

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 6 Spring 2000

Conferences and Continuing Education

JULY 21-23

Heart Failure Management
2000. Ritz Carlton,
Amelia Island, FL. (Contact
Jane Radford, 919-962-2118.)

21-26

Neurodevelopmental
Variations. Sheraton Imperial
Hotel, Research Triangle Park.
(Contact Jane Radford,
919-962-2118.)

July 30 - August 4

Adult and Pediatric Allergy
and Asthma Update. Bald
Head Island Club, Bald Head
Island. (Contact Jane Radford,
919-962-2118.)

AUGUST 25-26

The 5th Vital Sign: Effective
Pain Management. Hilton
Wilmington Riverside Hotel,
Wilmington. (Contact Paula
Studebaker, 910-343-0161,
ext. 278.)

SEPTEMBER 28-30

Ross Society Annual Meeting
(OB/GYN Alumni).
Carolina Inn, Chapel Hill.
(Contact Deedra Donley,
919-962-2118.)

Standardized Patients Used in Teaching and Assessment

Frankie Harvey has been interviewed by first-year medical students, counseled to quit smoking by second-year students, and examined by fourth-year students. It's all part of her job as a standardized patient at UNC-CH School of Medicine.

Standardized patients play an important role in preparing students for actual patient encounters and in testing students' skills in history-taking and physical examination. Frankie is one of a group of more than 200 individuals that the Office of Educational Development can draw from in conducting the Standardized Patient Program. These "patients" represent the population of North Carolina as to age, gender, and race. They range from Actors Equity members to retired faculty to undergraduate students.

Individuals acting in the role of patients are coached to present their "illness" in a standardized form. They may be used in a variety of teaching situations: in one-to-one interactions with learners or in small group interviews and problem-solving sessions. In assessment, the simulated clinical encounters may be scored by faculty observers or other raters or by the patients themselves.

The movement toward the use of standardized patients, also known as "authentic assessment," has a long history at UNC. Since 1992, the institution has been administering the Clinical Performance Examination (CPX) to fourth-year medical students in conjunction with the North Carolina Medical Schools Consortium. For six of those years, the Office of Educational Development (OED) in the School of Medicine did research and development with the National Board of Medical Examiners (NBME) on the use of standardized patients as a valid and reliable measure of clinical competence. Now the NBME has committed to requiring the use of standardized patients as part of the licensing process. In order to pass Step 2, students will have to pass both a written examination and a standardized-patient-based component.



Frankie Harvey (r.) served as a standardized patient for the CPX.

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Preceptor Liaison Named

The Office of Medical Education has announced that the position of preceptor liaison, formerly held by Sarah Tondou, has been filled by Jo Webb. Ms. Webb has worked at the School of Medicine since 1979. For



Jo Webb

the past dozen years, she has served as residency coordinator and administrative secretary to the chair in the Department of Dermatology.

As preceptor liaison, Ms. Webb will work with Offices of Regional Primary Care Education to ensure placements and housing for all first- and second-year students for the five community weeks of the Introduction to Clinical Medicine course; maintain a database of preceptors; oversee and implement the faculty appointment process for community-based faculty; maintain communication with preceptors, and provide support for them. She began her duties in May.

Ms. Webb will be an important link between the university and community physicians. She may be reached by phone (919-962-8334) or e-mail ((mjowebb@med.unc.edu).

Standardized Patients

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The CPX, which UNC medical students must pass to graduate, consists of 16 to 20 cases simulating actual patient encounters. For each case, a student must take a history and select and conduct a focused physical. Then at a post-encounter station, the student must complete a variety of tasks related to the previous patient, such as writing a SOAP note, ordering lab tests, and reading x-rays. The student's overall skills score is a composite of critical action scores, which always include scores on communication and doctor-patient relationship, on all of the cases. OED, which wrote the scoring program, does the scoring for all North Carolina medical schools.

A second medical student assessment employing standardized patients—the Objective Structured Clinical Examination, or OSCE—began as an end-of-clerkship exam and then became the end-of-course exam in the former Physical Diagnosis course for second-year students. Today it is administered by OED at the end of the second year of Introduction to Clinical Medicine (ICM). Students take a history, develop a problem list, and then use that information to counsel the patient in health promotion and disease prevention.

The ICM course also uses standardized patients to teach first- and second-year students. In ICM1, students learn how to conduct a medical interview working in small groups with standardized patients. At the end of the first semester, they must pass an interviewing exam with standardized patients. During the second semester, students begin learning physical examination skills through demonstrations with standardized patients in plenary sessions.

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OFFICE OF EDUCATIONAL DEVELOPMENT

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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

“Your staff reports to you that during an orientation to your practice, your student was rather abrupt with a billing clerk. She had been explaining your encounter form to the student, who indicated that he didn’t need to know about that, since he was there to learn, not make money. How do you handle this situation?”

James E. Wortman, M.D., Wilmington: The trend for students to think less of reimbursement issues and more about the issues of patient care is an admirable one, and one that will continue to make our medical system the best in the world. The reality is that economics are an important part of medical care. The medical student at this point in his training is not in a position to comment on whether learning about the financial aspects of medicine are in his best interest. The student needs to keep an open mind on all presented issues until he has learned as much as possible. He then will be able to evaluate which issues are important.

The current situation represents several additional problems that may be very concerning. A frank discussion with the student in regard to a number of potential problems should be undertaken immediately.

1. The acquisition of knowledge. Although care of the patient should be of utmost importance, there are many other facets to the practice of medicine that one needs to be familiar with. To understand is not necessarily to agree. Billing and insurance are the backbone of a medical practice, and to understand the basics of these is not only helpful to the physician but also to the patient. If one did not understand the billing and insurance aspects of medical care, he would be sorely lacking. A narrow-minded student has a narrow outlook, with walls shutting out the broader horizon of affairs.

2. Personal and professional relationships. The second issue is a personal one: the student’s relationship with office staff, peers, and the general public. Depending on the tone of his comment, the student was no less than demeaning and no doubt had a negative impact on the office worker who bore the brunt of his comments. Communication with your co-workers and peers is extremely important. An encounter like this could com-

pletely change an office relationship and set a bad precedent for years to come.

3. Respect. The third issue deals with respect and understanding. The student has a responsibility to be open to any issues that the physician preceptor feels appropriate for his education. One would hope that the preceptor would know more than the student as to the practice of medicine. The student should respect these issues.

4. Arrogance. This student may have fallen into an even more serious trap. Unfortunately, when you are the most sure and arrogant, you are usually the most mistaken.

In all, the comments made by the this student were inappropriate and should be handled quickly. The student should be counseled before they become a problem for both the preceptor and the student as he proceeds with his training.

“Although care of the patient should be of utmost importance, there are many other facets to the practice of medicine that one needs to be familiar with.”

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Challenging Cases

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Neva Edens, M.D., Clinical Instructor in Family Medicine, UNC-CH:

This is indeed a difficult situation and one that requires addressing carefully. If a student spends time in my clinic, I try to have frequent meetings with him, preferably at the end of each day to simply debrief his experience. Holding regularly scheduled meetings would keep the preceptor from having to call a “special session” to talk about this interaction, which might make the student feel embarrassed or defensive.

At the regular meeting I would simply ask the student about his experience of spending time with the staff. Then if he did not bring it up, I would ask specifically about his reaction to the staff member who explained the billing form. I would try to listen closely to the student’s perspective on his reaction to the staff member. Did he think he acted appropriately? Did he feel he was abrupt or short with the staff member? Then I would ask specifically about why he felt the billing form was not necessary to understand, and from his response try to gauge what his expectation of “here to learn” really means. Does he think learning only consists of seeing patients? Does he have any appreciation of the idea that he could learn about other aspects of medicine, including management issues, by spending time in the clinic? The way in which the preceptor handles this situation may make the difference between a student feeling confused and angry and one who gains a new appreciation for other aspects of the role of a physician.

“Disrespectful interactions with staff can be a warning sign that this student is under great stress or has difficulty with personal interactions (a real problem in patient care).”

After I had a better sense of his perspective, I would ensure that two main issues were addressed. First, the student needs to be reminded that he or she needs to treat the clinic staff with appropriate respect. Before you meet with the student, it might be useful to speak with the staff member about how this interaction went from his or her perspective. Did the student seem rude in his response, or was he simply confused about the issue at hand? If he did appear rude, then this really should be addressed with the student ASAP. Disrespectful interactions with staff can be a warning sign that this student is under great stress or has difficulty with personal interactions (a real problem in patient care!). If the staff member did feel he was rude, it would be particularly important to explain to the student how the staff member perceived their interaction. Often students have little insight into how others see them, and simply pointing this out in a gentle, non-threatening manner might be the first step toward improving his interaction style. A successful student (and physician) must be a team player, and the sooner this problem is addressed with the student the more time he has to work on improving it.

The second issue involves the student’s misperception that understanding the billing form is not important. When students spend time in a medical office, there are several learning objectives. These include the obvious goals

of expanding their fund of medical knowledge and improving interviewing and physical exam skills. Students should also begin to understand the structure and function of the practice. To accomplish this, students usually meet the individual members of the practice and learn about their roles. This is reason enough for the student to spend time with the staff and review the paperwork involved with billing.

Another perhaps more obvious reason is because the role of the physician inherently involves charging patients for the care they have provided. I think it is safe to say that all physicians, even those working in federally funded clinics, health departments, or the like, are consistently involved in aspects of the billing of their services either through direct charging or understanding the methods by which their practice gets reimbursed. Explaining this to him in a non-judgmental way, allowing him to ask questions or clarify his understanding, may be enough to help him “see the light” and understand why he might want to review the billing form. If he still seems confused, the preceptor may need to show him how billing and charging play a role in his job by giving examples or anecdotes to support this. It would be important to reinforce that this is not simply about “making money” but about keeping the clinic running, causing the patient less hassle by billing correctly on forms for insurance, and documenting what you do in patient care. If this student plans to become a physician he will need to appreciate what is involved in this aspect of patient care, just as he has to appreciate how to manage hypertension, diabetes, or some other medical problem.

Match List

Match Day 2000 was a time of relief and excitement for UNC medical students as almost two thirds of them matched with their first choice for residency. Thirty-one percent of the class will remain in North Carolina. That number includes 23 at UNC Hospitals, five each at Wake Forest and Duke, one at ECU, and eleven at AHEC sites: Carolinas Medical Center (6), Mountain AHEC (2), New Hanover Regional Medical Center (2), and Moses H. Cone (1). The state with the next largest number of placements from UNC is Virginia (11); six students will begin residencies at the University of Virginia this fall.

Continuing the pattern of past years, more students (28) chose residencies in internal medicine than any other practice field. Numbers in other specialties include pediatrics, 21; family practice, 16; psychiatry, 9; obstetrics/gynecology, 8; emergency medicine, 8; orthopedic surgery, 7; anesthesiology, 7; radiology, 7; general surgery, 6; urology, 6; and medicine-pediatrics, 4.

The following list released by the Office of Student Affairs includes only those students who gave permission for their names to appear.

Ajose, Oluwatoyin O.; Jackson Memorial Hospital, Miami, FL: pediatrics.

Alexander, James R.; Carolinas Medical Center: medicine – preliminary.

Anderson, Albert M. L.; Duke Univ. Medical Ctr.: medicine – primary.

Bailliard, Frederique C. M.; UNC Hospitals: pediatrics.

Bair-Merritt, Megan; Children's Hospital of Philadelphia: pediatrics.

Barnes, Katina Geiger; NCC-Walter Reed Army Medical Ctr., Washington, DC: pediatrics.

Basrawala, Zane K.; Loyola Univ. Medical Ctr., Maywood, IL: urology.

Batch, Bryan C.; Boston Univ. Medical Ctr.: internal medicine.

Beaven, Anne W.; UNC Hospitals: internal medicine.

Brown, Jeffrey E.; Moses H. Cone Memorial Hospital: internal medicine.

Brown, LaToya A.; Frankford Hospital, Philadelphia: transitional; Hospital of the Univ. of Pennsylvania, Philadelphia: anesthesiology (advanced).

Bullard, Janine E.; Johns Hopkins Hospital: pediatrics.

Bunting, Troy A.; Medical Univ. of South Carolina, Charleston: internal medicine.

Byrum, Robert Stuart; University of Virginia: internal medicine.

Capps, Donna M.; Mountain Area Health Education Center: family practice.

Capps, Michael T.; Vanderbilt Univ. Medical Ctr.: medicine-pediatrics.

Carlow, Dean C.; Univ. of Pennsylvania Health Systems/Presbyterian, Philadelphia: pathology.

Caudle, Abigail Suzanne; UNC Hospitals: surgery – general.

Celi, Carolyn; Children's Hospital/Oakland, Oakland, CA: pediatrics.

Chai, Chanthevy Sourisak; UNC Hospitals: family practice.

Chang, Sung Kyu; Emory Univ. School of Medicine: medicine – primary.

Clemons, Kimberley R.; UNC Hospitals: anesthesiology.

Cody, Michael L.; St. Vincent's Hospital, New York: surgery – preliminary; anesthesiology (advanced).

Cohen, Seth M.; Vanderbilt Univ. Medical Ctr.: surgery – preliminary; otolaryngology (advanced).

Colindres, Romulo E., Jr.; Children's National Medical Ctr., Washington, DC: pediatrics.

Coop, Kelli G.; Carolinas Medical Center: internal medicine.

Coppage, Patricia Ashley; Carolinas Medical Center: pediatrics.

Crosby, Melissa A.; Univ. of Texas Southwestern Medical School, Dallas: plastic surgery.

Dancy, Timothy W.; UPMC Shadyside, Pittsburgh: family practice.

Davis, Marie P.; LDS Hospital, Salt Lake City, UT: transitional; Univ. of Utah Affil. Hospitals, Salt Lake: radiology – oncologic (advanced).

Dedmond, Barnaby T.; Palmetto Richland Memorial Hospital, Columbia, SC: orthopedic surgery.

Dickens-Williams, Kendreia W.; Metropolitan Hospital Ctr., New York: obstetrics/gynecology.

Dixon, David R.; Wake Forest Univ./Baptist Medical Ctr.: family practice.

Dixon, Karen M.; Alameda County Medical Center, Oakland, CA: emergency medicine.

Dorbandt, Allison; Univ. of Colorado School of Medicine, Denver: pediatrics.

Downs, Brian William; UNC Hospitals: surgery – preliminary; otolaryngology (advanced).

Drake, Cescili A.; Duke Univ. Medical Ctr.: obstetrics/gynecology.

Durham, William T.; Univ. of Alabama Hospital, Birmingham: internal medicine.

Ellis, Leslie Renee; Univ. of Michigan Hospitals, Ann Arbor: internal medicine.

Farkouh, Myriam R.; UNC Hospitals: pediatrics.

Farkouh, Sandra C.; Boston Combined Pediatrics Res. Prog.: pediatrics – primary.

Farland, Melvin S.; Florida Hospital, Orlando: family practice.

Fennell, Chris D.; University of Virginia: anesthesiology.

Fitzgerald, David P.; Hospital of the Univ. of Pennsylvania, Philadelphia: internal medicine.

Fitzgerald, Elizabeth Leonard; Children's Hospital of Philadelphia: pediatrics.

Fogleman, Corey D.; Lancaster General Hospital, Lancaster, PA: family practice.

Fowlkes, William M., IV; Univ. Health System – ECU: emergency medicine.

France, Sonja Trojak; Univ. of Florida Program/Shands Hospital: pediatrics.

Francke, Eric I.; University of Virginia: orthopedic surgery (6-year).

Fritz, Melinda D.; University Health Ctr. of Pittsburgh: pediatrics.

Gibbs, Susan H.; Univ. of California at San Francisco: internal medicine.

Hamrick, Harvey James, Jr.; Univ. of California at San Francisco: medicine – primary.

Haputa, Andrew J.; Univ. of Washington Affil. Hospitals: surgery – general.

Harris, Janet E.; Univ. of Texas Medical School, Houston: obstetrics/gynecology.

Hartnett, Kimberly Lyn; Maine Medical Center, Portland: surgery – general.

Hawkins, Seth C. Collings; Univ. Health Ctr. of Pittsburgh: emergency medicine.

Hess, Carolyn Lorraine; Carolinas Medical Center: family practice.

Hocker, Shawn B.; Duke Univ. Medical Ctr.: orthopedic surgery.

Hoke, Caroline M.; UNC Hospitals: obstetrics/gynecology.

Holt, Albert Hamilton, Jr.; New York Univ. Medical. Ctr.: psychiatry.

Holt, Terrence E.; UNC Hospitals: internal medicine.

Hooker, Jennifer A.; UNC Hospitals: orthopedic surgery/research.

Huckabee, Tracy L.; Chippenham Medical Center, Richmond, VA: family practice.

Hutchin, Mark Eric; Univ. of Michigan Hospitals, Ann Arbor: surgery – preliminary; otolaryngology (advanced).

Isaacs, David L.; Mount Auburn Hospital, Cambridge, MA: medicine – preliminary; Univ. of California at San Diego Medical Ctr.: radiology – diagnostic (advanced).

Jackson, Tracy P.; UNC Hospitals: surgery – general.

Johnson, Dawn D.; Univ. of Texas Southwestern Medical School, Dallas: pediatrics.

Kaiser, Jeffrey P.; Univ. of Washington Affil. Hospitals: psychiatry.

Kalady, Skyler Elizabeth; UNC Hospitals: pediatrics.

Katz, Jason Neil; Univ. of Texas Southwestern Medical School, Dallas: emergency medicine.

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Match List

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Kebede, Sosena; New Hanover Regional Medical Ctr., Wilmington, NC: internal medicine.

Kubinski, Dennis John; Wake Forest Univ./Baptist Medical Ctr.: urology; urology (advanced).

Lapinskes, Zane I.; Self Memorial Hospital, Greenwood, SC: family practice.

Larson, Jennifer E.; Univ. of Rochester/Strong Memorial: internal medicine.

Lee, Catherine Tung-Ling; Santa Clara Valley Medical Ctr., San Jose, CA: transitional; Univ. of Texas M. D. Anderson Cancer Ctr., Houston: radiology – oncologic (advanced).

Lee, Kevin M.; UNC Hospitals: internal medicine.

Levin, Kimberly S.; Stanford University Programs: emergency medicine.

Lopina, Bartholomew J.; Wake Forest Univ./Baptist Medical Ctr.: family practice.

LynShue, Kecha A.; Carolinas Medical Center: pediatrics.

Marcelli, Susan L.; Baylor College of Medicine, Houston: obstetrics/gynecology.

Martin, Madelena M.; Loma Linda Univ. Medical Ctr.: pediatrics.

McFarland, Alycia M.; UNC Hospitals: psychiatry.

McGregor, Andrew Craig; Univ. of Kentucky Medical Ctr.: urology; urology (advanced).

McHugh, Peter H.; Univ. of Tennessee College of Medicine, Memphis: medicine-pediatrics.

McLamb, Donald L., Jr.; Indiana University School of Medicine, Indianapolis: emergency medicine.

Metz, Louise D.; Univ. of California at San Francisco: internal medicine.

Mills, William A., Jr.; Johns Hopkins Hospital: pediatrics.

Mischen, Byron Charles; Baylor College of Medicine, Houston: transitional; Univ. of Texas Medical School, Houston: radiology – diagnostic (advanced).

Mizelle, Christopher Brent; Moses H. Cone Memorial Hospital: medicine – preliminary; UNC Hospitals: dermatology (advanced).

Molitierno, Joseph A., Jr.; UNC Hospitals: surgery – preliminary; urology (advanced).

Moore, Zackary S.; Stanford University Programs: pediatrics.

Morgan, Mokhtar O.; Riverside Regional Medical Ctr., Newport News, VA: family practice.

Mueller, Jeffrey S.; Univ. Health Ctr. of Pittsburgh: transitional; Univ. of Minnesota Medical School, Minneapolis: radiology – diagnostic (advanced).

Murphy, Michael Patrick; Indiana University School of Medicine, Indianapolis: emergency medicine.

Mutch, Justin A.; Vanderbilt Univ. Medical Ctr.: pediatrics.



Kecha LynShue (r.) receives congratulations from Bryan Batch on Match Day.

Nash, Marie J.; UNC Hospitals: medicine – preliminary; dermatology (advanced).

Nash, Scott David; Medical College of Virginia, Richmond: medicine-pediatrics.

Newman, Michael K.; Medical College of Virginia, Richmond: surgery – plastic surgery.

North, Stephen W.; Univ. of Rochester/Strong Memorial: family practice.

O’Connell, Patrick; Johns Hopkins Bayview Medical Ctr., Baltimore: medicine – primary.

Oljeski, Stephen A.; Carilion Health System, Roanoke, VA: transitional; New England Medical Center, Boston: radiology – diagnostic (advanced).

Owen, Wendy Gail; Duke Univ. Medical Ctr.: medicine – primary.

Perumallu, Deepa; Hospital of the Univ. of Pennsylvania, Philadelphia: internal medicine.

Price, Nerissa M.; Georgetown University Medical Ctr.: psychiatry.

Rahangdale, Lisa; McGaw Medical Ctr./Northwestern Univ.: obstetrics/gynecology.

Reives, Patrice L.; Long Island Jewish Medical Ctr., New Hyde Park, NY: psychiatry.

Rider, James E.; Univ. of Minnesota Medical School, Minneapolis: internal medicine.

Robertson White, Heather; Carolinas Medical Center: obstetrics/gynecology.

Rockacy, Douglas D.; Univ. Health Ctr. of Pittsburgh: emergency medicine.

Roede, Elizabeth C.; New York Presbyterian Hospital: obstetrics/gynecology.

Rouse, Kimberly Michelle; New Hanover Regional Medical Ctr., Wilmington, NC: family practice.

Saluta, Jonathan R.; Medical College of Virginia, Richmond: orthopedic surgery.

Schell, William Douglas; St. Luke’s-Roosevelt Hospital Ctr., New York: orthopedic surgery.

Schooler, Vincent C.; Wake Forest Univ./Baptist Medical Ctr.: internal medicine.

Shah, Nimesh B.; Loma Linda Univ. Medical Ctr.: psychiatry.

Singla, Aneesh K.; Carney Hospital, Boston: transitional; Massachusetts General Hospital, Boston: anesthesiology (advanced).

Steele, Elizabeth A.; Stanford University Programs: transitional; anesthesiology (advanced).

Stitzenberg, Karen B.; UNC Hospitals: surgery – general.

Stroud, Taylor H.; University of Chicago Hospital: radiology – diagnostic.

Sura, Amish C.; Univ. Health Ctr. of Pittsburgh: internal medicine.

Taj-Eldin, Samer; Univ. of Florida Program/Shands Hospital: internal medicine.

Tew, Melanie L.; UNC Hospitals: psychiatry.

Thomas, Yalaunde M.; University of Virginia: surgery – preliminary.

Tiamfook, Tanya; Univ. of Texas Medical Branch, Galveston: family practice.

Torres, Johann V.; Jackson Memorial Hospital, Miami, FL: medicine-pediatrics.

Toussaint, Leonide G., III; Mayo Graduate School of Medicine, Rochester: neurological surgery; neurological surgery (advanced).

Trivette, Amy J.; UNC Hospitals: psychiatry.

Turner, James Eric; University of Virginia: internal medicine.

Vining, Neil C.; Madigan Army Medical Ctr., Tacoma, WA: orthopedic surgery.

Wanamaker, Ryan Carl; University of Virginia: medicine – primary.

Watts, John W.; Mountain Area Health Education Center: family practice.

Williams, Mark W.; Medical Univ. of South Carolina, Charleston: surgery – general.

Woods, Jonathan Bradley; Wake Forest Univ./Baptist Medical Ctr.: medicine – primary.

Young, Matthew D.; Duke Univ. Medical Ctr.: urology; urology (advanced).

Zeman, Peter A.; Boston Univ. School of Medicine: urology.

Standardized Patients

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Standardized patients are provided for small groups in ICM2 to serve as catalysts for problem-based learning (PBL) cases. The cases are made more authentic by having students elicit information from the patients before proceeding with the PBL protocol. If faculty conducting practice sessions identify students as having deficiencies in either ICM1 or ICM2, they may request additional practice for the students with standardized patients.

The use of standardized patients has moved into other areas of health affairs at UNC-CH. OED has developed an OSCE for the School of Pharmacy that uses standardized patients to test pharmacy students on patient education (including such skills as demonstrating blood glucose measurement technique) and counseling. OED also worked with the Health Affairs Interdisciplinary Group this year to develop a case with standardized patients that brought together students from

across the health professions. The students spent two evenings working together in interdisciplinary teams to develop a patient-centered management plan based on a World Health Organization model.

The need for authentic assessment is related to the issue of accountability. For example, many externally funded grants require documentation that interventions are making a difference. OED helps grant recipients with specially designed assessments that may use standardized patients. Data generated by existing authentic assessment such as the CPX may be used as baseline data, which may then be compared to post-intervention data.

Donna Harward, associate director of the Office of Educational Development, is the director of the Standardized Patient Program. She notes that specialty boards will be requiring this type of assessment in the near future for certification.

Clinician Connections

Now that the third cohort is completing the two-year Visiting Clinician Program at UNC Hospitals, program faculty and staff are undertaking a follow-up survey to determine the long-term impact of the program on past participants.

All former Visiting Clinicians who completed the program by August 1999 will receive a survey in June asking about any changes they have made in their practice as a result of what they learned in the program. Questions will also address any changes in patient care outcomes if those are tracked, and changes in teaching approach if they are current preceptors. In addition, they will be asked about any changes they have made in the way they manage patients referred to the UNC Health Care System.

Survey participants will also have an opportunity to comment on aspects of the Visiting Clinician Program. Their responses will be used in refining the program.

The Visiting Clinician Program Web-site is at www.med.unc.edu/oed/vcp/htm.

Information Please (continued from page 8)

When using the **Medication Records** section, the clinician can store and retrieve patient records and profiles. A Lab Reference utility within this feature provides a customized list of laboratory tests and their normal values.

The **Prescription Writer** has two parts, Prescription Index and Prescription Pad. The Index is a library of prescriptions commonly written by an individual clinician or group of clinicians for a specific medication, strength, and dosage. The Prescription Pad is a personal library of prescriptions commonly written by the user.

Note about Internet site registration. **As more and more Internet sites require users to register the first time they use a resource, trying to remember when to use which passwords is more than most folks can accept. One hint is to create your own word for the password, perhaps a word your child uses. If you prefer to use a person's name or place, change a letter so that it is unique, even nutty—something that you will not forget and can use for multiple resources.**

(Submitted by Linda Collins, Education Services, and Jill Mayer, Outreach, Health Sciences Library, UNC-CH.)



**OFFICE OF
EDUCATIONAL DEVELOPMENT**

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Information Please

FREE CLINICAL DRUG INFORMATION ON THE INTERNET

Clinical Pharmacology 2000 is a free Web site offering access to current, detailed drug information. This electronic resource describes over 5,000 U.S. medications, including herbal and dietary supplements, investigational drugs, and patient information in English and Spanish. First-time users must register and select an ID and password (see **note** below). Your registration information is then available without restriction from any Internet-connected computer. A link to Clinical Pharmacology 2000 may be found on UNCLE in the DRUG INFORMATION resource category. Clinical Pharmacology 2000 can also be accessed directly at <http://cp.gsm.com/>

Clinical Pharmacology 2000 Contents

The six main sections in Clinical Pharmacology 2000 are: 1) Drug Information, 2) Product ID, 3) Patient Education, 4) Clinical Reports, 5) Medication Records, 6) Prescription Writer.

Within the **Drug Information** section, you can search for a detailed drug monograph by generic or brand name. Another option is to select overviews from a list of 72 therapeutic classifications. In the index section, you can look by areas such as indications, adverse reactions, and costs. Using the Drug Comparisons feature, you can create a customized table displaying a selected list of drugs and a series of clinical conditions.

The **Product ID** section of Clinical Pharmacology 2000 contains descriptive product information, product photographs, and the ability to identify an unknown drug by its color, markings, shape, dosage form, and/or manufacturer.

Materials suitable for patient use are available in the **Patient Education** section in both English and Spanish. The instructions, written at the 6th to 8th grade level, cover areas such as drug administration, side effects, storage, contraindications, and interactions.

The **Clinical Reports** section provides quick identification of significant drug interactions, adverse reactions, and IV compatibility, specific to a patient's therapeutic regimen. Clinical Pharmacology 2000 will generate a tailored report summarizing the results of these interactions or contraindications.

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