

# the Front Line

A newsletter for preceptors of the  
UNC-CH School of Medicine

The University of North Carolina at Chapel Hill - Office of Educational Development

Volume 8 Fall 2002

## Inside...

Community Courses:  
How They Work ..... 3  
Setting the Stage ..... 5

### Conferences and Continuing Education

#### JANUARY

11

Pediatric Urology Jambalaya.  
Hyatt Charlotte (SouthPark  
Mall area), Charlotte.  
Contact Tamara Tillman,  
704-355-7905.

25

Women's Health Conference.  
O. Henry Hotel, Greensboro.  
Contact Jane Radford,  
336-832-8226.

#### FEBRUARY

7-8

Eastern AHEC/ECU 9<sup>th</sup> Annual  
Community Faculty Workshop.  
Brody School of Medicine,  
Greenville. Open to preceptors  
for all North Carolina schools.  
Contact Katherine McGinnis,  
252-816-5222.

8

14<sup>th</sup> Annual Trauma Sympos-  
ium. Hilton Wilmington  
Riverside, Wilmington.  
Contact Karen Coats,  
910-343-0161.

(continued on page 2)

## Steps Toward Becoming a Good Teacher

by Harvey Hamrick, M.D., Professor of Pediatrics

*Editor's note: The following remarks are adapted from Dr. Hamrick's keynote address at the UNC-CH School of Medicine Teaching Scholars Symposium and Graduation in June.*

Teaching is the common bond between patient care and research. Individual patients and the care process in general provide the impetus for both teaching and research with the goal of improving care. Good teachers stimulate young minds to be critical, to ask questions, and to seek answers.



Dr. Harvey Hamrick (left) shares ideas over lunch with Visiting Clinician Lynne Wirth, MD, an ACS preceptor.

Teaching in its many forms is the force most responsible for the continuing development of new knowledge.

With an understanding of the importance of teaching and of the opportunities available to you as a preceptor, it is appropriate to ask, "What are the basic steps toward becoming a good teacher?" Here are my suggestions:

- Make teaching a priority in your professional life. This includes developing your teaching knowledge and skills through programs (like the Expert Preceptor Program) and through individual initiative and study.
- Learn by observing the various teaching styles of more experienced colleagues who are recognized for teaching excellence.
- Be prepared to teach by keeping up-to-date in your field.
- Anticipate teaching opportunities in the clinical arena and bring in information that is pertinent and informative.

(continued on page 2)

## Steps Toward Becoming a Good Teacher (continued from page 1)

- Make sure that the teaching method fits the situation. A computer-assisted learning unit on a clinical subject may not be as effective as a one-on-one interaction around a case presentation.
- Develop the ability to engage the learner effectively.
  - Have succinct learning goals and objectives for each topic/session.
  - Have a firm concept of the “big picture” for your learners.
  - Understand the learners’ frame of reference and background.
  - Sharpen your “teaching interpersonal skills”:
    - Be available to the learner.
    - Have enthusiasm for the topic.
    - Have a time-limited approach to each session.
    - Highlight key concepts to put the material in perspective.
    - Teach from your strengths.
    - Stay within your area of expertise.
- Establish high performance standards.
- Provide timely and constructive feedback.

You know that you are making progress in becoming a good teacher if the following characteristics are observed in your learners:

- They are comfortable in approaching you with questions and issues.
- They grow in self-confidence in terms of material covered.
- They demonstrate appropriate advances in cognitive knowledge and skills ability.
- They become intellectually curious and are inspired to learn independently.
- They become responsible for their own education.



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Remember that one of your strongest teaching attributes is the example which you set each day as a role model for patients, families, students, residents, nurses, and peers. Teaching by example is very powerful and should not be underestimated. Learners will be close observers of your thought processes, problem solving abilities, clinical priorities, frustration tolerance, interpersonal skills, professionalism, intellectual honesty, fund of knowledge, self-confidence, and compassion. Therefore, being a positive preceptor role model is a significant responsibility and honor. The self-satisfaction, sense of accomplishment, and personal rewards will be great.

### Conferences and Continuing Education

(continued from page 1)

#### 15

Community Service Day.  
Carolina Inn, Chapel Hill.  
Contact Suzanne Marchionini,  
919-966-6405.

#### MARCH

##### 13-14

Reflections on Palliative Care:  
A Vision for the Future.  
Landfall Country Club,  
Wilmington. Contact Karen  
Coats, 910-343-0161.

##### 14-15

Integrating Complementary and  
Alternative Medicine into Clinical  
Practice: Expanding Choices  
in Healing and Health Care. The  
Friday Center, Chapel Hill.  
Contact Becky Coble, 919-966-  
8586.

##### 26-28

27<sup>th</sup> Annual Internal Medicine  
Conference. The Friday Center,  
Chapel Hill. Contact Becky  
Holland, 919-962-2118.

# Community Courses: How They Work

As preceptors host a new group of students for the 2002-2003 academic year, it may be helpful to review the structure, goals, and contact information for the School of Medicine's community-based courses and to look at expectations for the students and the preceptors. What follows is a summary; more information is available in the preceptor manuals provided by several of the courses.

## Introduction to Clinical Medicine (ICM)

**Structure** ICM is a two-year course designed to give first- and second-year medical students an opportunity to learn some of the basics of clinical medicine as they complete their basic science courses, before they begin their third-year clerkships. Students are introduced to basic clinical skills on campus in weekly small group sessions with faculty tutors (using didactic teaching, role plays, simulated patients, and on-the-wards practice situations) and off campus during community weeks (seeing real patients with community-based physicians).

**Goals for Community Weeks** Students should

- complete at least one complete history and physical each week;
- explore the local culture and community by (1) experiencing and understanding how a medical practice works, (2) identifying a patient who meets criteria for being underserved (i.e., income no more than 200% of poverty level, chronic debilitating disease and difficulty accessing/affording resources, or immigrant with language and cultural barriers) and following that patient during the community weeks, (3) visiting community resources such as AA, senior centers, domestic violence shelters, Head Start classrooms, etc., (4) visiting community-based health agencies such as the local health department, nursing homes, etc.

**Contact Information** During regular office hours, contact Gina Horne or Jo Webb at the ICM office, (919) 966-2917 or (919) 966-0589. They will be able to answer logistical questions and can also put you in touch with the appropriate faculty tutor if you have questions or concerns about your student. The course directors below are also available through the ICM office during regular office hours. After office hours, contact:

For ICM1, Michelle Forcier, MD, (919) 216-3921 beeper or (919) 960-0811 home, or Dain Vines, MD, (919) 216-2173 beeper or (919) 644-0924 home.

For ICM2, Marco Aleman, MD, (919) 216-3840 beeper or (919) 933-4563 home, or Dain Vines, MD (see above).

## Expectations

**For students** During the *first* year, students are expected to focus on the techniques of the medical interview and physical exam and to begin to familiarize themselves with the language of medicine. They are *not* expected to know pathophysiology or to be proficient in their examination skills yet. During the *second* year, students are expected to perform entire H&P's during community weeks, concentrating on developing correct techniques, using correct medical terminology, making patients comfortable and at ease, and identifying normal physiology. They should also refine their interviewing skills as they progress to discussing bad news, counseling about health promotion and disease prevention, and developing patient write-ups that employ their clinical reasoning skills.

**For preceptors** To meet the goals of ICM, preceptors are asked to (1) arrange clinical situations so that students can perform at least one entire history and physical per week, (2) observe and evaluate at least one clinical encounter between the student and a patient per week, (3) help the student identify a patient in your practice who meets the criteria for being underserved and who will be open to working with the student over the course of the two years, (4) give feedback to the student on the strengths and weaknesses you observe and collaborate on learning goals.



"Tarzan Wannabe" is tutor Michael Thomas' title for this photo he made during the Ropes Course for 1<sup>st</sup> year ICM students.

## Pediatric Clerkship

**Structure** This third-year clerkship consists of four weeks on the inpatient ward and one week in the term nursery at North Carolina Children's Hospital at UNC-Chapel Hill, Moses Cone Hospital in Greensboro, Wake Medical Center in Raleigh, or Carolinas Medical Center in Charlotte, and three weeks in an ambulatory setting. The outpatient component of the clerkship generally centers around time spent in the office of a community pediatrician.

**Goals of the Outpatient Rotation** Students should

- gain an understanding of the community-based pediatric practice so that the student can make a knowledgeable career choice;
- gain an understanding of those professional attitudes that promote good health care practices in primary care settings;
- acquire the skills that are effective in time-limited patient encounters;
- acquire knowledge of common outpatient illnesses;
- develop an introductory understanding of how community resources relate to child development, education, and health care.

**Contact Information** The current course director is Marsha Davenport, MD. She will be succeeded by Julie Byerly, MD, in 2003. The course coordinator is Kelly Lear. They may be reached at (919) 966-3172.

**Expectations** While the student's experience will depend somewhat on the preceptor's particular style and sets of activities, an expectation that the student participate fully in the activities of the office will ensure a good clinical experience and an exposure to Community Pediatrics as a profession.

## Ambulatory Care Selective (ACS)

**Structure** The ACS is a month-long, community-based rotation designed to help fourth-year students further develop their clinical and related non-clinical health care skills and knowledge. Approximately 70% of a student's time is spent working to improve clinical skills, with 30% devoted to improving related health care skills. Students spend the month with a preceptor in one of the following specialties: family medicine, medicine, medicine-pediatrics, obstetrics and gynecology, pediatrics, psychiatry, and surgery.

(continued on page 6)

# 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.

For this issue, we decided to “turn the tables” and ask several medical students to share their perspectives on a challenging situation that might arise with a preceptor during a community-based rotation. Their commentaries appear below.

## Case

“Twice you’ve made an appointment with your preceptor to get feedback. Both times she doesn’t show up. What do you do?”

**Crystal Smith, second-year student:** First, if I were having difficulty arranging a meeting with my preceptor, I would talk with my preceptor to find out what we could do to make meeting easier. Perhaps there would be a more convenient location or time of day to meet. For example, during my Community Week [in Introduction to Clinical Medicine], I found that the end of the workday is a good time to talk with my preceptor about the day and receive feedback. I would also stress how important feedback is in my training and indicate how much I value her comments in improving my clinical skills. If there were something specific that I wanted feedback on, I would let her know. If there were a feedback form (as in Community Week) that the preceptor needs to fill out for the rotation, I would give the form to my preceptor before our meeting so that she could think about feedback to provide me. I would also be open to receiving written feedback (on paper or via email) during the rotation, if the preceptor found that method easier. I would still want to meet with my preceptor to go over the feedback and make sure that I understood my preceptor’s comments.

**“I would also stress how important feedback is in my training and indicate how much I value her comments in improving my clinical skills.”**

Second, if I were not receiving feedback from my preceptor, I would solicit feedback from other health care providers at the clinic. If my efforts to receive feedback from my preceptor were still unsuccessful, I would talk to someone else who works with my preceptor at the clinic for advice. I would look for advice from another student, resident, nurse, or staff person. If I were having difficulty arranging meetings with my preceptor, there would be a good chance other people had had difficulties; perhaps they would have insight into addressing this issue. If needed, I would contact my Introduction to Clinical Medicine tutor (or whoever was in charge of organizing the clinical rotation) to talk about this problem.

**The Front Line - 4**

**Lance Scott, third-year student:** Dealing with preceptors is not rocket science. The goal for any student in this situation is to exercise common sense and patience. For example, do not make the mistake of misinterpreting two missed meetings as a personal offense. First ask yourself why the preceptor has missed the meetings. Is it because she is overwhelmed with phone calls, patient visits, and paperwork? Is it related to office management or other professional commitments such as hospital rounds? Students should be cognizant of the personal stressors affecting their preceptor and try to work around them. For example, if the preceptor’s schedule is chaotic, then it may be helpful to set up a new meeting at a less chaotic time of day.

A better idea may be to scrap the meeting altogether. If you really want feedback, then ask for it immediately after you complete a task. And when you ask for feedback, do not ask, “How am I doing?” Instead, be specific. Ask your preceptor, “Was my report about the patient clear?” This will provide you with real-time input and will give you and your preceptor both the opportunity and context to offer specific ideas.

Poor preceptors do exist. When you encounter a preceptor who shows no interest in your education, then it’s your turn to be aggressive. Get in front of him or her and explain why you are not learning. Remember that preceptors have both an ethical and contractual responsibility to help you learn. Ask them what could be done to change your learning environment. Make suggestions, listen to their comments, and do whatever you can to create your own learning success. Only when all avenues have been exhausted is it time to make a preceptor change.

# Setting the Stage

A planned orientation of the student to the preceptorship is essential. The first meeting with a student and the first impressions he or she receives about the preceptorship can be a powerful influence on the remainder of the experience. An effective first meeting and orientation serves to (1) capture and hold a student's attention, (2) prevent unintentional breaking of rules or violating of norms, and (3) ensure that the student's learning is directed appropriately. Investing time and energy in the orientation produces generous returns in avoided mistakes, reduced demands on student and staff time, and an accelerated, pleasant learning experience.<sup>1</sup> The positive climate created by a warm, thorough orientation to the preceptorship may foster greater independence and encourage the student to take more intellectual risks. Conducting the orientation involves the following:<sup>1</sup>

## Orientation to personnel

- Welcome the student to the office with a warm greeting immediately upon arrival.
- Introduce yourself and ask the student to do the same.
- Introduce the student and staff to one another. Ask professional and office staff members to talk with the student about what they do and their areas of special interest or skill. Explain how these different individuals work together.

## Orientation to the facility and practice

- Orient the student to the facility and present ground rules. Explain the underlying philosophy or mission of the practice. Take the student on a tour of the facility to learn the location of services, materials, and resources. Explain any rules or procedures that govern the people who work there (e.g., dress code, parking, office hours, phone system use, etc.). Provide the student with a written summary of these rules.
- Present a description of the patient population and community served. This includes the types of care and services people seek, their ages and backgrounds, their views of health and illness, and their expectations of health care providers.

## Orientation to the learning experience

- Create a sense of excitement. In demonstrating your enthusiasm about your field, focus on areas of general interest, not esoteric topics that are beyond the student's capacities.
- Present the big picture, i.e., the broad, overall goals of the preceptorship. What are the major competencies the student is expected to develop through this experience? Be careful not to overwhelm the student with details.

- Point out the relevance of the preceptorship to the student's career goals. Ask the student about his or her career plans and relate the goals of the preceptorship to them.
- Help the student understand *his or her* role and responsibilities in your practice. What is the student expected to do and what may he or she not do? Your expectations must be essentially congruent with the expectations of the on-campus course director.
- Help the student understand *your* role and responsibilities as a clinician-teacher. The student may be especially concerned about your role as evaluator. Review evaluation forms with the student to clarify how evaluations will be conducted.
- Let the student know *when* you are free to work with him or her and *how* you plan to have the student work with you. Provide specific information about the timing and structure of the work you plan to do with the student. Also tell the student how he or she can get in touch with you in an emergency.

## Negotiating goals and expectations

Community practice settings vary across a broad spectrum, differing in size, location, configuration, patient population, staffing, and so on. Each student can expect that the learning experiences he or she has in the preceptorship will not be the same as those of peers. Careful development of learning goals, however, can help to ensure that students have equally valuable experiences. When goals are set collaboratively with the student, he or she is more likely to feel ownership of and meet those goals, just as setting treatment goals collaboratively with a patient helps ensure that the patient will work toward those goals. Formulating goals, however, must be done within the context of the student's overall program.<sup>1</sup> Developing goals for the preceptorship experience involves negotiating among the following:<sup>2</sup>

- Directives from the course director or on-campus administrators and faculty.
- The reality and constraints of the particular preceptorship site (e.g., patient population and status, physical facilities, availability of teaching resources).
- What the preceptor knows best and feels comfortable teaching.
- The expectations, prior experience, and needs of the student.

The following steps can result in the development of goals that will meet the needs of course director, student, and preceptor:<sup>1,3</sup>

## Community Courses (continued from page 3)

**Goals** Students should

- gain experience in providing primary care;
- gain experience in managing and diagnosing common ambulatory medical problems;
- learn about relationships among patients, physicians, and their communities.

In addition to meeting specific course objectives, students are expected to evaluate their strengths, weaknesses, and career goals and to develop two individual learning objectives in the area of clinical skills and one objective in the non-clinical area. An example of the latter might be exploring legal issues that intersect with the practice of medicine.

**Contact Information** The course director is Axalla Hoole, MD, (919) 962-8331, and the course coordinator is Donna Norton, (919) 843-7095. In addition, each department with selective sites has a faculty director and an administrative coordinator for the ACS, as follows:

### Department Directors

Family Medicine: Beat Steiner, MD, MPH (919) 966-3960

Medicine: Stephen Kizer, MD (919) 966-7776

Ob-Gyn: Merry-K. Moos, FNP, MPH (919) 966-1601

Pediatrics and Medicine-Pediatrics: Adrea Theodore, MD (919) 966-2504

Psychiatry: Anthony Lindsey, MD (919) 966-4456

Surgery: Colin Thomas, MD (919) 966-4416

### Administrative Coordinators

Family Medicine: Linda Allred (919) 966-3106

Medicine: Carol Carden (919) 966-7776

Ob-Gyn: Danielle Catoe (919) 966-1601

Pediatrics and Medicine-Pediatrics: Debbie Sears (919) 966-2504

Psychiatry: Myra Daniel (919) 966-6997

Surgery: Cheryl Miller (919) 966-4781

### Expectations

**For students** In order to structure this experience, students are asked to define clinical and non-clinical objectives in addition to the stated objectives. These topics may be quite focused (e.g., perfecting the neurological examination) or more general (e.g., delivery of psychiatric care in a community clinic). Some students pursue topics that have not been sufficiently covered in inpatient months but that can be addressed with a preceptor in an ambulatory setting. Other students use the month to solidify their ideas about primary care or to decide a primary care specialty.

**For preceptors** Preceptors are expected to (1) share their skills as community physicians, (2) assist students with the development of their clinical skills, (3) evaluate students' performance, and (4) evaluate the Ambulatory Care Selective course. Although preceptors are not responsible for the 30% of the rotation that students spend pursuing their non-clinical objective, preceptors are expected to allow time (six full days) in students' schedules to permit this learning and to serve as a resource whenever possible.

**Note: Two other community-based courses—the Family Medicine Clerkship and the Medicine Clerkship—will be covered in a future issue of *The Front Line*.**

## School of Medicine Policies on Teaching and Learning In the Clinical Setting

The School of Medicine's policies outlining the responsibilities of those who teach in the medical school curriculum include sections that are applicable to community-based preceptors.

### All Courses

- Faculty should hold students to clearly stated, high standards of performance that are both realistic and achievable. When necessary, faculty should provide additional assistance to students in meeting those standards.
- Faculty have the obligation to accurately assess and report both the strengths and deficiencies of students. Evaluations of student performance should reflect the content and emphases of what was taught....
- Student evaluations of courses should be given thoughtful consideration; however, faculty need not assume that every negative student comment mandates change.
- All faculty who teach should demonstrate a commitment to excellence in teaching. Qualities that exemplify excellence include: mastery of the content area, interest in and availability to students, enthusiasm for teaching, skills in organization and communication, and the ability to use multiple instructional strategies effectively.
- Particular content areas often cross course boundaries. Faculty have the obligation to be familiar with the curriculum as a whole, to maintain contact with others who teach in related areas, to ensure consistency and integration, and to minimize unplanned redundancy.
- The teaching mission for all faculty includes presenting a professional model of behavior. Students, staff, colleagues,

and patients should be treated with respect, consideration, and integrity.

### Clinical Settings

The education of medical students includes many supervised patient care experiences. Medical students may not practice medicine or take any independent responsibility for patients. The departmental chairs of the School of Medicine have the responsibility and authority to develop appropriate patient care experiences which are undertaken with the necessary supervision and review of students' performance.

For hospital-based student training, the departmental chairs have in some instances delegated this responsibility and authority to the chief(s) of the departmental teaching service(s). **In non-institutional settings, this responsibility is delegated to the preceptor.**

In a hospital-based setting, the responsibility for the care of individual patients rests with the attending physician. The governing body and medical staff of the hospital set the general standards of patient care. In consultation with the departmental chair(s), the attending physician and the governing body of each hospital may narrow or make more specific the definition of medical student activities at that institution.

**In a non-institutional or community-based setting, the responsibility for the care of individual patients rests with the primary preceptor at each site. That person, in consultation with the course director and local ORPCE office, may redefine the medical student activities at that site.**

# Capstone Experience Launched

The Visiting Clinician Program (VCP), UNC's innovative CME program for North Carolina primary care physicians, is initiating a program for graduates of the first two VCP cohorts who have expressed an interest in pursuing further continuing medical education that is customized to their needs. Called the **Capstone Experience**, this extension of the Visiting Clinician Program will allow physicians to come to UNC Hospitals for a single day to meet with host faculty and attend clinics in areas they have identified as of particular interest to them. Participants will have the opportunity to learn about recent developments and to update their knowledge and skills.

In many ways, the Capstone Experience will resemble the Visiting Clinician Program. Physicians will outline their learning objectives, and VCP staff will work with them to set up a visit that allows the Capstone participants to meet those objectives. Visitors will receive CME credit for their visit at no charge to them, lunch at the hospital during their visit, and lodging plus a subsistence allowance if they must travel more than two hours one way. The major differences between Capstone and VCP are that (1) physicians may not only choose from the standard VCP menu of rotation opportunities, but may also request other experiences (subject to availability of those opportunities), and (2) the program is designed for physicians to make a single visit to address personal learning needs that have arisen since their VCP participation, with no expectation of repeat visits (although a second visit may be arranged if desired).

For further information, contact Katherine Savage, faculty development coordinator in the Office of Educational Development, at (919) 843-9369.

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## Setting the Stage (continued from page 5)

**Step One:** Review pre-established program or course goals. Review the role expectations that the course director or on-campus faculty has for the student. What does the course director expect that the student will be doing during the preceptorship? Will the student shadow you, observing while you care for patients, or is he or she expected to take an active role in patient care? Any questions about these goals or expectations should be directed to the course director, program administrator, or designated campus-community liaison as soon as possible.

**Step Two:** Ask the student about his or her goals and expectations for the preceptorship. Encourage the student to identify goals in all three of the following areas: (1) acquiring knowledge, (2) developing technical skills, and (3) refining values and attitudes. Ask the student to describe what he or she expects to be doing during the preceptorship (e.g., level of responsibility for various aspects of patient care).

**Step Three:** Talk with the student to reach agreement on how the goals and expectations of both the student and the program can be blended in the preceptorship. Identify any constraints posed by your own goals and expectations or by factors associated with the preceptorship site, and revise goals and expectations accordingly.

**Step Four:** Commit goals to paper. The process of writing the goals can serve as an initial review and can present an

opportunity to clarify any questions or concerns. The written goals also can serve as a reminder to you and the student.

**Step Five:** Periodically review the appropriateness of the goals and the student's progress toward meeting them, and revise goals as necessary. Ongoing, informal assessment may reveal, for example, that the student is missing some essential prerequisite skills. Additional goals may have to be formulated to remedy this.

<sup>1</sup>Westberg J, Jason H. Collaborative clinical education. Springer-Verlag, 1993.

<sup>2</sup>Stritter F, Flair M. Effective clinical teaching. Public Health Service, 1980.

<sup>3</sup>Davis M et al. Teaching strategies used by expert nurse practitioner preceptors. J Am Acad Nurs Prac 1994.

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These excerpts are from "Setting the Stage: Learning Environment and Goals," a module of The Expert Preceptor Program (Tresolini CP, Stritter FT, Savage KD. The Expert Preceptor: A Curriculum Guide for Community Faculty Development in the Health Professions. Chapel Hill, NC: Office of Educational Development, UNC-CH, 1999.) To find out more about the program or to enroll in it for CME credit, contact your ORPCE director or call Katherine Savage (919-966-3641).

**NOTE: A new videotape developed for use with this module is now available from your local ORPCE director. It illustrates the use of the principles outlined above.**

## Spanish Resource

The premier consumer health resource MEDLINEplus, described in the last issue of *The Front Line*, is now available in Spanish. Go to: <<http://medlineplus.gov/>> and click on *español*.



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## Information Please



The AHEC Digital Library is a statewide electronic network of quality resources and services. As a preceptor for UNC-Chapel Hill, you are eligible to use all of the resources in the AHEC Digital Library free of charge, including the licensed resources from UNC-Chapel Hill. In early October 2002, the newest version of the AHEC Digital Library (ADL) was released. These are a few of the major changes.

**Enhanced resource access capability.** Once you choose a category listed in ADL, you will have the option of finding resources in at least three different ways. You can search for the title of a resource, you can browse for a resource by subject area, or you can scan an alphabetical list of the resources. Some categories also provide access by name of provider, such as Ovid or MD Consult.

**“MyADL” has been enhanced.** In order to customize specific links that you frequently visit, you now have the option of creating a personalized list of URL (or link) bookmarks. This bookmark list will be available from every page within the ADL and can serve as a convenient shortcut to the resources that you use most frequently. Please see the main page of the ADL for more details on creating your “MyADL” bookmark list.

**Looking for MD Consult or OVID Resources?** MD Consult and Medline can be found easiest under the Hot Resources link. MD Consult can also be found in many other places on the ADL: Databases, Textbooks, Journals, or Comprehensive Health Information. OVID Resources are primarily found under Databases and Comprehensive Health Information, although links to OVID journals can also be found under the Journals category.

**Suggestions or problems?** Feel free to use the feedback button on the ADL to send your question or suggestion to ADL development staff.

**Additional full text is available** to more than 150 journals through an ADL subscription. Access to these resources does not require UNC proxy server authentication. ADL subscriptions are also an option for colleagues who are not preceptors.

If you do not have an AHEC Digital Library user account or if you are interested in subscription fee information, contact your local AHEC librarian or either Jill Mayer [jbmayer@email.unc.edu] or Mary Beth Schell [mbschell@email.unc.edu] at HSL, UNC-Chapel Hill.