COMMUNITY HEALTH

TRAINING PROGRAM

UNC SCHOOL OF MEDICINE

Caroline Roberts, MD
Director of CHTP
11/5/2025

Agenda

- Overview of the Community Health Training
- Program Highlights
- Curriculum
- Timelines / Applications
- FAQs
- Discussion / Questions

Community Health Training Program

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The **Community Health Training (CHT) Program** is a two-pathway program focused on community medicine in rural and medically underserved settings.

COMMUNITY HEALTH TRAINING PROGRAM

Mission

Cultivate future physicians who are committed to serving the diverse communities of North Carolina, particularly in rural and medically underserved areas.

Community Health Training Program

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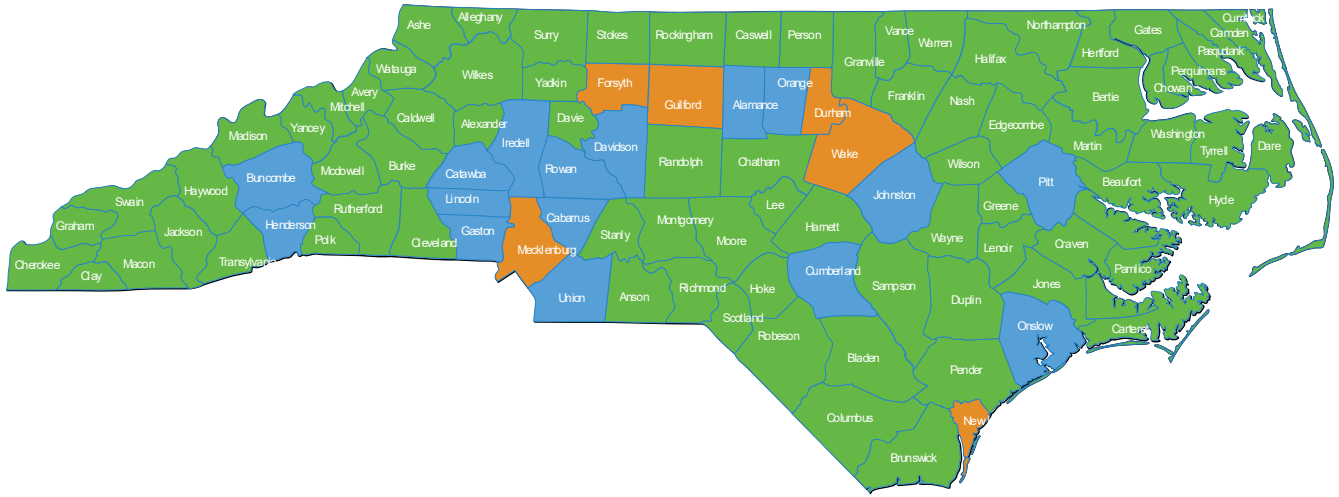
Ideal for **students passionate about reducing health disparities**, **addressing physician shortages**, **and championing primary care disciplines**.

Our scholars share a commitment to making an impact on the health of NC:

To improve access and quality of care for the state's most vulnerable residents



Who is a Good Fit?

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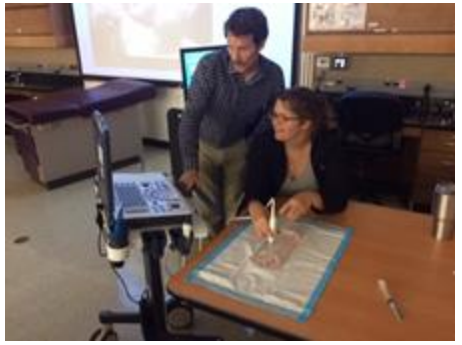
A Commitment to the **People of North Carolina** and to Serving **Underserved** Populations

- Passion for Primary Care
  - Family Medicine
  - Internal Medicine
  - OB/GYN
  - Psychiatry
  - General Surgery
  - Pediatrics
  - Med-Peds
- Want to be personally developed and inspired to reach their full potential in 3 vs 4 years
- Desire for smaller and more personalized medical education experience
- Interest and Intent to Practice:
  - Community Based Medicine
  - Rural Medicine



CHTP –Pathway Options

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Accelerated (3 year) Pathway

- Completes SOM Curriculum in 3 years
- Directed Pathway to Affiliated GME Program
- Academic Requirements

Non-Accelerated (4 year) Pathway

- Completes Traditional 4 year SOM Curriculum
- Not associated with Directed Pathway to Affiliated GME Program
- Able to take extended study time, repeat courses, take LOA, dual degrees, etc
- Less stringent Academic requirements

Option to apply for Acceleration Pathway during MS1 and MS2 Year

Residency Opportunities for Acceleration

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Asheville
Mountain Area Health Education Center

- **Family Medicine**
  - Boone
  - Hendersonville
  - Asheville
- **Psychiatry**
- **General Surgery**
- **Internal Medicine**

Greensboro
Cone Health

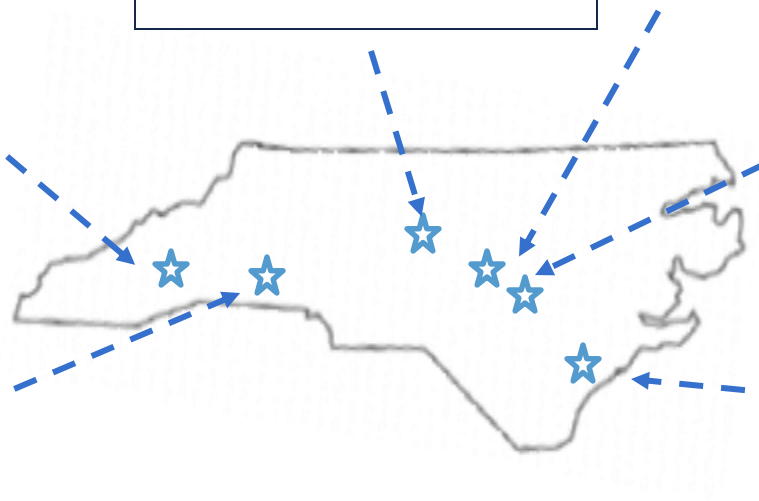
- **Family Medicine**
- **Internal Medicine**

Chapel Hill
University of North Carolina

- **Family Medicine**
  - FQHC Track
  - University Track
- **Psychiatry**
- **Pediatrics**
  - Primary Care Track
  - University Track
- **Med-Peds**

Raleigh
WakeMed

- **Internal Medicine**



Charlotte
Novant Medical Center

- **Family Medicine**

Wilmington
New Hanover Regional Medical Center

- **Family Medicine**
  - Black River FQHC
  - Wilmington
- **General Surgery**
- **Psychiatry**
- **Internal Medicine**

Kenan Rural Scholarship

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- CHTP Students with a **rural focus** may also apply for **Kenan Rural Scholarships**, which provide financial support, mentorship, and rural clinical experiences throughout medical school and into residency
  - Apply during summer between MS1 – MS2 Year

Scholarship Amount:

- 3 yr – $35,000 total
  - Year 2 - $10,000
  - Year 3 - $15,000
  - Match Scholarship --> $10,000
- 4 yr – $45,000 total; $55,000 if match in NC GME program
  - Year 2 - $10,000
  - Year 3 - $15,000
  - Year 4 - $20,000
  - Match Scholarship --> $10,000

Program Benefits

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- Financial Savings
- Scholarship Opportunity
- Cohort Experience
- Dedicated Mentorship and Teaching
- Early, Intentional, and Longitudinal Clinical Exposure
- Community Based Curriculum
- Flexibility in Exploration
- Accelerated Pathway - Early Residency Exposure

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How CHTP Fits into UNC SOM Curriculum

CHTP Specific Courses

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Foundation Phase

MTEC 107

Basic Clinical Foundations in Community Care

- Longitudinal ½ days in clinic
  - Tied to Specialty Interest
- Timeline: March of MS1 year – May of MS1 year
- Requirements: 6 to 7 half days of clinic
- Foundation Phase Credit

MTEC 108

Advanced Clinical Foundations in Community Care

- Longitudinal ½ days in clinic
  - Tied to Specialty Interest
- Timeline: Aug of MS2 year – Dec of MS2 year
- Requirements: 12 to 14 half days of clinic
- Foundation Phase Credit

CHTP Specific Courses

MTEC 116

Community Health Summer Experience (CHSE)

Credit Hours: 6 FP Credits

Timeline: Between MS1 & MS2

- Kick Off: June 1st and 2nd
- In Community: Week of June 8th – July 17th
- 1 week vacation

Course Requirements

- 24-half days of clinic
- Kick-Off Orientation
- Weekly Community Health-Based Didactics
- POCUS Experience
- Scholarship Project
- Community Engagement Experience: Includes written reflection and its impact on the community and other stakeholders

The Importance of Confidential Conversations with Adolescents in Healthcare: A Literary Review and Reflection

Zoe Priddy

THE UNIVERSITY of NORTH CAROLINA at CHAPEL HILL

Literary Review

Adolescence is defined as people ages 11-18 and the American Academy of Pediatrics (AAP) guides practitioners to start one-on-one conversations at 11.[1]

- 55% of females and 44% of males reported ever having a private conversation with their healthcare provider.[2]
- Whether adolescents are offered private conversations differs by gender, past reports of sexual activity, family income level, age, and race.[2]
- Rural settings exacerbate a perception of lack of privacy due to parents/children sharing the same primary physician and familiarity among staff in personal lives.[3]
- State laws vary widely on what can be kept confidential and two states (Alabama and Nebraska have the age of maturity at 19 years old.[4]

Reflection

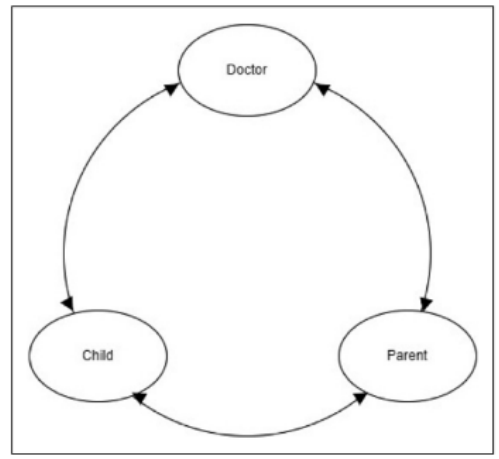
My summer clinical experience was 24 half days in Goldsboro, LaGrange, and Mount Olive in rural NC with four pediatricians.

- No mention of confidentiality outside of one case with an STI.
- One-on-one time was not consistent and only occurred when advocated by the adolescent or when there was a domestic violence concern.
- Time constraints of 10-minute visits
- Familiarity with patient's families

Conversations in Practice

There is no readily available guide on how to introduce this to caregivers/parents nor how to include it in busy clinic flows.

- Introduce the idea to caregivers early before actually having the one-on-ones to answer caregiver questions.
- Goals: increase independence, create a space where there is a trusted adult talk to, encourage teens to talk with their parents.[5]
- Topics discussed: Puberty, mental health, birth control, STIs, interpersonal safety, and anything bothering the adolescent.
- In the Bright Futures well-check guides there is a paragraph describing confidentiality in young adult friendly language (see handout).[6]



Child-centred Relational Autonomy Model [10]

NC Considerations

NC has passed a bill that will go into effect Oct 1, 2025 titled Parents' Medical Bill of Rights.[7]

- Before HB 519, since 1977, minors could independently consent to diagnosis and treatment of STIs, pregnancy, mental health, and substance use. When it goes into effect, minors can only consent to pregnancy concerns, but not abortion. An exception is if there is concern for child abuse/neglect.[7]
- Some parents supported this bill because they felt the prior law was excluding them and treating them as the enemy.[8]
- Other parents are advocating for teens to have an outlet beyond their parents, emphasizing the likely increase in suicidality and decreased desire to see the doctor.[9]
- Physicians generally disapprove of this bill being passed.[8]

The laws concerning confidentiality with adolescents are everchanging and providers must find ways to support their patients' within the confounds of the laws.

References

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Developing a Point-of-Care Ultrasound Protocol to Screen for Steatotic Liver Disease in Primary Care Offices

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Arjun Patel

Background

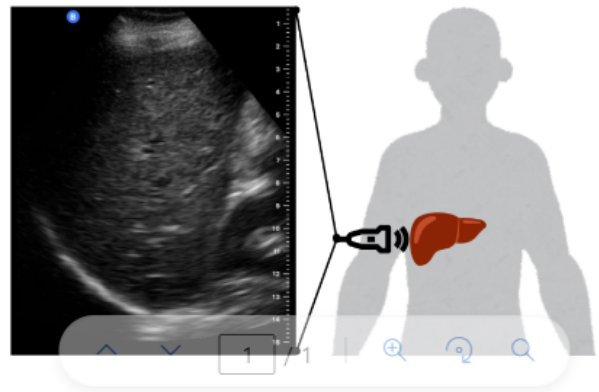
- Metabolic dysfunction–associated steatotic liver disease (MASLD, formerly NAFLD) affects approximately 25 to 30% of adults worldwide.
- Risk of progression includes cirrhosis, hepatocellular carcinoma, and cardiovascular disease.
- Liver biopsy is the gold standard but is invasive and unsuitable for screening.
- FibroScan with controlled attenuation parameter (CAP) is a validated non-invasive tool, but not widely available in all care settings.
- Conventional ultrasound is accurate but resource- and operator-dependent.
- Point-of-care ultrasound (POCUS) provides a portable, low-cost, and scalable screening method for primary care clinics.

Objectives

- **Primary Objective:**
  - Assess the diagnostic accuracy of a single-view right intercostal longitudinal POCUS protocol compared to FibroScan CAP (≥238 dB/m) for detection of ≥S1 steatosis.
- **Secondary Objectives:**
  - Evaluate interobserver reliability of POCUS grading.
  - Correlate echogenicity grading and liver span with CAP scores.
  - Assess the feasibility of incorporating yearly POCUS screening in primary care offices.

Methods

- **Design:** Prospective validation study.
- **Population:**
  - Adults ≥18 years with ≥1 metabolic risk factor including obesity, diabetes, dyslipidemia, hypertension, or insulin resistance.
  - Exclusions: viral hepatitis, heavy alcohol use, or known liver disease of other etiologies.
- **Protocol:**
  - Device: Butterfly iQ handheld probe.
  - View: Right intercostal longitudinal.
  - Measures: Echogenicity of liver vs kidney cortex (graded 0–3) and craniocaudal span.
  - Documentation: Cine loop + still image saved.
- **Reference Standard:** FibroScan CAP measurement within 4 weeks of ultrasound.
- **Blinding:** Independent interpretation of POCUS and FibroScan.



Results & Analysis Plan

- **Data to be Collected:**
  - Demographics, BMI, metabolic risk factors, and AST/ALT.
  - POCUS findings: image quality, echogenicity grade, and craniocaudal liver span.
  - FibroScan CAP and stiffness values.
- **Statistical Analyses:**
  - Calculate sensitivity, specificity, positive predictive value (PPV), negative predictive value (NPV) of POCUS vs CAP score.
  - Generate a Receiver Operating Characteristic (ROC) curve and report the area under the curve for POCUS grading.
  - Assess correlation between POCUS findings (liver span and echogenicity score) and CAP score using Spearman's rank correlation coefficient.
  - Evaluate interobserver reliability for echogenicity grading using Cohen's kappa.

Future Directions

- Implement validated POCUS screening protocol in primary care and community health clinics.
- Develop standardized training and quality assurance programs for non-radiologist operators.
- Evaluate cost-effectiveness of POCUS compared to FibroScan referral.
- Explore AI-assisted image interpretation to improve reproducibility.

Adapting the MedSouth Diet for Food Bank Participants

Zander Vierling

THE UNIVERSITY of NORTH CAROLINA at CHAPEL HILL

The Hunger and Health Coalition

The Hunger and Health Coalition is a combination free clinic and food bank operating in Boone North Carolina.

- H&H provided food to over 19,000 households in Western North Carolina in the 2023-2024 fiscal year.
- The free pharmacy provided over $2.18 million dollars of drugs in 2023-2024.
- They are currently developing recipes for participants to create delicious meals from the food they provide.

The Med South Diet

- Researchers at UNC created the MedSouth diet to blend a Mediterranean style of eating with Southern food culture.
- The Mediterranean diet is rich in plant based minimally processed foods with significant portions of unsaturated fats (think olive oil).
- This diet has been repeatedly shown to decrease risk of cardiovascular disease and cancer.
- The UNC team created a cookbook full of recipes bringing the Mediterranean diet to the south.

Southern Slaw

Serves: 6 (serving size – ½ cup)

1/2-pound cabbage, shredded
1/2 cup cucumber, chopped
1/2 cup shredded carrots
2 tablespoons cider vinegar
1 cup mayonnaise
1 tablespoon sugar
1/2 teaspoon salt
1/2 teaspoon onion powder
2 tablespoons Dijon mustard
1 teaspoon pepper

Directions

1. Gently toss together cabbage, cucumber, and carrots in a large bowl.
2. Whisk together the remaining ingredients to make a dressing.
3. Pour over vegetables and toss lightly until coated.
4. Cover and chill thoroughly.
5. Preparation time about 20 minutes.

Nutrition Facts

servings per container
Serving size (76g)

Amount per serving
Calories 200

	% Daily Value*
Total Fat 21g	27%
Saturated Fat 3g	16%
Trans Fat 0g	
Cholesterol 10mg	3%
Sodium 360mg	16%
Total Carbohydrate 3g	1%
Dietary Fiber 1g	4%
Total Sugars 1g	
Includes 0g Added Sugars	0%
Protein 1g	
Vitamin D 0mcg	0%
Calcium 18mg	2%
Iron 0mg	0%
Potassium 73mg	2%

*The % Daily Value tells you how much a nutrient in a serving of food contributes to a daily diet. 2,000 calories a day is used for general nutrition advice.

Terrific Tuna Salad

Serves: 2 (serving size – ½ cup)

1 can (6.5 ounces) tuna, packed in water, drained
2 tablespoons diced celery (optional)
1 tablespoon ranch dressing
1 tablespoon mayonnaise
1/2 teaspoon of pepper
1 teaspoon dill (or sub dill relish or diced pickles)

Directions

1. Combine all ingredients in a bowl and mix well. If mixture is too dry, add more mayo or ranch.
2. Serve on top of lettuce or in a sandwich.

Nutrition Facts

servings per container
Serving size (113g)

Amount per serving
Calories 180

	% Daily Value*
Total Fat 9g	12%
Saturated Fat 1.5g	8%
Trans Fat 0g	
Cholesterol 35mg	12%
Sodium 430mg	19%
Total Carbohydrate 1g	0%
Dietary Fiber 0g	0%
Total Sugars 1g	
Includes 0g Added Sugars	0%
Protein 21g	
Vitamin D 1mcg	6%
Calcium 5mg	0%
Iron 1mg	6%
Potassium 272mg	6%

*The % Daily Value tells you how much a nutrient in a serving of food contributes to a daily diet. 2,000 calories a day is used for general nutrition advice.

Community Needs

- Participants at Hunger and Health receive a box containing local produce, dried goods such as rice and beans, and canned goods including meat and vegetables.
- Many participants do not have access to a full kitchen and they request recipes which can be made quickly with only a microwave
- Participants do not have much time to spend cooking.
- Effective recipes have to be quick, easy, delicious and require little equipment.

What I Did

- I collected 13 recipes from the MedSouth diet and adapted them to be easily created from the foods provided at Hunger and Health in a limited kitchen.
- The recipes will be provided to participants at the Hunger and Health Coalition on recipe cards and through their website.

References

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Incentives and Motivations for Rural Primary Care Physicians in North Carolina

Morgan Walker Ray

THE UNIVERSITY of NORTH CAROLINA at CHAPEL HILL

Introduction

The shortage primary care physicians in rural North Carolina counties is a long-standing issue with nuanced challenges and complex solutions. 26 counties in North Carolina have less than 5 primary care providers per 10,000 people, and most of these are rural counties.[1] There are various incentives and strategies in place nationally to rectify the rural primary care shortage including loan repayment programs, J-1 visa waivers, and scholarships.[2] NCDHHS even expanded loan repayment for rural health care providers earlier this year.[3] This project aims to use current literature as well as the thoughts and suggestions of current residents in a rural family medicine residency program in Boone, North Carolina.

Methods

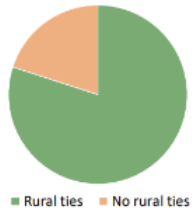
- Current MAHEC Boone Family Medicine residents voluntarily filled out a 5-question survey asking about motivations and incentives regarding their choices to pursue rural primary care.
- Literature review on current knowledge of topic.
- Results were consolidated to discuss ideas for ways to help decrease the shortage.

Results

The survey responses (n=5) provided information regarding the residents' backgrounds, values, and thoughts regarding rural incentives.

Prominent themes residents described as being influential in their decisions to pursue a rural residency include impacting the community, scope of practice, addressing the physician shortage, and rural upbringing.

Figure 1. Rural background or significant rural ties of survey participants



Four participants either grew up in a rural area or had significant rural ties (Fig 1). Only one of them had a rural-focused scholarship. All the participants were planning on practicing in rural areas.

The residents provided several incentive ideas, the most frequently mentioned being loan repayment/forgiveness.

Figure 2. Suggestions for rural incentives.

Medical school	Residency	Post-residency
• Exposure to rural primary care • Access to mentorship • Scholarships	• Limits on training hours (e.g., 60 hrs/wk) • Don't make training longer	• Better pay • Work-life balance • Loan forgiveness • Support starting practices

Conclusions

Many factors are involved in the decision to pursue rural primary care, one of the most significant being rural background.[3] The survey results supported this idea since most respondents had significant rural ties and were serving a rural community for residency.

The ideas for incentives fell into three categories based on stages of training (Fig 2). The suggestions from survey participants also aligned with the literature in terms of evidence-based strategies to encourage and support rural primary care.

The argument for early exposure to rural care is supported by studies and the residents' opinions and should be emphasized more often in medical school.[4]

Overall, mentorship, exposure to rural care, and financial incentives are the keys to addressing the shortage of rural primary care physicians. These strategies should be adopted by more medical schools and states across the country.

References

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Curricular Timeline

MS1
August:
All students into UNC SOM

MS1
Dec / Jan:
Apply for CHTP
- Select Accelerated or Non-Accelerated Pathway

MS2:
2nd Opportunity for Acceleration
Kenan Rural Scholarship Application

Accelerated Graduation Path

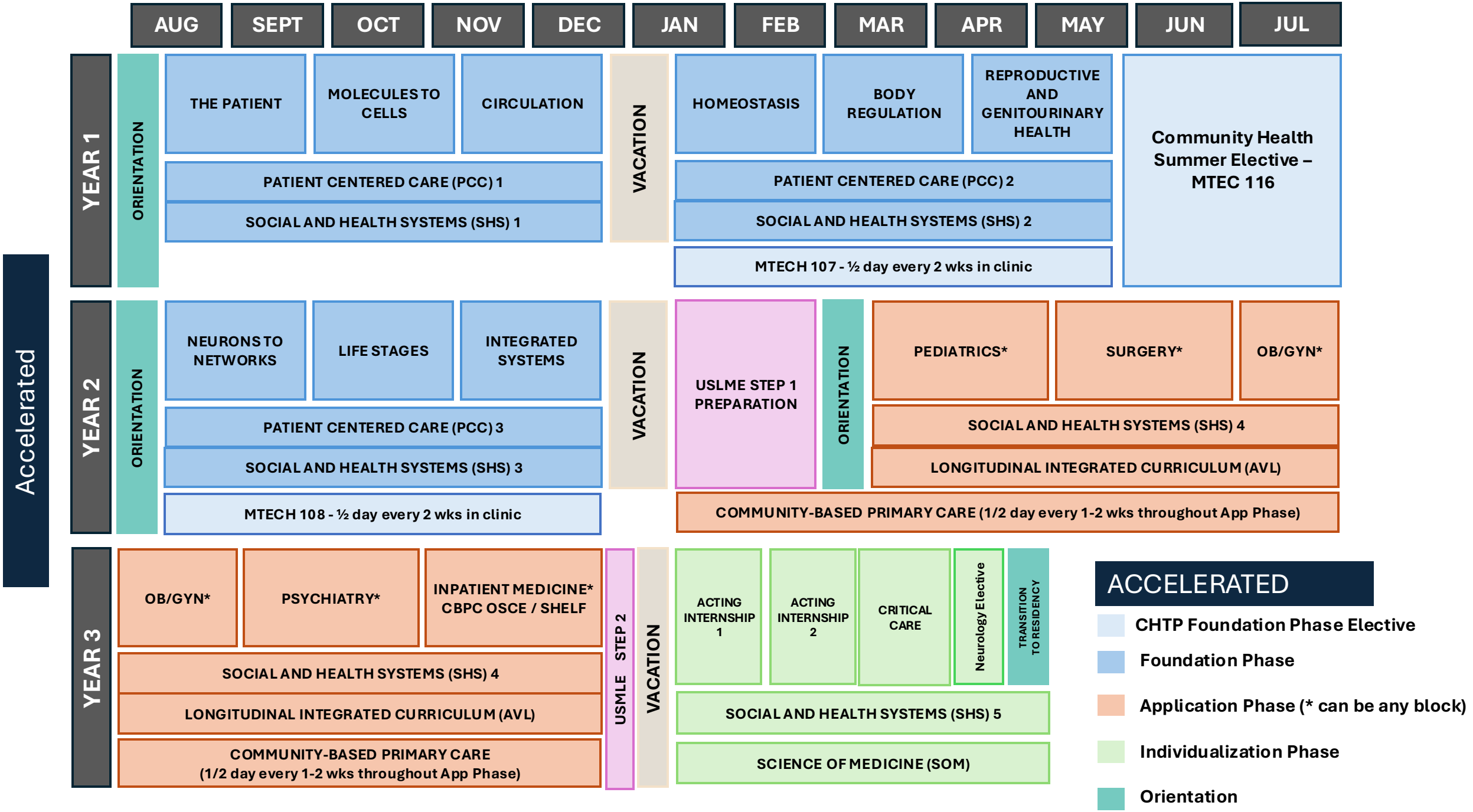
Application Phase (October – Dec)

Individualization

Two Entry Points for Acceleration

MS1 and MS2 years
- MS1 year – all available directed pathway slots
- MS2 year – remaining directed pathway slots

All students need to take summer curricular activity to be able to be eligible for acceleration


AUG
SEPT
OCT
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DEC
JAN
FEB
MAR
APR
MAY
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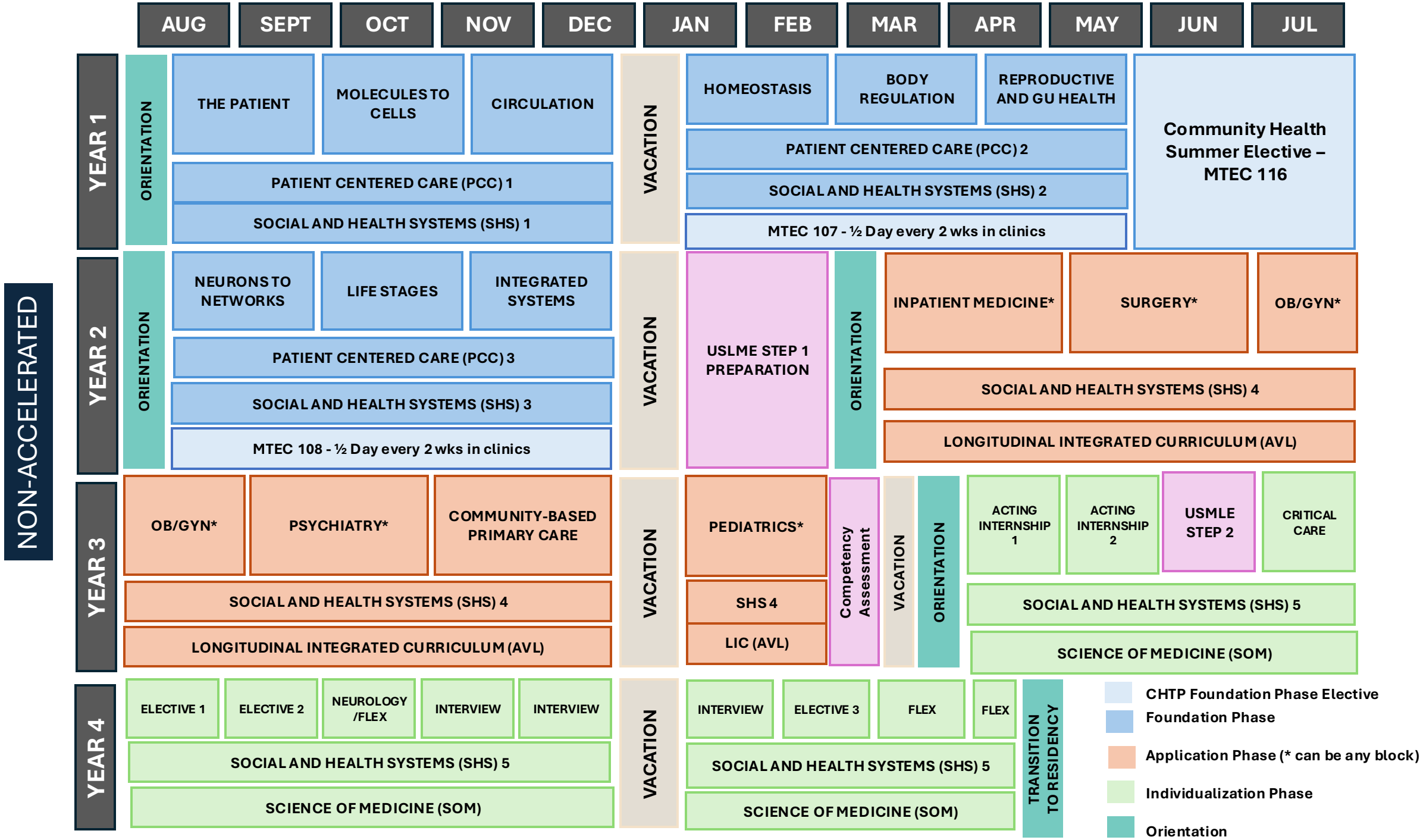
JUL
Accelerated
YEAR 1
ORIENTATION
THE PATIENT
MOLECULES TO CELLS
CIRCULATION
VACATION
HOMEOSTASIS
BODY REGULATION
REPRODUCTIVE AND GENITOURINARY HEALTH
Community Health Summer Elective – MTEC 116
PATIENT CENTERED CARE (PCC) 1
SOCIAL AND HEALTH SYSTEMS (SHS) 1
PATIENT CENTERED CARE (PCC) 2
SOCIAL AND HEALTH SYSTEMS (SHS) 2
MTECH 107 - ½ day every 2 wks in clinic
YEAR 2
ORIENTATION
NEURONS TO NETWORKS
LIFE STAGES
INTEGRATED SYSTEMS
VACATION
USLME STEP 1 PREPARATION
ORIENTATION
PEDIATRICS*
SURGERY*
OB/GYN*
PATIENT CENTERED CARE (PCC) 3
SOCIAL AND HEALTH SYSTEMS (SHS) 3
SOCIAL AND HEALTH SYSTEMS (SHS) 4
LONGITUDINAL INTEGRATED CURRICULUM (AVL)
MTECH 108 - ½ day every 2 wks in clinic
COMMUNITY-BASED PRIMARY CARE (1/2 day every 1-2 wks throughout App Phase)
YEAR 3
OB/GYN*
PSYCHIATRY*
INPATIENT MEDICINE* CBPC OSCE / SHELF
USMLE STEP 2
VACATION
ACTING INTERNSHIP 1
ACTING INTERNSHIP 2
CRITICAL CARE
Neurology Elective
TRANSITION TO RESIDENCY
SOCIAL AND HEALTH SYSTEMS (SHS) 4
LONGITUDINAL INTEGRATED CURRICULUM (AVL)
COMMUNITY-BASED PRIMARY CARE (1/2 day every 1-2 wks throughout App Phase)
SOCIAL AND HEALTH SYSTEMS (SHS) 5
SCIENCE OF MEDICINE (SOM)
ACCELERATED
CHTP Foundation Phase Elective
Foundation Phase
Application Phase (* can be any block)
Individualization Phase
Orientation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NON-ACCELERATED
YEAR 1
ORIENTATION
THE PATIENT
MOLECULES TO CELLS
CIRCULATION
PATIENT CENTERED CARE (PCC) 1
SOCIAL AND HEALTH SYSTEMS (SHS) 1
VACATION
HOMEOSTASIS
BODY REGULATION
REPRODUCTIVE AND GU HEALTH
PATIENT CENTERED CARE (PCC) 2
SOCIAL AND HEALTH SYSTEMS (SHS) 2
MTEC 107 - ½ Day every 2 wks in clinics
Community Health Summer Elective – MTEC 116
YEAR 2
ORIENTATION
NEURONS TO NETWORKS
LIFE STAGES
INTEGRATED SYSTEMS
PATIENT CENTERED CARE (PCC) 3
SOCIAL AND HEALTH SYSTEMS (SHS) 3
MTEC 108 - ½ Day every 2 wks in clinics
VACATION
USLME STEP 1 PREPARATION
ORIENTATION
INPATIENT MEDICINE*
SURGERY*
OB/GYN*
SOCIAL AND HEALTH SYSTEMS (SHS) 4
LONGITUDINAL INTEGRATED CURRICULUM (AVL)
YEAR 3
OB/GYN*
PSYCHIATRY*
COMMUNITY-BASED PRIMARY CARE
SOCIAL AND HEALTH SYSTEMS (SHS) 4
LONGITUDINAL INTEGRATED CURRICULUM (AVL)
VACATION
PEDIATRICS*
SHS 4
LIC (AVL)
Competency Assessment
VACATION
ORIENTATION
ACTING INTERNSHIP 1
ACTING INTERNSHIP 2
USMLE STEP 2
CRITICAL CARE
SOCIAL AND HEALTH SYSTEMS (SHS) 5
SCIENCE OF MEDICINE (SOM)
YEAR 4
ELECTIVE 1
ELECTIVE 2
NEUROLOGY /FLEX
INTERVIEW
INTERVIEW
SOCIAL AND HEALTH SYSTEMS (SHS) 5
SCIENCE OF MEDICINE (SOM)
VACATION
INTERVIEW
ELECTIVE 3
FLEX
FLEX
SOCIAL AND HEALTH SYSTEMS (SHS) 5
SCIENCE OF MEDICINE (SOM)
TRANSITION TO RESIDENCY
CHTP Foundation Phase Elective
Foundation Phase
Application Phase (* can be any block)
Individualization Phase
Orientation

Eligibility Requirements

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- **Professionalism:**
  - Must not have repeated professionalism concerns
  - Non-adherence to attendance standards and responsibilities
  - Inability to consistently respond to communications
  - Found responsible for misconduct by UNC Office of Student Conduct
  - Sanctioned by Student Progress Committee with remediation in professionalism or other adverse outcome.
- 100% compliant with health & safety requirements (forms, immunizations, etc.) including all administrative deadlines met
- Completion of Student Affairs Leadership Modules
- If placed on "**Academic Monitoring/Supported Status"** or has repeated academic struggles as noted by > 2 NBME Shelf exams or course failures, CHTP will review progress, and student may be asked to no longer participate in CHT and required coursework
- Student must remain in good standing at UNC School of Medicine during duration of CHT participation

Eligibility Requirements – Accelerated

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- Meet Requirements of all CHT Students
- NBME average of > 78%
- No course failures
- Must pass the PCC1 Final exam
- No need to take Extended Study time for Step 1 NBME prior to Application Phase
- If a student is placed on “Academic Monitoring/Supported Status”, the Community Health Track Director will review progress, and student may be decelerated to the 4-year curriculum.

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Outcomes

Zoom Info Sessions

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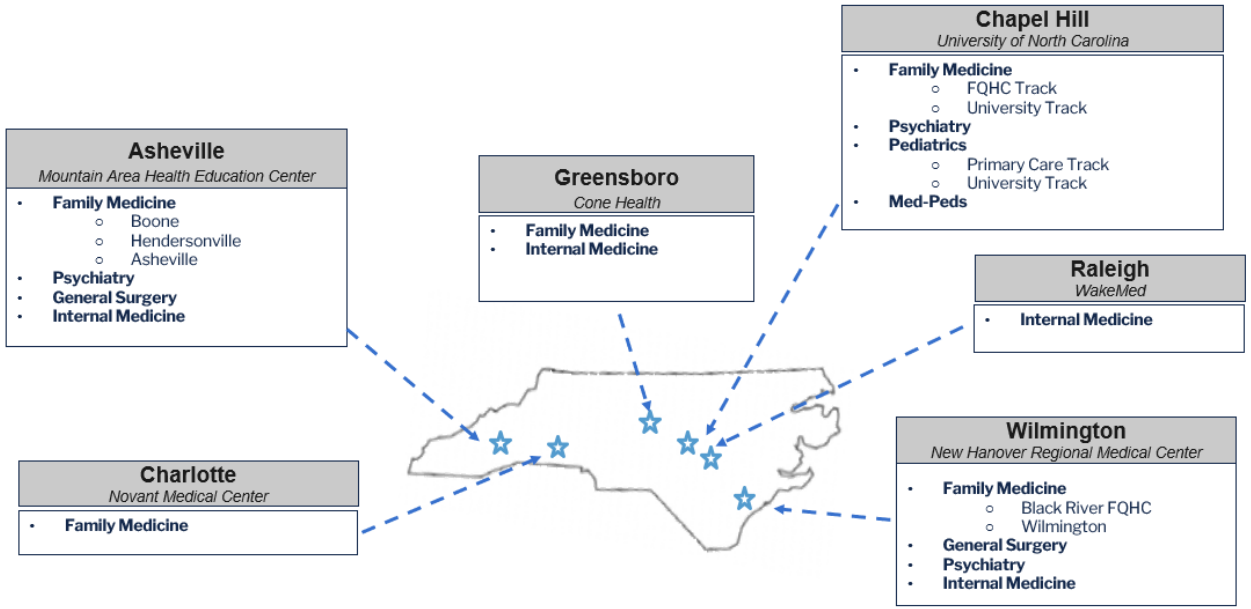
- **Specialty Specific Info Session**
  - Thurs, Dec 11
  - 5:30p – 6:30p
- **Campus Specific Info Session**
  - Tues, Dec 16
  - 5:30p – 6:30p

Please reach out to CHTP Leadership Team if you want to set up a separate Campus visit or GME shadowing experience!



How to Apply:

UNC SCHOOL OF MEDICINE

- **Application Open:** November 5th
- **Application Due: January 4, 2026 @ 5pm**
  All Applicants apply to Community Health Training Program
  - CHTP Program (3 & 4y) – Same Application
    - Within Application can select:
      - Intent to apply for Acceleration
        - Specialty
        - Program Location (suggest up to three!)
  - Two LOR Required
    - Mission
    - Academic Abilities
  - CV Required
- **Interviews**: Mid January 2026
  - All Applicants – Interview with CHP Leadership
  - Accelerated – Interview with GME Programs
- **Decisions**: Feb. 13, 2026

Application Available!

https://www.med.unc.edu/md/curriculum/pathways/community-health-training-program/

FAQs

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- Can I do (BLANK) and CHTP?
  - YES: MED Supplemental TA, Summer Study Abroad*, SHAC Leadership, Research, UNC FM Summer Research Fellowship
  - NO: Scholarly Concentration, Kenan Urban Scholarship, Castillo Scholars
- How does CHTP work with Campus Placements?
- What does a strong applicant look like for this program?
- I'd be interested to better understand how Kenan scholar program now fits with the Community health program
- Are there any post-residency requirements for this program?
- What if I am not sure what specialty I want to do? How does program allow you to explore specialties?
- Spanish-speaking opportunities and community health work in surgery
- Would someone in OB/GYN only be allowed to apply non-accelerated?
- I'd love to hear about some of the past student summer projects!
- What type of person should we ask for our recommendation letter?
- For MAHEC, do we apply to one campus or all of them together?

Contact Us!

UNC SCHOOL OF MEDICINE

Faculty Director: Caroline Roberts, MD
caroline_roberts@med.unc.edu

Pathways Program Director: Lisa Long
Program Coordinators:

- Hayley Applegate
- Maggie Carver

Faculty Leads:

- Family Medicine - Caroline Roberts, MD
- Pediatrics - Katie Jordan, MD
- Psychiatry - Winston Li, MD
- General Surgery – Jonathan Stem, MD
- Medicine-Pediatrics - Megan Hoppens, MD
- Internal Medicine – Emily Sturkie, MD

Community Health Training Program Website