic graduates have the opportunity to participate in a special match for programs accredited by the American Osteopathic Association. Those results were released in February. Those who defer to allopathic programs (approved by the Accreditation Council for Graduate Medical Education) received their results last Monday. In the days that followed seniors who were unable to settle into programs through the match service busily contacted programs with open positions to complete agreements. The process is aptly called the “scramble”. The final statistics are being compiled by the Office of Educational Programs and we will be able to report the distribution of graduates to osteopathic and allopathic programs in a future *Dean’s Newsletter*. What we do know is that the majority of TCOM graduates will be staying in the State of Texas.

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

Associate Dean for Academic Affairs

Student training in history and physical examinations will be enhanced during the next academic year with anticipated changes taking place on the 6th floor of the EAD building. Eight examination rooms will be outfitted with "state of the art" equipment that will augment clinical

training for our DO and PA students. These rooms will offer full examination capability for training, remote observation, and video taping capability. Computer capability and speakers will allow students to view and hear simulated physical findings. These rooms will be used for both routine training and enhanced evaluations of clinical skills.

In preparation for the COMLEX II Physical Examination test, our current third year TCOM students will have the opportunity to practice for this upcoming assessment at a three station preparatory OSCE to be held in May and June. This formative mock evaluation will allow students to test their skills as they prepare for this COMLEX II PE exam offered by the National Board of Osteopathic Examiners later this year.

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

Associate Dean for Clinical Research

Research Appreciation Day is rapidly approaching on April 2nd. There are 19 abstracts in the student/resident competition from the medical school. Please attempt to support these students and residents for all their hard work in putting these abstracts together. Also please attend the keynote lecture by Dr. David Kaufman entitled "Clinical Research: A view from the Trenches". This is an excellent lecture, one in which everyone will find valuable. See you at RAD!

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

PA Students and Program Faculty to Present Posters at AAPA National Meeting

Congratulations to the individuals listed below who have been accepted to present scientific posters at American Academy of Physician Assistants (AAPA) 32nd Annual National PA Conference scheduled this June in Las Vegas, NV. We are especially pleased to congratulate the three PA students who are invited to present their posters at the conference.

Jennifer Boedeker, PA-S; *The Association Between Regular Foot Exams and Diabetic Outcomes.* Faculty Advisors: Clifton Cage, DO, Olive Chen, PhD

Miny Sunny, PA-S; *Health Risks and Health Problems Associated with Working the Night Shift.* Faculty Advisors: Carolyn Telford, MPAS, PA-C, Olive Chen, PhD

Amy Henson, PA-S; *Mortality and Morbidity among PTCA and CABG Patients: Does Cardiac Rehabilitation Improve Patient Outcomes?* Faculty Advisors: Michael Clark, PhD, PA-C, Olive Chen, PhD

Michael G. Clark, Ph.D., PA-C, John E. Flesher, PA-C, Jonathan E. Skillings BS, PA-C, Lyle Larson, PA-C, Ph.D., Ann C. Teal, PA-C, and **Olive Chen, Ph.D.:** *The Practice Environment of Physician Assistants in Cardiology*

The student's posters are based upon their master's degree projects, which are a degree requirement. All of the students will have poster abstracts published in conjunction with the

conference by the AAPA. Two student projects listed above received special recognition by the Abstract/Poster Selection Committee as "Outstanding Abstracts for the Student Research Gallery." In addition to display, these students are awarded a special \$500 travel stipend to attend the conference.

The fourth poster approved for presentation at the conference includes two PA program faculty members. Dr. Clark is also invited to deliver a 15-minute presentation on his group's research findings at the conference.

Patti Pagels, MPAS, PA-C assumes role of Clinical Education Coordinator

Patti Pagels, MPAS, PA-C has assumed responsibility as Clinical Education Coordinator (CEC) for the PA program effective February 1, 2004. As CEC, PA Pagels plans and coordinates clinical practice rotations for PA students. With that responsibility, she develops, coordinates, and evaluates clinical sites/preceptors and assigns final grades for PA students in clinical rotations. Ms. Pagels currently holds joint faculty appointments in the departments of Family Medicine and Pediatrics. She has been with the PA program since 1997.

PA Program Continues Search for Faculty

The PA program is actively recruiting physician assistants as clinical faculty to work in the PA program and in clinical departments. PA faculty members participate in course delivery and also have clinical responsibilities at clinics affiliated with the Texas College of Osteopathic Medicine. A master's degree and national PA certification are required for faculty above instructor rank. Candidates must hold (or be eligible for) Texas PA licensure and 3-5 years of clinical experience is desired.

INFO on PA Curriculum and the Application Process

From its inception PA education has been based upon the medical model of education. The PA program here is unique due to our close affiliations with the Texas College of Osteopathic Medicine. Our curriculum listing and admissions information (with links) to course descriptions and application is located at www.hsc.unt.edu/education/pasp

Science and Health News:

***Philadelphia Inquirer* Examines Analysts' Reactions to Medicare Trustees' Report**

[Mar 29, 2004]

The *Philadelphia Inquirer* on Sunday examined analysts' reaction to the 2004 annual report released by Medicare trustees last week (Moritsugu, *Philadelphia Inquirer*, 3/28). The report found that the Medicare hospital trust fund will become insolvent by 2019, seven years earlier than the estimate last year. The report attributed the new estimate to increased health care costs, lower-than-expected revenue from payroll taxes and revisions to the program enacted in the new Medicare law (*Kaiser Daily Health Policy Report*, 3/26). Legislators will likely maintain the hospital trust fund in the short run with "some combination of raising taxes, borrowing money or cutting payments to hospitals," according to the *Inquirer*. "Tax contributions, either through payroll taxes or other taxes, will go up," Joseph Antos, a Medicare analyst for the [American Enterprise Institute](http://www.americanenterprise.org/), said. "Right now, we want it all. We want whatever advances technology

can provide, whatever the cost," Robert Reischauer, president of the [Urban Institute](#), said. Douglas Holtz-Eakin, director of the [Congressional Budget Office](#), said, "The growth of Medicare, Medicaid and health-care spending ... is the central domestic policy challenge of our time." According to the *Inquirer*, "the U.S. health-care system can't escape major, possibly wrenching, change" in the long run, with the number of Medicare beneficiaries projected to double to 84 million in 2035. "Unlike most tidal waves, this tidal wave will never recede. It is a permanent change in the demographic profile of our country," David Walker, head of the [General Accounting Office](#), said. Lawmakers might consider limiting beneficiaries' access to expensive treatments "based on stricter definitions of need," the *Inquirer* reports. Beneficiaries also might be affected by slowed advances in medical technology and longer waiting times for treatment. However, Gail Wilensky, a senior fellow at [Project HOPE](#), said that U.S. residents "are not keen on anything that steps between them and any new technology that comes." Reischauer said that the nation will "muddle along, gradually trying to restructure our health care system in ways that are unpredictable right now" (*Philadelphia Inquirer*, 3/28).

Anatomy Lessons, a Vanishing Rite for Young Doctors

March 23, 2004

By ABIGAIL ZUGER

NEW YORK TIMES

Over the centuries, dissecting the human body has evolved from a criminal offense to a vehicle of mass entertainment to an initiation rite.

In the Middle Ages, human dissections were forbidden. In 17th century Europe, medical school dissections were open to the public and often attracted unruly crowds cracking obscene jokes. By the 20th century, dissection had become the exclusive purview of scientists and a mandatory rite of passage for all doctors.

The scandals reported this month with donated cadavers at the University of California, Los Angeles and Tulane University are simply the most recent in a field long beset by abuses.

In 18th and early 19th century America, the public repeatedly rioted against doctors and medical institutions accused of dishonoring the dead. In 1878, the body of Senator John Scott Harrison (the son of President William Henry Harrison) disappeared from its Cincinnati crypt, only to surface in the dissection laboratory of a local medical school.

Now, though, the place of dissection in medical education is changing in ways that have not been seen before.

The hours devoted to formal anatomy training are sharply down in medical schools. Anatomy instructors are in short supply. Computerized scans and three-dimensional recreations of the human body provide cleaner, more colorful teaching tools than the time-consuming dissections of the past.

Some educators say that dissection, as taught to medical students since the Renaissance, is on its way out. Others maintain it is becoming more important than ever, not only for teaching the structure of the human body but also for the more subtle lessons it can impart on the meaning of being a doctor.

"It is always difficult to decide how much anatomy should be learned by a doctor," said Dr. Frank Gonzalez-Crussi, a retired pathologist in Chicago who has written extensively on the history and philosophy of human dissection.

Much of the traditional anatomy curriculum is irrelevant to medical practice and might easily be eliminated, Dr. Gonzalez-Crussi said, but there is still no substitute for dissection, which forces the student, willy-nilly, to confront human mortality.

Through the mid-20th century, medical students typically spent hundreds of hours dissecting. Working in small groups with scalpels and scissors, they would tease out every major structure in the body, including tendons, arteries and nerves, memorizing dozens of tortuous pathways and hundreds of Latin names in the process.

But as the focus of medical science has shifted from whole organs to cells and molecules, more and more teaching hours are consumed by molecular biology and genetics.

"Something has to give somewhere," said Dr. Arthur F. Dalley II, director of medical gross anatomy at the Vanderbilt School of Medicine.

That something has been anatomy. Surveys show that today's medical students may spend more than 80 percent less time in dissections than did students in the 1950's. The

personnel to teach anatomy courses have declined in parallel: anatomy faculty members are aging, Dr. Dalley said, and fewer classically trained graduate students are available to replace them. In many universities, anatomy departments have been engulfed by other departments in the biological sciences.

A shortage of donated cadavers is not the big problem. Most medical schools receive enough to meet their teaching needs. Anatomical research continues to have practical applications, for example, in the design of new implants or prosthetic devices. Still, startling new discoveries in anatomy are uncommon, and money for research is sparse.

"It seems that anatomy has fewer and fewer advocates," Dr. Dalley said.

To supplement dissections, medical schools now routinely use computer-based tools, most often C.T. and M.R.I. scans of living patients. Some programs take advantage of the National Library of Medicine's Visible Human Project, which provides radiologic scans and actual digitalized photographs of cross sections of a male and female cadaver.

Computer-generated models - like one program that gives the viewer the illusion of flying through the nooks and crannies of a human skull - can clarify tiny, convoluted anatomical structures in a way that actual preserved specimens cannot.

A handful of schools now pare down anatomy courses by sparing students all hands-on contact with a cadaver. At the University of California at San Francisco, for instance, students learn anatomy by inspecting important structures in cadavers that have already been dissected by an instructor.

Studies have shown that students who learn anatomy from professionally prepared dissections, called prosections, perform about as well on standardized tests as those who do the dissection themselves. But anatomists bristle at any suggestion that either prosections or computer models will make them obsolete.

"It is very definitely not a trend," Dr. Dalley said.

Dr.

Todd Olson, a professor of anatomy at Albert Einstein College of Medicine in the Bronx, noted, "There are some excellent computer-based resources, but they are not a replacement for the cadaver."

Dr. Carol Scott-Conner, a professor of surgery at the University of Iowa who is president of the American Association of Clinical Anatomists, said she was not sure "that every medical student needs an intensive anatomy course."

"But everybody needs to learn anatomy," she said, adding that actively participating in a dissection is a better way to learn than looking at an exhibit or a computer screen.

Even when the details of anatomy and the Latin names fade from a doctor's memory, memories of the experience remain vivid, Dr. Scott-Conner said.

Further, drawings and models ignore the huge variability in human anatomy, in which duplicated, misshapen or aberrant structures are common. Students who spend time searching for an important nerve or a blood vessel that surfaces nowhere near where it is supposed to be learn a hands-on lesson about the huge range of normal in medicine.

Anatomists also emphasize that working with a cadaver elicits a sense of reverence that pictures and models do not.

Medical attitudes toward human specimens have varied over the years. Apocryphal stories from the 19th and early 20th centuries describe medical students jumping rope with the intestines of cadavers, and playing lewd practical jokes with cadavers' genitalia.

As recently as 30 years ago, medical students who expressed any fear or squeamishness about human dissection were often told they were "weak" and in the wrong field, Dr. Olson of Einstein said.

Now, however, schools uniformly encourage students to work through their emotions, he said, and also make sure they understand the gravity of the proceedings.

"Students are informed at the beginning of the course that gross anatomy is a solemn endeavor and disrespect will not be tolerated," said Dr. Charles Maier, who directs the anatomy course at Case Western Reserve University Medical School.

Dr. Maier, like many other course directors, tells students the cadavers are their "first patients," to be treated with all the respect that living patients would command.

Funeral services held at the end of anatomy courses emphasize this point.

"Many if not most schools have memorial services of one sort or another" Dr. Maier said.

The nondenominational service at Case is held at a local cemetery and is similar to a standard graveside ceremony. Family members of the deceased are invited, and afterward, they mingle with the dozens of students who attend. Dr. Maier said he routinely received letters of thanks from families after the events.

Medical students at the State University of New York at Stonybrook keep a two-month diary of their time in the dissection laboratory as a part of a course on medicine in society.

"Some say they're not affected by it and it hasn't changed them at all," said Dr. Jack Coulehan, a professor of preventive medicine there, but a majority record a cascade of emotions, which the class then discusses.

At the Yale School of Medicine, practicing doctors periodically visit the first-year anatomy course to describe some of their dying patients to the students and to talk about the doctor's role in dealing with terminal illness and death.

"In medicine now there's a big emphasis on teaching students professionalism," said Dr. Lawrence J. Rizzolo, the director of the Yale course. "In anatomy we begin the discussion - how the student will function as a professional, learning how to react to an uncomfortable situation, facing death and dying. We get them in touch

with their feelings."

When the anatomy course ends, the Yale students thank their donors, as they call the cadavers, in a ceremony that includes original poems and musical compositions. Every first-year student attends, Dr. Rizzolo said, and the service has come to celebrate not only the rite of passage of the anatomy course but also the students' immersion in medicine.

"Studying medicine is a privilege, and the service paid homage to that," said Zach Goldberger, a Yale student who performed an original piano elegy at the ceremony his class held three years ago.

Two years ago, Yale students created a colorful quilt to commemorate the anatomy course, with panels dedicated to each cadaver in their course.

Asked to contemplate medical education without cadaver dissection, Yale students were unenthusiastic.

"It's not just about the information," said Dagan Coppock, a fourth-year medical student. "It's about the process."

Mr. Coppock called the anatomy class "a powerful, sacred experience."

Without dissection, students would never get to see "how it all fits together," said his classmate Kavita Mariwalla.

"It gives you a real appreciation for the beauty of the human body," she said. "It's amazing. You are so thankful for it. It made me stand in awe."

<http://www.nytimes.com/2004/03/23/health/23CADA.html?ex=1081223804&ei=1&en=565f2eb2f667338e>

Health Policy News:

House Approves FY 2005 Budget Plan

The House of Representatives March 25 approved its version of the FY 2005 budget resolution (H. Con. Res. 393) after debating and rejecting four alternative budget blueprints. The resolution, originally approved by the House Budget Committee March 17, would freeze domestic

spending.

FOVA Testifies Before Appropriations Subcommittee

The Friends of VA Medical Care and Health Research (FOVA) testified March 25 before the House Appropriations Subcommittee on Veterans Affairs (VA), Housing and Urban Development (HUD) and Independent Agencies. FOVA was represented by Galen Toews, M.D., professor of internal medicine and division chief of pulmonary and critical care at the University of Michigan Health System. Dr. Toews presented to the subcommittee FOVA's funding recommendations for FY 2005.

First of Several Medicaid Reform Hearings Focuses on IGTs

Intergovernmental transfers (IGTs) were the subject of discussion at a March 18 hearing of the House Energy and Commerce Subcommittee on Health. The hearing was the first of several expected to focus on potential Medicaid reform strategies.

Medicare Solvency Timeframe Reduced by Seven Years

In their annual report released on March 23, the Medicare Trustees estimated that the Medicare Part A Trust Fund would remain solvent until 2019 - seven years earlier than they had estimated last year. This represents the largest one-year drop in the history of the Medicare program. In addition, the trust fund now fails its test of short-term solvency, since its projected reserves fall below the next year's projected spending in less than 10 years, 2012.

House Committee Approves First Responder Legislation

The House Select Committee on Homeland Security March 18 unanimously approved the "Faster and Smarter Funding for First Responders Act of 2003" (H.R. 3266). The bill now awaits action by the House Energy and Commerce, Judiciary, and Transportation and Infrastructure Committees. H.R. 3266 establishes a State and Regional First Responder Grant Program within the Department of Homeland Security to award grants to states and regions on the basis of the threat, as determined by the Under Secretary for Information Analysis and Infrastructure Protection. A Dec. 17 presidential directive expanded the definition of first responder to include health care workers.

TMA AND AMA ORGANIZE BORDER HEALTH DAY OF AWARENESS:

Twenty Texas physicians joined colleagues from Arizona, California, and New Mexico in a house call

to the nation's capital to discuss the immense health care needs of the U.S.-Mexico border region - and potential solutions - with their senators and representatives. "As physicians, it is our duty to our patients to ensure that Washington understands our communities' poor health, what that means to the rest of the country, and how we can intervene - together - with the right treatment," said Dionicio "Manny" Alvarez, MD, of El Paso, chair of the Border Health Caucus. The doctors received a very positive response on Capitol Hill. They met with U.S. Secretary of Health and Human Services Tommy Thompson and other Bush administration officials; Sens. Kay Bailey Hutchison and John Cornyn; and Reps. Michael Burgess, MD (R-Lewisville), Henry Bonilla (R-San Antonio), Lloyd Doggett (D-Austin), Ralph Hall (R-Rockwall), Silvestre Reyes (D-El Paso), and Ciro Rodriguez (D-San Antonio). TMA President Bill Bailey, MD, and Texas Health Commissioner Eduardo Sanchez, MD, presented Senator Hutchison with an award "for her contributions and leadership on border health issues." For details on Healthy Border 2010, the U.S.-Mexico Border Health Commission's agenda to develop local solutions to public health infrastructure needs and bioterrorism preparedness, see <http://tinyurl.com/yvv6p>

House Panel Debates Student Loan Consolidation Policy

The House Education and Workforce Committee March 17 held a hearing on federal student loan consolidation policies, and in particular the issue of whether borrowers should pay a fixed or a variable interest rate. The hearing, entitled "Fiscal Responsibility and Federal Consolidation Loans: Examining Cost Implications for Taxpayers, Students and Borrowers," continues the committee's string of hearings leading up to the reauthorization of the Higher Education Act.

McClellan Confirmed as CMS Administrator

The Senate March 12 confirmed the nomination of Mark McClellan, M.D., Ph.D., to be administrator of the Centers for Medicare and Medicaid Services (CMS). Dr. McClellan previously served as director of the Food and Drug Administration (FDA).

Research and Funding Opportunities:

NIH Guide for Grants and Contracts - Week Of March 19, 2004
<http://grants.nih.gov/grants/guide/2004/04.03.19/index.html>

NOTICES

JUNE 28 IACUC 101 TRAINING SESSION TO BE HELD IN DETROIT
(NOT-OD-04-035)

National Institutes of Health

INDEX: HEALTH

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

CLINICAL TRIALS NETWORK CLINICAL LABORATORY SERVICES
(NOT-DA-04-024)

National Institute on Drug Abuse

INDEX: DRUG ABUSE

<http://grants.nih.gov/grants/guide/notice-files/NOT-DA-04-024.html>

REQUESTS FOR APPLICATIONS

SENATOR PAUL D. WELLSTONE MUSCULAR DYSTROPHY COOPERATIVE
RESEARCH CENTERS

(RFA-AR-04-008)

National Institute of Arthritis and Musculoskeletal and Skin Diseases

National Institute of Neurological Disorders and Stroke

National Institute of Child Health and Human Development

INDEX: ARTHRITIS, MUSCULOSKELETAL, SKIN DISEASES; NEUROLOGICAL
DISORDERS,

STROKE; CHILD HEALTH, HUMAN DEVELOPMENT

APPLICATION RECEIPT DATE: August 26, 2004

<http://grants.nih.gov/grants/guide/rfa-files/RFA-AR-04-008.html>

IDIOPATHIC PULMONARY FIBROSIS CLINICAL RESEARCH NETWORK

(RFA-HL-04-021)

National Heart, Lung, and Blood Institute

INDEX: HEART, LUNG, BLOOD

APPLICATION RECEIPT DATE: June 21, 2004

<http://grants.nih.gov/grants/guide/rfa-files/RFA-HL-04-021.html>

PROGRAM ANNOUNCEMENTS

PROTEOMIC AND METABOLOMIC APPROACHES TO DIAGNOSE DIABETES
AND PRE-DIABETES

(PAR-04-076)

National Institute of Diabetes and Digestive and Kidney Diseases

INDEX: DIABETES, DIGESTIVE, KIDNEY DISEASES

APPLICATION RECEIPT DATE: July 20, 2004

<http://grants.nih.gov/grants/guide/pa-files/PAR-04-076.html>

RESEARCH PARTNERSHIPS FOR IMPROVING FUNCTIONAL OUTCOMES

(PAR-04-077)

Agency for Healthcare Research and Quality

National Institute of Child Health and Human Development

National Cancer Institute

National Eye Institute

National Heart, Lung, and Blood Institute

National Institute on Aging

National Institute of Arthritis and Musculoskeletal and Skin Diseases

National Institute on Deafness and Other Communication Disorders

National Institute of Neurological Disorders and Stroke

National Institute of Nursing Research

INDEX: HEALTHCARE RESEARCH, QUALITY; CHILD HEALTH,
HUMAN DEVELOPMENT; CANCER; EYE; HEART, LUNG, BLOOD;
AGING; ARTHRITIS, MUSCULOSKELETAL, SKIN DISEASES;
DEAFNESS, OTHER COMMUNICATION DISORDERS; NEUROLOGICAL
DISORDERS, STROKE; NURSING

APPLICATION RECEIPT DATES: October 13, 2004, October 13, 2005, October 13,
2006

<http://grants.nih.gov/grants/guide/pa-files/PAR-04-077.html>

ANCILLARY STUDIES TO MAJOR ONGOING NIDDK CLINICAL RESEARCH STUDIES
(PAR-04-078)

National Institute of Diabetes and Digestive and Kidney Diseases

INDEX: DIABETES, DIGESTIVE, KIDNEY DISEASES

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

<http://grants.nih.gov/grants/guide/pa-files/PAR-04-078.html>

NIH Guide for Grants and Contracts - Week Of March 26, 2004

<http://grants.nih.gov/grants/guide/2004/04.03.26/index.html>

NOTICES

NIAID RESEARCH PROGRAMS FOR TOPICAL MICROBICIDES

(NOT-AI-04-021)

National Institute of Allergy and Infectious Diseases

National Institute of Child Health and Human Development

INDEX: ALLERGY, INFECTIOUS DISEASES; CHILD HEALTH, HUMAN
DEVELOPMENT

<http://grants.nih.gov/grants/guide/notice-files/NOT-AI-04-021.html>

RFP ANNOUNCEMENT: MICROBICIDE DESIGN AND DEVELOPMENT TEAMS -

NIH-NIAID-DAIDS-04-04

(NOT-AI-04-022)

National Institute of Allergy and Infectious Diseases

INDEX: ALLERGY, INFECTIOUS DISEASES

<http://grants.nih.gov/grants/guide/notice-files/NOT-AI-04-022.html>

REQUEST PROPOSALS FOR ACCESS TO A WHOLE GENOME ASSOCIATION
SCANNING RESOURCE TO IDENTIFY DRUG ADDICTION LOCI

(NOT-DA-04-006)

National Institute on Drug Abuse

INDEX: DRUG ABUSE

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

NEUROIMAGING BRANCH SUPPORT SERVICES

(NOT-DA-04-025)

National Institute on Drug Abuse

INDEX: DRUG ABUSE

<http://grants.nih.gov/grants/guide/notice-files/NOT-DA-04-025.html>

ADDENDUM - PULMONARY COMPLICATIONS OF SICKLE CELL DISEASE

(NOT-HL-04-106)

National Heart, Lung, and Blood Institute

INDEX: HEART, LUNG, BLOOD

<http://grants.nih.gov/grants/guide/notice-files/NOT-HL-04-106.html>

NINDS ADMINISTRATIVE SUPPLEMENTS FOR THE SHARING AND
DISTRIBUTION OF MOUSE GENETIC MODELS

(NOT-NS-04-009)

National Institute of Neurological Disorders and Stroke

INDEX: NEUROLOGICAL DISORDERS, STROKE

<http://grants.nih.gov/grants/guide/notice-files/NOT-NS-04-009.html>

REQUESTS FOR APPLICATIONS

SPEECH PROCESSOR OPTIMIZATION FOR COCHLEAR IMPLANTS

(RFA-DC-04-001)

National Institute on Deafness and Other Communication Disorders

INDEX: DEAFNESS, OTHER COMMUNICATION DISORDERS

APPLICATION RECEIPT DATE(S): July 22, 2004 and March 16, 2005

<http://grants.nih.gov/grants/guide/rfa-files/RFA-DC-04-001.html>

NHLBI CLINICAL PROTEOMICS PROGRAMS

(RFA-HL-04-019)

National, Heart, Lung, and Blood Institute

INDEX: HEART, LUNG, BLOOD

APPLICATION RECEIPT DATE: October 14, 2004

<http://grants.nih.gov/grants/guide/rfa-files/RFA-HL-04-019.html>

NHLBI PROGRAMS OF EXCELLENCE IN NANOTECHNOLOGY

(RFA-HL-04-020)

National Heart, Lung, and Blood Institute

INDEX: HEART, LUNG, BLOOD

APPLICATION RECEIPT DATE: July 21, 2004

<http://grants.nih.gov/grants/guide/rfa-files/RFA-HL-04-020.html>

PROGRAM ANNOUNCEMENTS

UNDERSTANDING AND PREVENTING BRAIN TUMOR DISPERSAL
(PAS-04-079)

National Institute of Neurological Disorders and Stroke

National Cancer Institute

INDEX: NEUROLOGICAL DISORDERS, STROKE; CANCER

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

<http://grants.nih.gov/grants/guide/pa-files/PAS-04-079.html>

Quotes

Imagination has brought mankind through the dark ages to its present state of civilization.
Imagination led Columbus to discover America. Imagination led Franklin to discover electricity.

L. Frank Baum

Live out of your imagination, not your history.

Stephen R. Covey

Think left and think right and think low and think high. Oh, the thinks you can think up if only
you try!

Theodor Geisel

Marc

Marc B. Hahn, DO

Dean

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