

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 7 Spring 2001

Conferences and Continuing Education

JUNE 23-26

National Association for Rural Mental Health Conference. Hilton Riverside, Wilmington. Contact Sheryl Pacelli, 910-343-0161.

JULY 1-7

Mid-Summer Family Practice Digest. North Carolina Academy of Family Physicians. Kingston Plantation, Myrtle Beach, SC. Contact Samantha Clinton, 919-833-2110.

20-22

Heart Failure Management 2001. Amelia Island Plantation, FL. Contact Jane Radford, 919-962-1664.

29-31

Promoting Student Success: Clinical Assessment and Management of Differences in Learning. Annual Conference on Neurodevelopmental Variation for Physicians, Psychologists, and Other Clinicians. Carolina Inn, Chapel Hill. Contact Jane Radford, 919-962-1664.

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Incorporating Faith Into Practice and Precepting

As physicians pay increasing attention to the role of faith and spirituality in medical care, medical education is beginning to reflect this dimension of practice. Research findings indicating improved health outcomes, compared to control groups, for patients with strong religious affiliations or patients for whom prayers are offered have reinforced this trend.



The John M. Reeves All Faiths Chapel at UNC Hospitals

Participants in UNC-CH School of Medicine's Faculty Development Program in General Internal Medicine chose to focus on physician and patient attitudes and preferences regarding spirituality in the medical encounter for the collaborative research study they conducted at their seven institutions. Termed the RESPECT study, it found that "a significant percentage of patients perceive prayer (whether it is done by their doctor, with their doctor, or for their doctor) is linked to improvements in health" (*J Gen Int Med* 16[suppl 1]: 176). Although many of the 444 physicians in the study believe that patients' spiritual practices affect health outcomes, and "a smaller but significant number believe that physician prayer will improve patient outcomes," there is nevertheless a large gap in the prevalence of these beliefs among physicians compared to patients (*JGIM*: 190).

While approximately half of the physicians in the survey favored further training in spirituality and medicine, the RESPECT study found that "formal spirituality training related to medical care" has been "sparse in medical school and almost non-existent thereafter" (*JGIM*: 101). However, change is underway as a number of U.S. medical schools are adding courses to their curricula. Between 1994 and 1998, the number of schools teaching courses on religion and spirituality issues grew from three to approximately 50. Further evidence of the new emphasis on this aspect of health and medicine ranges from Harvard Medical School's series of conferences on Spirituality and Healing in Medicine to the formation of the National Institute for Healthcare Research, a nonprofit organization

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Student Affairs Office Is Point of Contact



Dr. Georgette Dent

The Office of Student Affairs in the School of Medicine provides services ranging from student recommendation letters to administration of off-campus electives to information on school policies and health and safety requirements for medical students. As the office overseeing financial aid, the registrar, and student organizations, it is the administrative unit with which students most often interact. For preceptors with questions that go beyond course-specific inquiries that can be answered by course directors, it also serves as a point of first contact.

“Our office strives to be very user-friendly,” states Georgette A. Dent, M.D., Associate Dean of Student Affairs. Dr. Dent, who is also an associate professor of pathology, has served as associate dean since 1998. In that capacity, she serves on the School of Medicine’s student promotions committee, student appeals committee, curriculum policy committee, and curriculum management committee. She is also faculty advisor to the UNC student branch of the Student National Medical Association.

Dr. Dent received her B.S. (magna cum laude) and M.D. degrees from Duke University. She completed a residency in anatomic and clinical pathology at Duke before coming to UNC-Chapel Hill in 1985 as a hematopathology fellow. She joined the UNC-CH School of Medicine faculty the following year. Dr. Dent is the associate director of the hematology laboratory at UNC Hospitals.

Dr. Dent’s teaching responsibilities include serving as a lecturer and laboratory instructor in courses for first- and second-year students and graduate students in the medical school. In addition, she lectures in courses for dental students and graduate students in public health. Among the teaching awards she has received are the Kaiser-Permanente Excellence in Teaching Award and the Phil Blatt Teaching Award for Clinical Pathology. Dr. Dent was selected to participate in the School of Medicine Teaching Scholars Program in 1999-2001.

The phone for the Office of Student Affairs is 919-962-8335.



OFFICE OF EDUCATIONAL DEVELOPMENT

The Front Line is published by
The Office of Educational Development, School of Medicine,
University of North Carolina at Chapel Hill, CB #7530,
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Conferences and Continuing Education

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SEPTEMBER

6-8

NICHQ/CERTS Autumn Institute: A Continuing Education Opportunity for Pediatric Health Care Professionals Focusing on Quality Improvement and Rational Therapeutic Use. The Friday Center, Chapel Hill. Contact Dail White, 919-962-1664.

20-23

Ross OB/GYN Society Annual Meeting. Kingsmill Resort, Williamsburg, VA. Contact Deedra Donley, 919-962-1664.

21-22

Clinical Relevance of Medicinal Herbs and Nutritional Supplements in the Management of Major Medical Problems. The Friday Center, Chapel Hill. Contact Deirdre Boyer, 919-962-1664.

Incorporating Faith (continued from page 3)

focusing on the relationship between spirituality and health that has awarded grants to 19 medical schools for curriculum development in this area.

In North Carolina, part of the traditional Bible Belt, it is not uncommon for physicians to discuss spiritual issues with patients, particularly those who are facing severe illness and who request physicians' prayers. Medical students who are assigned to community-based rotations in practices with a religious focus are exposed to a perspective that may be different from what they encounter elsewhere in their education.

Dr. Bruce Jackson, an obstetrician-gynecologist in Boone, is in a solo practice that is explicitly religious. He believes that through his vocation, he is doing God's will. Dr. Jackson found that arrogance created by medical school made him think he could fix everything; he learned that he could not. Now he wears a white coat with a lapel pin of a crescent wrench, symbolizing his belief that he is one of God's tools. He points out that the wrench is adjustable, reflecting his response to each person's individual needs. "If people have to ask" what the wrench means, Dr. Jackson says, "we're not doing it right."

He believes that his practice conveys a message through its service-oriented approach, books that are available for his patients to read, and the fact that he will pray with and for patients. Although he emphasizes that the doctor should not ask the patient whether she desires prayers, the nurses tell patients during pregnancy or pre-operative workups, "If you want to pray, Dr. Jackson is comfortable praying with you." Dr. Jackson feels that if patients know that he is doing the best he can to do God's will, it relieves him of a burden.

Over time, Dr. Jackson's commitment to prayer has evolved into

a ritual in which the staff forms a prayer circle and prays together at the beginning of each day. Dr. Jackson estimates that 60% to 70% of the medical students he has precepted have been receptive to his religious focus. Those who are uncomfortable do not participate in the prayer circle. He acknowledges that a student's discomfort with his approach could keep him and the student from clicking as well. However, he feels that students who are neutral toward his explicitly religious focus still find a lot to respond to: his energy level, sense of humor, and commitment to staying up-to-date in his field.

Dr. Jackson's perception of students' gain from their time with him is borne out by student evaluations, which consistently rate him as excellent. Rhonda Vestal, who recently completed her second year of Introduction to Clinical Medicine rotations in Dr. Jackson's practice, felt as though "Dr. Jackson has a very strong bond with his patients due to their common strong faith in God." She noted that Boone is a relatively small town where people know each other well and where religion is a large part of people's lives. Therefore "Dr. Jackson's incorporation of religious beliefs into his practice only strengthened the doctor-patient relationship." Vestal's own feeling during her time in the practice was one of admiration for the relationship that was fostered by "Dr. Jackson's willingness to pray with his patients and reassure them that God was caring for all of them, including Dr. Jackson as he provided medical care for his patients."

Dr. Richard Berry, who practices internal medicine in Whiteville, says, "I personally believe that there is a greater power, whom I call God, [who] is the ultimate healer guiding the physician and the patient in the healing process." Although he does not con-

sider his practice to be an explicitly religious one, Dr. Berry says that his patients are aware of his beliefs. "I tell all my patients when they compliment me for healing them that I did no healing, that in essence their body did its own healing and that it is through me that God works."

While he shares his own beliefs with the students he precepts, Dr. Berry says, "I do appreciate and honor the rights of students as well as patients to believe what they want to, and in no way will I force any religion or belief on any person." The subject of religion in the practice of medicine is incorporated into his teaching from several angles. As Dr. Berry discusses with students how they would react to or interact with patients with different beliefs, he sometimes shares his own experiences with his patients who are Jehovah's Witnesses. Although he disagrees with "their beliefs and interpretations of the Bible in regard to blood and blood products, I will in no way force them to take blood products. I have on one or two occasions been the physician who had to pronounce Jehovah's Witness patients dead because of their refusal to take blood products." Reviewing the ethical implications of such experiences is an important exercise in teaching and learning.

Dr. Berry also tries to make the medical and nurse practitioner students he precepts aware of the increase of examples in the literature pointing to significant benefits to the healing process when a patient's spiritual aspect is addressed. "Just treating with medicine, and not addressing the mental and spiritual aspects of a person's disease, can sometimes not fully reach the etiology of the problem," according to Dr. Berry. He believes that it is always beneficial to treat the whole person—body, mind, and spirit—and that addressing spiritual issues with patients "is essential to complete holistic healing."

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

“You are precepting a second-year student who will be in your practice for three separate weeks during the year as part of the Introduction to Clinical Medicine course. You want to provide the student with experience in continuity of care. How could you do this?”

Terry R. Brenneman, MD, North Raleigh Pediatric Group: Arranging this continuity of care is a challenge in a pediatric practice that deals predominantly with well-child care and acute episodic illnesses. Most children with significant chronic illness (diabetes, cystic fibrosis, severe congenital heart disease, etc.) who need four or five visits a year are followed in the pediatric sub-specialty clinics that are a 30-minute drive from my practice in Raleigh. Nevertheless, I do have some things I do in an attempt to provide my students with some continuity of care in their three weeks with me.

First, I make myself aware of exactly when the student will return for the next community visits, usually three and five months after the first visit. Then, I check my schedule before the student arrives to see if I have any patients coming in that day who would lend themselves to a follow-up visit in three or five months. A teenager with an initial visit for acne, for example, usually needs to be seen about two to three months after the first visit to assess the response to therapy. A nine-month-old baby coming in for a well-child visit will be seen again in three months for a one-year visit. A child being seen for short stature will usually be brought back for an assessment of his growth velocity in five or six months. If I note that this type of patient is on my schedule, then I make sure that my student sees him or her that day.

Opportunity for a follow-up visit in the same week also exists. A child with an appointment for wheezing may well need a follow-up visit in two or three days. An infant with a high fever may end up being seen the next day as well. Again, if I see such patients on my schedule, I will steer my student in their direction.

One of the reasons for trying to arrange some continuity of care is to enable the student to develop a relationship with a family, to see the strengths and weaknesses of the family in dealing with the child’s problems. Even if I am successful in orchestrating one or two follow-up visits for my student, this is not something easily picked up by a student in two or three visits over a year. Consequently, before a student goes in to see a patient for the first time, I think it is helpful for me in some cases to give the student some background information on the patient and his family. These things take a little extra effort, but it is rewarded by the look on your student’s face when he tells you with a big smile, “I remember this patient.”

“One of the reasons for trying to arrange some continuity of care is to enable the student to develop a relationship with a family.”

AnnaMarie Connolly, MD, Assistant Professor of Obstetrics and Gynecology, UNC-CH: Providing exposure to continuity of care is one of the most challenging aspects of medical education, given the predominantly inpatient-based clinical curricula dominating medical training today. This is compounded by extremely short average inpatient hospital stays. Exposing students to continuity of care is further made difficult by the structure of their clinical experiences (i.e., community weeks occurring one week at a time; clinical clerkships lasting from four to 12 weeks). Continuity

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Challenging Cases

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of care, however, is clearly one of the most rewarding aspects of community medicine and thus exposure early in training is desirable.

There are many creative avenues for providing exposure to continuity of care for second-year students during their community weeks. One such option would be arranging for a student to meet with a small number of patients with chronic illnesses during the student's first community week. The patients could be those who regularly present to the office for interval follow-up (i.e., blood pressure checks, glucose monitoring). Arrangements could be made for the patients' regular follow-up visits to fall during the student's community weeks. Having the student and these three or four patients schedule which specific days they will meet over the course of the three community weeks could provide both student and patients with a sense of commitment to the "project" to meet regularly. This would provide the student the opportunity, in a short period of time, to follow a single patient over the course of the student's academic year.

Another opportunity for student experience with continuity of care could involve home health services. The student could plan to use a significant portion of a particular community week to shadow a home health provider who visits a group of patients daily (i.e., patients receiving daily wound care). This could provide the student with exposure to continuity of care, seeing a group of patients daily in a relatively short period of time (the first community week).

Lastly, consulting with the student can often prove helpful in creatively finding solutions. Contacting the student one or two weeks before the first community week to "brainstorm" about how to provide continuity of care opportunities during the community weeks can be useful. Often the students have had clinical experiences that may prove helpful to providing a continuing care opportunity.

Exposure to continuity of care is certainly a challenge during the brief time the second-year medical students spend in the community. Offered above are but a few of the many possible suggestions. The powerful nature of the learning opportunities provided by continuing care of a particular patient is evident in the writings of and the discussions with the students after they complete the community weeks. Given this, it is clear that such opportunities provided to students early in their careers are never opportunities lost on the students.

Cultural Competence Topic of New Module

Cultural competence in providing health care is the topic of a new module in the Expert Preceptor Program. Module 11, "Culturally Appropriate Care," is the first addition to the two-year-old program designed for community-based clinicians who precept health professions students. The module is currently available in two formats: as paper-based independent study and as a seminar.

Module 11 is structured like previous modules in the program. It begins with a six-page topic overview that provides a short introduction to the subject. Preceptors who want a quick summary of the major concepts may wish to use only the overview; however, no continuing education credit is available for this short reading. For those who want to consider the topic further, the overview is followed by independent study: practice exercises and a mastery exercise based on the learning objectives for the unit. Preceptors may earn two hours of continuing education credit for completion of the module.

Culture, defined by the Office of Minority Health Resources Center as "integrated patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups," has influences on both patient and practitioner that are often hidden. Therefore the first activity in the independent study program is a cultural sensitivity self-assessment that examines the clinician's self-confidence in working with culturally diverse clients. Other activities include exercises on working with a language barrier and analyzing and responding to cross-cultural case studies.

The focus throughout the Expert Preceptor Program is on equipping preceptors to explore contemporary health care issues with their students in the clinical setting. Among learning goals for students in the area of culturally appropriate care are an awareness of the ways in which health, illness, and healing may be understood differently by people from different cultures; the ability to negotiate between the practitioner's and the patient's understanding of the health problem; and skills in working with a medical interpreter.

Preceptors interested in studying the new module or any other resources of the Expert Preceptor Program should contact their ORPCE director or Katherine Savage, faculty development coordinator in the Office of Educational Development at the UNC-CH School of Medicine, phone (919) 843-9369, e-mail: kdsav@med.unc.edu.

Match List

Match Day 2001 saw an increase in the percentage of graduating UNC medical students choosing residencies in primary care, with 55% entering those specialties. Internal medicine continued to attract the largest number of students, with 31 opting for that field and another two choosing a joint medicine-pediatrics residency. The largest increase this year was in the number of students choosing obstetrics/gynecology—17, more than twice the number who entered that specialty last year. Other fields attracting this year's seniors included pediatrics, 19; family practice, 14; psychiatry, 12; anesthesiology, 10; general surgery, 8; and orthopedic surgery, 7.

The majority of the class chose to stay in the southeastern United States. Fifty-nine of the 149 who matched will remain in North Carolina. That number includes 30 at UNC Hospitals, nine at Carolinas Medical Center in Charlotte, eight at Duke, four at Wake Forest, four at New Hanover Regional Medical Center, two at ECU, and one each at Moses Cone Hospital and Southern Regional AHEC. Other popular locations included Boston, with eleven graduates choosing residencies in that area; California, nine; Philadelphia, seven; and New York City, five.

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

Abernathy, Elizabeth I.; UNC Hospitals: internal medicine.

Adams, Felicity Ann; UNC Hospitals: psychiatry.

Alston, Pamela K.; Wake Forest Univ./Baptist Medical Ctr.: obstetrics/gynecology.

Alukal, Joseph Paul; Boston Univ. Medical Ctr.: urology.

Antony, Anuja K.; Stanford Univ.: plastic surgery.

Archie, Anne Bond; Carolinas Medical Center: obstetrics/gynecology.

Baer, Jefferson T.; Hosp. of the Univ. of Pennsylvania: internal medicine.

Baer, Wendy Miles; Hosp. of the Univ. of Pennsylvania: psychiatry.

Barrett, Elizabeth Grier; Thomas Jefferson Univ., Philadelphia: family practice.

Bass, Lawrence Adrian; New Hanover Regional Medical Ctr.: obstetrics/gynecology.

Bates, Craig Guy; MetroHealth Medical Ctr., Cleveland, OH: emergency medicine.

Beatty, Zoe A.; Hershey Medical Ctr., Hershey, PA: obstetrics/gynecology.

Benyas, Steven Isaac; Cambridge Hospital/CHA, Cambridge, MA: transitional; psychiatry (advanced).

Berghoff, Adar Taun; Portsmouth Naval Hospital, Portsmouth, VA: transitional.

Bishop, Thomas H.; Wake Forest Univ./Baptist Medical Ctr.: medicine – preliminary; UNC Hospitals: radiology – diagnostic (advanced).

Booker, Millicent C.; Duke Univ. Medical Ctr.: pediatrics.

Bowen, Josie Barnes; Univ. Health System – ECU: surgery – general.

Boy, Jennifer Dawn; Hosp. of the Univ. of Pennsylvania: obstetrics/gynecology.

Bridges, Henry E., Jr.; York Hospital, York, PA: medicine – preliminary; Medical College of Virginia: physical medicine and rehabilitation (advanced).

Brown, Christopher G.; Ohio State Univ. Medical Ctr.: internal medicine.

Brubaker, Beth Ann; Hosp. of the Univ. of Pennsylvania: medicine – primary.

Bullard, Tracy E.; Southern Regional AHEC Family Residency: family practice.

Burns, Justin M.; Carolinas Medical Center: surgery – general.

Byerly, Faera Ledford; New England Medical Ctr., Boston: orthopedic surgery.

Campbell, Cynthia H.; Carolinas Medical Center: pediatrics.

Carrizosa, Daniel R.; UNC Hospitals: internal medicine.

Carter, Alicia Lynette; UNC Hospitals: pathology.

Childress, Donna Reefe; Carolinas Medical Center: internal medicine.

Christie, Angus Andrew; UNC Hospitals: anesthesiology.

Cinniger, Julia Carmen; Univ. of Rochester/Strong Memorial: pediatrics.

Cisco, Michael Joshua; UNC Hospitals: pediatrics.

Colford, Cristin M.; UNC Hospitals: internal medicine.

Cooper, Alan W.; UNC Hospitals: pediatrics.

Costabile, Sean V.; Vanderbilt Univ. Medical Ctr.: anesthesiology.

Cressman, Victoria L.; New York Presbyterian Hospital: psychiatry.

Dear, Janet Kidd; Duke Univ. Medical Ctr.: family practice.

Dixon, Melanie H.; Mayo Graduate School of Medicine: obstetrics/gynecology.

Eifrig, David E., Jr.; New Hanover Regional Medical Ctr.: internal medicine.

Falls, Evelyn L.; Duke Univ. Medical Ctr.: pathology.

Fangman, William Leo; UNC Hospitals: medicine – preliminary; Duke Univ. Medical Ctr.: dermatology (advanced).

Floyd, Serina E.; Duke Univ. Medical Ctr.: obstetrics/gynecology.

Forcier, Tara A.; Univ. of Minnesota Medical School: pediatrics.

Foster, Michelle L.; Carolinas Medical Center: internal medicine.

Fried, Daniel B.; New Hanover Regional Medical Ctr.: medicine – preliminary; UNC Hospitals: radiology – oncologic (advanced).

Gage, Jeffrey A.; Moses H. Cone Memorial Hospital: medicine – preliminary; Univ. of South Florida: radiology – diagnostic (advanced).

Gallagher, Michael D.; McGaw Medical Ctr./Northwestern Univ.: orthopedic surgery.

Geller, Elizabeth Joanne; Univ. of California at Irvine Medical Ctr.: obstetrics/gynecology.

George, M. Susan; Montefiore Medical Ctr., Bronx, NY: pediatrics.

Gibson, Debra L.; UNC Hospitals: psychiatry.

Gill, Kristen T.; Univ. of Maryland Medical Ctr.: internal medicine.

Graham, Jenny L.; Montana Family Practice Residency, Billings, MT: family practice.

Gray, Lee V., III; Carolinas Medical Center: internal medicine.

Greenlee, Cynthia R.; Univ. of Louisville School of Medicine: pediatrics.

Gurkin, Brett A.; Medical Univ. of South Carolina: psychiatry.

Hardy, Stuart M.; UNC Hospitals: otolaryngology.

Harmaty, Marco Andrew; Mount Sinai Hospital, New York: plastic surgery.

Hauser, Justin Bradley; UNC Hospitals: anesthesiology.

Heavner, Steven Brett; Univ. of Michigan Hospitals: surgery – preliminary; otolaryngology (advanced).

Highsmith, Aquilla L.; Keesler Air Force Base, Biloxi, MS: obstetrics/gynecology.

Ho, Vicki C.; UNC Hospitals: internal medicine.

Hoffman, Mari A.; New England Medical Ctr., Boston: internal medicine.

Hoover, Michael S.; Medical Univ. of South Carolina: pediatrics.

Houston, Michael A.; UNC Hospitals: surgery – general.

Houston, Shelley Adkins; UNC Hospitals: pediatrics.

Hsu, Shiao-Wen David; Univ. of Texas Southwestern Medical School, Dallas: internal medicine.

Jackson, Juliana S.; UNC Hospitals: pediatrics.

Javelona, Thomas L.; UNC Hospitals: anesthesiology.

Jensen, Brian C.; Brigham and Women's Hospital, Boston: internal medicine.

Johnson, Krista L.; UNC Hospitals: obstetrics/gynecology.

Juliano, Jonathan J.; Univ. of Minnesota Medical School: medicine-pediatrics.

Kelso, Rebecca L.; Univ. of Southern California: surgery – general.

Kilpatrick, Michaux R.; UNC Hospitals: neurological surgery.

Match List (continued from page 6)

Kim, John C.; Palmetto Richland Memorial Hospital, Columbia, SC: obstetrics/gynecology.

Kontos, Jimmy L.; George Washington Univ. Hospital: internal medicine.

Lavenhouse, Clifton, Jr.; UNC Hospitals: emergency medicine.

Lee, Bruce M.; Univ. of Rochester/Strong Memorial: internal medicine.

Lee, Tae Joon; Swedish Medical Center, Seattle: family practice.

Lindell, Keri Ann; Univ. of Connecticut: pediatrics.

Look, Adair K.; Massachusetts General Hospital, Boston: psychiatry – preliminary; psychiatry (advanced).

Look, Rodney B.; Brigham and Women's Hospital, Boston: emergency medicine.

Mah, May Ling; UNC Hospitals: medicine-pediatrics.

Malizia, Beth Anne; Univ. of Alabama Hospital – Birmingham: obstetrics/gynecology.

Marshall, Robert N., III; UNC Hospitals: anesthesiology.

McDevitt, Michelle Leigh; UNC Hospitals: anesthesiology.

McGee, Janey Phelps; Univ. of Washington Affil. Hospitals, Seattle: pediatrics.

McLeod, Tonya S.; Carolinas Medical Center: medicine – preliminary; Emory Univ. School of Medicine: dermatology (advanced).

Michael, Davonia Wagner; Wake Forest Univ./Baptist Medical Ctr.: pathology.

Miller, Russell Raymond, III; University of Virginia: internal medicine.

Miller, Alison Nemeth; Vanderbilt Univ. Medical Ctr.: internal medicine.

Mitsuyama, Hiroki; Mercy Hospital of Pittsburgh: transitional; Univ. of Washington Affil. Hospitals, Seattle: radiology – oncologic (advanced).

Mlinar, Kathryn J.; UNC Hospitals: surgery – preliminary.

Mondi, Matthew M.; Wake Forest Univ./Baptist Medical Ctr.: surgery – general.

Morris, Sequita M.; Anderson Area Medical Center, Anderson, SC: family practice.

Morton, Emma Brown; Brigham and Women's Hospital, Boston: medicine – primary.

Navarre, J. Richard, II; Emory University School of Medicine: psychiatry.

Neuharth, Kristen L.; Univ. of Connecticut: internal medicine.

Norcross, Jason Patrick; Univ. of Texas Medical Branch, Galveston: orthopedic surgery.

O'Malley, Aran Marino; Univ. of Tennessee College of Medicine, Memphis: orthopedic surgery.

Overcash, Jeffrey Scott; UNC Hospitals: emergency medicine.

Partin, Sydney; Duke Univ. Medical Ctr.: pediatrics.

Peck, Clifford Robert; Maine Medical Center, Portland, ME: emergency medicine.

Peele, Lori D.; Eastern Virginia Medical School: family practice.

Peterson-Carmichael, Stacey; UNC Hospitals: pediatrics.

Phadke, Parag M.; Carolinas Medical Center: orthopedic surgery.

Proctor, Asha K.; Carolinas Medical Center: obstetrics/gynecology.

Rahman, Sameena; Univ. of Massachusetts Programs, Worcester: obstetrics/gynecology.

Rajan, Priya V.; Univ. of California at Irvine Medical Ctr.: obstetrics/gynecology.

Rich, Susan D.; Georgetown Univ. Medical Ctr.: psychiatry.



Match Day was punctuated by hugs of congratulations. Georgia Scott (above) shares her excitement.

Richardson, Christin Neal; Univ. of California at San Diego Medical Ctr.: obstetrics/gynecology.

Roach, Latonia E.; Tripler Army Medical Center Program, Tripler AMC, HI: transitional.

Roberson, Jennifer; New Hanover Regional Medical Ctr.: family practice.

Robertson, Vida Barnwell; LSU School of Medicine, New Orleans: psychiatry.

Rowe, Elizabeth S.; Univ. of Utah Affil. Hospitals: pediatrics.

Ruehsen, Hans J., Jr.; Maine Dartmouth Family Practice Residency, Augusta, ME: family practice.

Sair, Farrukh I.; Frankford Hospital, Philadelphia: transitional; Hospital of the Univ. of Pennsylvania: anesthesiology (advanced).

Sawin, Shannon Mullis; UNC Hospitals: family practice.

Schimizzi, Aimee Lynn; Univ. of California at San Diego Medical Ctr.: orthopedic surgery.

Schlichter, Rolf A.; Univ. of Pennsylvania Health Systems/ Presbyterian: anesthesiology.

Schobel, Scott Allen; New York Presbyterian Hospital: psychiatry.

Scott, Georgia L.; UNC Hospitals: internal medicine.

Sedberry, Sherry V.; George Washington Univ. Hospital: urology.

Selph, Shelley S.; Univ. of North Dakota School of Medicine: family practice.

Shimpi, Rahul A.; Duke Univ. Medical Ctr.: internal medicine.

Simon, Tamara D.; Univ. of Colorado School of Medicine, Denver: pediatrics.

Smith, Charles S.; Brigham and Women's Hospital, Boston: internal medicine.

Smith, David W.; Univ. of Utah Affil. Hospitals: surgery – general.

Smith, Maurice A.; Medical College of Georgia: surgery – general.

Spruill, Steven C.; Univ. Health System – ECU: obstetrics/gynecology.

Stengel, Deborah A.; New Hanover Regional Medical Ctr.: family practice.

Sturgill, Stephanie Banks; Univ. of California at San Diego Medical Ctr.: medicine – preliminary.

Sun, Vyvyan Y.; Trident Medical Center, Charleston, SC: family practice.

Taylor, Benjamin Blaine; Univ. of Alabama Hospital – Birmingham: internal medicine.

Taylor, Shelly R.; Medical College of Wisconsin, Milwaukee: pediatrics.

Teague, Carmen I.; Carolinas Medical Center: internal medicine.

Timberlake, Rufus J.; Univ. of Rochester/Strong Memorial: internal medicine.

Toulson, Charles E.; Johns Hopkins Hospital: orthopedic surgery.

Trost, Melanie Kirk; Duke Univ. Medical Ctr.: family practice.

Tsai, Tony P.; Carillon Health System, Roanoke, VA: surgery – preliminary; St. Luke's-Roosevelt Hospital Ctr., New York: anesthesiology (advanced).

Tullo, Teresa L.; Moses H. Cone Memorial Hospital: internal medicine.

Umar, Ramsey K.; Univ. of Michigan Hospitals: internal medicine.

Urukubo, Ari; Univ. of California at San Francisco: psychiatry.

Vafai, Radiance Elizabeth; Palmetto Richland Memorial Hospital, Columbia, SC: pediatrics.

Vincent, Ariel S.; Univ. of California at San Francisco – Fresno: surgery – general.

Vo, Nam Dai; UNC Hospitals: internal medicine.

Walker, Vester Wade, Jr.; Cambridge Hospital/CHA, Cambridge, MA: transitional.

Wessell, Daniel E.; Western Pennsylvania Hospital, Pittsburgh: transitional; Barnes-Jewish Hospital, St. Louis: radiology – diagnostic (advanced).

Williams-Toone, Deitra L.; Wake Forest Univ./Baptist Medical Ctr.: anesthesiology.



**OFFICE OF
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Information Please

News from the AHEC Digital Library



In the last issue of *The Front Line* (Winter 2001) we described the contents of the first major section of the AHEC Digital Library: Clinical Resources. In this issue we will focus on the second major section: Communication & Networking.

The Library <<http://library.ncahec.net>> is an electronic collection of quality resources and services. It is designed to be an entry point into the Internet when you need the best clinical and educational information. A “guest” login will allow you to view all of the non-licensed resources. Licensed resources—e.g., MD Consult, Ovid full text journal—are available to registered users. Please contact your local AHEC librarian or ORPCE if you have questions about eligibility.

When you enter the AHEC Digital Library, you see three major sections. The second section, **Communication & Networking**, will assist you in locating universities and colleges in North Carolina, health associations and agencies, grand round schedules, academic calendars, and general preceptor support Web pages.

Academic Links provides several selections. The first is a direct link to the Web page for each of the four medical schools in North Carolina: UNC-CH, Duke, ECU, and Wake Forest. All medical schools in the US and Canada are listed through a link to AAMC. Next is a link to the Web pages for other health affairs schools at UNC-CH, Duke, ECU, and Wake Forest. Other North Carolina schools and community colleges are also included.

Associations & Meetings enables you to link to North Carolina and national health care associations, such as the North Carolina Academy of Family Physicians, North Carolina Nurses Association, or Associations List. Calendars for meetings and conferences are also given.

NC Health Care Agencies, arranged by health care specialty, provides access to the Web page for a variety of North Carolina agencies and boards, such as Board of Pharmacy, Healthy Carolinians, or Division on Aging.

Directories to each of the nine AHECs in the state and to the health care institutions within each AHEC region, to hospitals and agencies, and to physicians and students are provided in this section. Click on *Find a Hospice* to locate the names and addresses for your local hospice programs.

Grand Rounds information provides links to grand rounds in various disciplines, both at universities and at AHECs.

Faculty & Preceptor Support begins with a section called Preceptor Links, where a health care preceptor can find resources ranging from the online version of this newsletter to *TIPS (Teaching Ideas and Precepting Strategies Newsletter)* from Wake AHEC to the Visiting Clinician Program. This section also provides a direct link to the ORPCE staff in each AHEC and to the Academic Calendars from many North Carolina universities and colleges.

To take a look at the AHEC Digital Library, go to <<http://library.ncahec.net>> and register as guest. If you have suggestions for content or questions about eligibility, becoming an individual member, or general questions about ADL, please contact your local AHEC librarian or Betsy Dain, ADL Resource Development Project Coordinator at HSL, UNC-CH, (919) 966-1213 or dain@email.unc.edu.