

Preceptors Invited to January Dinner

Preceptors will be invited to join Dean Jeffrey Houpt and other School of Medicine administrators, faculty, and student leaders for dinner at the Carolina Club at UNC-CH on Friday, January 28. The featured speaker will be William H. Foege, M.D., M.P.H., professor of international health at Emory and former director of the Centers for Disease Control.

The dinner, at which students will be inducted into the Eugene S. Mayer Community Service Honor Society, will be the culmination of the medical school's Community Service Day, to which preceptors are also invited. An annual event since 1995, Community Service Day has been moved to a Friday this year, and classes for that day have been cancelled to allow fuller student participation.

Preceptors who have attended the event in the past will find several additions to the program along with popular features of earlier years. The day will begin in Berryhill Hall at 9:30 a.m. with a poster session highlighting community service projects undertaken by inductees into the Mayer Honor Society. Student service organizations in the School of Medicine are also invited to participate in the session with posters depicting the work of

(continued on page 2)

Integrative Medicine Offers Alternatives



Dr. Lee performs
acupuncture.

When Susan Gaylord, Ph.D., and Peter Curtis, M.D., began offering an elective called "Principles and Practices of Alternative and Complementary Medicine" at UNC-CH in 1995, it quickly filled with students from the medical and allied health professional schools. Today, that course is only one of the offerings of the new Program on Integrative Medicine, which is based administratively within the Department of Physical Medicine and Rehabilitation and is funded through the Division of Health Affairs of the University of North Carolina at Chapel Hill.

"Alternatives" medicine is a phrase Dr. Gaylord uses when she talks about increasing the range of choices in health care. She points out that recent national surveys reported more than 40% of Americans using alternative and complementary therapies, defined as those practices used for the purpose of medical intervention, health promotion, and/or disease prevention that are not generally taught in medical schools nor routinely covered by most medical insurance. At the same time, nearly three quarters of those in the survey who had sought care from alternative practitioners had not informed their primary care physicians. Dr. Gaylord believes doctors have an obligation to be knowledgeable about what their patients are pursuing, therefore her class introduces students to the philosophies, practitioners, techniques, and evidence of efficacy of alternative therapies common in the U.S.

As a result of medical students' requests for further, in-depth study, a fourth-year elective, "Fieldwork in Alternative and Complementary Therapies," was added to the curriculum in 1997. Individually tailored to students' interests, this four-week, 160-hour course gives students the opportunity to observe and participate in the delivery of health care in the practice setting of one or more alternative care providers. These have included practitioners of naturopathy, homeopathy, herbal medicine, chiropractic, Traditional Chinese Medicine, acupuncture, body-work, and mind-body therapies. One appeal of the course is that it allows students the option to travel to distant sites to enrich their experiences of healing. For example, one student studied with a well-respected herbalist, Marcey Shapiro, M.D., in the San Francisco Bay area, and another traveled to India to explore meditative traditions.

In addition to responding to the need for undergraduate education, the School of Medicine has responded to the growing demand from practicing health professionals to know more about alternative and complementary medicine. A seminar on Mindfulness Meditation in Stress Reduction was organized for health professionals in September, 1996. Numerous presentations have been made to AHECs

(continued on page 7)

Preceptors Invited

(continued from page 1)



Dr. Foege

their groups. This will be followed by a presentation on Latino cultural values and popular beliefs aimed at increasing the cultural competence of students as they work with this growing segment of the North Carolina population. Presenters will be Laura Aponte, M.S.W., social worker with Tri-County Community Health Center in Newton Grove, and Yvonne Torres, M.P.H., health educator with Wake County Human Services HIV/STD Clinic in Raleigh, who have spoken on this topic to health care professionals across the state.

A community fair during the lunch break will feature displays by local agencies publicizing their services and seeking volunteers from the Health Affairs schools. Following the fair, three slide presentations of their work will be given by selected students from the Mayer Community Service Honor Society.

Evening activities, at which preceptors and their spouses will be special guests, will begin with a wine reception at 5:30 p.m. in the Carolina Club of the George Watts Hill Alumni Center. Preceptors will have an opportunity to meet the presidents and faculty advisors of the medical school's student organizations as well as new members of the Mayer Society.

(continued on page 5)



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Conferences and Continuing Education

JANUARY 13-14

Challenges in Geriatric Practice: 11th Annual Conference. The Friday Center, Chapel Hill. (Contact Dail White, 991-962-2118.)

28

Preceptor Celebration. Carolina Club, Chapel Hill. (Contact Claire Lorch, 919-966-0331.)

FEBRUARY 18-19

6th Annual Community Faculty Workshop. Greenville Hilton, Greenville. (Contact Katherine McGinnis or Mary Esther Sabados, 252-816-3082.)

MARCH 24-26

Clinical Relevance of Medicinal Herbs and Nutritional Supplements in the Management of Major Medical Problems. The Friday Center, Chapel Hill. (Contact Jane Radford, 919-962-2118.)

APRIL 7-9

Quality Care/Quality Teaching. Holiday Inn SunSpree Resort, Wilmington (Family Beach Weekend). (Contact Lanell Boyett, 919/350-8547.)

Students Serve in Flooded Areas

When Dr. Beat Steiner, course director for the medical school's Introduction to Clinical Medicine (formerly Medical Practice and the Community), asked second-year students if they would be interested in spending their fall Community Week helping with relief efforts in flood-stricken eastern North Carolina, 71 students jumped at the chance. As a result, they spent the week of Oct. 4-8 tearing apart homes and apartments, helping to feed those displaced by the floods, and sorting through piles of donated materials instead of honing their clinical skills in the community medical practices to which they are normally assigned. When those 71 students are added to their classmates who spent the week in practices in the flooded areas, more than half of the second-year class got a close-up look at the plight of the eastern part of the state.

The logistics of the project were worked out in record time. Dr. Steiner spent the previous week in Kinston providing health care to flood victims and determining whether second-year students could be put to good use even though they were not at a level of training to be able to provide medical care. Meanwhile, Dr. Melanie Mintzer was on the phone in the Department of Family Medicine at UNC identifying sites that needed help. In the field, Dr. Steiner checked the sites in person to see if they would make good placements. Finally, the United Way of Pitt County matched students to the selected sites and arranged for their housing.

"We appreciate the flexibility of preceptors and ORPCEs all across the state in allowing this experience to take place," Dr. Steiner said. He explained that by not having students come to their practices as they usually did for

Community Weeks but allowing them to help flood victims instead, many preceptors contributed to the effort.

After an orientation in Chapel Hill on Monday, the students arrived Down East Tuesday morning and immediately began their assigned tasks. The majority of the students pulled furniture, carpets, wallboard, appliances, and personal items contaminated by flood waters from apartments near the Tar River in Greenville. Homeowners were amazed by how the students went about the task. "Right from the start, they figured out how to best gut the house. Everyone had their own task to do," said one small business owner whose four apartments, which once housed ECU students, were destroyed by the flood.

In nearby Grifton, a town that had been virtually bypassed by relief efforts until then, another group of students was performing the same tasks in private homes. "I've never seen destruction like this before. These people were really bad off beforehand [and then] they essentially lost everything. The community is really pulling together and helping each other out," reported student Jenny Campbell.

Other students worked for the Salvation Army and the Red Cross, packing up boxes of donated food, clothing, and water to be given to those in need. Still others helped the animal shelter patch up and care for displaced, abandoned, and lost animals.

When they returned to Chapel Hill on the weekend, the students summarized the impact of their experience in a thank-you letter to



Students performed a variety of flood relief tasks.

Dr. Steiner excerpted below:

"We want to thank you so much for the opportunity to volunteer in eastern North Carolina. Most, if not all, of us can say that we truly had a profound experience. The people in Greenville and Grifton seemed extremely grateful for our help, and we were pleased to fulfill the much-needed services to the community. It was surprising to many of us to feel that many people would have simply gone without assistance had we not been there. We were actually called angels by people who could not believe that UNC medical students arrived there to help them. Other victims of the flood hugged and blessed us with thanks to God. In addition, many of us learned how to tear down an entire apartment in less than an hour!...

"Finally, we think that the time we spent in the eastern part of the state was important not only as fellow human beings, but as fellow North Carolinians and students in a state university. Serving those in need was one reason we entered this profession, and we are proud that our professors and school have not forgotten that. Thank you."

(The Educational Technology Group in the School of Medicine contributed to this article.)

Challenging Cases

Challenging Cases is a regular feature in *The Front Line* intended to assist you in your role as a preceptor. It needs preceptor input in two areas. First, the editor is seeking suggestions for cases to be considered in future issues. If you have encountered a “challenging” situation with a student (or course director or university administrator) during your precepting, please consider sharing it through this feature as a teaching/learning tool. Fictional scenarios—cases that one might encounter—are also acceptable. Second, volunteers are also sought who are willing to serve as commentators on the general precepting issues the cases present.

If you will help in either of these ways, please contact Katherine Savage, newsletter editor, at UNC-Chapel Hill, Campus Box 7530, Chapel Hill, NC 27599-7530.

Case #1

“A nurse with whom you frequently work at the local hospital tells you that she heard your clerkship student discussing a patient with another student on the elevator. She is disturbed by this breach of confidentiality. What do you do?”

Linda Mitchell-Frye, M.D., Carolina Ob/Gyn, Laurinburg: Breach of confidentiality in medicine is a very serious issue. However, specifically in obstetrics and gynecology it cannot be ignored, because a patient’s medical history may involve very sensitive and personal matters.

I would first get all the details from the nurse and make her aware of my intent to address this with the student both verbally and in writing. I would also make her aware of the possibility that she may need to be identified as the source of this information.

I would then sit down with the student and inform him or her of the allegation. If the student admits to the breach, I would discuss with him or her why this is unacceptable and note my intention to include this in his or her evaluation. If the student denies it, I would consider involving the nurse directly but would still explain why this behavior is unacceptable and also would inform the student of my intention to include the allegation in his or her evaluation.

Harvey Hamrick, M.D., Professor of Pediatrics, UNC-CH: I would thank the nurse for reporting her concerns and would reassure her that I will discuss the matter with the student. At a private meeting with the student later that day, I would use a nonconfrontational approach to explore his recollection of the conversation and views on whether or not it represented a breach of confidentiality. This would allow the two of us to engage in a general discussion about confidentiality issues. Such issues would include the protection of patient privacy as a guiding principle; the concept that all patient information is privileged and should only be discussed in the context of clinical settings and with professionals directly involved in the care process; appropriate and inappropriate venues for discussing clinical information; and the need to be sensitive to patient confidentiality in all conversations and patient-

related activities.

If the student’s responses indicated that he understands our concerns about the elevator conversation and if he seems sensitive to the basic issues involved in patient confidentiality, I would consider this episode a learning experience. However, if by his general attitude and future behavior, I am not convinced that he appreciates the importance of this issue, I would so advise the course director.

Case #2

“A student comes to you on the first day of a rotation ‘bright-eyed and bushy-tailed.’ As the rotation continues, he begins missing days for ‘personal crises.’ How do you handle the situation?”

Michael Norins, M.D., LeBauer Health Care, Greensboro: At the onset of the work week I will have established my expectations of attendance and work. This discussion will take place each week of precepting or block of precepting time. Any absence will raise questions, since the time together is so limited, especially if not planned in advance. I expect that an explanation for any absence will be offered at the time of notification of the absence or upon return.

If a student has several absences, especially if without notice, I will take the time to speak with him or her about what is going on. Based on the exchange, if there seem to be significant personal problems/crises, I will offer counseling resources or suggest utilizing counseling resources. If the number of absences is high enough to detract from the learning experience, I will suggest making rescheduling arrangements.

The guiding principle for me is that the student is well-meaning

Challenging Cases (continued from page 4)

and that I wish to be helpful both educationally and in terms of personal well-being. Only deception or a lack of trying to find a reasonable solution will have an adverse effect on any evaluation.

Donald C. Spencer, M.D., M.B.A., Clinical Associate Professor of Family Medicine, UNC-CH, and Co-Director, UNC Family Practice Center:

We all feel very comfortable using our stethoscopes. Yet the challenges of non-patient care issues such as guiding those we teach or supervise provide us with real opportunities for personal growth. Medical school and residency have prepared us for many challenges, but we often find ourselves in new territory dealing with issues related to our roles as clinician educators or physician leaders. Counseling a struggling student may be as challenging as talking with a poorly performing nurse, receptionist, or even physician partner. While such circumstances can be uncomfortable, they stretch us in ways we might not have previously considered.

In the present situation, I would be struck by the student's change in attitude over the space of a couple of weeks. Students who start out poorly motivated and continue that way suggest a different diagnosis than those who begin the block "bright-eyed" and then deteriorate. The situation seems parallel to the teenager with straight A's at the beginning of the year who begins to come home with D's by mid-semester. What has happened? Are there substance abuse issues or domestic violence in the home of the teen? The differential diagnosis of the student's behavior might include true personal crises of a catastrophic nature. However, a more

likely scenario would be a mismatch between the student's idealized expectations for the block and the reality of learning in a busy medical practice. In either case, it does little good to ignore the situation when more information is needed. Uninterrupted time is needed to obtain the information required to

"The guiding principle for me is that the student is well-meaning and that I wish to be helpful both educationally and in terms of personal well-being."

understand the problem. This should not be a hall conversation or a discussion during lunch with the rest of the office staff present.

After the information gathering phase, it may be that the student needs to hear some uncomfortable facts from you. Perhaps the mismatch between expectations and reality of the block experience needs to be discussed openly. Sometimes students need to hear that developing professional responsibility means prioritizing patient duties above personal convenience even as a learner. Once information is gathered and an educational diagnosis is made, the prescription needs to be given.

There are right and wrong ways to give advice to those in our charge. Two tenets have served me well in my career as an educator as well as a physician

leader. First, follow the wisdom of St. Paul who encourages "speaking the truth in love." Even the correct educational prescription, when harshly presented, tends to alienate and discourage. Second, whenever possible, use the "sandwich technique." That is, negative feedback should be "sandwiched" between positive feedback. There is always something for which you can praise a learner. Start and end with such feedback, while not shying away from the prescription that needs to be heard by the learner.

In the final analysis, this student needs three things from you: protected time to listen to the student while you gather information, your thoughtful analysis and diagnosis, and lastly a prescription delivered in a manner that encourages and motivates. By comparison, it makes cardiac auscultation look easy.

Preceptors Invited (continued from page 2)

William H. Foege, M.D., M.P.H.

William H. Foege, speaker for the dinner, is an epidemiologist who worked in the successful campaign to eradicate smallpox in the 1970s. Dr. Foege became Chief of the CDC Smallpox Eradication Program, and was appointed director of the U.S. Centers for Disease Control in 1977. He attended Pacific Lutheran University, earned his medical degree at the University of Washington, and received his Master of Public Health from Harvard.

In 1984, Foege and several colleagues formed the Task Force for Child Survival, a working group for the World Health Organization, UNICEF, The World Bank, the United Nations Development Program, and the Rockefeller

(continued on page 6)

Focus: Marjorie (Muff) Carr, M.D.



Muff Carr, M.D.

This is one of a series of articles featuring North Carolina physicians who serve as preceptors for UNC-CH medical students.

Dr. Muff Carr is a Tar Heel born and bred. She came from her hometown of Kinston to the University of North Carolina at Chapel Hill as an undergraduate and stayed through medical school and a residency in pediatrics. Now she relishes the continuing contact she has with the school through her role as a preceptor and as a Visiting Clinician. She especially appreciates the access to faculty and to

information.

Dr. Carr entered practice 20 years ago with Raleigh Children and Adolescent Medicine. Today she is one of six pediatricians on staff, including Tom Sena, M.D., who also precepts UNC-CH students. Dr. Carr became a preceptor for the fourth-year Ambulatory Care Selective in 1992; since then she has added first- and second-year Introduction to Clinical Medicine to her precepting duties. She has also precepted interns and pediatric dentistry students.

When asked what she enjoys most about precepting, Dr. Carr replied, "The people, and the contact with Carolina....With few exceptions, the students have been delightful." She has kept in touch with most of the students she has precepted. The most challenging aspect of the job is individualizing what she does with each student based on that student's needs.

Spending a block of time with a community physician offers students numerous opportunities for learning from a new perspective. Dr. Carr hopes that the students who rotate through her practice will gain a better understanding of what it's like to work on a practitioner's schedule. She encourages them to pay attention to nonverbal communication so that they can figure out what is going on in a family. And she wants them to leave their rotation better able to make a good differential diagnosis and formulate a game plan without ordering every test in the book. She teaches them to focus on "what's best for the patient, what's reasonable for the patient, how to implement it, and how to live with it."

Patients and their parents are very accepting of the medical students, Dr. Carr finds. Sometimes when she is showing a student how to do an ear exam, parents will look in the child's ear, too. She believes that her practice has benefitted from having students in it, and she points to several student projects as examples: a chart organization system still in use, and an informational handout on chickenpox that has only recently been replaced by one mandated by the health department.

As a preceptor, Dr. Carr tries to "meet students where they are." In doing that, she works to meet course requirements in a creative way that is tailored to the student rather than sticking to a rigid agenda. She also thinks that an effective preceptor should give students a feel for what it's like to practice in a community. That includes teaching them how to locate community resources and decide which are good as well as how to set up a referral network.

In looking ahead to the practice world her students will enter, Dr. Carr hopes that medicine will become less managed so that they will have more flexibility in making decisions regarding patient care. "I hope that patient care, not cost, will be the bottom line."

Preceptors Invited (continued from page 5)

Foundation. Its success in accelerating childhood immunization led to an expansion of its mandate in 1991 to include other issues that diminish the quality of life for children.

Dr. Foege joined The Carter Center in 1986 as its Executive Director, Fellow for Health Policy, and Executive Director of Global 2000. In 1992, he resigned as executive director of The Carter Center, but continues in his role as a Fellow and as Executive Director of the Task Force for Child Survival and Development. In January 1997, he joined the faculty of Emory University, where he is Presidential Distinguished Professor of International Health at the Rollins School of Public Health. In September, 1999, Dr. Foege became a Senior Advisor for the Bill and Melinda Gates Foundation.

Dr. Foege championed many issues, but child survival and development, injury prevention, population, preventive medicine, and public health leadership are of special interest, particularly in the developing world. He is a strong proponent of disease eradication and control, and has taken an active role in the eradication of Guinea worm, polio, and measles, and elimination of River Blindness. Through extensive writing and lecturing, he has succeeded in broadening public awareness of these issues and bringing them to the forefront of domestic and international health concerns.

Dr. Foege is the recipient of many awards, including the WHO Health for All Medal, the Healthtrac Prize, and the Calderone Prize. He holds honorary degrees from 10 institutions, including Harvard University, and was named a Fellow of the London School of Tropical Medicine and Hygiene in 1997. He is the author of more than 125 professional publications.

Integrative Medicine

(continued from page 1)

and health professional organizations over the last several years. In October 1998, the School of Medicine held a national conference on herbal medicine and nutritional supplements attended by 250 health professionals; it received high ratings for its evidence-based presentations. Its success has led to plans for a second, similar conference. "Clinical Relevance of Medicinal Herbs and Nutritional Supplements in the Management of Major Medical Problems" will be held March 24-26, 2000, at The Friday Center in Chapel Hill. [For information/registration, contact Jane Radford at 919-962-2118.]

The federal government was ahead of most medical schools in responding to the growing public awareness and use of alternative therapies. The Office of Alternative Medicine was established in 1992 at the National Institutes of Health. In 1998 it became the National Center for Complementary and Alternative Medicine (NCCAM), which funds research into unorthodox treatments. In establishing its own program, UNC-CH chose to call it the Program on Integrative Medicine to emphasize the collaborative relationship between conventional medical practices and alternative and complementary practices. The program's objectives are to stimulate, develop, and implement both educational initiatives and research initiatives; serve as a clearinghouse of information; and encourage holistic care perspectives and integrative, multidisciplinary clinical activities.

Dr. Gaylord, program director, and Rebecca Coble, program coordinator, oversee several ongoing activities in addition to the courses: a monthly seminar on integrative medicine, and weekly mindfulness meditation sittings. Dr. Gaylord acts as advisor for the Holistic Health Interest Group, a special interest group formed by medical students that provides educational programs on alternative medicine, with speakers such as Patch Adams and Candace Pert.

Several members of the School of Medicine student body were alternative therapy providers before entering medical school. First-year student Daniel Nissman, who is vice president of the Holistic Health Interest Group, is a certified massage therapist who practiced massage as an avocation before entering medical school. (He also has an M.S. in electrical engineering and has worked in a variety of areas, many of them medically related.) He expects that his experience working with different bodies, his good palpation skills, and his in-depth knowledge of the musculoskeletal system will be advantageous in medical school. He says, "As a physician, I will mostly be assessing people through the skin, and the skills I've learned in musculoskeletal assessment and treatment will add a new dimension to the techniques used in current medical practice."

Nissman also points out that his training gives him a different perspective on the human body. "Most treatments for chronic musculoskeletal conditions revolve around stop-gap measures (for example, cortisone injections and splints) as opposed to exploring reasons why someone has developed the condition and educating patients about things they can do for themselves." Many physicians do not recommend massage or stretching techniques because that was not part of their training. When Nissman becomes a practicing physician, he will be able to refer patients to an appropriate body-work therapist and to educate them about lifestyle choices that may be causing their ailment.

Patient demand for complementary medicine and expertise is at an all-time high. Michael Y. Lee, M.D., chair of the Department of Physical Medicine and Rehabilitation, who recently trained in acupuncture, has found a great demand for his services for the treatment of pain at the Rehabilitation Clinic. Michael C. Sharp, M.D., associate professor of pediatrics, offers acupuncture through the Family Practice Center, seeing many patients for whom conventional approaches to healing have not worked. And an interdisciplinary integrative medicine team answers requests for consultations from other clinics, ranging from urology to hematology-oncology.

For more information on the Program in Integrative Medicine, call 919-966-8586.

Clinician Connections

In September, the Visiting Clinician Program at UNC-Chapel Hill welcomed a new cohort of 23 clinicians, including four nurse practitioners, hailing from 15 counties, from the coast to the mountains. Twenty-five additional participants returned to complete their second year in the program.

This year, many new Visiting Clinicians are interested in learning more about complementary and alternative medicine, particularly herbal therapy, acupuncture, and biofeedback. The Cardiology Clinic, multidisciplinary Medicine Geriatric Clinic, Pain Program/Headache Clinic, and Sports Medicine Clinic continue to remain popular requests.

According to Suzie Bennett, manager of the Visiting Clinician Program, "Coming to campus and being exposed to the delivery of care at UNC Hospitals is a refreshing experience for participants. An internist new to the program commented that this was the best CME he has done in a long time."

"The UNC Visiting Clinician Program: An Innovative Approach to CME" was presented as an exhibit at the annual meeting of the Association of American Medical Colleges in Washington, D.C. October 24-26.

Upcoming Events

- Beginning in mid-October, faculty will be asked to evaluate each session spent with a Visiting Clinician. Their feedback will be useful in further enhancing the quality of experiences of the faculty, students, and participants.
- By year-end, a post-evaluation questionnaire will be mailed to the first cohort of physician participants. They will be asked to reflect on their experiences as Visiting Clinicians at UNC.
- The nomination process for the 2000-2002 cohort will begin in February, 2000. To be named a Visiting Clinician, one must be a primary care clinician, demonstrate an interest in educating students, and have served as a preceptor for a minimum of one year. If you or a colleague are interested, please contact: Suzie Bennett, Program Manager, at (919) 966-3121 or e-mail at sbennett@med.unc.edu.

Visit the Visiting Clinician Program on the World Wide Web at www.med.unc.edu/oed/vcp/htm.



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Information Please

MD Consult Chosen as Premier Full-Text Resource for Digital Library

THINCnet, the AHEC Digital Library and Resource System, is now available for UNC preceptors at <http://thincnet.ncahec.org>. This portal will serve as your gateway to MD Consult, a clinical information database that provides access to 37 medical texts, 48 medical journals, drug information for more than 30,000 medications, clinical practice guidelines, CME, patient education information, and updates in medicine. UNC-CH preceptor access to MD Consult has been purchased by the Health Sciences Library, UNC-Chapel Hill.

The goal of THINCnet is to provide a statewide, seamless interface to core health information resources and services to support health professionals' clinical and educational needs. While the current site reflects only stage one of a prototype, when fully implemented electronic resources will be provided in a customized Web environment that delivers user-selected resources that are of highest value to the individual preceptor.

Planned services and resources include:

- clinical biomedical information
- faculty support resources and student schedules
- access to full-text textbooks and journal articles
- information for your patients
- continuing education and professional organizations
- consultation with colleagues

The North Carolina AHEC Program and the four academic medical center libraries are collaborating on THINCnet (total health information in NC), which was named by the late John A. Payne.

How to connect:

- You must be a preceptor in North Carolina for health professions students from UNC-Chapel Hill, Duke, East Carolina University, or Wake Forest University.
- To access MDConsult, you will need a UNC Borrower's Card number (BID).
- Apply for a BID through your ORPCE contact (http://www.med.unc.edu/ahec/orpce_contacts.htm) or your local AHEC library (<http://www.hsl.unc.edu/ahec/aheclib.htm>).
- UNCLE passwords are still required for many resources such as MEDLINE and Best Evidence. Apply for an UNCLE password through your AHEC library (<http://www.hsl.unc.edu/ahec/aheclib.htm>).

If you have any questions about THINCnet, please contact Betsy Dain at HSL, UNC-CH, (919) 966-1213, or your local AHEC Librarian.