

# DEAN'S CORNER E-NEWSLETTER

*Texas College of Osteopathic Medicine*

*December 13, 2004*

Well, another busy month within the Texas College of Osteopathic Medicine. Transitioning of training and clinical services from OMCT to our other teaching hospitals continue. Drs. Adams, Dubin, and Peska have labored, along with the department chairs to shift clinical, educational, and GME programs that were once at OMCT to other sites. These programmatic changes are being scrutinized weekly and modifications are made as necessary to assure the finest quality.

In addition, November the AOA Annual Meeting was held in San Francisco. As usual, our faculty delivered multiple lectures and presentations, and our students presented a number of abstracts and projects. However this year, our institution took home a number of research awards. Dr. Michael Clearfield, Associate Dean for Clinical Research was honored with the first AOA Research Mentorship Award; and Marty Knott a 4th year DO/PhD student, received the 2004 Burnett Osteopathic Student award (more under the Clinical Research section).

Today, Louis Sullivan, MD former Secretary of Health and Human Services visited our campus to discuss Health Disparities Among Minority Populations in the U.S. I have served with Dr. Sullivan on national committees, and I have come to appreciate his insight and knowledge of medical education and the delivery of health care in this country. We are certainly honored to have him spend some time on our campus.

I wish everyone a healthy and happy holiday season!

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

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**Student Affairs:**

Thomas Moorman, Ed.D.

*Associate Vice President for Student Affairs*

The Annual Holiday Casino Night was held on Saturday, December 11. The event featured great food, gambling, karaoke, and pictures by the Christmas Tree. Over 200 UNTHSC students, faculty, and staff attended this annual event. A special tanks goes to Bobbie Ann Adair and Prudence Zavala for coordinating this event.

The Financial Aid Office will be disbursing Spring 2005 checks beginning on December 17th. You should check with your financial aid counselor to verify your check status.

The Division of Student Affairs sends wishes to everyone for a Happy Holiday Season!

**Clinical Affairs / Faculty Practice:**

Robert Adams, D.O.

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

Thanks to all of you who made an effort to attend the number of events that have occurred over the past several weeks. Each has been an important demonstration of our interest in the variety of clinical options we are now exploring.

The administration at Plaza Medical Center was pleased with the attendance during their overview of the strategic plan and direction. Many of those who attended were impressed with the plan they presented.

Many of you took the opportunity to tour JPS. Additionally, many of you attended David Cecero's presentation of the JPS plan. It's clear he has a different vision for JPS in the future. The question is what part we will play going forward. - Perhaps the best attended function was the reception Dr. Hahn held for members of North Texas Affiliated Medical Group (NTAMG). Many positive comments were made after this event from both UNT and NTAMG physicians. Again, thank you for recognizing that these entities and people are important to our success in the future and for spending your time to learn more about each.

As was announced at the NTAMG reception, a letter of intent was signed to discuss what a closer relationship between UNTPG and NTAMG might look like. The letter of intent serves to provide a means for in depth discussions and the sharing of information in a confidential environment. As was announced, there will be faculty meetings for discussion of this important opportunity in the near future. This relationship could be the key to unlock all types of

educational and practice opportunities or we could find it's not meant to be. Stay tuned as the next 60 days should prove interesting.

In process is the development of an on-call web site. Many of you have indicated that it's difficult to determine who to call, as the hospitals don't keep an on-call list like OMCT did. By Jan 1st, we hope to have a web site that can be utilized to find out who is on call for the different services on a given day.

The news and information office is working hard to identify opportunities for spreading the news about our group practice. This is a great chance to tell our story and enhance our reputation as the experts in Tarrant County. If you get a call from their office to assist with a story, please make an effort to help them out. If you know of a potential story, let them know about it. They're doing this for the benefit of the practice, so please contribute.

### **Educational Programs:**

[Don Peska, D.O.](#)

*Associate Dean for Educational Programs*

### **The Texas OPTI welcomes John Peter Smith Hospital (JPS) to its educational consortium.**

The American Osteopathic Association has approved their application for twelve internship positions as well as a new residency in radiology. The JPS Health Network has been a partner with other members of the Texas OPTI for several years providing opportunities for residents of other programs to participate in the unique care setting that is a county hospital system. Appreciating the quality of osteopathic graduates and its strategic alliance with the University of North Texas Health Science Center, JPS decided last year to share its available residency slots by seeking and, now, obtaining dual accreditation of its transitional program. The radiology residency was the result of their offer to accept the transfer of the program formerly at Osteopathic Medical Center of Texas and its existing residents to the JPS campus. Additionally, psychiatry is seeking AOA accreditation and emergency medicine is in development. The Texas OPTI sees John Peter Smith Hospital rapidly becoming one of its anchor institutions and welcomes the participation of its administration, faculty and residents.

### **Academic Affairs:**

[Bruce Dubin, D.O., J.D.](#)

*Associate Dean for Academic Affairs*

### **Computer Exercises Help Students with Differential Diagnosis**

This year, computer KBIT exercises, a form of computer based learning developed by TCOM's own Frank Papa, DO, Ph.D., has been utilized in the Cardiology and Pulmonary portions of the Year II systems courses. "These exercises have been a wonderful addendum to our coursework,"

says, Mike Oglesby, Ph.D, Phase Director for the Year II students. “We have done some preliminary studies that indicate rapid acceleration of the learning process for students, in their ability to establish a correct diagnosis.” Use of the KBIT exercises will continue in the TCOM curriculum and we expect to publish our positive findings in the near future.

### **Clinical Research:**

Michael Clearfield, D.O.

*Associate Dean for Clinical Research*

The final totals are in for last fiscal year and it is official that TCOM surpassed the 5 million dollar mark in research. The start of this fiscal year has been tremendous as noted in last months update with the awarding of the NIH Development Center for Research in OMM, the DREAMS project, the CDC Regional Training and Medical Consultation Center for TB, and the National Institute of Justice awards for the DNA identification lab.

TCOM was also well represented at the AOA Research Convention in San Francisco where S/D Marty Knott, a 4th year dual degree student, was awarded the 2004 Burnett Osteopathic Student award for his award winning paper "Lymphatic Pump Treatment Increases Lymphatic Duct Flow." Way to go Marty.

I was also awarded at the research conference the inaugural Darryl Beehler DO Research Mentor of the Year award and would like to thank Dr. Hahn for nominating me for this award.

### **PA Studies:**

Hank Lemke, P.A.

PA Admissions Progress As of December 2004, the Centralized Application Service for Physician Assistants (CASPA) has forwarded over 400 applications to the PA program here at UNTHSC; 131 applications are still in various stages of completion at CASPA. So far, we have interviewed 29 applicants. Interviews are currently planned to continue through the end of March of 2005. The PA program expects to enroll 28 new PA students in August of 2005.

### **Clinical Rotation Opportunities Opening at Plaza Medical Center**

In December, PAs Lemke and Pagels met with Dr. Don Peska, TCOM Associate Dean for Educational Programs and Ms. Christine Frederic, Vice President for Development at Plaza Medical Center of Fort Worth to discuss increasing clinical rotation opportunities for PA students at Plaza Medical Center. Ms. Frederic indicated that doctors at Plaza are interested in working with PA students and learning how they also might contribute in their practices after graduation. Already, some PA students are completing inpatient rotation experiences under the tutelage of Dr. Ronald Tanner from the Department of Family Medicine. Plans were set into

motion to add to the number of PA students completing other aspects of their clinical practica at Plaza as early as may 2005.

### **PA Program Welcomes Diane Chew**

We are pleased to announce that Ms. Diane Chew has joined the PA program's academic support staff as Senior Administrative Assistant. Diane moved to the PA program in November after working for over 3 years in the Department of Family Medicine, Academic Support Office.

### **Congratulations to PA Linda Reed**

Please join with us in congratulating PA Linda Reed, Associate Director and Academic Coordinator for the PA Studies program. PA Reed just recently completed all but her dissertation requirements for a Doctorate in Education degree from the University of North Texas. After starting the EdD program in 1999, she has officially moved to an "all but dissertation" status. Linda expects to finish her degree requirements by mid-2006.

### **Reimbursements for PA Services**

According to an annual AAPA survey of state rules governing reimbursement for PA services provided to Medicaid patients, Texas reimbursement for PA services under Medicaid is 100% when billed under the physician's/group's Texas Provider Identifier (TPI). First Assistant Fees, when provided by a PA are reimbursed at 16% of the primary surgeon's fee. Reimbursement for PA services by private insurers, including Aetna, BCBS, Cigna, Humana, and HMO Blue Texas vary between 85-100% of that of physician rates.

### **PA FACT**

The American Academy of Physician Assistants (AAPA) estimates there are just over 50,000 people in clinical practice as PAs at the beginning of 2004 and in the United States, there are 135 PA programs accredited by the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA).

### **AAPA National Meeting scheduled in May 2005**

The 33rd Annual PA Conference is scheduled in Orlando, Florida, for Saturday, May 28, through Thursday, June 2, 2005. For more information on this meeting go to [www.aapa.org/annual-conf/index.html](http://www.aapa.org/annual-conf/index.html)

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

NHLBI Stops Study Testing How Long Children with Sickle Cell Anemia Should Have Blood Transfusions to Prevent Stroke

## Clinical Alert Issued to U.S. Physicians

[December 5, 2004]

SAN DIEGO, California

The National Heart, Lung, and Blood Institute (NHLBI) of the National Institutes of Health (NIH) has stopped early a clinical trial studying whether children with sickle cell anemia at high risk for stroke could at some point after a minimum of 30 months (range 30-91 months) safely stop receiving the periodic blood transfusions that prevent strokes. The study found a return to high risk of stroke in children who stopped receiving the transfusions. The NHLBI is issuing a clinical alert on the study's results to inform physicians who treat children with sickle cell anemia.

The alert advises physicians that stopping transfusions cannot be recommended. The document urges them to carefully discuss with patients and their families the stroke prevention benefits of continuing periodic transfusions as well as the risks of these transfusions, which can include such long-term side effects as iron overload. Management of these side effects should also be discussed, according to the alert.

The results of the Stroke Prevention Trial II (STOP II) are being presented in San Diego today as a special "late-breaking" announcement at the annual meeting of the American Society of Hematology (ASH). To further inform physicians, the NHLBI is posting the alert on the National Library of Medicine's Clinical Alert and Advisories Web page. STOP II investigators are notifying patients enrolled in the study and their families.

STOP II, which began in 2000, expected to recruit 100 patients age 2 to 18 over 6 years. When the study was stopped 2 years early on November 10, 79 patients had been enrolled. At the time the study was halted, 14 of the 41 patients who had been randomly assigned to stop transfusions reverted to high risk of stroke as measured by a special ultrasound technique and 2 patients had suffered a stroke. There were no strokes or reversions to high stroke risk in the group that continued with transfusions.

"This important study shows the value of continuing periodic blood transfusions in preventing the serious and debilitating consequences of stroke," said NHLBI Acting Director Barbara Alving, M.D. "At the same time, there are risks of chronic transfusions and the decision to continue with this treatment must be made on a case-by-case basis," she added.

The risks of chronic blood transfusions include iron overload, which can be harmful to several vital organs and must be treated with chelation therapy. Other risks include alloimmunization, an immune system reaction which can interfere with the benefits of subsequent transfusions, and exposure to blood-borne infections.

The STOP II trial, conducted at 23 clinical centers in the U.S. and 2 in Canada, enrolled patients at increased risk of stroke. Stroke risk was determined with transcranial doppler (TCD)

screening, an ultrasound technique that measures the velocity of blood flow in the brain. A high blood flow velocity in one or more major arteries of the brain is linked with narrowing in key blood vessels supplying the brain, which in turn increases the risk of a stroke.

STOP II participants had been transfused for at least 30 months before entering the trial. Eligibility criteria for entry into STOP II were a normal TCD velocity (indicating low risk of stroke) and a magnetic resonance imaging study of the patients' brain arteries showing no severe blockages. Upon entry, patients were randomly assigned to receive either standard care with periodic blood transfusions or to be taken off these transfusions.

Patients in the transfusion arm of the study received blood transfusions every 3 to 4 weeks to keep the amount of abnormal, or sickle, hemoglobin in their blood to no more than 30 percent of total hemoglobin. Transfused patients who received a cumulative dose of 250 ml/kg of blood began to develop iron overload and were given chelation therapy. Chelation involves subcutaneous infusions of deferoxamine, a drug that removes the iron.

After 79 patients had been enrolled in the study, the STOP II Data and Safety Monitoring Board (DSMB), an independent advisory committee charged with reviewing results and ensuring participant safety, conducted a regular review of the data. The analysis showed a highly significant difference in stroke risk and actual stroke between the transfusion and non-transfusion treatment arms. The DSMB recommended early closure of the clinical trial.

About 10 percent of sickle cell patients are at risk for stroke. Twenty percent of patients are at risk for "silent cerebral infarcts," small strokes that can interfere with cognitive functioning and school performance because brain tissue is damaged.

The importance of transfusion therapy in preventing strokes in patients with sickle cell anemia was established in 1997 when the results of the Stroke Prevention Trial in Sickle Cell Anemia (STOP I) were released in a clinical alert. STOP I found that administering blood transfusions every 3 to 4 weeks to children with sickle cell anemia who are at high risk for stroke reduces their rate of first-time stroke by 90 percent.

"STOP I showed that we could prevent stroke and its debilitating consequences, including brain damage. What we didn't know was whether the transfusions could be safely stopped at some point. This was an important question because there are some problems with blood transfusions, including increased risk of iron overload," said Robert Adams, M.D. principal investigator of both STOP I and STOP II and Regents Professor of Neurology and Professor of Pediatrics, Medical College of Georgia. Adams presented the STOP II findings at the ASH meeting.

"Now we know that for high-risk patients, it is not safe to stop transfusions even if the TCD has returned to normal range. We need to weigh carefully the risks of this preventive therapy and make sure we monitor patients closely with TCD. We also need to come up with a better way to maintain the stroke prevention benefit while lowering the side effects of transfusion treatment," added Adams.

The clinical alert calls for further research to identify and test therapies that will provide safe and

effective protection from stroke with fewer side effects than transfusion.

Sickle cell anemia, the most common genetic blood disorder in the U.S., affects about 1 in 350 African-Americans and 1 in 1,000 Hispanic newborns every year. Patients with this disease have abnormal hemoglobin molecules in their red blood cells. The molecules damage the red cells, causing them to stick to blood vessel walls. This can lead to narrowed, or blocked, blood vessels in the brain, causing a stroke.

### **Health Policy News:**

#### **Texas Public System to Buy Hospital**

JPS Health Network, Fort Worth, Texas, plans to close Tuesday on a deal to buy 30-bed Physicians' Metroplex Hospital, Arlington, Texas, for \$14.7 million. JPS, part of Tarrant County (Texas) Hospital District, agreed to buy the hospital from investment firm Unity Hunt, Dallas, a JPS spokeswoman said. The hospital was opened early in 2003 in partnership with physicians and hospital operator Leland Medical Centers, Plano, Texas. Leland reduced the hospital's operations to emergency room-only in August.

#### **Enactment of FY 2005 Appropriations**

Last night (December 8th) the President signed into law HR 4818, the fiscal year 2005 Omnibus Appropriations bill. As we reported previously, health professions education programs under Titles VII and VIII will receive \$453.9 million minus a .83% across the board cut. The Council on Graduate Medical Education is also continued for another year.

#### **AMA, STATE SOCIETIES PLAN BORDER HEALTH STRATEGIES**

The health care needs of the 13 million people who live along both sides of the 2,000-mile U.S.-Mexico border need special attention to compete with medicine's push for congressional action on tort reform, Medicare, and Medicaid. That's the message a panel of experts delivered at the U.S.-Mexico Border State Health Forum in Atlanta. Physician leaders and senior staff from the American Medical Association and state societies from Texas to California gathered to review the issues and some startling projections for the future. Texas State Demographer Stephen Murdock, PhD, outlined the "phenomenal" population growth along the border and the accompanying health care needs that strain the poorest region of the country. "Disease doesn't carry a visa," said Eva Moya, executive director of the U.S. Section of the U.S.-Mexico Border Health Commission. Physicians and medical society leaders from as far "inland" as Ohio, North



Carolina, Georgia, and Colorado told how rapid immigration patterns were bringing the same problems to their states. Merging the organizations' strength will energize border physicians and build bipartisan support for border health solutions among as many senators and representatives as possible.

### **HHS Secretary Resigns**

Secretary of Health and Human Services Tommy Thompson Dec. 3 announced his resignation, stating "after nearly 40 years of public service, it is time for me and my family to move onto the next chapter in our life."

### **Congress Nears Finish Line for FY 2005 Spending Bills**

Although Congress has approved a \$388.4 billion omnibus spending package that incorporates the nine regular FY 2005 appropriations bills not yet enacted into law, a controversial proposal to give the chairs of the Appropriations Committees access to individuals' tax returns continues to delay final approval of the omnibus spending bill. The House is expected to return Dec. 6 to approve the technical corrections resolution, releasing the omnibus bill to the President. In the meantime, Congress passed another continuing resolution (CR) to continue funding for federal programs through Dec. 8. The current CR expires Dec. 3. The final package contains a 2.1 percent increase for the NIH, a 1.8 percent increase for the health professions programs, and a 0.8 percent cut for VA research.

### **NAS Report Focuses on Facilitating Interdisciplinary Research**

The National Academies Committee on Facilitating Interdisciplinary Research Nov. 19 issued a report urging academic institutions to explore new models that foster and reward interdisciplinary interactions. The panel's report provides recommendations for students, post-doctoral students, researchers and faculty members, educators, team leaders, academic institutions, professional societies, funding organizations, and journal editors.

### **Congress Passes CREATE Act**

The House of Representatives Nov. 20 approved legislation (S. 2192) revising federal patent statutes to better protect inventions arising from collaborative research among universities and other organizations. The "Cooperative Research and Technology Enhancement Act of 2004," known as the CREATE Act, remedies a 1997 federal circuit court decision (*OddzOn Products Inc. v. Just Toys Inc.*), which appeared to make it possible that certain information shared among

research collaborators at different institutions could be cited as "prior art" and used to invalidate subsequent applications for joint patents.

### **Research and Funding Opportunities:**

NIH Guide for Grants and Contracts - Week Of December 3, 2004  
<http://grants.nih.gov/grants/guide/WeeklyIndex.cfm?WeekEnding=12-03-04>

#### **Notices**

Extension of Expiration Date for Various Research Career Development("K") Program Announcements  
(NOT-OD-05-011)  
National Institutes of Health  
<http://grants.nih.gov/grants/guide/notice-files/NOT-OD-05-011.html>

Announcing the NIA Aged Non-Human Primate Tissue Bank  
(NOT-AG-05-002)  
National Institute on Aging  
<http://grants.nih.gov/grants/guide/notice-files/NOT-AG-05-002.html>

Public Briefing: RFA-AI-04-045 - Centers for Medical Countermeasures Against Radiation  
(NOT-AI-05-011)  
National Institute of Allergy and Infectious Diseases  
<http://grants.nih.gov/grants/guide/notice-files/NOT-AI-05-011.html>

NIH Administrative Supplements for Senator Paul D. Wellstone Muscular Dystrophy Research Fellowships at Wellstone Muscular Dystrophy Cooperative Research Centers (MDCRCs)  
(NOT-AR-05-001)  
National Institute of Arthritis and Musculoskeletal and Skin Diseases  
National Institute of Child Health and Human Development  
National Institute of Neurological Disorders and Stroke  
<http://grants.nih.gov/grants/guide/notice-files/NOT-AR-05-001.html>

Pre-Application Meeting for NCI Alliance for Nanotechnology in Cancer  
(NOT-CA-05-006)  
National Cancer Institute  
<http://grants.nih.gov/grants/guide/notice-files/NOT-CA-05-006.html>

NIDCR Policy Update for the NIH Mentored Clinical Scientist Development Award (K08)  
(NOT-DE-05-001)  
National Institute of Dental and Craniofacial Research  
<http://grants.nih.gov/grants/guide/notice-files/NOT-DE-05-001.html>

AHRQ Reminders Regarding Submission of Non-Competing Continuation Applications  
(NOT-HS-05-004)

Agency for Healthcare Research and Quality

<http://grants.nih.gov/grants/guide/notice-files/NOT-HS-05-004.html>

Special Emphasis Notice: Research Priorities for the Agency for Healthcare Research and  
Quality

(NOT-HS-05-005)

Agency for Healthcare Research and Quality

<http://grants.nih.gov/grants/guide/notice-files/NOT-HS-05-005.html>

Notice of Deactivation for AHRQ Expired PAS

(NOT-HS-05-009)

Agency for Healthcare Research and Quality

<http://grants.nih.gov/grants/guide/notice-files/NOT-HS-05-009.html>

Clarification of Scope, PAR-04-142 NLM Resource Grant in Biomedical Informatics/  
Bioinformatics (P41)

(NOT-LM-04-010)

National Library of Medicine

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

Minority Health and Health Disparities International Research Training Program Grant -  
Addendum to RFA-MD-04-004

(NOT-MD-05-003)

National Center for Minority Health and Health Disparities John E. Fogarty International Center

<http://grants.nih.gov/grants/guide/notice-files/NOT-MD-05-003.html>

### **Requests for Applications:**

Centers of Cancer Nanotechnology Excellence

(RFA-CA-05-024)

National Cancer Institute

Application Receipt Date(s): March 25, 2005

<http://grants.nih.gov/grants/guide/rfa-files/RFA-CA-05-024.html>

Multidisciplinary Career Development in Cancer Nanotechnology Research

(RFA-CA-05-025)

National Cancer Institute

Application Receipt Date(s): March 25, 2005

<http://grants.nih.gov/grants/guide/rfa-files/RFA-CA-05-025.html>

Cancer Nanotechnology Platform Partnerships

(RFA-CA-05-026)

National Cancer Institute  
Application Receipt Date(s): March 25, 2005  
<http://grants.nih.gov/grants/guide/rfa-files/RFA-CA-05-026.html>

Pediatric HIV/AIDS Cohort Study (PHACS)  
(RFA-HD-05-018)  
National Institute of Child Health and Human Development  
National Institute of Allergy and Infectious Diseases  
National Institute on Drug Abuse  
National Institute of Mental Health  
Application Receipt Date(s): March 10, 2005  
<http://grants.nih.gov/grants/guide/rfa-files/RFA-HD-05-018.html>

Sickle Cell Disease Clinical Research Network  
(RFA-HL-05-006)  
National Heart, Lung, and Blood Institute  
Application Receipt Date(s): April 25, 2005  
<http://grants.nih.gov/grants/guide/rfa-files/RFA-HL-05-006.html>

Psychosocial Needs of Children Affected by AIDS  
in Low-Resource Countries  
(RFA-MH-05-008)  
National Institute of Mental Health  
National Institute of Nursing Research  
Application Receipt Date(s): April 22, 2005  
<http://grants.nih.gov/grants/guide/rfa-files/RFA-MH-05-008.html>

### **Program Announcements:**

NLM Grants for Scholarly Works in Biomedicine and Health  
(PAR-05-025)  
National Library of Medicine  
Application Receipt Date(s): Multiple dates, see announcement.  
<http://grants.nih.gov/grants/guide/pa-files/PAR-05-025.html>

Community Participation in Research  
(PAR-05-026)  
Office of Behavioral and Social Science Research  
Agency for Healthcare Research and Quality  
National Cancer Institute  
National Heart, Lung, and Blood Institute  
National Institute on Alcohol Abuse and Alcoholism  
National Institute of Child Health and Human Development  
National Institute on Deafness and Other Communication Disorders

National Institute of Dental and Craniofacial Research  
National Institute of Environmental Health Sciences  
National Institute of Mental Health  
National Institute of Nursing Research  
National Institute for Occupational Safety and Health  
Application Receipt Date(s): May 17, 2005, 2006, 2007  
<http://grants.nih.gov/grants/guide/pa-files/PA-05-026.html>

**Quotes:**

If A equals success, then the formula is:  $A = X + Y + Z$ , X is work. Y is play. Z is keep your mouth shut.

**Albert Einstein**

All life is an experiment.

**Ralph Waldo Emerson**

Not life, but good life, is to be chiefly valued.

**Socrates**

Marc

**Marc B. Hahn, DO**

Dean

Texas College of Osteopathic Medicine

University of North Texas-Health Science Center

3500 Camp Bowie Boulevard

Fort Worth, Texas 76107-2699

817-735-2416 or 2244

facsimile 817-735-2486