

# 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 13 Spring 2007

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## Conferences and Continuing Education

### JUNE 14-17

Old North State Medical Society 120<sup>th</sup> Scientific Assembly and Annual Meeting. Hilton Hotel, Charlotte. Contact 704-377-1500.

### JULY 1-6

2007 Mid-Summer Family Medicine Digest. Kingston Plantation, Myrtle Beach, SC. Contact Marietta Ellis, 919-833-2110 or 800-872-9482, mellis@ncafp.com.

### 8-13

8th Annual Adult and Pediatric Allergy and Pulmonary Disease Update. Bald Head Island, NC. Contact: Jane Radford, 336-832- 8025, jane.radford@mosescone.com. Register online at <http://www.gahec.org/cme> (click on 8th Allergy/Pulmonary Update).

### 12-15

Heart Failure Management. Amelia Island Plantation, Amelia Island, FL. Contact Deirdre Boyer, 919-962-2118.

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## UNC, Duke Join In Patient Safety Team Training Day

Nearly 450 fourth-year medical and nursing students from the University of North Carolina at Chapel Hill and Duke University took part in the first Patient Safety Team Training Day March 6 on the campus of UNC's School of Medicine and School of Nursing. The massive undertaking, supported by funds from GlaxoSmithKline, was designed to increase communication and teamwork among health professionals as a means to improve patient safety.

The Institute of Medicine's 1999 report, *To Err is Human*, was the impetus for a health care system overhaul that included mandatory national medical error reporting and new efforts to boost patient safety. Because communication errors are the most frequently cited cause of preventable adverse events, training programs have sought to teach techniques for efficient and effective transfer of information. At the same time, training in team coordination skills has been increasingly emphasized within health professional schools.



Volunteers serving as "shepherds" for student teams wait for groups to arrive at the Clinical Skills Center.

Among the different approaches that institutions have taken in team coordination training, high fidelity patient simulation provides realism and interactivity that support the development of leadership, assertiveness, and team decision making. However, because high fidelity simulation is both costly and time-consuming, a number of medical schools have opted for more traditional didactic approaches to teaching team coordination skills. In order to incorporate opportunities for students to practice teamwork behaviors, programs often include computer-based instruction, small group sessions, and analysis of videotaped team coordination scenarios.

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# UNC, Duke Join In (continued from page 1)

To date, there has been little available evidence to support the selection of one interactive training method over another. Therefore the UNC-Duke Patient Safety Team Training Day was designed not only to train the student participants but also to compare the effectiveness of various strategies by exposing each student to one of four different combinations of training modalities. Everyone began the day with a lecture on why it is important to work in teams. They were then divided into four groups, each of which was assigned to one of the following interventions.



Students read their scripts prior to Standardized Patient exercises.

- A traditional lecture adapted from the Agency for Healthcare Research and Quality presenting the TeamSTEPPS approach to teamwork training.
- An interactive lecture, incorporating an audience response system, on the TeamSTEPPS approach.
- Role plays in small groups: Following an initial role play, a discussion facilitated by a faculty member served to teach the TeamSTEPPS approach. This was followed by a second role play.
- Simulation: In teams of four, 20 groups of students worked through a case with one of the human patient simulators in the Clinical Skills Center. A faculty member then led them in a structured debrief, which included watching a videotape of their experience and being trained in the TeamSTEPPS approach. The teams then worked through a second, different case with the high fidelity simulators.

For the afternoon, students remained with their four assigned groups but were shuffled into different small teams within the group. All students then participated in Standardized Patient (SP) encounters. For the SP case, each member of a four-person team received different, incomplete information about the case. This required them to use what they had learned in TeamSTEPPS training to communicate effectively and complete the assigned task. For each four-person activity—role play, simulation,

and SP encounters—students were heterogeneously mixed with interdisciplinary representation per group.

Several assessment methods were used for measuring the effectiveness of the interventions. All students took both pre- and post-tests of their knowledge and attitudes. For the SP cases, every team was assessed by a Standardized Patient on their communication and teamwork skills. Certain clinical skills (such as writing orders) are being assessed by clinicians. Videos of the SP encounters will be scored this summer by trained scorers who will look again at

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## Conferences and Continuing Education

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### JULY 20-22

North Carolina Medical Society Sports Medicine Symposium. Holiday Inn SunSpree Resort, Wrightsville Beach. Contact Nancy Lowe, 919-833-3836, nlowe@ncmedsoc.org.

### AUGUST 5-9

36<sup>th</sup> Annual Emery C. Miller Medical Symposium. Kingston Plantation, Myrtle Beach, SC. Contact 336-713-7755.

### 17-19

North Carolina Pediatric Society 2007 Annual Meeting. Grove Park Inn, Asheville. Contact NCPS staff, 919-839-1156.

### SEPTEMBER 6-9

North Carolina Psychiatric Association 2007 Annual Meeting. Holiday Inn SunSpree, Wrightsville Beach. Contact 919-859-3370 or 800-553-1935.



UNC  
SCHOOL OF MEDICINE

#### 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,  
MacNider Building, Chapel Hill, NC 27599.  
Phone: (919) 966-3641 <http://www.med.unc.edu/oed/frontline/>

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# Teaching Clinical Students to Teach

By Samuel LeBaron, MD, PhD, and Erika Schillinger, MD

*(The following article appeared in Family Medicine 2004;36(2):87-88, and is reprinted with permission from the "Office-based Teacher" column on the website of the Society of Teachers of Family Medicine.)*

An often-stated aphorism is that when we teach something to others, we gain a better grasp of it ourselves. By giving students the opportunity to be teachers early in their careers, they not only gain a better understanding of clinical content but also begin to develop teaching skills that will help them be effective physicians and clinical teachers in the future. In this article, we describe ways that clinical students can teach others under the guidance of their office-based preceptor.

## The Clinical Preceptor as Role Model

Although many clinical preceptors develop exceptional teaching skills, this occurs more often by accident than by design since most preceptors receive little training in teaching. We have opportunities to participate in a more organized training process for future physicians and clinical teachers by allowing students to be teachers early in their education and being teacher role models for them.

As clinical preceptors, we can begin the process of training students to be teachers by instilling basic principles and skills, by inspiring an interest in teaching, and by being excellent teachers ourselves. Students appreciate knowing what excites us about teaching. What is particularly fulfilling? What hurdles do we encounter? Similarly, asking students for feedback on our own teaching can make it clear to students that teaching is a work in progress, benefiting from continual modification. Students who learn from us that teaching requires active skill development are likely to work actively on the development of those skills for themselves.

## Teaching Preclinical Students

Many office-based teachers precept both clinical and preclinical students. By pairing the preclinical student with the clinical student in the office, the preclinical student can practice his/her history and physical exam skills under the guidance of a more experienced student who often has more time than the preceptor for direct observation. At the same time, the clinical student has opportunity to emulate the clinical teaching of his/her preceptor by giving the preclinical student tips on performing the physical exam and correcting any improper exam techniques. The clinical student can also help the preclinical student understand the presenting clinical condition, starting with basic science principles that the preclinical student is familiar with and advancing the

discussion to involve clinical principles. Many clinical students are struck by how validated they feel as they work together with a junior colleague, and they realize how much they've learned in only a few years. Similarly, preclinical students frequently report how inspired they are to realize that the student who is only a few years ahead of them has acquired so much experience and information.

Clinical students can also meet with a small group of preclinical students in the preceptor's office to hold "Student Rounds," in which the clinical student presents a case and facilitates the discussion. By presenting a case (eg, a middle-aged woman with cough), the students discuss a differential diagnosis that includes bronchitis, asthma, pneumonia, and chronic obstructive pulmonary disease (COPD). This introduces preclinical students to a variety of clinical syndromes within one system. The clinical student can teach preclinical students how to use the stethoscope to listen to a patient's lungs and also model a method of gathering data and clinical reasoning. Clinical students benefit from these discussions of common clinical problems, physical examination skills, anatomy, and physiology. They find these sessions a reassuring antidote for their perception that "There's so much to learn—I feel like I don't know anything!" Also, clinical students often report that they hadn't realized where the gaps in their knowledge were until they prepared for a teaching session. Inevitably, students are surprised by how confident they feel about the material after reviewing and presenting it.

## Teaching Clinical Student Colleagues

Some students have particular areas of interest and expertise, either because they have an advanced degree in another field or they have completed extra electives or readings in an area of interest (eg, dermatology or infectious disease). These students may have in-depth knowledge regarding a clinical problem that equals or surpasses that of the clinical preceptor. This is an opportunity for that student to present, for the benefit of both the clinic preceptor and other students in the clinic, the current knowledge on a difficult or unusual topic.

## Teaching Preceptors

Many clinical students enjoy researching questions that arise from a patient encounter and practicing skills in

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## Teaching Clinical Students to Teach (continued from page 3)

evidence-based medicine learned previously. The clinical student can research a question using on-line resources, obtain relevant articles and abstracts and discuss these with his/her preceptor, and help answer the question about a specific patient. This also provides a valuable model of the clinician as a perpetual student and helps the preceptor keep his/her knowledge base current.

Clinical students also can perform chart reviews of patients with clinical conditions such as diabetes. These chart reviews allow students to review current practice guidelines and then audit charts to compare how well the management of the patients matches those guidelines. Students can share the results of the chart audits with their preceptors and help the preceptor formulate plans to more effectively follow current guidelines. Students gain knowledge and confidence from such a detailed review, while making a substantial contribution to patient care.

### Teaching Patients

Students often have more time than their preceptors to teach patients basic principles about their clinical condition. By teaching their patients, students enhance the physician-patient partnership and help patients adhere to treatment recommendations. For example,

taking the time to teach a patient with asthma that inflammation is a central part of the pathophysiology of his/her illness may result in the patient's having a new appreciation for the value of steroids and leukotriene inhibitors. Demonstration and instruction in using a peak flow meter help patients bring more data to future clinic encounters, while also empowering the patient to become a partner in his/her own care.

Disease prevention and health maintenance are additional areas where students can make a substantial contribution to patient education. Discussions may include a review of recommended vaccinations, healthy lifestyle measures, or appropriate screening recommendations for a patient with familial risk factors for certain diseases.

Supporting patients who need help with behavior change is time consuming but also potentially rewarding. With some assistance, many students can play an invaluable role in educating and counseling the patient. Coaching patients to change their behaviors, by initiating an exercise or smoking cessation program or changing their eating patterns, provides rich opportunities for students and patients to develop satisfying and helpful therapeutic relationships.

### Conclusions

By modeling the kind of teaching we would like to see in our students, and by giving them opportunities to try it themselves, students learn valuable lessons about teaching. Through our own behavior, we teach organization, clarity, and respect for our students. When we acknowledge our own areas of ignorance and model the use of reference material and/or consultations, we help our students understand that learning and teaching are lifelong pursuits.

There are a number of different opportunities that we can give students to teach. As we give them these opportunities, it is important to observe them teaching in these different situations, just as we must observe them conducting a physical examination. Direct observation offers a chance to give specific feedback about their teaching, with emphasis on areas of strength and areas for improvement. Giving them opportunities to teach and providing feedback to them on their teaching will go a long way in helping them develop the necessary teaching skills needed to be a good physician and effective clinical teacher in the future.

From the Center for Education in Family and Community Medicine, Stanford University.

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## UNC, Duke Join In (continued from page 2)

teamwork coordination with a focus on AHRQ's TeamSTEPPS.

The March 6 date was chosen for Patient Safety Team Training because it fell during the Capstone course that is a required experience for fourth-year medical students at both UNC and Duke. The course trains students in advanced topics in clinical skills for internship,

ethical issues, professionalism, doctor-patient communication, medicolegal issues, health systems, patient safety, and self-care. The Patient Safety Team Training Day was a significant enhancement of both courses, as it drew on the combined resources of the two institutions to accomplish educational objectives not possible in either program alone. At the same

time, it addressed inter-professional training with the inclusion of nursing students, who play equally critical roles on the health care team.

Now that the team training has been pilot tested, it will be refined based on evaluation of the day. A second interdisciplinary cohort of students will be trained during the Capstone courses in 2008.

# Match Day 2007

More than half of the UNC School of Medicine graduates matching for residencies beginning this summer opted for primary care specialties. Internal medicine, with 32 matches, led the way, followed by pediatrics (18), family practice (14), obstetrics and gynecology (10), and medicine-pediatrics (5). Other popular choices were anesthesiology (11) and general surgery (10). The fields of psychiatry, emergency medicine, orthopedic surgery, and urology each were chosen by seven new graduates.

Residency locations for the Class of 2007 span the country from coast to coast. Eight class members will be in Boston at teaching affiliates of Harvard Medical School: three at Massachusetts General Hospital, three at Beth Israel Deaconess Medical Center, and one each at Children's Hospital and Brigham and Women's. Programs on the West Coast will also host a number of new UNC graduates. Five are headed to Oregon Health and Science University, four to Stanford, three to the University of Washington, and several to residency programs affiliated with the University of California system: UCLA (2), UC Davis (1), and UCSF (1).

Other popular out-of-state locations include Vanderbilt, where six will serve their residencies; Emory, five; University of Virginia, five; University of Colorado, four; and University of Maryland, three.

Those remaining in North Carolina will be represented in residency programs at all four of the medical schools, plus four AHECs. Thirty-four have chosen residencies at UNC Hospitals. Eight will go to Duke, and two each to Wake Forest and East Carolina. Seven graduates will be at Moses Cone Memorial

Hospital in Greensboro next year, and five will go to Carolinas Medical Center in Charlotte. In addition, two will train at Mountain Area Health Education Center (MAHEC) in Asheville and two at New Hanover Regional Hospital in Wilmington.

The following list includes students who gave permission for their names to appear.

Abernethy-Smith, Melinda Gail; Univ. of Michigan Hospitals: obstetrics and gynecology.

Adigun, Chris G.: Moses H. Cone Memorial Hosp.: medicine – preliminary; UNC Hospitals: dermatology (advanced).

Agarwal, Maneesha; Children's Hospital Boston: pediatrics.

Ahmad, Yusuf H.; St. Joseph – Ann Arbor: transitional year; University of Virginia: anesthesiology (advanced).

Aneja, Arun; Univ. of Mississippi at Jackson: orthopedic surgery/research.

Athar, Mohammed Abdul Ahad; Univ. of Texas Southwestern Medical School: internal medicine.

Babcock, Andrew Carl; UNC Hospitals: family practice.

Baldwin, Nathan M.; Baptist Health System, Birmingham, AL: transitional year; Emory Univ. School of Medicine: anesthesiology (advanced).

Banks, Stacy Elizabeth; Stanford University Programs: psychiatry.

Barrier, Charles Harold, Jr.; Vanderbilt Univ. Medical Ctr.: internal medicine.

Bates, Melisa K.; UNC Hospitals: pediatrics.

Baudet, Heather G.; UNC Hospitals: child neurology.

Beamon, Carmen J.; UNC Hospitals: obstetrics and gynecology.

Beck, Christina D.; UNC Hospitals: family practice.

Bennett, Kimberly Willis; UNC Hospitals: psychiatry.

Binz, Nikki Marie; UNC Hospitals: emergency medicine.

Braithwaite, Mary Fox; Duke Univ. Medical Ctr.: pediatrics.

Brooks, Crystal Y.; Cincinnati Children's Hospital Medical Ctr.: pediatrics – preliminary; Henry Ford Health Sciences Ctr., Detroit: dermatology (advanced).

Brubaker, Lauren Marie; UNC Hospitals: medicine – preliminary; radiology – diagnostic (advanced).

Burlone, Suzanne; Oregon Health and Science University, Portland: obstetrics and gynecology.

Campbell, Carey Ann; Univ. of Colorado School of Medicine, Denver: pediatrics.

Campion, Ashley Kent; Massachusetts General Hospital, Boston: medicine-pediatrics.

Cathcart, Shelley Douglas; UNC Hospitals: pediatrics – preliminary.

Chaney, Erin Elizabeth; Duke Univ. Medical Ctr.: anesthesiology.

Charguia, Nadia E.; UNC Hospitals: psychiatry.

Chen, Eric H.; Mountain Area Health Education Ctr.: family practice.

Collins, Lauren N.; Duke Univ. Medical Ctr.: obstetrics and gynecology.

Corson, Deborah A.; Spartanburg Regional Healthcare: transitional year; Allegheny General Hospital, Pittsburgh: radiology – diagnostic (advanced).

Costa, Elisabeth Reiser; Univ. of Massachusetts Medical School, Worcester: orthopedic surgery.

Coward, Robert Matthew; UNC Hospitals: surgery – preliminary; urology (advanced).

Darrow, Mary Diane; Emory Univ. School of Medicine: pathology.

Delille, Cecile A.; Emory Univ. School of Medicine: internal medicine.

Dix, Stephanie K.; Emory Univ. School of Medicine: surgery – general.

Elia, Joseph R.; Oregon Health and Science University, Portland: pediatrics.

Elms, Andrew Robert; UC Davis Medical Center, Sacramento, CA: emergency medicine.

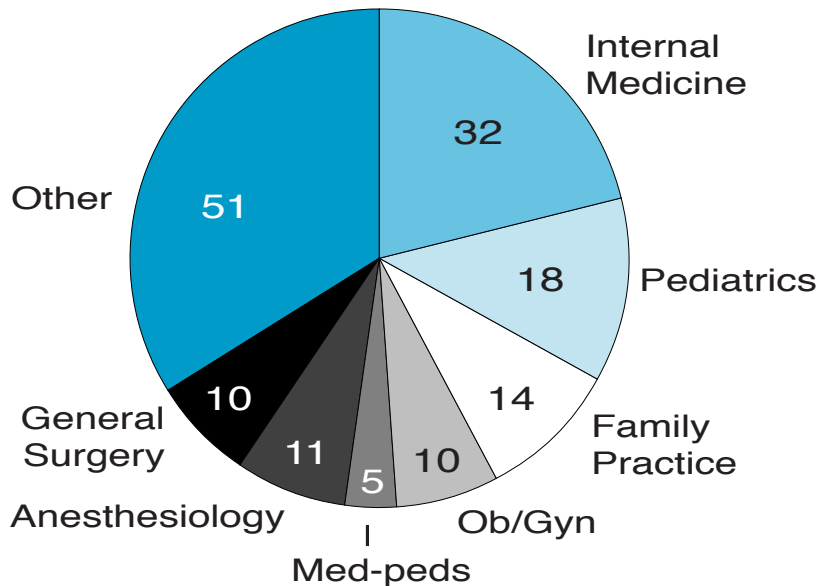
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## Match Day 2007 (continued from page 5)

- Elzik, Mark E.; UCLA Medical Ctr.: orthopedic surgery.
- End, Christopher A.; Moses H. Cone Memorial Hosp.: medicine – preliminary; UNC Hospitals: radiology – diagnostic (advanced).
- Ennis, Erin Katherine; Moses H. Cone Memorial Hosp.: family practice.
- Erikson, Christopher Joseph; Medical Univ. of South Carolina: surgery – preliminary; radiology – diagnostic (advanced).
- Evans, Juanita J. Patric; Penn State Hershey Medical Ctr.: pathology.
- Finefrock, Anne Elizabeth; UNC Hospitals: internal medicine.
- Garrish, Hazel Gray; University of Virginia: pediatrics.
- Golden, Brent; UNC Hospitals: surgery – preliminary.
- Goodman, Hanni Elizabeth; UNC Hospitals: anesthesiology.
- Goodman, Rebecca Lynn; University of Vermont/Fletcher Allen: pediatrics.
- Goudar, Lakshmi G.; Duke Univ. Medical Ctr.: internal medicine.
- Gray, Beverly Allen; Duke Univ. Medical Ctr.: obstetrics and gynecology.
- Hamilton, Erika P.; UNC Hospitals: internal medicine.
- Hardy, Ashley Nicole; McGaw Medical Ctr./Northwestern Univ., Chicago: surgery – general.
- Harrell, Raymond Martin; UNC Hospitals: anesthesiology.
- Hartman, Jessica E.; Moses H. Cone Memorial Hosp.: family practice.
- Hartsell, Fletcher Lee, III; Pitt County Memorial Hosp./Brody School of Medicine, ECU: medicine – preliminary; UNC Hospitals: neurology (advanced).
- Hawkins, Eric R.; Carolinas Medical Center: emergency medicine.
- Hein, Alethea Ann; Western Pennsylvania Hospital, Pittsburgh: transitional year; Univ. of Pittsburgh Medical Ctr.: ophthalmology (advanced).
- Henderson, Gavin Jeffrey; UNC Hospitals: pediatrics.
- Hobbs, Jennifer Elise; Moses H. Cone Memorial Hosp.: family practice.
- Hobbs, Katherine Brittain; Massachusetts General Hospital, Boston: psychiatry.
- Holmes, Lauren M.; Univ. of Colorado School of Medicine, Denver: internal medicine.
- Hong, Gregory K.; University of Virginia: internal medicine.
- Hsu, Diana; Univ. of Michigan Hospitals: anesthesiology.
- Huang, William W.; Pitt County Memorial Hosp./Brody School of Medicine, ECU: medicine – preliminary; Rush-Presbyterian-St. Luke's, Chicago: dermatology (advanced).
- Ivey, Noel; Oregon Health and Science University, Portland: internal medicine.
- Johnson, Hannah Kate; Univ. of Maryland Medical Ctr., Baltimore: psychiatry.
- Jordan, John Gibbons, Jr.; Baylor College of Medicine, Houston: internal medicine.
- Kimbrell, Angela F.; Vanderbilt Univ. Medical Ctr.: pediatrics.
- Kiser, Michelle McCrain; UNC Hospitals: surgery – general.
- Kizer, Catherine M.; UNC Hospitals: internal medicine.
- Kommineni, Maya; Boston Univ. Medical Ctr.: internal medicine.
- Kon, Rachel H.; Georgetown University: internal medicine.
- Kosnar, Margaret Corley; Montana Family Medicine Residency, Billings, MT: family practice.
- Kouba, Erik J.; Stanford Univ. Programs: urology.
- Kuykendal, Adam R.; McGaw Medical Ctr./Northwestern Univ., Chicago: internal medicine.
- Laudate, James Darrell; UNC Hospitals: internal medicine.
- Laxton, Allison Valentine; Fairfax Family Practice, Fairfax, VA: family practice.
- Lee, Jin Sun; UCLA Medical Ctr.: anesthesiology.
- Leslie, Naomi Earls; Univ. of California at San Francisco: psychiatry.
- Lowry, Jadene; New Hanover Regional Medical Ctr.: family practice.
- Lye, James Stephen; UNC Hospitals: pediatrics.
- Lyke, Alison C.; Carolinas Medical Center: medicine – preliminary; Medical Univ. of South Carolina: dermatology (advanced).
- Lyles, Graham W.; Moses H. Cone Memorial Hosp.: medicine – preliminary; UNC Hospitals: ophthalmology (advanced).
- Lyles, Johnnie Deforrest; UNC Hospitals: surgery – preliminary.
- Lyman, Sean James; University of Virginia: surgery – preliminary; radiology – diagnostic (advanced).
- MacDonald, GiGi M.; Wake Forest Univ. Baptist Medical Ctr.: internal medicine.
- Mahoney, David Blair; University of Virginia: family practice.
- Mankinen, Richard William; Spartanburg Regional Healthcare: transitional year; Vanderbilt Univ. Medical Ctr.: radiology – diagnostic (advanced).
- Martel, Jeffrey Peter; Riverside Regional Medical Ctr., Newport News, VA: transitional year; Univ. of Washington Affil. Hospitals: anesthesiology (advanced).
- Martin, Joshua Hatcher; Children's Hospital Los Angeles: pediatrics.
- Marzbani, Edmond A.; Univ. of Washington Affil. Hospitals: internal medicine.
- McCulloch, Scott V.; UNC Hospitals: anesthesiology.
- McGill, Sarah Kelly; Stanford Univ. Programs: internal medicine.
- McManus, Shilpa S.; Massachusetts General Hospital, Boston: pediatrics.
- Meissner, Eric Gerhard; Univ. of Washington Affil. Hospitals: internal medicine.
- Moore, Scott Matthew; UNC Hospitals: surgery – general.
- Morgan, Nicholas Andrew; New Hanover Regional Medical Ctr.: surgery – preliminary.
- Moseley, Jonathan Allan; Univ. of Alabama at Birmingham: internal medicine.
- Natarajan, Sheila; Carolinas Medical Center: medicine – preliminary; physical medicine and rehabilitation (advanced).
- Nesbit, William Hugh; Univ. of Kentucky Medical Ctr.: neurological surgery.
- Nies, Melanie Kandt; Johns Hopkins Hospital: pediatrics.
- Palmer, Owen P.; Stanford Univ. Programs: surgery – general.

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**Class of 2007 Areas of Specialization**



Park, Chan W.; Mt. Sinai Hospital, New York, NY: otolaryngology.

Patel, Sachin R.; Univ. of Chicago Hospital: emergency medicine.

Patel, Silka G.; Univ. of Texas Medical School at Houston: obstetrics and gynecology.

Powell, Bradford Cole; Univ. of Florida Prog./Shands Hospital: pediatrics.

Ratner, Shana Patrice; Univ. of Chicago Hospital: internal medicine.

Reeves, Justin G.; Duke Univ. Medical Ctr.: internal medicine.

Rice, Sharice N.; University Hospital, Cincinnati, OH: medicine-pediatrics.

Richey, Luther M.; Univ. of Washington Affil. Hospitals: internal medicine.

Rihal, Raveena K.; NYU School of Medicine: internal medicine.

Roque, Dana Marie; Univ. Health Ctr. of Pittsburgh: obstetrics and gynecology.

Rubright, James H.; Univ. of Vermont/Fletcher Allen: orthopedic surgery.

Sand, Matthew A.; NYU School of Medicine: surgery – preliminary; urology (advanced).

Sandford, Ryan B.; UNC Hospitals: internal medicine.

Santin, Amy Jo; Mountain Area Health Education Ctr.: family practice.

Schreier, Star Lynn; Univ. of Colorado School of Medicine, Denver: orthopedic surgery.

Shaw, Kimberlee D.; Moses H. Cone Memorial Hosp.: family practice.

Sheferaw, Ergeba H.; The Jewish Hospital, Cincinnati, OH: medicine – preliminary.

Simhan, Jay; Temple University Hospital: surgery – preliminary; urology (advanced).

Singh, Remmi S.; Beth Israel Deaconess Medical Ctr., Boston: pathology.

Smith, Angela Marie Blotzer; UNC Hospitals: surgery – preliminary; urology (advanced).

Smith, Kevin Raymond; Univ. of Michigan Hospitals: medicine-pediatrics.

Sroka, Joseph Michael; New York Presbyterian Hosp./New York Cornell: anesthesiology.

Stalnaker, Michelle L.; Univ. of Florida Health Science Ctr. Jacksonville: obstetrics and gynecology.

Stewart, Suzanne Biehn; Duke Univ. Medical Ctr.: surgery – preliminary; urology (advanced).

Surowitz, Joshua B.; UNC Hospitals: otolaryngology.

Sutton, David K.; Univ. of Tennessee College of Medicine – Memphis: transitional year; UNC Hospitals: ophthalmology (advanced).

Suy, Sihong; Medical College of Virginia: surgery – general.

Swords, Kelly A.; Univ. of South Florida, Tampa: surgery – preliminary; urology (advanced).

Tabah, Bih Nwi; Baylor College of Medicine, Houston: obstetrics and gynecology.

Tayloe, David Thomas, III; Univ. of Colorado School of Medicine: pediatrics.

Tedesco, Jason Michael; Vanderbilt Univ. Medical Ctr.: pathology.

Tennant, Joshua Neal; UNC Hospitals: orthopedic surgery.

Thacker, Stephen Andrew; Vanderbilt Univ. Medical Ctr.: pediatrics.

Thomas, Shontell Nakisha; Emory Univ. School of Medicine: obstetrics and gynecology.

Thompson, Emily Houston; Wake Forest Univ. Baptist Medical Ctr.: pediatrics.

Thompson, Stephen Brian; Carolinas Medical Center: internal medicine.

Trent-Watson, Maria L.; Univ. of Maryland Medical Ctr.: psychiatry.

Uchiyama, Tomoharu; Vanderbilt Univ. Medical Ctr.: internal medicine.

Wallace, James Grier, Jr.; UNC Hospitals: family practice.

Ware, Catherine M.; Carolinas Medical Center: emergency medicine.

Watson, Christopher L.; Univ. of Maryland Medical Ctr.: medicine-pediatrics.

Watson, Joshua R.; Ohio State Univ. Medical Ctr.: medicine-pediatrics.

Wedd, Joel P.; Beth Israel Deaconess Medical Ctr., Boston: internal medicine.

White, Charles Thayer, Jr.; Oregon Health and Science University, Portland: family practice.

Whitener, George Burke; Brigham and Women’s Hospital, Boston: surgery – preliminary; Emory Univ. School of Medicine: anesthesiology ((advanced).

Williams, Jefferson G.; Beth Israel Deaconess Medical Ctr., Boston: emergency medicine.

Wysocki, Christian Allen; Yale-New Haven Hospital: internal medicine.

Yarboro, Seth R.; UNC Hospitals: orthopedic surgery.

York, Douglas Graham; Oregon Health and Science University, Portland: surgery – general.

Zimmerman, Laura I.; Duke Univ. Medical Ctr.: emergency medicine.



# UNC

SCHOOL OF MEDICINE

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## Information Please

**AHEC Digital Library: Health Specialties**  
(<http://library.ncahec.net/healthSpecialties.cfm>)



Clinical information resources in the AHEC Digital Library (ADL) are organized to help preceptors access relevant information quickly. For example, they are organized by “Health Specialty.” Currently, there are 44 Health Specialties in the ADL, including Family Medicine, Emergency Medicine, Internal Medicine, Pediatrics, and Obstetrics & Gynecology. Evidence-based Medicine also can be found under Health Specialties.

Under each Health Specialty, clinical information resources are further grouped under these subheadings: Books, Clinical Trials, Continuing Education, Databases, Journals, Patient Education, PDAs, Practice Guidelines, and Websites.

**Books:** Electronic textbooks are especially useful because they are searchable. Under Internal Medicine, for example, you will find, among other e-textbooks, ACP Medicine, ACP PIER, DeGowin’s Diagnostic Examination, and Harrison’s Principles of Internal Medicine.

**Clinical Trials:** Here you will find links to information about the latest clinical trials, both locally and nationally.

**Continuing Education:** Find links to AHEC CME courses and other CME courses (some online) and events.

**Databases:** Databases, for example, under the Health Specialty Obstetrics & Gynecology are FIRSTConsult, images.MD, PubMed MEDLINE and PreMEDLINE, among others.

**Patient Education:** Links to these materials have been organized in a useful matrix that tells you whether the patient education resources are for low literacy, in Spanish, and in other languages.

**PDAs:** From here you can access useful clinical information to download to your PDA!

**Practice Guidelines:** Each Health Specialty has links to these valuable resources.

Under each Health Specialty, you can also access relevant journals and Websites.

Unsure of how to log in to the ADL? Please contact your local AHEC Librarian for questions regarding your ADL Preceptor Membership or send an email to [adl-questions@listserv.unc.edu](mailto:adl-questions@listserv.unc.edu)