

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 9 Winter 2003

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APRIL 22

2nd Annual Key Issues in Trauma Management Conference. Moses Cone Hospital, Greensboro. Contact Jane Radford, 336-832-8226.

MAY 1-4

North Carolina Obstetrical and Gynecological Society Annual Meeting. Grove Park Inn, Asheville. Contact Karla Gibbs, 800-732-1350.

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HIV Care 2003. The Friday Center, Chapel Hill. Contact Rhonda Williams, 919-962-2118.

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Center of Excellence Program Addresses Minority Concerns

The U.S. Bureau of Health Professions has established a Center of Excellence at the UNC-CH School of Medicine, awarding the school's Office of Educational Development a \$1.8 million grant to support programs of excellence in health professions education for underrepresented minority individuals. UNC's Center of Excellence (COE) plan will target students, faculty, and preceptors in a multi-pronged approach designed to increase the number of underrepresented minorities (URM) in both medical practice and teaching, to address minority health issues, and to increase the number of URM physicians choosing to serve minority and disadvantaged populations in underserved communities.



Dr. Lynt B. Johnson presented the Zollicoffer Lecture in February.

Minority faculty. One major COE goal is to increase the number of URM faculty in the School of Medicine from 60 at the beginning of the grant (September, 2002) to 66 within a three-year period—a gain of 10%. One strategy is to recruit minority residents at UNC Hospitals into faculty positions at the medical school upon completion of their residencies. COE program staff are currently collaborating with the Assistant Dean for Graduate Medical Education to achieve this goal.

In addition, the COE is consulting with the Minority Cohort Recruitment Program Advisory Committee to identify incoming junior faculty as potential recipients of stipend funds. URM junior faculty will also be supported by career counseling, mentoring, and training. The Office of Educational Development has implemented a monthly Excellence in Teaching Series in which minority faculty have participated. Plans are in place to recruit minority faculty for the 2003-2004 Teaching Scholars Program.

Minority students. To increase the number of underrepresented minorities practicing medicine, the COE will provide academic support to students

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New Director Named for Pediatrics Clerkship



Dr. Byerley

Julie Story Byerley, M.D., M.P.H., has been named director of the Pediatrics Clerkship. Dr. Byerley joined the faculty of the Department of Pediatrics last year after serving as chief resident. She is responsible for the clerkship structure, curriculum, evaluation, and grading. As an assistant professor in community pediatrics, she serves as an attending in Pediatric Acute Care, the general inpatient ward, the newborn nursery, and the resident continuity clinic; teaches residents and medical students, and is an outreach project advisor for interns.

Dr. Byerley is a Phi Beta Kappa graduate of Rhodes College, Memphis, TN. She received the M.D. degree from Duke University, where she was the winner of the Eva J. Salber Award. She also holds a master's in public health from UNC-Chapel Hill. Her thesis for the Department of Maternal and Child Health was on the epidemiology of teen parenting in North Carolina. She was the recipient of the Delta Omega Student Service Award from the School of Public Health in 1998. She was named Outstanding Teaching Resident by the UNC Department of Pediatrics for 1999-2000. Before entering medical school, she was a science teacher at North Charleston High School in South Carolina.

Within her department, Dr. Byerley serves on the residency recruitment committee, the minority recruitment committee, and the Davis Scholarship Committee. She is a member of the School of Medicine's clerkship directors committee, and she is advisor to the Pediatrics Interest Group, an organization of undergraduate medical students.



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.

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Conferences and Continuing Education

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MAY 9-10

Heart Disease and Stroke: An Integrated Approach. Kingston Plantation, Myrtle Beach, SC. The conference will present the latest information on management of risk factors and secondary prevention. Speakers include Augustus O. Grant, MD, president-elect, American Heart Association, and Darwin LaBarthe, MD, from the CDC. Contact Karen Coats, 910-343-0161, ext. 325.

JUNE 7

Medicolegal Seminar. The Friday Center, Chapel Hill. Contact Deirdre Boyer, 919-962-2118.

29-July 5

Mid-Summer Family Practice Digest. Kingston Plantation, Myrtle Beach, SC. Contact Christy Ayscue, 800-872-9482.

JULY 6-11

4th Annual Adult and Pediatric Allergy and Pulmonary Disease Update. Bald Head Island. Contact Jane Radford, 336-832-8226.

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Heart Failure Management 2003: Established Therapy and New Frontiers. Amelia Island Plantation, Amelia Island, FL. Contact Rhonda Williams, 919-962-2118.

What Should Students Know About Managing Care in a Changing Practice Environment?

Editor's note: In September, 1999, the Office of Educational Development published *The Expert Preceptor Program*, a faculty development program for community-based preceptors of health professions students. Available in multiple formats (individual study, seminar, and online interactive), the ten modules cover both clinical teaching skills and contemporary teaching issues. Module 8, *Managing Care in the Changing Practice Environment*, looks at the implications for health professions education of the rapid movement toward a managed-care-dominated health care system. In the three and a half years since the module was written, the practice environment has continued to change, and the authors are preparing to update the module. As you read the excerpt below, consider the ways your practice has changed and how you might modify the learning goals for students to reflect those changes. **The authors invite you to share your suggestions for modifications by writing to The Front Line, UNC-CH School of Medicine, Campus Box 7530, Chapel Hill, NC 27599-7530.**

Learning goals for students

Practicing effectively in a managed care environment requires first and foremost the competencies required for being a capable and responsible practitioner of one's profession (Lurie, 1996). In addition, however, students need to develop competencies in new areas if they are to be capable of managing the care of individuals and populations in a managed care environment. The goals described below represent these key areas and are adapted from Lurie's conception of the competencies needed for practice in a managed-care-dominated environment.

1. Apply a population-based, epidemiologic approach to care.

As Greenlick (1995) notes, the new health care systems require an essential change in the way practitioners think of their role and obligations, with a whole new set of obligations toward a relevant overall population added on to the traditional obligations toward individual patients. These new obligations include resource allocation, a focus on the epidemiology of the practice population, and care of enrolled members of the population who do not regularly present themselves for care. Learning a population-based approach is more than learning the basics of epidemiology. Instead, it requires that students learn how to gather data about a practice population, monitor their clinical experiences, and use the information to inform clinical decision-making, health education initiatives, prevention, and continuing education. Students also must learn to apply an epidemiologic approach to the care of individual patients: "At the level of the individual patient encounter, epidemiologic thinking is evidence-based, is prevention-focused, incorporates knowledge of the natural history of disease, assesses the patient's status relative to it, and uses cost-conscious behavior in diagnostic and treatment decision making" (Lurie, 1996, p.1046).

2. Understand the importance of human relationships in managing care.

To function optimally in managed care settings, practitioners need to understand and manage a wide range of human interactions with patients, colleagues from their own and other professions, staff, and administrators. Because of productivity standards often imposed in managed care settings, practitioners need to learn effective strategies for building productive relationships with their patients in the context of reduced time for patient interaction. The importance of health promotion in managing care also makes essential the ability to effectively counsel for behavior change. Primary care practitioners also must be able to identify and address common mental health issues, such as anxiety, depression, and substance abuse, that patients may bring (Lurie, 1996). With regard to relationships with other health care workers, Berwick and colleagues (1992) note that the ability to perceive and work in interdependencies is one of the new clinical skills of contemporary health care. The patterns and complexities of health care problems today often mandate the involvement of practitioners from many disciplines as well as interaction with social services and educational institutions in order to provide comprehensive care (Baldwin, 1994).

3. Recognize issues involved in managing the relationships between clinicians and health plans.

Students preparing for practice today will most likely spend their careers in group settings and thus must be skilled in group dynamics, team-based problem-solving, conflict resolution, and consensus building. An understanding of organizational behavior is essential if practitioners are to advocate effectively for their patients, hold their institutions accountable for high-quality care, and effectively challenge and change systems when necessary to uphold quality of care (Lurie, 1996).

4. Gather and use information to assure value.

Effective management of care involves joint responsibility and accountability for enhancing health care value, that is, for improving quality and effectiveness while reducing costs. If clinicians are to share in this accountability, it is essential that they have the information and tools necessary to monitor patients' health status and the outcomes and costs of care for individuals and groups of patients. Information technology is advancing at a rapid pace, and students need to become aware of how to use technology to gather, store, organize, and analyze information. Tools that can be used in this effort include computerized patient records, reports of utilization rates for various services, reports of patient satisfaction ratings, patient reminder and tracking systems, clinical practice guidelines and protocols, communications systems, and so on (Pew Health Professions Commission, 1995).

5. Apply quality improvement strategies and techniques.

"The ability to determine whether medical therapy is of value

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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

“The medical student you are precepting is of a different ethnic background from most of the patients you see in your practice. Some of your patients have refused to let her examine them or otherwise participate in their care. How do you handle this situation? In particular, how do you help the student learn to anticipate and deal with racial or cultural prejudice from patients?”

For the Challenging Case in this issue, we did not ask any preceptor or faculty member to serve as a commentator. Instead, we are inviting readers to think about the questions and respond. We will report the comments of those who are willing to share their responses in a future issue of *The Front Line*.

Please reply to kdsav@med.unc.edu or by mail to the editor at UNC-Chapel Hill, Campus Box 7530, Chapel Hill, NC 27599-7530.

Managed Care

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and the measurement of its effectiveness are of paramount concern to managed care organizations” (Lurie, 1996, p. 1047). Students need to gain experience with various aspects of quality measurement and improvement techniques and practices. The eight clinical skills of quality management delineated by Berwick and colleagues (1992; see also McCarthy et al., 1994) provide a useful starting point for planning ways to help students learn to make quality improvement a routine part of practice: 1) the ability to perceive and work effectively in interdependencies; 2) the ability to work in teams; 3) the ability to understand work as a process; 4) skill in collecting, aggregating, analyzing, and displaying data on processes of work; 5) skills in working collaboratively with lay managers; 6) skills in designing health care practices; 7) skills in collaborative exchange with patients; 8) skill in collecting, aggregating, analyzing, and displaying data on outcomes of care.

6. Describe the evolution of managed care, integrated health systems, and financing arrangements.

As managed care evolves and organized delivery systems develop, it will be critical for students to understand the economic impetus behind such systems

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Education for Lifelong Service Program Launched

A special feature of Community Service Day on February 15 was the announcement of the Education for Lifelong Service (ELS) grant recently awarded by the U.S. Department of Health and Human Services to a group of faculty in the Department of Family Medicine. The ELS Program is a collaboration between the Office of Student Affairs and the Department of Family Medicine to encourage students, faculty, and the community to come together to address the needs of North Carolina citizens through direct service and educational programs.

In announcing the award, program co-director Adam Goldstein, M.D., said, “The UNC School of Medicine has a long and proud history of service to the citizens of North Carolina. Our students carry on that tradition by performing service throughout their medical training.”

In its mission statement, the ELS Program states that it aims to “promote UNC medical students’ commitment to community service and to effective care for underserved populations by developing educational experiences and advocating service opportunities.”

When fully implemented, the ELS Program will have multiple components, including a mentorship program, a series of electives and summer program, and a speaker series. A required curricular piece will be incorporated into the Introduction to Clinical Medicine course and will complement and augment the “community” segment of the course.

ELS coordinator Lisa Slatt is working to link interested students and faculty with service opportunities in communities across North Carolina. She is also available to help community groups identify students who might want to work on specific projects sponsored by those groups. She may be contacted at Lisa_Slatt@med.unc.edu.

Forty-Four Preceptors Named to Honor Society

A record forty-four preceptors were selected for membership in the Eugene S. Mayer Community Service Society and inducted at a ceremony during Community Service Day at the UNC-CH campus on February 15. The Mayer Society was established by the School of Medicine in 1994 to recognize the community service work of medical students, and membership was expanded to include preceptors two years ago. To be eligible for membership, preceptors must have demonstrated involvement in and time commitment to community activities beyond providing direct clinical care or precepting students.

In addition to the induction luncheon at the Carolina Inn, Community Service Day included a poster session and slide presentations by new student members of the Mayer Society. The three slide presentations focused on the Student Health Action Coalition, which was established 35 years ago and runs the oldest continuously operating student-run free clinic in the nation; activities of Physicians for Human Rights; and a project addressing aboriginal health in Australia.

Preceptors who are new inductees are Charles E. Baker, M.D., Linville; L. Faith Birmingham, M.D., Raleigh; E. Drew Bridges, M.D., Henderson; Douglas M. Briggs, M.D., Cornelius; Edward S. Campbell, M.D., Mooresville; Michael Case, M.D., Belmont; Ellen DeFlora, M.D., Raleigh; J. Eric Dravland, M.D., Lenoir; E. Bruce Elliston, M.D., Asheville; Sharon Foster, M.D., Garner; Raymond A. Gaskins, Jr., M.D., Fayetteville; Melvin D. Gerald, M.D., Whiteville; Patrick L. Godwin, Jr., M.D., Roxboro; Patrick Gray, M.D., Dunn; Charles S. Hayek, M.D., Shelby; Mark Heffington, M.D., Cashiers; Robert V. Higgins, M.D., Charlotte; Robert R. Johnson, Jr., M.D., Wilmington; Robert S. Jones, Sr., M.D., Shelby; Harvey D. Kohn, M.D., Laurinburg; David W.



Some of the new members of the Mayer Society gathered for a photo after the induction.

Larson, M.D., Spruce Pine; William D. Lee, M.D., Raleigh.

Also William J. Leland, M.D., Tarboro; David E. Love, M.D., Hendersonville; Robert McConville, M.D., Sanford; Teresa McKoy, M.D., Charlotte; Darlyne Menscer, M.D., Charlotte; Corazon Ngo, M.D., Kenansville; Michael Norins, M.D., Greensboro; Michael Pignone, M.D., Chapel Hill; Venkat Prasad, M.D., Newton Grove; Mark Robinson, M.D., Concord; Jamison J. Satterfield, M.D., Charlotte; Jessica Schorr Saxe, M.D., Charlotte; Jonathan L. Sheline, M.D., Durham; Jill Silverman, M.D., Chapel Hill; Honnie Spencer, M.D., Concord; James R. Thompson, M.D., Lenoir; Stuart Todd, M.D., Rocky Mount; Donna Tuccero, M.D., Cary; Leopold M. Waldenberg, M.D., Raleigh; Stan R. Watson, M.D., Smithfield; Craig J. White, M.D., Davidson; Thomas M. Whyte, M.D., Asheboro.

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and how they can effectively participate in forming them and working within them. Initially, managed care plans focused on managing costs alone (Lurie, 1996). Gradually, however, as systems develop, they are focusing on three goals: reducing or containing costs, increasing patient satisfaction, and improving the health or functional status of individuals (Hicks et al., 1993). These goals become more attainable with the development of systems of care that are characterized by integration of services across a continuum of health care and with other non-health services, such as housing, transportation, and social services (COGME, 1997). As these new systems begin to develop, students will also have to understand the various interim financial arrangements under which they might work and the rationale for each. In the wide variety of organizational forms taken by health care today, reimbursement for practitioners ranges from fee-for-service arrangements to capitated and salaried staff models. Students should learn how various financing arrangements can provide incentives for overutilization or underutilization and how they might affect the health of the community.

7. *Identify and discuss key ethical issues related to managed care.*

Lurie (1996) identifies three factors that underlie the new set of ethical issues unique to the managed care environment: (1) new types of financing arrangements and their associated incentives to withhold care or assume risk, (2) limitations imposed on clinicians regarding discussion of treatment options with patients, and (3) the need to balance the needs of individuals and populations. Some of the most prominent ethical issues that students must learn about are (COGME, 1997; Lurie, 1996):

Conflicts of interest: the potential effect of economic incentives to limit care. How does one recognize conflicts, determine when to speak up, decide whether to abide by gag orders, and evaluate one's professional responsibility in disagreeing with a practice guideline?

Ethical issues arising from practitioners' dual responsibility to both individuals and populations: how focusing on population needs may serve the interests of individual patients in the long run but may not be in the immediate best interests of the individual; the dual role of clinician-gatekeeper as both patient advocate and rationer of resources; responsibility to enrolled patients who do not present for care; potential risks of managed care to people who are unable to advocate for themselves within the system, including the poor, minorities, chronically ill, or dying.

Gaming the system: Is it okay to lie on behalf of a patient? What are the consequences of widespread gaming? What are the practitioner's responsibilities to provide patients with information about all possible treatments?

To teach the new clinical skills required for managing care, preceptors can begin by using the same teaching roles that they use in teaching any skill: role model, expert, and consultant.

Center of Excellence

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already enrolled in the medical school. To ensure their regular progress toward a degree, including passage of Steps 1 and 2 of the USMLE on the first attempt, structured USMLE review courses are being offered to underrepresented minority students this spring. Tutors have been assigned to assist students with academic difficulty, and an academic skills counselor will be paid from COE funds. The development of a data management infrastructure in recent months allows ready tracking of student progress and USMLE pass rates. Data will be retrieved and analyzed at the conclusion of this academic year.

The goal of increasing the number of minorities in medical careers is also addressed by preparatory summer programs for URM high school and college students with an interest in science and health care: the Research Apprenticeship Program, a program at UNC-CH for rising high school juniors and seniors; the Summer Enrichment in Mathematics and Science Program held in Greensboro for the same age group; the Science Enrichment Preparation Program at UNC-CH for sophomore and junior college students; and the Medical Education Development Program, in which pre-professional disadvantaged students come to UNC-CH to pursue a rigorous summer curriculum simulating the first semester of medical or dental school.

Recruitment for these "pipeline" programs for 2003 has included 40 recruitment sessions at in-state and out-of-state colleges and universities that have reached 3000 students. The nine regional AHECs disseminated information on high school programs to students in their regions. Information was

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Family Medicine Announces Community Teaching Award

Dr. Jonathan E. Klein of Orange Family Medical Group in Hillsborough is the recipient of the 2002 Community Teaching Award in Family Medicine. This award is presented annually by the UNC Family Medicine Interest Group faculty advisors and student leaders to a community faculty teacher of students. Dr. Robert Gwyther, the 2002 president of the North Carolina Academy of Family Physicians, presented Dr. Klein with the award at the Winter Family Physicians Week-end on December 7. "Dr. Klein is an excellent teacher and role model who embodies the principles of family medicine and is highly dedicated to his patients," Dr. Gwyther said. Dr. Klein has been precepting UNC medical students for more than 10 years. He was a participant in the Visiting Clinician Program at UNC from 1998 to 2000.

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mailed to career counselors and principals of all high schools in the state, and selection is now underway for participants in the summer programs.

Research on minority health. A major thrust of the COE is to increase the involvement of both URM students and faculty in research on issues affecting minority health and health care delivery. Entering URM students with an interest in research activities significant to URM populations were identified last Fall and a research coordinator hired. The COE Advisory Board is responsible for selecting recipients of expanded research funding available through the grant. URM medical students are also encouraged to seek a Master of Public Health degree in one of three areas with a focus on the health of populations—biostatistics, epidemiology, and community-based research. Second-year students have applied for a year-long public health stipend to be awarded in April.

Resources on minority health. The UNC-CH Health Sciences Library plays an important role in the Center of Excellence partnership by providing resources on minority health and health care. Not only will the library increase its holdings on those topics, but a library representative is working with COE leaders to establish a customized area for minority health issues on the North Carolina AHEC Digital Library. This is designed to increase student, faculty, and preceptor access to information resources on minority health.

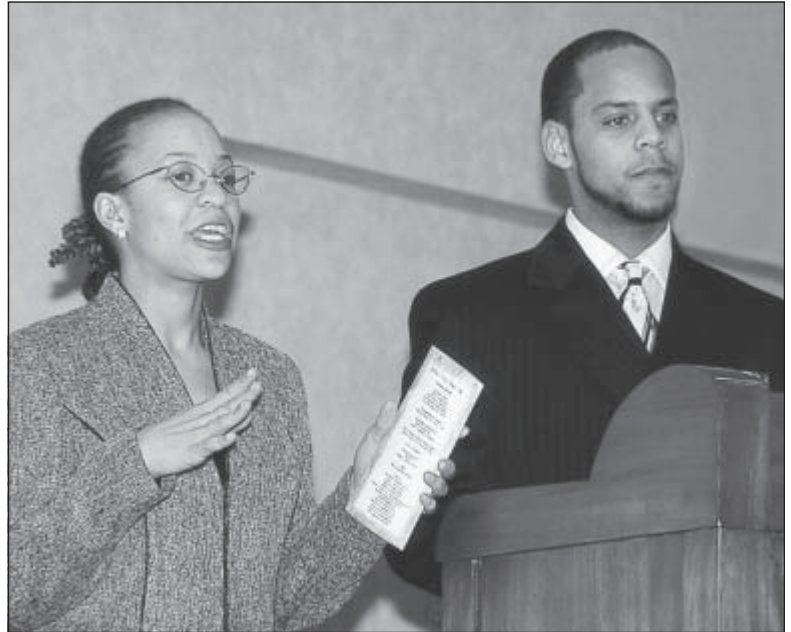
An additional resource on minority health is the annual Zollicoffer Lecture, established by the UNC chapter of the Student National Medical Association in honor of Dr. Lawrence Zollicoffer, the school's fourth African American graduate. The lecture is delivered each year by an outstanding physician who can serve as a minority role model for students. This year the speaker was Dr. Lynt B. Johnson, Associate Professor of Surgery and Chief of the Division of Transplant Surgery at Georgetown University Medical Center. Dr. Johnson is also Director of Hepatobiliary Surgery at the Lombardi Cancer Center and Director of General Surgery/Graduate Surgical Education at Georgetown University Hospital. In keeping with the lectureship's emphasis on awareness of minority health issues, he spoke on "Donor Allocation Issues in Transplantation of Minorities."

Minority student placements. To strengthen the medical school's efforts to ensure that URM students are trained to provide services to diverse populations in rural areas of the state, the COE plan calls for placing increased numbers of URM students in clinical settings where they will be exposed to underserved and large minority patient populations. As all first- and second-year medical students complete a preceptorship in a community-based setting, and fourth-year students also are in community-based training sites for ambulatory experiences, the Office of Student Affairs is collaborating with the COE team to ensure placement of URM students in underserved communities and in preceptorship sites with large minority and disadvantaged populations.

Community preceptors. Preceptors will have the opportunity to become part of the COE effort through participating in COE-related continuing medical education. The Expert Preceptor Interactive Curriculum (EPIC) will soon include a module providing online training in teaching cultural competence to medical students. (The module is already available in the paper-and-pencil version of the Expert Preceptor Program.) The recent addition of a Web programmer to the COE staff is the first step in developing the module, "Culturally Appropriate Care," for EPIC. *The Front Line* will carry an announcement when the training module is available.

Finally, the popular Visiting Clinician Program at UNC Hospitals will make a special effort to include at least four preceptors from underrepresented minority groups each year. The Program allows community-based primary care preceptors to design their own individualized CME experiences and to pursue them through a series of one-day visits to UNC clinics with faculty hosts. In the first year of the COE grant, five minority physicians are among the Visiting Clinicians.

Preceptors wishing additional information about any aspect of the Center of Excellence grant are invited to contact COE director Larry Keith at (919) 966-7673 or co-director Carol Tresolini at (919) 966-3641.



Nikkia Henderson and Lamar Mack are co-presidents of the Student National Medical Association, which supports COE efforts to increase minority enrollment.



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Information Please



In past issues of *The Front Line*, we described the contents of the major sections of the North Carolina AHEC Digital Library: *Clinical Resources*, *Topics*, *Professional Development*, *Agencies & Institutions*, and *Special Collections*. We are pleased to announce that a future *Special Collection* in the AHEC Digital Library (ADL) will be developed for minority health issues to support the University of North Carolina School of Medicine Center of Excellence grant described in this issue. In addition to a customized minority health collection in the ADL, materials addressing minority health issues in the UNC-Chapel Hill Health Sciences Library will also be increased.

The potential is great for the ADL to meet the information needs of preceptors and students in the state's many rural areas serving large minority populations. The minority health collection will include links to current research projects on minority health at UNC-Chapel Hill, with information on whom to contact. It will also include a link to the School of Public Health's Minority Health Project, which links to research on minority health throughout the nation. This collection may also provide access to full-text journals and textbooks as well as other specific databases or web sites addressing minority health and health disparities.

A multidisciplinary advisory team is being developed. The team will include a subject area specialist, a librarian, and representatives from the UNC Schools of Medicine, Public Health, Dentistry, Nursing, and Pharmacy. If you have suggestions for resources that should be added to the ADL minority health collection, please contact Diana McDuffee, AHEC Library and Information Services Network Director at HSL, UNC-CH, (919) 966-0963 or email: Diana_McDuffee@unc.edu.