

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 Winter 2001

Palm Pilot to Be Required



Beginning this summer, all third- and fourth-year medical students at UNC-CH will be required to own a Personal Digital Assistant (PDA).

The School of Medicine has selected the Palm Pilot model IIIxe as the unit it recommends for its students. The Faculty Advisory Committee on Educational Technology (FACET), which evaluated the possibility of requiring such a device for medical students, issued the following statement as background for its recommendation for the requirement:

“Personal Digital Assistants (PDAs) are rapidly becoming commonplace tools for physicians and residents nationwide. In addition to their standard roles as personal information organizers and calendars, they have been co-opted in the health care arena for documenting patient encounters, making accurate medical calculations, and as a highly portable library of diagnostic and therapeutic information. Furthermore, experiments (e.g., at UNC Hospitals) and, in a few instances, implementation of PDAs as formal interfaces to clinical data systems in hospital settings are widespread, suggesting that they are likely in some form to become the primary route to patient data.”

The Medical PDA: An Update

by Bill Lagarde, M.D.

Resident in Pediatrics, UNC Hospitals

Handheld or PDA (Palm Digital Assistant) devices have become increasingly popular over the past several years. Their widespread use has increased as devices have become available that offer acceptable performance at an affordable cost. Unfortunately, many people view PDAs as glorified calculators and are thus reluctant to buy in. The reality is that they are actually powerful handheld computers that are capable of performing most of the tasks of desktop computers.

Although PDAs have their uses in many fields, they are particularly well-suited to the health care professions. When appropriately utilized, PDAs in fact are powerful tools that can facilitate medical education and patient care. At the most basic level, they may be used to store simple data such as addresses, phone numbers, schedules, and notes. At a more complex level, they may be used to access medical reference data such as drug information, track patients in outpatient clinics or in the hospital, and perform complex medical calculations.

Today there is a wide range of devices available, and when one is new to the PDA scene, it can be quite confusing trying to choose the right handheld. In general, there are Palm OS and Windows CE based PDAs. Palm OS devices are by far the most popular and hold a much greater market share than PC devices. Therefore for the purposes of this article I will focus on Palm OS based PDAs.

The most popular PDAs on the market include the Palm and Handspring brands. In addition to these manufacturers, TRG Products and Sony also offer

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Student Rebecca Sands presented a slide show of her volunteer work at Community Service Day in February. Here, she interprets medical forms for Eric Rodriguez at the SHAC clinic. (See related story, page 3.)

Photo by Dan Sears
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Stiles Leads Pediatrics



Dr. Alan Stiles

Alan D. Stiles, M.D., new chair of the UNC Department of Pediatrics, takes the helm as the North Carolina Children's Hospital at UNC nears completion. He will oversee the bringing together of general pediatrics and subspecialty clinical services under one roof.

At the same time that he is focusing on the department's clinical activities in the new facility, he is emphasizing his commitment to faculty research as one of his top priorities as department chair. As a bench researcher, Dr. Stiles has focused on pulmonary hypoplasia, lung growth abnormalities, and growth factors. He has published widely in scholarly journals.

Dr. Stiles, who grew up in Canton, North Carolina, is a UNC-CH graduate (B.A., 1974; M.D., 1977). He did his graduate training in pediatrics at UNC and in the neonatal/perinatal program at Harvard Medical School. He returned in 1986 to the UNC Department of Pediatrics, where he holds the rank of professor. He is a member of the UNC Lineberger Comprehensive Cancer Center and of the Birth Defects Center.



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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

EditorKatherine Savage, M.A.
Katherine_Savage@med.unc.edu

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Conferences and Continuing Education

APRIL 20

North Carolina Pediatric Society Spring Open Forum. Wake Forest University School of Medicine, Winston-Salem. (Contact NCPS at 919-839-1156.)

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UNC Medical Alumni Association Spring Weekend. Berryhill Hall, UNC Campus. (Contact Deedra Donley, 919-962-2118.)

MAY 4-6

End of Life Care: Managing Risk and Symptoms Through Communication. Grandover Resort and Conference Center, Greensboro. (Contact Pam Reavis, 336-832-8214.)

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Health Informatics Expo and HIPAA Training. The Business and Industry Center, Nash Community College, Rocky Mount. (Contact Elaine Owens, 252-972-6958.)

JUNE 9

Medicolegal Seminar 2001. The Friday Center, Chapel Hill. (Contact Deedra Donley, 919-962-2118.)

14-17

Carolina Refresher Lectures: Care of the Surgical Patient. Boca Raton Resort and Club, Boca Raton, FL. (Contact Jane Radford, 919-962-2118.)

Research, Service Honored at UNC

The UNC-CH School of Medicine recently recognized students whose interest in research or community service led them to undertake noteworthy projects.

The 33rd Annual Student Research Day on Jan. 31 began with a lecture by a Nobel laureate and ended with an awards banquet. It also included a dozen student slide presentations and 40 student poster presentations and judging. Students who had an abstract accepted for poster or slide presentation were inducted into the John B. Graham Student Research Society.

Nobel Laureate Joseph E. Murray, M.D., Professor Emeritus of Surgery at Harvard Medical School and Chief Emeritus of Plastic Surgery at Brigham and Women's Hospital, delivered the 2001 Ralph R. Landes Lecture, "The Joy of Caring." Among his "firsts," Dr. Murray performed the first successful human renal transplant in 1954. In 1990, he shared the Nobel Prize in Medicine with E. Donnall Thomas, M.D., for discoveries that enabled the development of organ and cell transplantation in humans.

Dr. Murray summed up his career in these words: "We have been blessed in our lives beyond my wildest dreams. My only wish would be to have ten more lives to live on this planet. If that were possible, I'd spend one lifetime each in embryology, genetics, physics, astronomy, and geology. The other lifetimes would be as a pianist, backwoodsman, tennis player, or writer for *National Geographic*....I'd like to keep open the option for another lifetime as a surgeon-scientist."

Community Service Day

Twenty-one students and 25 selected preceptors were inducted into the Eugene S. Mayer Community Service Honor Society at a luncheon at the conclusion of the 7th Annual Community Service Day and Preceptor Celebration Feb. 17. Earlier in the day, students' accomplishments in the community were showcased in a poster session and slide show.

Three medical students were chosen to share their community service projects through slide presentations. Josh Landau described his work with MEDAL (Making Educated Decisions About Life), a student group conducting health education classes at high schools in Orange County. Manoj Menon explained his project with the nonprofit organization Senior PHARMAssist to train health education students at North Carolina Central University to deliver an educational program to the elderly. He organized workshops on the issues of polypharmacy and inaccessible, unsafe, and ineffective medication use by low-income seniors and made presentations at nine African-American churches.

Rebecca Sands discussed her community service in two areas: as a student leader for the 71 medical student volunteers assisting with flood cleanup after Hurricane Floyd, and as one of the organizers of the Intermediate Medical Spanish class for more than 50 students. As a participant

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The Medical PDA

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their versions of Palm OS based PDAs. The major things to consider when purchasing a handheld include: (1) cost, (2) memory, (3) upgradeability, and (4) size. I have listed the commonly available handheld models (including their features) below, along with their typical Internet price. These prices were obtained on PriceScan.com and PriceWatch.com, and I suggest you visit these Web sites (www.pricescan.com and www.pricewatch.com) prior to purchasing a PDA. Most mail order companies on the Internet provide excellent service, expeditious shipping, and reasonable return policies, all at a price that cannot be matched by a local retailer.

Recommended Handheld Devices:

Palm -

General features: serial interface, Palm OS 3.5.1, OS upgradeable.

IIIxe: 8mb, memory not expandable, \$178.00.

IIIc: 8mb, memory not expandable, color display, \$285.00.

Vx: 8mb, memory not expandable, rechargeable battery, \$363.00.

VIIx: 8mb, memory not expandable, wireless Internet access, \$347.00.

Web Site: www.palm.com

Handspring -

General features: USB interface, OS not upgradeable, springboard slot.

Visor Deluxe: 8mb, Palm OS 3.1, \$249.00.

Visor Platinum: 8mb, Palm OS 3.5.2, 50% faster than deluxe, \$299.00.

Visor Prism: 8mb, Palm OS 3.5.2, 50% faster than deluxe, color display, \$449.00.

Web Site: www.handspring.com

TRG Products -

TRG Pro: 8mb, serial interface, OS 3.5.1, compact flash expansion slot, \$299.00.

Web Site: www.trgnet.com

Sony -

CLIE: 8mb, USB interface, Palm OS 3.5, rechargeable battery, memory stick expansion slot (comes with 8mb memory stick), \$305.00.

Web Site: www.sonymstyle.com/vaio/clie/

In general, for medical students and physicians, I recommend purchasing a handheld that has at least 8mb of memory. If you plan to store medical reference books on your Palm, you will find anything less than 8mb to be inadequate. If you choose a handheld that has a flash card

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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 Ambulatory Care Selective student comes to you after examining a 60-year-old woman with multiple health problems, many of which are related to smoking. During her last hospitalization for chronic lung disease, she even wheeled her oxygen tank down to the smoking area so she could have a cigarette. The student expresses anger that the patient disregards advice to quit smoking. He asks you about the guidelines for ‘dismissing a very non-compliant patient’ from the practice. How do you respond?”

Clark Denniston, M.D., Clinical Associate Professor; Co-Director, UNC Family Medicine Residency, UNC-CH: When faced with this situation, I believe there are three important goals: 1) Normalize the student’s emotional response, while redirecting the student from anger to a desire to assist the patient. 2) Help the student interpret his strong emotions in light of his own background and life experience. 3) Teach the student some of the cardinal principles of addressing behavioral change.

“Understanding why particular patient behaviors make us angry is a key developmental step.”

We have all experienced times in our careers when particular patients have angered us with their behaviors. Sharing this with your student will quickly normalize the response. “I can understand why you want to dismiss this patient from the practice—I, too, get angry when my patients continue to do things to themselves that I know are hurting them, especially when I’ve told them time and time again...” Once the anger is acknowledged and normalized, the student may be able to better hear suggestions on how to redirect his emotions. I think it is extremely common for young clinicians to feel they have to “fix” patients, and in this case, I believe the goal should be to help them shift that line of reasoning. I am fond of the line, “Be responsible TO your patients; you don’t have to be responsible FOR them.” For me, that advice eliminates the need to “fix” and focuses on the goal of assisting patients to live with their human frailties, which in turn can be quite liberating and allows me to be a better

clinician in many cases of non-compliance.

Understanding why particular patient behaviors make us angry is a key developmental step. Simply asking the student, “What about this situation frustrates you the most?” may be the first time he has been encouraged to understand the relationship between his own value system, family background, and life experience as it influences his emotional response to a particular patient. The next step might be, “Do you have a personal experience with someone who suffered from smoking?” or “Did any of your family members smoke when you were growing up?” I believe this line of questioning will encourage the student to do some introspection, and thus be able to see that his own response may not be without other influence.

Finally, this is a great opportunity to reinforce some principles of behavioral change. Once the student has some tools to apply to the situation, he no longer has to dwell on his emotional response. I think asking the student, “Why do you think this patient can’t quit smoking?” is a way to get him to start thinking from the patient’s motivational perspective. You might also ask your student, “Do you think this patient wants to quit smoking?” or “What do you think is preventing this patient from quitting?” After pondering these questions, have the student go back into the patient’s room and ask the patient those questions. With this, the student will have the information from the patient about her readiness for change and can then focus on how he can best assist her with the difficult process of dealing with nicotine addiction. Once apparent to the student that this patient is not maliciously choosing to ruin her life or make the student’s life more difficult, he may decide that the patient doesn’t need to be fired from the practice after all!

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Challenging Cases

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Ned Yellig, M.D., F.A.C.P., Raleigh Adult Medicine: My response to the student would go something like this: Trying to change patient behavior is easily the most challenging task that physicians have to perform. It is even more challenging when the behavior is associated with addiction. You are understandably frustrated.

The first task of changing behavior is that of understanding the patient and the history of the unhealthy behavior. Take a history of her cigarette smoking starting with the first time she smoked, subsequent increases in the number of cigarettes and the events that provoked them, and lastly the efforts she's made to quit and the results of the efforts. When does she smoke them, and what are the triggers?

Having learned about her habits and her history, you will know so much more about the patient as a person and her life to date, and you will have developed some compassion for her. She will now appreciate your interest in her as an individual and be open to you as you begin to assess her readiness to change. This is the most critical part of your evaluation.

Your readiness-for-change approach consists of questions that will elicit her feelings and her own ideas about the problem of smoking and, more importantly, her willingness to consider quitting. Your first question will then be, "Have you considered the dangers of smoking, and have you given some thought to the idea of getting off cigarettes or at least cutting down on the number of cigarettes you smoke per day?" A "Yes" gets you in the door to giving advice about how to do this. A "No" gives you the opportunity to teach her about the hazards of smoking, which you may quickly follow with "I hope that you will think about our conversation some more, and perhaps we can talk about it at our next visit."

This approach will relieve your anger, develop compassion for and understanding of your patient, and develop the trust that you need to have to provide her with a personalized effort on your part to initiate the change process. You will have the greatest likelihood of success with the least frustration, a win-win situation for both of you.

Research, Service Honored at UNC

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in the Medical Spanish class, she polished her own language skills and became an interpreter for Spanish-speaking clients at the clinics run by the Student Health Action Coalition and at the local homeless shelter.

Participants in Community Service Day included a select group of students who have been accepted by UNC School of Medicine for Fall, 2001. They were invited to campus for Applicant Appreciation Weekend Feb. 16-17 to get a closer look at UNC by meeting students, faculty, and administrators. Special events that they attended included the annual Zollicoffer Lecture and Banquet Feb. 16.

The speaker for the 2001 Lawrence Zollicoffer Lecture, which is named for the fourth black graduate of the UNC School of Medicine, was L. D. Britt, M.D., M.P.H., Brickhouse Professor and Chairman of the Department of Surgery at Eastern Virginia Medical School. He is the only African-American in the history of the Commonwealth of Virginia to be appointed Professor of Surgery and the first African-American in the U.S. to have an endowed chair in surgery. Dr. Britt spoke on "Changing Times: Is Education One of the Casualties?"

The Medical PDA

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expansion slot, you will be even happier, as you will be able to store books on flash cards ranging from 8 to 64mb in size. I personally use a Palm Vx, which has 8mb of memory. This is adequate for my needs, but the additional space available to Handspring and Sony users is desirable. The Palm IIIxe, Handspring Visor Deluxe, TRG Pro, and Sony CLIE are the best value.

There is a wide range of both commercial and shareware medical software titles available for Palm OS, and most major texts will be available in handheld format in the near future. Lexi-Comp offers top quality drug references, including pediatric, adult, and geriatric formularies. Lexi-Comp also offers 5-minute Clinical Consult, which is an excellent reference for quick access to clinical reference data on the go. For more information, visit their Web site at www.lexi.com.

Handheld Med has a more comprehensive library of medical reference software available, including titles such as the Merck Manual, Harrison's Companion, 5-Minute Clinical Consult, 5-Minute Pediatric Consult, Redbook, Neofax, and the Physician's Drug Handbook. Titles targeted specifically to medical students include DeGowin & DeGowin's Diagnostic Examination, and Becoming a Clinician, A Primer for Medical Students. For more information, visit their Web site at www.handheldmed.com.

Epocrates qRx is a free drug reference that provides both adult and pediatric dosing. For more information, visit their Web site at: www.epocrates.com. Other software applications that I have found particularly useful include MedMath, MedCalc, MathPad, Converter, Convert It!, Stat Growth Charts, ABG, HanDBase, iSolo, Patient Tracker, and Patient Keeper. All of these shareware titles may be downloaded for demonstration at www.palmgear.com and www.healthypalmpilot.com. These Web sites also describe each software title and its use.

Focus: Susan Snider, M.D.

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



Susan Snider, M.D.

Preceptor Susan Snider, a 1978 graduate of UNC School of Medicine, doubts that she would get into medical school at UNC today. “I don’t match the profile of the students currently being accepted,” she explains. She grew up in Pasadena, California, and received her undergraduate degree from Swarthmore College, with nothing in her credentials to indicate that she would choose to practice family medicine in a rural area of North Carolina.

Yet that is precisely what she has done. Dr. Snider and one other physician, assisted by a staff of six, are partners in Blue Ridge Family Practice in Spruce Pine, where they see pediatric, geriatric, and other adult patients but do not practice obstetrics. She says that her interest in serving in such an area could be connected to the fact that both her grandfather and uncle were small-town family physicians in Massachusetts. She specifically chose Spruce Pine because of its proximity to Celo, where she is active in the Celo Friends Meeting. In fact, a major reason she did her family medicine residency at Mountain AHEC was because she had become familiar with the Quaker community at Celo.

Her interest in precepting dates to her student days in medical school, when she especially enjoyed her contacts with community physicians. She did a senior honors project under the mentorship of the late Gene Mayer, Director of the North Carolina Area Health Education Centers Program from 1978 to 1994. That experience made her a firm believer in the AHEC System and in community-

based training. Now she is a preceptor for UNC students in both first- and second-year Introduction to Clinical Medicine courses, the third-year Family Medicine Clerkship, and the fourth-year Ambulatory Care Selective. She also occasionally precepts Wake Forest and Duke students.

Dr. Snider hopes that the students she precepts will see that “it’s fun to practice medicine, that you can be a doctor and still have a life, and that by caring for people you can make a difference in people’s lives and in a community.” She thinks that the students gain a sense of the doctor-patient relationship, and of how confidence and trust develop when you have known and cared for patients for 20 years. She notes also that the students see the amazing variety of medical problems with which a community-based family practice must deal. They come to realize that “you have to be on your toes for something unexpected.”

Some of the things Dr. Snider enjoys most about being a preceptor are the enthusiasm, idealism, and curiosity of the students. “It reminds me of the excitement of practice,” she says. With the Introduction to Clinical Medicine (ICM) students, she particularly enjoys seeing their progress as they move from “cluelessness” at the beginning of first year to having learned so much by the end of the second year. She just had one of her former ICM students back at the practice for the Ambulatory Care Selective, and observing the student as she finished medical school was especially rewarding.

Dr. Snider acknowledges that serving as a preceptor raises time management issues. She tries not to get behind in her schedule so that patients won’t spend extra time waiting. Since she knows that having a student can slow her down, she makes a point of having only one student at a time in her practice. Although a patient will occasionally decline to be seen by a student, Dr. Snider feels that most of her patients take pride in helping to educate the next generation of physicians.

In looking back over her years of precepting, Dr. Snider says that many of the students have made lasting impressions; she still stays in touch with some of them. Several years ago when she was attending an Alumni Council meeting in Chapel Hill, she ran into a former student with whom she had lost touch and found that he was now in family practice in a small town. Such outcomes help to validate the work she does as a preceptor.

As a preceptor at UNC, Dr. Snider has a feeling of staying “in the loop” and says she has enjoyed the educational benefits. The fourth-year students bring her up-to-date information; for example, she first learned of MD Consult from one of her students. She likes having access not only to MD Consult but also to CME curricula such as EPIC [the Expert Preceptor Interactive Curriculum, online at www.med.unc.edu/epic/], which she completed last year.

Dr. Snider thinks that the decision of where they settle will be a major factor in what future practice will be like for the students she precepts today. While city group practices are getting bigger, a physician can still have a one- or two-person practice in a small town or rural area, where he or she will have satellite access. She predicts changes in insurance and reimbursement to bring about more equitable distribution of health care. And even though she knows it is difficult to work additional topics into the curriculum along with everything else students are expected to learn, she believes that medical education will have to focus more on cost containment to prepare graduates for the changing practice environment.

Interdisciplinary Case Conference Teaches Students About Teamwork

The need for interdisciplinary teamwork in health care is growing because of the complexity of health care problems and the need to provide high-quality care while holding down the costs of care. Well-coordinated collaboration across professions has the potential to promote comprehensive, population-based, holistic, cost-effective patient care and a renewed emphasis on health promotion and disease prevention, while also increasing both professional and personal satisfaction. Health professions education, however, remains largely segregated by profession, with little opportunity for students to learn about and with students from other professions or to learn from faculty from other schools or programs.

To create an opportunity for interdisciplinary interaction for both faculty and students, the Health Affairs Interdisciplinary Group (HAIG) at UNC-CH held an interdisciplinary case conference in February similar to a highly successful HAIG activity the previous year. Made possible through a Health Affairs Interdisciplinary

Education Grant, the conference involved 152 medical students, 45 speech and hearing students, 78 dental students, 10 nursing students, 25 occupational therapy students, 113 pharmacy students, 39 physical therapy students, and 18 social work students.

Each student was grouped with six to eight students from other disciplines, with each small group led by a faculty facilitator from one of the programs. The task for each group was to interview a standardized patient and then to describe the patient's health status and needs from an interdisciplinary perspective and develop a plan in collaboration with the patient.

Most of the participating students were required to attend the four-hour session as part of their coursework. After completing a pre-evaluation survey of their knowledge of working in interdisciplinary teams, students read a consult for a standardized patient, formulated questions from their discipline's perspective, and had 30 minutes to interview the patient as a group. Members of the group

then reflected individually before discussing their findings from the interview and developing a patient-centered management plan. After interviewing the patient again to elicit additional information, they proposed interventions and asked for the patient's perspective. For the final portion of the conference, students completed another survey assessing changes in knowledge and attitudes regarding interdisciplinary teams.

The exercise helped students to learn about the perspectives and roles of various health professions and the dynamics of interdisciplinary teamwork as they began to understand how to share responsibility effectively for team health care delivery.

Preceptors interested in learning more about teaching interdisciplinary teamwork may consult the Expert Preceptor Program, a resource for community-based faculty. The following article is taken from that program.

Teaching Teamwork

An interdisciplinary team consists of practitioners from different professions who share a common patient population and common patient care goals and have responsibility for complementary tasks. The team is actively interdependent, with an established means of ongoing communication among team members and with patients and families to ensure that various aspects of patients' health care needs are integrated and addressed.

Students should recognize that this interdisciplinary team approach is in contrast to the following approaches: (1) the disciplinary or independent medical management approach, in which a practitioner works autonomously with limited input from other practitioners; (2) the multidisciplinary care approach, which involves various health care professionals working independently—not collaboratively—and in parallel, each responsible for a different patient care need; and (3) the consultative approach, in which one practitioner retains central responsibility and consults with others as needed.

A major goal in teaching about health care teamwork is to help students progress from a disciplinary through a multidisciplinary to an interdisciplinary approach to community-based primary care. This can be accomplished by structuring the preceptorship experience to allow the following sequence of activities:

Provide students experience on a team, both observing diverse professionals as they collaborate and collaborating with those professionals and other students themselves.

Guide students in reflecting on that experience by asking them about their thoughts on what they observed and any questions they may have about the collaboration they witnessed and/or experienced.

Ask students to generalize and describe how their observations or experiences fit into previous knowledge about teams. What specific examples represent principles of teamwork? Is there anything new or unexplained that can add to previous understandings about teamwork?

Give students new team experiences through which to try out new understandings.

The following five principles can help to systematize the learning of interdisciplinary teamwork further:

1. Orient the learner to the team and negotiate expectations for teamwork. One way to orient the student to the office-based team is to have the student become a "patient," assigning the student a chief complaint that requires contacts with representative professional and office staff, e.g., receptionist, nurse practitioner, physician, x-ray technician, laboratory technician, pharmacist, social worker, etc.

2. Model collaborative professional practice. Effective role-modeling requires that preceptors articulate their own roles and responsibilities as team members, as well as their reflections on those roles and responsibilities and on the experience of participating as a team member with a diverse group of health care professionals.
3. Create and facilitate opportunities for the student to participate on the team, and assign team responsibilities to the student. These opportunities and responsibilities may include observation and/or participation.
4. Observe the student's performance as a team member and provide feedback often on this performance. Help the student reflect by debriefing and discussing interdisciplinary teamwork issues.
5. Evaluate the learner's performance on the team. At the end of the preceptorship, help the student summarize what has been learned about teamwork.

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



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School of Medicine
The University of North Carolina
CB# 7530
Chapel Hill, North Carolina 27599

Information Please

News from the AHEC Digital Library



The Fall issue of *The Front Line* introduced you to the NC AHEC Digital Library.

In this and future issues, we will describe the contents of the three major sections: Clinical Resources, Communication & Networking, and Continuing Education.

The AHEC Digital Library (ADL) is an electronic collection of quality resources and services <<http://library.ncahec.net>>. 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 journals—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 will see three major sections. The first section, **Clinical Resources**, will help you with patient care queries and contains seven collections.

Medical Literature Searching provides choices for searching health-related databases such as MEDLINE, CINAHL (nursing and allied health), and HealthStar, using the Ovid system. *Multi-Resource Sites* includes MD Consult, UNC-CH’s digital library system, UNCLE, and Physicians Online. The next selection provides the databases of the National Library of Medicine, and the last category lists Internet search engines for Medicine.

Journals provides full-text access to journals, either directly from the Ovid vendor, individual publisher, or MD Consult. With an AHEC ADL login, you will also be able to use the electronic journals from your affiliated university.

Textbooks provides full-text access to textbooks from MD Consult or individual publishers. The *Merck Manual of Diagnostics and Therapeutics* is an example.

Drug Information begins with drug databases such as *Clinical Pharmacology Online*, followed by links to full-text journals such as *Drug Topics* and full-text textbooks such as *Mosby’s GenRx*. This section also includes links to general drug information sites.

Evidence-Based Health Care/Guidelines/Trials is a collection of resources that support the process of Evidence-Based Medicine. The first collection contains databases such as Cochrane and Best Evidence. Links to critically appraised topics are provided. EBM online tutorials are listed in the next group, followed by EBM organizations. Some of the best general Web sites for Evidence-based Health Care have been selected for the next collection. The remaining choices provide links to clinical practice guidelines and clinical trials.

Information for Patients is a large collection of patient information in English and Spanish. Comprehensive sites are listed first that will guide the user to patient information for many health care conditions. The remaining sections are grouped by specific specialty or disease, such as AIDS, Dentistry, Diabetes, Mental Health, and Pediatrics.

The last collection under Clinical Resources is **Diseases/Health Topics**. It, too, begins with a listing of comprehensive sites followed by sites that focus on a particular disease or specialty. The comprehensive sites include Dr. Koop’s, the Virtual Hospital, and HealthWeb. Specialized sites cover many topics, including Dermatology, Oncology, and Geriatrics.

To take a look at the AHEC Digital Library, go to <<http://library.ncahec.net>> and register as guest. If you have 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.