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The Office of Graduate Medical Education (OGME) provides support for all housestaff at UNC Hospitals. Credentialing, licensure, benefits, payroll, insurance, parking, and pagers are all administered through this office. The University of North Carolina Hospitals is a participating member of the National Resident Matching Program, Dental National Matching Service, and other advanced residency matching programs.

**Applicants for First-Year post-M.D. or D.D.S. Positions**: Mail applications directly to the department to which you are applying.

**Applicants for Positions Beyond the First Year**: Application should be sent directly to the chief of service in which the applicant is interested. Three letters of recommendation should include one from the hospital in which the applicant has most recently served and two from members of its professional staff. These should also be sent directly to the chief of service for which the application is made. Provide the department’s forwarding address (not the hospital’s or GME) when requesting letters of recommendation.

**Foreign Graduates**: All graduates of foreign medical schools must be certified by the Educational Commission for Foreign Medical Graduates. All foreign graduates who are not U.S. citizens must meet all VISA Qualifying Examination (VQE) or Foreign Medical Graduate Exam in the Medical Sciences (FMGEMS) requirements prior to application.

Documentation of sponsorship qualifications must be submitted with application. If photocopies of the supporting documents are submitted, they must be certified by a notary public that they are true and exact copies of the original documents.

Personal interviews will be arranged by the individual departments. Because of the large number of applicants for each department, a recent photograph the applicant would be helpful. A photograph is not mandatory, and in no way will it be used to determine interview eligibility or selection priority.

The OGME is located in the west wing of the main hospital complex, room 1107G near the hospital mailroom. Office hours are 8:00 a.m. to 4:30 p.m., Monday through Friday. The office phone number is (919) 966-1072. The office administrator is available 24 hours a day on pager for emergency circumstances.

Below is a list of people that can assist you:

**Assistant Dean for Graduate Medical Education**
Robert C. Cefalo, M.D., Ph.D.

**Senior Vice President**
Peter Barnes, Director of Human Resources and Director of Graduate Medical Education

**Director of the Office of Graduate Medical Education**
Cindi Trinidad
Residency Training Programs
Website Address Index

ANESTHESIOLOGY
http://www.aims.unc.edu/education/residency/

GENERAL PRACTICE RESIDENCY IN DENTISTRY
http://www.dent.unc.edu/academic/programs/ade/gpr/

DERMATOLOGY
http://www.med.unc.edu/wrkunits/2depts/derm/resident.html

DIAGNOSTIC RADIOLOGY
http://www.med.unc.edu/wrkunits/2depts/radiolog/frame02a.html

EMERGENCY MEDICINE
http://www.med.unc.edu/emergmed/residency/

FAMILY MEDICINE
http://www.fammed.unc.edu/residence/restart.htm

INTERNAL MEDICINE
http://www.med.unc.edu/wrkunits/2depts/medicine/web/hstrain.htm

MEDICINE/PEDIATRICS
http://pediatrics.med.unc.edu/dept/medpeds_overview.htm

NEUROLOGY
http://neuron.med.unc.edu/neurology/Residents.htm

OB/GYN
http://www.med.unc.edu/obgyn/education.html#Residency

OPHTHALMOLOGY
http://www.med.unc.edu/wrkunits/2depts/ophth/resident.htm

ORTHOPAEDICS
http://www.med.unc.edu/wrkunits/2depts/ortho/RESPROG/uncresprog.html

OTOLARYNGOLOGY/HEAD AND NECK SURGERY
http://apollo.med.unc.edu/ent/oto-hns/residency.html

PATHOLOGY AND LAB MEDICINE
http://www.pathology.unc.edu/path/resident/welcome.htm

PEDIATRICS
http://pediatrics.med.unc.edu/dept/residencies_overview.htm

PSYCHIATRY
http://www.psychiatry.unc.edu/education/welcome.htm

RADIATION ONCOLOGY
http://www.med.unc.edu/radonc/residency_training.htm
Surgery and Surgical Specialities

General Surgery
http://viper.med.unc.edu/surgery/residencypgrms/general.html

Cardiothoracic Surgery
http://viper.med.unc.edu/surgery/CT/residency.html

Neurosurgery
http://viper.med.unc.edu/surgery/neurosurgery/residency.html

Plastic Surgery
http://viper.med.unc.edu/surgery/plastics/residency.html

Urology
http://viper.med.unc.edu/surgery/residencypgrms/urology.html
Residencies in anesthesiology are open to two types of candidates: 1) those with no postgraduate training beyond medical school and, 2) those with one or more years of postgraduate education.

Those applicants with no postgraduate training beyond medical school must apply through the National Residency Matching Program for either a postgraduate position at the PGY-I or PGY-II level. If accepted for a position at the PGY-I level, the individual will participate in a broad-based clinical program of education during the first year of training. Usually, the resident will rotate through the different disciplines of internal medicine and pediatrics for five months each. Two months will be devoted to clinical anesthesia. On successful completion of this initial year, the resident will automatically be eligible for the clinical years of anesthesia training. Candidates accepted at the PGY-II level through the National Residency Matching Program will be expected to complete an acceptable broad-based clinical program prior to initiating the PGY-II year.

Those applicants with one or more years of postgraduate education need to complete only three years of clinical anesthesia training, and may apply directly to the department for a position beginning at the CA-I level without participating in the National Residency Matching Program. Successful completion of these years qualifies the individual to apply to the American Board of Anesthesiology for entrance into the Board Exam Process.

During the first year of clinical anesthesia training, the resident is introduced to the operating rooms by working with attendings and senior residents on a one-to-one basis. During the initial month, daily didactic conferences are organized for the resident to introduce the individual to the scientific basis of practice. Subsequently, morning conferences are held at least four times per week. Over a three-year period, these seminars will cover all phases of the basic and clinical sciences related to anesthesiology. In addition to our attending staff, representatives from many departments within the medical school and visiting professors from other medical schools participate in and direct these seminars.

The second year of clinical anesthesia training emphasizes attainment of knowledge in the more specialized areas of anesthesia. Anesthesia for pediatric, thoracic, cardiac, neurosurgical, obstetric, and vascular cases is stressed along with the management of patients in the recovery room, intensive care units, out-patient unit and pain clinic.

The third year of clinical anesthesia training offers an advanced program of study in the management of complex anesthesia assignments, the management of sub-specialty anesthesia assignments, and/or the development of research interests. This advanced clinical anesthesia year is developed for the resident after the resident’s interests and strengths are considered. Individualized programs are available for applicants with appropriate credentials. Independent research by residents in the research or clinical laboratory is encouraged and will be supported within the restrictions of the American Board of Anesthesiology.

Additional inquiries and letters of recommendation may be directed to:

Resident Selection Coordinator
Department of Anesthesiology
UNC School of Medicine
223 Burnett-Womack Building, CB# 7010
Chapel Hill, North Carolina 27599-7010
The residency program is a 24-month program accredited by the American Dental Association. The overall purpose of the program is to train dental residents to deliver humanistic, comprehensive dental care as part of a health team, with full consideration of the patient’s medical, psychosocial, and dental needs. It includes rotations through several specialized facilities affiliated with the University of North Carolina School of Dentistry and the UNC Hospitals. The program enrolls three to four residents each year. The 24-month program leads to a certificate of completion of the General Practice Residency in Dentistry.

The primary clinical training sites include the dental services of UNC Hospitals, the Veterans Affairs Medical Center in Durham, and the Orange County Health Department facilities located in Hillsborough and Carrboro. Clinical experiences are provided in all phases of general dentistry except orthodontics. Strengths of the clinical program are in diagnostic, restorative, prosthodontic, and oral surgical areas. An additional clinical experience in maxillofacial prosthodontics for the head and neck cancer patient. The resident is afforded the opportunity to meet the oral health needs of ambulatory patients of all ages, from children at the Health Department to older adults at the VAMC, under the tutelage of on-site dental educators at all facilities. Approximately 92% of program time is spent engaged in hands-on clinical care and education, with 8% in didactic and interdisciplinary conferences. A large majority of the clinical care (85%) is delivered for ambulatory outpatients, with 15% or less for hospital inpatients and operating room care.

UNC Hospitals has an active interdisciplinary consultation system where residents are called upon to provide their dental expertise in addressing dental consult requests from surgical, medical, and psychiatric services. Residents participate in the weekly Head and Neck Tumor Conference. Residents gain significant experience with management of patients with medically complex conditions such as hemophilia and other bleeding disorders, end-stage organ failure (e.g. liver, kidney, heart, lung), oral and pharyngeal cancers, HIV/AIDS, systemic lupus, sickle cell anemia, and other rare disorders. At the Durham VAMC, patients often have hypertension, coronary vascular disease, congestive heart failure, chronic obstructive pulmonary disease, diabetes, post-traumatic stress disorder, end-stage organ disease, and/or cancer.

Each resident serves three to four months as chief resident during his/her second year in the program. This provides an opportunity to learn hospital administrative skills and increase the experience in operating room dental care.

All residents participate in a weekly didactic conference. The curriculum is composed of a physical diagnosis course during the summer and a series of seminars and lectures by faculty experts from the dental and medical schools and special outside guest speakers during the fall and spring semesters. Review of the current literature, resident presentations called the "Disease of the Month" series, and Morbidity and Mortality conference are scheduled on a monthly basis.

For further information, contact:

Lauren L. Patton, D.D.S.
Program Director

Lauren L. Patton, D.D.S.
Director, General Practice Residency Program
UNC School of Dentistry
388 Dental Office Building, CB# 7450
Chapel Hill, North Carolina 27599-7450
The three-year residency program in dermatology offers comprehensive training in inpatient and outpatient dermatology. Emphasis is placed on the basic sciences as they pertain to the skin and the total individual in health and disease. Complete facilities are available in dermatopathology. Residents are encouraged to participate in clinical and experimental studies of the Dermatology Research Program. One year of training in another discipline such as internal medicine, pediatrics, general surgery or family practice is required after graduation from medical school before acceptance into the residency.

Each resident will be taught clinical dermatology through the evaluation and management of a large patient population, which is seen within a variety of outpatient and inpatient clinical settings under the close supervision of clinical teaching faculty, both in Chapel Hill and at affiliated hospitals and departmental clinics elsewhere. These currently include UNC Hospitals and its Ambulatory Care Center, UNC Student Health Services, Fayetteville Veterans Administration Medical Center, Dorothea Dix Hospital in Raleigh, and a private office setting in Burlington, North Carolina.

Clinical training is complemented by a series of weekly didactic lectures, conferences, and journal clubs, the contents of which comprise a curriculum intended to meet all recommended areas of study as prescribed by the American Board of Dermatology. At present, this encompasses approximately six hours of didactic teaching per week, exclusive of one-on-one teaching within the clinics and on the wards.

Additional inquiries may be directed to:

Ms. Suzanne Stroud
Dermatology Residency Program Coordinator
UNC School of Medicine
3100 Thurston–Bowles 243, CB# 7287
Chapel Hill, North Carolina 27599–7287
sstroud@med.unc.edu
DIAGNOSTIC RADIOLOGY

The University of North Carolina diagnostic radiology residency training program is fully accredited by the Accreditation Council for Graduate Medical Education. The program is a four-year training experience leading to board eligibility in accordance with the training requirements of the American Board of Radiology. The program requires an internship prior to entry. BLS and ACLS certification are required.

The program is based at UNC Hospitals, a 665-bed general medical and surgical referral unit that is the primary teaching hospital of the School of Medicine located on the campus of The University of North Carolina at Chapel Hill. The Department of Radiology is modern and well equipped with up-to-date state-of-the-art technology. The 29 attending radiologists represent all the general and specialty areas of radiology. Approximately 200,000 radiologic examinations are performed each year.

Six radiology residency positions are available each year. These appointments are reviewed on an annual basis depending on satisfactory completion of the previous year. The American College of Radiology in-service examination is offered to all residents on a voluntary basis. This educational exercise is used solely as an indicator for the resident and department to provide feedback regarding how the residents perform when compared to their peers nationwide.

First-year residents spend the majority of their time in the basic disciplines of radiology, including chest, GI/GU, pediatrics, musculoskeletal, mammography, ER, and basic imaging (ultrasound, CT, nuclear medicine). The training is directed at preparing the first-year residents for their on-call responsibilities, which begin in the spring. The second year of residency expands on the fundamentals learned during the first year, with reinforcement in the basic clinical areas and new experience in more specialized areas of radiology, including MRI, neuro-interventional radiology, and vascular interventional radiology. An extensive physics review course begins during the latter part of the second year and extends into the third year until physics boards in September.

At the beginning of the third year, residents are promoted to the vascular interventional call pool, where they remain until their fourth year. In addition, they are given the opportunity to work with other departments by rotating through obstetrical and peripheral vascular ultrasound. It is during the third year that residents attend the Armed Forces Institute of Pathology course, a radiologic-pathologic course in Washington, DC. This six-week course gives the resident extensive, directed review of nearly all the radiologic disciplines with pathologic correlation.

Fourth-year residents direct most of their attention towards preparation for board examination, both written and oral. Third- and fourth-year residents have the opportunity to rotate in elective areas for a total of 12 weeks. This may consist of rotations that are not normally offered as part of the curriculum that provide additional training in areas in which the resident has had little exposure, rotations that provide in-depth, advanced training in preparation for post-residency exposure, or supervised research rotations.

**Applicant Procedure** All candidates apply and participate according to the NRMP guidelines. Candidates must apply via the match for all positions as PGY-II subsequent to completion of a PGY-I year. After a completed application and supporting documents are received and reviewed, candidates will be contacted about a personal interview. All materials except the dean’s letter must be received on or before November 1st. Applications are available through Electronic Residency Application service.

Radiology residency questions may be directed to:

**Ms. Lyanne S. Spangler**
Medical Education Coordinator
Department of Radiology
UNC School of Medicine
2033 Old Clinic Building, CB# 7510
Chapel Hill, North Carolina 27599–7510
phone: (919) 966–2992
Lyanne_Spangler@med.unc.edu

Joseph K.T. Lee, M.D.
Professor and Chair

Paul L. Molina, M.D.
Director of Residency Training
The Emergency Medicine Residency Program at the UNC Hospitals is offered to all graduates of approved medical schools. The residency is a PGY-I through PGY-III program, with eight residents in each year’s class. All positions are filled by application through the National Resident Matching Program (NRMP).

UNC Hospitals, a 665-bed tertiary care, is the primary training site. The Emergency Department moved to new, state-of-the-art, facilities in 1996 and sees more than 50,000 patients a year. The Department of Emergency Medicine, with more than 20 faculty members, is dedicated to academics and education in the specialty of emergency medicine.

In addition to the facilities at UNC Hospitals, the Emergency Medicine Residency Program is fully integrated with the Department of Emergency Medicine at WakeMed in Raleigh. Attending physician coverage at that institution is through Wake Emergency Physicians, a 45-member private practice group. WakeMed cares for well over 100,000 patients per year, of which almost a third are children seen in their dedicated Children’s Emergency Department. All faculty at both institutions are board-certified or board-prepared in Emergency Medicine.

This combination of settings provides residents an opportunity to experience first-hand the variety of career paths available in emergency medicine.

The organized curriculum is composed of textbook review, Socratic case presentations, clinical discussions, hands-on skills labs, and lectures. Concepts of clinical management, the approach to differential diagnosis, problem solving, and integration into the institutional system are emphasized in conferences, meetings, and clinical supervision in the emergency department. Each first-year resident chooses a longitudinal project that he/she will be responsible for over the next three years. The project is in addition to the research requirement and is designed to teach responsibility for and contribution to the community. Special courses such as airway management, ultrasound, and animal laboratory procedure sessions are integrated throughout the three years of training.

Second-year residents are given an EMS Base Station course in medical control and a course on aeromedical transport. The second-year curriculum also includes an introduction to computer database systems, data management, analysis, and report generation. Clinical rotations emphasize emergency medicine, pediatric emergency medicine, critical care, and trauma.

Increased clinical responsibilities are expected during the third year, including supervising residents and medical students, running trauma resuscitations, aeromedical control, and department management. Clinical experiences consist almost exclusively of emergency department rotations, with two months of elective time.

Applications are available in June of the year preceding commencement of training. The Department of Emergency Medicine accepts the universal application form. Upon receipt of a completed application and supporting documents, candidates will be contacted about the possibility of a personal interview.

All application materials, as well as requests for program information, may be directed to:

Emergency Medicine Residency Program
Department of Emergency Medicine
UNC School of Medicine
CB 7594, UNC Hospitals
Chapel Hill, North Carolina 27599-7594
phone: (919) 966-8734
fax: (919) 966-3049
Family Medicine

Modern facilities in the state-of-the-art William B. Aycock Family Medicine Building at the University of North Carolina provide an ideal environment for residents to develop and maintain a personal practice over three years in a setting that emphasizes on-site precepting, regular chart reviews, and close monitoring of patient care. Special emphasis is given to behavioral training using a sophisticated video monitoring system to observe and tape, and to outpatient procedures such as flexible sigmoidoscopy, exercise tolerance testing, osteopathic manual therapy, colposcopy, and vasectomy. In UNC Hospitals, the department runs an inpatient service for patients from the Family Practice Center and other community practices.

The department runs a maternal and child health service for the patients of the practice and for those who seek their prenatal care at the Orange County Health Department, Alamance County Health Department and Chatham Primary Care. The service also provides physician backup to a free-standing birthing center staffed by midwives.

In the first year, residents gain experience with inpatient medicine in two hospitals. On a busy family practice inpatient service in UNC Hospitals, a university hospital system located in Chapel Hill, residents take care of Family Practice Center patients and patients from community practices. WakeMed in Raleigh provides an opportunity for residents’ training in each major specialty, with rotations in medicine, pediatrics, surgery, and obstetrics and gynecology. Second- and third year residents have a number of special outpatient rotations, including a rural rotation in a local community practice; a rotation with underserved-and at-risk patients that emphasizes pediatrics and has rural options; six weeks devoted to improving behavioral medicine skills, and another four months of in- and out-of-town electives to develop individual skills.

Behavioral medicine is integrated throughout all residency years. Teaching focuses on mental health assessment, substance abuse, sexual health, individual and family psychosocial issues. Residents gain assessment, intervention, and counseling skills and integrate them by working with the behavioral faculty in block rotations, continuity rotations, family clinics, active precepting, case consultations, combined meetings with patients, and psychosocial seminars in their third year.

A skin clinic conducted once a week in the Family Practice Center is one of the primary components of the dermatology curriculum. Time is allocated in the second and third years to learn the principles of practice management, explore medical computer applications, visit community practices, and do career planning. Geriatrics is taught by an interdisciplinary group of family physician faculty and faculty from the geriatrics fellowship program. The final major component of the curriculum is the conference schedule. Weekly departmental conferences include Grand Rounds, Critical Appraisal Rounds, Principles of Family Medicine Conference, Maternal-Child Roundtables, Senior Family Medicine and Psychosocial Seminars.

Residency positions are filled through the National Residency Match Program. Personal interviews are required.

Additional inquiries may be directed to:

Family Medicine Residency Program
UNC School of Medicine
Manning Drive, CB# 7595
Chapel Hill, North Carolina 27599-7595
phone: (919) 966-3711
fax: (919) 966-6125

Warren P. Newton, M.D., M.P.H.
William B. Aycock Distinguished Chair

Clark R. Denniston, M.D.
Margaret Nusbaum, D.O., M.P.H.
Residency Program Co-Directors
The Department of Medicine of the University of North Carolina at Chapel Hill residency training program in internal medicine offers experience in specialized care as well as primary care. The formal curriculum and clinical rotations emphasize ambulatory as much as inpatient medicine.

**Outpatient Rotations** The Department of Medicine is committed to providing a significant amount of residency training in the outpatient setting. The residency is currently 50% ambulatory, consisting of block months of outpatient rotations. First-year residents spend a month in each of the following: the Urgent Care Clinic at UNC Hospitals, the ER, and in a consultation elective. In the second year, one month in the outpatient clinic is combined with four to five months in consultation elective/subspecialty clinics. Training of third-year residents includes five or six months consultation elective/subspecialty clinics, one to two months in the outpatient clinic or a community-based practice, one month as medical admitting officer, and two weeks in geriatrics. In addition to the rotations listed, residents follow a panel of continuing care patients. Each resident spends a minimum of one half-day per week caring for these patients. Faculty precept all resident clinics.

The medical inpatient service consists of subspecialty wards and general medicine wards in the UNC Hospitals. There are seven subspecialty services: cardiology (including CCU), GI, hematology/oncology, infectious diseases, pulmonary, renal, neurology, and two general medicine services. In addition, there is a separate Medical Intensive Care/Respiratory Intensive Care Unit rotation. Each ward team consists of an attending, a PGY-II or PGY-III resident, two PGY-I residents, and one or two medical students. For the subspecialty services, the attending comes from that subspecialty.

**WakeMed Medicine Teaching Service** The experience of the department’s housestaff is complemented by working at WakeMed in Raleigh. WakeMed is a 560-bed hospital that admits patients with a variety of acute internal medicine problems. WakeMed also has an outpatient clinic rotation available to second- and third-year residents. Residents see patients after hospital discharge or for ER follow-up. Additionally, house officers participate in subspecialty clinics. The Wake County Department of Health is adjacent to WakeMed. Second- and third-year residents may select an outpatient rotation in the STD clinic at this facility.

**Research** All residents are encouraged to participate in research. Two options are available. The first is the Research Pathway, a four year program including two years of clinical activities and two years of research that leads to board eligibility. PGY-II residents must apply prospectively for this pathway with the American Board of Internal Medicine. The application is planned and coordinated by the program director. The second option for research involves elective time in the PGY-II or PGY-III year. Residents may use up to three months to work with a faculty preceptor on a basic or clinical project.

Conferences and Rounds housestaff training is also dependent on a variety of planned conferences and rounds sessions. These include the following: Grand Rounds; weekly Clinical Pathology Conference (which is organized once a month as a Morbidity and Mortality Conference); Interns Conference; weekly Evidence-Based Medicine Conference; daily Residents’ Report, with discussions led by second- and third-year residents; twice weekly Core Curriculum of Internal Medicine Seminar; Urgent Care Seminar, a daily conference for residents working in the Medicine Urgent Care Clinic; Outpatient Morning Report. Rounds sessions on the inpatient services include work rounds, attending rounds, and x-ray rounds. Residents have the opportunity to meet monthly with the chairman and program director to discuss their educational experience. All changes are made with the advice of the residents advisory group. This assures residents a voice in the operation of the training program.

For further information, contact:

**Internal Medicine Residency Program**
Department of Internal Medicine
UNC School of Medicine
3033 Old Clinic Building, CB 7005
Chapel Hill, North Carolina 27599-7005
phone: (919) 843-6486
fax: (919) 966-5775

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**Marschall S. Runge, M.D., Ph.D.**
Chairman

**Lee R. Berkowitz, M.D.**
Program Director
The UNC Medicine/Pediatrics curriculum is both comprehensive and flexible. The curriculum follows the guidelines outlined by the American Board of Internal Medicine and the American Board of Pediatrics. The program is designed so that residents learn the skills necessary to become high quality generalist clinicians, yet can tailor their education to their own interest and needs.

The Med/Peds intern experience is 12 months. The first year provides the resident with the core experiences needed to assume supervisory responsibilities in both medicine and pediatrics. As residents progress through the training program, they assume increasing responsibility for the clinical care of patients and for their own self-education. In the second and third years, the residents assume junior resident supervisory roles in the intensive care units and wards of pediatrics and internal medicine. In the fourth year, the residents assume senior resident supervisory roles on the wards and intensive care units and admitting officer duties in each of the departments. During these last three years residents also complete subspecialty consult months, ambulatory electives, research electives and international opportunities.

Combined Conferences and Clinical Experiences Prior to each clinic, a pre-clinic conference focuses on ambulatory topics from the curriculum of internal medicine and pediatrics. Combined medicine–pediatric grand rounds occur once a month. Several divisions in the two departments have joint weekly subspecialty conferences (infectious diseases, genetics, gastroenterology, nephrology, and endocrinology). Residents may also do combined electives in some subspecialties. There are opportunities also for Med/Peds electives with program graduates in North Carolina as well as in more distant sites such as Montana.

The Continuity Clinic experience begins in the internship year. The Med/Peds interns spend alternating weeks in the categorical internal medicine and pediatric clinic sites. The internal medicine clinic meets at the Ambulatory Care Center, which is a multi-specialty building for ambulatory care located a few blocks from the hospital. The residents’ clinic functions within the general medicine clinic. The pediatric Continuity Clinic site is located in the North Carolina Children’s Hospital, where the entire first floor is designated for outpatient care of children. The residents’ continuity clinic functions as the general pediatrics clinic at this hospital site.

The Med/Peds residents’ (2nd, 3rd and 4th year) continuity clinic experience is based at one of the two UNC Med/Peds community-based clinics—Chapel Hill North or Chatham Crossing. Each site is five miles from the main hospital. These clinics have Med/Peds, internal medicine and pediatric faculty on site. The residents are precepted by the Med/Peds faculty.

Additional inquiries may be directed to:

Ms. Denise Craig
Meds/Peds Residency Program
UNC School of Medicine
Department of Pediatrics, CB# 7593
Chapel Hill, North Carolina 27599-7593
phone: (919) 966–6770
uncmp@med.unc.edu

Allen Liles, M.D.
Med/Peds Residency Program Director

Medicine/Pediatrics
The Department of Neurology at the University of North Carolina School of Medicine and UNC Hospitals offers training programs in adult and child neurology. The three-year program is approved by the American Board of Psychiatry and Neurology for certification in neurology, as well as in neurology with special competence in child neurology. The program is designed to provide residents with broad-based training in clinical neurology in preparation for careers in either academic neurology or clinical practice. Each resident is assigned a faculty advisor/mentor at the start of training. They meet throughout the year to review the resident’s career goals and progress in the residency program.

During the three years of neurology residency training, the resident is expected to learn how to effectively evaluate and manage a variety of neurologic problems. Residents follow a structured curriculum, with program goals and objectives provided for each resident rotation. Daily rounds on the inpatient service provide for both bedside and didactic teaching. All outpatients seen by the resident are presented and discussed with an attending. Progressive responsibility in the care of patients is emphasized.

Each year residents take the Residency In-service Training Exam and are given a mock oral exam. They are encouraged to engage in scholarly activities during the course of their training. Teaching of other residents, medical students, and allied health personnel are part of the resident’s education in neurology.

During the first year of training, the resident performs patient care under the direct supervision of a full-time attending neurologist on the neurology inpatient service, where the resident interprets diagnostic procedures. Residents also rotate in the neurology outpatient clinics and child neurology. The second-year resident has increased patient care responsibility. Primary clinical responsibilities this year are the inpatient and outpatient consult services. Three months of training in nerve conduction studies and electromyography, as well as further training in child neurology and elective rotations, are done in the second year. In the third year, the senior residents are given increased responsibility for the consultation service and outpatient clinic and have opportunities to engage in clinical or basic science research projects. Residents do a one-month rotation in neurosurgery and neuropathology and take other electives in EEG, neuroophthalmology, neuroradiology, and related areas.

Child Neurology Adult neurology residents spend at least three months on inpatient and outpatient rotations in child neurology. This includes two child neurology clinics per week, child neurology conference, inpatient attending rounds, and consultation service. Child neurology residents spend the first residency year in adult neurology. The second residency year consists of increased patient care responsibility in inpatient and outpatient child neurology. The subspecialty electives include those listed previously, as well as those pertinent to child neurology. In the third residency year, the senior child neurology resident supervises the consultation service and the outpatient clinic, organizes conferences and other teaching activities and provides the initial level of consultation throughout the medical center. Opportunities for research are available.

Additional inquiries may be directed to:

Albert R. Hinn, M.D.
Residency Director
c/o Doris Eason
Department of Neurology
UNC School of Medicine
3114 Bioinformatics, CB# 7025
Chapel Hill, North Carolina 27599-7025
The goal of the residency education program is to develop excellent clinicians with experience in all areas essential to the practice of obstetrics and gynecology, which encompasses primary and preventive health care of women.

The UNC Department of Obstetrics and Gynecology facilitates the resident’s educational process so that they will acquire the necessary scientific knowledge, learn to think deductively, and make logical clinical decisions. The primary goal is to make each resident a competent obstetrician-gynecologist as well as a teacher for him/herself, patients, and the community.

The department follows the education objectives outlined by the Council on Resident Education in Obstetrics and Gynecology. Each resident is given a book with these objectives during his/her first month in the program.

The comprehensive training program produces competent physicians who are prepared to be specialists in obstetrics and gynecology and to achieve certification by the American Board of Obstetrics and Gynecology. Approximately 60% of the residents enter private practice, while 40% choose a career in academic medicine. Many former residents are in academic medicine, including four department chairmen, four division directors, one associate dean, one former dean of a medical school, and a director of a reproductive branch of the Centers for Disease Control and Prevention.

In summary, the goal of the Department of Obstetrics and Gynecology is to educate rather than train resident physicians in the surgical and medical aspects of obstetrics and gynecology, including the primary care aspects of continuity care, disease prevention, and health maintenance. Each of the four divisions of the department (obstetrics, oncology, gynecology, urogynecology/reconstructive pelvic surgery) has specific goals for the residents in each of their four years.

The program participates in Electronic Residency Application Service (ERAS). Each year, the department receives approximately 450 applications for the six PGY-I positions in the program. About 100 applicants are invited for an interview.

Additional inquiries may be directed to:

Ms. Juli Kidd  
Medical Education Director  
UNC School of Medicine  
30134 NC Women’s Hospital, CB# 7600  
Chapel Hill, North Carolina 27599-7600  
Phone: (919) 966-5096  
Fax: (919) 843-1480  
jkidd@med.unc.edu

Valerie M. Parisi, M.D., M.P.H.  
Professor and Chair  
Residency Program  
Director
The Ophthalmology Residency Program at the University of North Carolina at Chapel Hill is a fully accredited, three-year residency with three applicants accepted into the program each year. Its mission is to provide residents with an outstanding experience in the medical and surgical treatment of a wide variety of ophthalmic diseases, allowing them upon completion of the program to practice comprehensive ophthalmology or pursue subspecialty fellowship training in preparation for a career in the community or academic setting.

One postgraduate clinical year (transitional, medicine, pediatrics, or surgery) in a program accredited by the ACGME is required prior to entering the residency. Residents proceed through an experience of graded responsibility. The first-year resident spends time in cornea and external disease, pediatric ophthalmology and strabismus, retina, contact lenses and low vision. The resident is also introduced to patients that he/she will follow for three years in a continuity clinic. One-half day each week is devoted to an ophthalmic pathology practical experience. The resident will also assist in intraocular surgeries and gain primary surgical experience in minor oculoplastic procedures and enucleations.

Second-year rotations include general clinic, neuro-ophtalmology & adult consults, retina and vitreous, and a four-month rotation at the nearby North Carolina Eye and Ear Hospital, a large multispecialty private practice affiliated with the residency program. Residents will also spend time during their neuro-ophtalmology rotation in pediatric ophthalmology and strabismus where they will gain surgical experience performing horizontal strabismus procedures. During the second year, residents will perform inpatient consults, retinal and anterior segment lasers, and minor procedures in the clinic, and they are introduced to cataract extraction as the primary surgeon.

The third-year resident gains additional primary surgical experience in cataract, glaucoma, strabismus, and oculoplastic procedures. Residents are also exposed to radial keratotomy and techniques of topical anesthesia. Rotations during the third year are chief resident (director of the general clinic, each resident serving for four months), glaucoma and oculoplastics, and a four-month rotation at Womack Army Hospital in Fort Bragg, North Carolina, located 75 miles from Chapel Hill and home of the Army’s elite 82nd Airborne Division. All the subspecialties of ophthalmology are represented by a faculty with diverse backgrounds and experience. Quality teaching and adequate resident supervision are priorities of the faculty. A faculty member is always available in the clinic to answer resident questions and provide feedback. Because there are no fellowships offered at UNC, the resident is the first assistant on all faculty surgeries.

All applications are received through the Central Application Service of the Ophthalmology Matching Program (OMP), sponsored by the Association of University Professors of Ophthalmology.

Applications may be obtained by writing:

Central Application Service
P.O. Box 7584
San Francisco, CA 94120–7584

Phone: (415) 447–0350
Fax: (415) 561–8535
The Orthopaedic Residency Program at the University of North Carolina at Chapel Hill is dedicated to providing residents with the knowledge, skills, and attitudes to meet the challenges of medical practice in the 21st century. The assumption is made that the residency years are an extension of the educational process rather than an apprenticeship; thus, educational balance, a strong basic science foundation, individualization of programs, continuity of patient care, close faculty supervision in all phases of the learning process, and emphasis on the "whys" as well as the "hows" of orthopaedic surgery are emphasized.

The residency program at UNC-Chapel Hill provides residents with a varied clinical experience. The clinical service is divided into three teams; each team spends two and a half days in the operating room and two days in the outpatient clinic each week. One or more attendings on each team has special expertise in adult reconstructive orthopaedics, pediatric orthopaedics, and trauma. Residents rotate among the three teams at three to six month intervals. During the PGY-III year, each resident spends three months in basic science and research and three months as the orthopaedic consult resident. Residents also spend three months during their PGY-III year and three months during their final year in Raleigh at WakeMed, a 560-bed hospital affiliated with UNC Hospitals for residency education through an Area Health Education Center.

House officers are expected to be committed to teaching and investigation as well as to the acquisition of clinical skills. Residents are selected on the basis of past academic performance, interviews, and recommendations. The prerequisites for orthopaedic education at UNC-Chapel Hill are a degree from an accredited medical school and satisfactory completion of a year of postdoctoral training. While this year may be spent in disciplines other than surgery, preference is given to those applicants who have spent it in basic surgical education. The first postgraduate year in surgery is designed to provide fundamental surgical principles and is recommended for those applying to the orthopaedic program.

The basic program in orthopaedics is five years (including PGY-1), for which three positions are offered each year through the National Intern and Residency Matching Program. A fourth position is available for a six-year program, which includes 12 months in research and basic science after the first year of postdoctoral training.

Written inquiries concerning orthopaedic residency education may be directed to:

**Douglas R. Dirschl, M.D.**
Chairman and Frank C. Wilson Distinguished Professor of Orthopaedics

**Edmund R. Campion, M.D.**
Program Director

**Edmund R. Campion, M.D.**
Department of Orthopaedics
UNC School of Medicine
Bioinformatics Building, CB# 7055
Chapel Hill, North Carolina 27599-7055
Karen_Gilliam@med.unc.edu
The residency program in Otolaryngology/Head and Neck Surgery includes one year of surgical internship followed by four years of otolaryngology. Following the first year of general surgery, the program offers second-year residents a six-month block for research, a four-month block at WakMed Hospital, a one-month block in the surgery ICU, and a one-month block of speech and hearing. Three clinical years of otolaryngology/head and neck surgery follow, during which residents are given increasing responsibility, with an emphasis on quality operative experiences and teaching. Residents also rotate in four-month blocks at WakeMed during their third and fourth years.

The fifth year is spent solely at UNC Hospitals. For four months of that year, they are the administrative chief resident responsible for the call schedule and the conference schedule. The clinical experience involves endoscopy, head and neck surgery, surgery of the nose and paranasal sinuses, facial cosmetic surgery, temporal bone surgery and allergy. Residents are included in all facets of the program, including the performance of cochlear implants.

Each resident in the department is required to design and carry out a research project during the PGY-II year. There are several laboratories in the Division of Otolaryngology and six full-time Ph.D.’s involved in research. In addition to the six-month block is reserved for research during the second year, ongoing research activities are strongly encouraged throughout the residency. There also is an active speech and hearing center and a divisional allergy clinic with which several of the clinical research activities are coordinated. Many residents have chosen to undertake their projects within the laboratories in the department, while others have chosen to work in related disciplines such as microbiology, tumor biology, or three-dimensional processing of CT scans. The department also has affiliations with the Dental Research Center and the Department of Anatomy.

For further information, contact:

Ms. Kari Corker  
Residency Program Coordinator  
UNC School of Medicine  
Neurosciences Hospital G0412, CB# 7070  
Chapel Hill, North Carolina 27599-7070  
phone: (919) 966-3342
The Residency Training Program in Pathology and Laboratory Medicine at UNC Hospitals prepares the physician for an exciting array of career choices in medicine. The program offers a four-year, combined anatomic and clinical pathology residency with opportunities for research and for post-residency fellowship training in a wide range of subspecialty areas in pathology. The program is fully accredited by the Accreditation Council for Graduate Medical Education (ACGME). The goals and objectives of the training program include providing a flexible, broad-based training program for physicians seeking training in pathology for either an academic or community-practice career.

The first three years of the program are focused on core training in anatomic pathology (AP) and clinical pathology (CP). The curriculum is organized to intermingle AP and CP core rotations within each of the first three years of training. This facilitates early recognition of special interests, which the resident may wish to pursue in greater depth during the fourth year of residency or in a post-residency fellowship. The fourth year of the program permits the trainee great flexibility. The year includes seven months of elective rotations in anatomic pathology, clinical pathology or basic research, so that the trainee can concentrate on his or her particular interests. Overall, there are ten months of elective rotations interspersed within the four-year training program.

All major areas of anatomic and clinical pathology are covered in the AP/CP training program. Experience in laboratory management, computer applications, quality assurance programs, cost containment programs, and medical informatics is also provided. Trainees participate in teaching medical students and in interpreting the results of pathologic examinations to the UNC Hospitals’ clinical staff.

The Anatomic and Clinical Pathology Services at UNC Hospitals are within the McLendon Clinical Laboratories. Anatomic pathology services include surgical pathology, cytopathology, neuropathology, autopsy, ophthalmic pathology, histology, and electron microscopy. Clinical pathology (laboratory medicine) services include the core laboratory (which includes automated chemistry, hematology, and coagulation components), microbiology, immunology, histocompatibility, molecular pathology, clinical chemistry, hematology, and transfusion medicine (blood bank).

The Office of the Chief Medical Examiner (OCME) of the State of North Carolina is located in the same building as the Department of Pathology and Laboratory Medicine. With more than 1200 forensic autopsies performed in this facility each year, the OCME provides residents with unparalleled opportunities for experience in all aspects of forensic pathology and in autopsy pathology. Post-residency fellowship training in forensic pathology and toxicology is also offered.

Residents interested in an academic career in pathology focused on basic research will find enthusiastic support from the faculty and program, including help in identifying research mentors within the medical center and in structuring a research career path. Residents may choose to do research for their elective rotations, permitting them to have a substantial research experience during their residency training.

Additional inquiries may be directed to:

Ms. Cynthia Brown  
Pathology and Laboratory Medicine Residency  
UNC School of Medicine  
Brinkhous-Bullitt Building, CB #7525  
Chapel Hill, North Carolina 27599-7525  
Phone: (919) 966-4676  
Fax: (919) 966-6718  
info@pathology.unc.edu
The Pediatric Residency Program at UNC-Chapel Hill provides training in both inpatient and ambulatory settings in an environment that emphasizes a scholarly approach to medicine. The program places strong general pediatric training as its cornerstone; such a foundation is key to the success of either the pediatric generalist or pediatric subspecialist. Using this model, the program provides opportunities that build diagnostic and management skills using data-driven decision making while focusing on the “whole” patient.

In 2002, the residency program moved into the North Carolina Children’s Hospital. This state-of-the-art facility is the only freestanding children’s hospital in North Carolina and houses both the inpatient and outpatient services for children at UNC Hospitals. The program also incorporates well-organized opportunities in two community hospitals to broaden the experience beyond that available in the tertiary medical center. The unique opportunity to train in a major tertiary center and two community hospitals provides useful insights into the practice of pediatrics in different communities, promotes the ability to make independent clinical judgments, and provides the experiences and role models necessary to make solid career decisions.

The PL-I resident functions as a primary care physician and develops skills and knowledge necessary to understand, evaluate, and manage common pediatric problems on the ward, in the nurseries, and in the outpatient department. The PL-II resident develops the skills and experience necessary to supervise a ward or nursery team and to treat patients effectively in the acute care and intensive care settings. The PL-III resident has completed most of the basic core of ward, nursery, and outpatient experience. During the year, the resident continues to be a supervising resident on the clinical rotations and gains further expertise in elective areas.

The Continuity Clinic (CC), located in the North Carolina Children’s Hospital, is an important part of the overall training program. Residents average one CC session per week throughout residency. Residents in CC work closely with general pediatrician preceptors in providing care for their own cohort of patients. A general pediatric conference is held each day in Continuity Clinic. This discussion-style forum focuses on the diagnosis and management of ambulatory pediatric problems. One week per month focuses on behavior and development; another week is Teen Week, which focuses on adolescent health.

Through the Community Outreach Training Program, residents spend time in child-related community agencies, with families who have special needs, and in several subspecialty clinics. The program provides residents with an awareness of and appreciation for professionals and agencies that contribute to the health and welfare of children.

Pediatric Grand Rounds are held weekly, with one of the meetings each month held jointly with the Department of Medicine. Topics and cases are selected on the basis of teaching value and degree of interest to the entire department. Daily noon conferences are planned by the chief residents to cover a core curriculum. Twice a month, pediatric residents and invited faculty members participate in a journal club meeting. By reviewing and discussing current articles, residents learn to use a more critical approach in reading the medical literature. During July and August, an Acute Lecture Series addresses the pathophysiology and basic management of selected pediatric emergencies.

Additional inquiries may be directed to:

Ms. Angela Bowden
Pediatric Education Office
UNC School of Medicine
Department of Pediatrics, CB# 7593
Chapel Hill, North Carolina 27599-7593
phone: (919) 966-3172
uncped@med.unc.edu
The University of North Carolina General Psychiatry Residency Program offers a complete and balanced opportunity for medical school graduates to receive accredited training in general psychiatry. While much of the training experience takes place at UNC Hospitals in Chapel Hill, the facilities of Dorothea Dix State Hospital in Raleigh, North Carolina are fully integrated into the program, as are a number of community psychiatry sites throughout the state. The goal of the program is to provide a clinical training experience that effectively integrates the biological, psychological, and social aspects of psychiatric theory and practice while also developing a comprehensive knowledge base of psychodynamic principles with considerable emphasis on psychoanalytic theory. Each trainee will be firmly grounded in the current concepts and practice of psychopharmacology, electroconvulsive therapy, neurobiology, group therapy, family therapy, crisis and emergency psychiatry, consult liaison psychiatry, behavioral/cognitive approaches, community and social psychiatry, forensic psychiatry, and in understanding the scientific and research methods which underpin the specialty.

The first year of general psychiatry residency includes a four-month rotation on medicine, six months of adult inpatient psychiatry, one month of child inpatient psychiatry, and one month of inpatient neurology. One hallmark of the program is the focus on ambulatory psychiatry and the expectation that residents will master psychotherapeutic skills. Therefore residents spend their second year full-time in the ambulatory psychiatry program, primarily in the UNC Hospitals Psychiatric Outpatient Clinic, with additional rotations to the Child Psychiatry Clinic and a community mental health center. They participate in the evaluation of a variety of adult and child outpatients, with training in emergency psychiatry, crisis intervention, psychopharmacology, and a broad range of psychotherapies. Special emphasis is placed on residents’ mastering skills in providing long-term psychoanalytic insight-oriented psychotherapy involving three to four patients.

The third year of residency is composed of rotations while allowing ongoing outpatient time of ten hours per week. The consultation liaison teaching service, a four-month rotation, offers one-on-one bedside teaching by attendings who evaluate all patients with the residents. In addition, each resident on the rotation is assigned to an interdisciplinary medical specialty program for a liaison experience. Residents also spend three months on the UNC Older Adult Inpatient Psychiatry Service with a one-month sub-rotation on the electroconvulsive therapy service. Additional inpatient assignments in the third year include the UNC Adolescent Inpatient Unit, the UNC Crisis Stabilization Service, and the eating disorders unit. Altogether, there are six additional months of inpatient psychiatry in the PGY-III.

The final year of residency includes ongoing outpatient work with psychotherapy cases as well as continuity of care for other patients. Additional hours each week are spent with the crisis service (follow-up of patients from the walk-in clinic) and substance abuse (outpatient management). One day per week is dedicated to an advanced community psychiatry assignment, allowing residents to select from a wide variety of elective choices available through an array of modern mental health facilities under the umbrella of the North Carolina Area Health Education Center (AHEC) program. This assignment may include clinical work with special populations (substance abuse, adolescents, criminal justice, rural services, mobile crisis approaches) or it may focus on administrative issues within the community or on research interests. Beyond the general psychiatry residency program, training in child and adolescent psychiatry is offered, typically beginning in PGY-IV.

Additional inquiries may be directed to:

Robert N. Golden, M.D.
Professor and Chair, Department of Psychiatry

Karon Dawkins, M.D.
Residency Program Director

Psychiatry Residency Program
UNC School of Medicine
Department of Psychiatry, CB# 7160
Chapel Hill, North Carolina 27599-7160
Phone: (919) 966-4738
Fax: (919) 966-7659
The Radiation Oncology Residency Program encompasses training in the fundamental principles of oncology, comprehensive cancer management, clinical radiation oncology, radiation treatment techniques, and research experience. The program combines didactic teaching of radiation therapy physics, dosimetry, treatment planning, radiation and tumor biology, and radiation pathology with a multidisciplinary approach to clinical management of cancer patients. Residents receive training in the routine care of common cancers and instruction in the management of rare and complex oncologic problems referred to UNC Hospitals. More than 1000 patients annually are referred to the NC Clinical Cancer Center. The NC Clinical Cancer Center houses the Department of Radiation Oncology’s clinical, research, educational, and administrative programs. It is a major referral center for patients with cancer and has active oncology subspecialty programs in radiation oncology, medical oncology, gynecologic oncology, urologic oncology, surgical and breast oncology, thoracic oncology, head and neck cancer, pediatric oncology, and neuro-oncology. The UNC Lineberger Comprehensive Cancer Center is actively engaged in the forefront of basic and clinical cancer research. It is one of 40 NCI-designated comprehensive cancer centers and one of eight Specialized Programs of Research Excellence in Breast Cancer in the country.

The four-year residency comprises a minimum of 36 months in clinical radiation oncology, electives in medical oncology, surgical oncology, surgical pathology, diagnostic radiology and nuclear medicine, and radiation physics and dosimetry. In addition, a research elective supervised by a faculty preceptor is offered in areas such as radiation physics and computerized treatment planning, molecular radiation biology, tumor biology, or specialized areas of clinical radiation oncology. Research activities during the residency training are strongly encouraged. As they advance through their training, residents assume increasing responsibility for the evaluation and management of patient referrals, external beam and brachytherapy procedures, care of patients receiving radiation treatments, and follow-up care. Residents work closely with the attending radiation oncologists in all aspects of patient care and are instructed in new areas of clinical trials, laboratory investigations, and the development of investigational skills. The department has strong ties to the related disciplines of pathology and diagnostic radiology and imaging, as well as providing "in-house" instruction in radiation physics and radiation biology.

Residents participate in an active brachytherapy program involving more than 150 high and low dose rate implant procedures annually for the treatment of gynecological, head and neck, esophagus, lung, and other malignancies. A full array of radioactive sources for interstitial and intracavitary radiation therapy is available. Specialized treatment programs include remote after-loading, high dose rate brachytherapy, stereotactic radiosurgery for intracranial lesions, and total body irradiation for bone marrow transplantation. Advanced treatment planning systems are used for all types of external beam, interstitial and intracavitary treatment plans that are routinely used in the management of patients. The department is in the forefront of research and development of sophisticated 3-D imaging and treatment planning for clinical applications, and residents routinely carry out advanced 3-D conformal treatment planning.

Additional inquiries may be directed to:

Dr. Mahesh A. Varia
Program Director
Department of Radiation Oncology
UNC School of Medicine
NC Clinical Cancer Center, CB 7512
101 Manning Drive
Chapel Hill, North Carolina 27599-7512
Phone: (919) 966-7700
Fax: (919) 966-7681
The Department of Surgery provides quality primary, secondary, tertiary, and quarternary surgical care to the people of North Carolina; serves as a surgical referral center for patients from throughout the United States and worldwide; educates medical school undergraduates, residents, and fellows in the surgical specialties and subspecialties; advances scholarly research and clinical investigation in the health sciences; and provides community service throughout the state of North Carolina by active participation in the Area Health Education Center (AHEC), public education, interaction with community agencies and providers, and service as a referral and information center for patients in need of the highest-level of surgical and diagnostic services. The patient care, education, research, and community service missions are intertwined. Their synergy makes possible excellent education, extensive community service, and an enhanced quality of patient care. These essential linkages are recognized and maintained.

The Department of Surgery offers graduate surgical education in all surgical disciplines. Emphasis is placed upon teaching principles of surgery and establishing habits of continuing, self-directed education. These goals are achieved as residents are given increasing responsibility under the supervision of a full-time attending surgical faculty. The program is under continuing appraisal and re-evaluation by the housestaff as well as the attending staff.

In addition to the outpatient and inpatient services at UNC Hospitals, residents are responsible for providing surgical care for selected patients through a Centralized Surgical Service at WakeMed in Raleigh, North Carolina.

Specialty residencies approved by the Accreditation Council on Graduate Medical Education are offered in general surgery, neurosurgery, plastic surgery, cardiothoracic surgery, and urology. All meet the requirements of their particular specialty boards.

Anthony A. Meyer, M.D., Ph.D.
Professor and Chair
Residency education in general surgery is a five-year program; an optional laboratory experience of one to two years is available. Fellowships leading to certificates of added qualification are available in vascular surgery and surgical critical care. Residencies leading to board certification beyond general surgery are available in plastic surgery and cardiothoracic surgery. Currently, one half of the graduates pursue careers in academic medicine while the other half enter private practice. Approximately 70% of graduates take additional training in fellowships, consistent with national trends.

The residency in general surgery is non-pyramidal. Residents matching into the Categorical General Surgery Residency can expect to complete the program if work is satisfactory. For students interested in one year of general surgery, a preliminary match position is available. It is possible to list both the categorical and preliminary programs through the National Residency Matching Program (NRMP).

The educational, research, and patient care responsibilities are under the supervision of section chiefs of the specialty areas of general surgery. These include pediatric surgery, critical care, surgical oncology, gastrointestinal surgery, abdominal transplantation, and trauma. A rotation on the vascular surgery service provides excellent experience in this essential component of general surgery.

The volume of operations performed by residents of the program exceeds 1,000 per year. The case load is well distributed among the nine primary components defined by the American Board of Surgery. As a Level I Trauma Center with a helicopter aeromedical service, UNC Hospitals has an important role in caring for victims of traumatic injury from throughout the state. The Trauma Center participates as one of five Level I Trauma Centers in North Carolina.

During the first postgraduate year, each resident is given broad experience in general surgery, cardiac, pediatric, thoracic, vascular, burn, gastrointestinal, transplant, and trauma surgical specialties. A Basic Surgical Education Seminar Series is intended to cover the basic sciences in a seminar–lecture format as they apply to surgical practice. General surgery experience during the second and third postgraduate years includes rotations on the intensive care unit, GI medicine, cardiothoracic surgery, pediatric surgery, the burn center, general surgical services, and assignments at WakeMed in Raleigh (a Level II Trauma Center). The fourth year consists of three-month assignments to the trauma service, general surgery, WakeMed, and the Division of Cardiothoracic Surgery. In the fifth year, each chief resident spends equal time on the vascular surgery and general surgery services and gains experience in oncology, gastrointestinal disease, and trauma. The resident has primary responsibility for directing and implementing patient care and gaining independent operating experience under the supervision of attending surgeons.

Additional inquiries may be directed to:

Ms. Kathie Patterson
Medical Education Coordinator
General Surgery Residency Program
UNC School of Medicine
Campus Box 7050
Chapel Hill, North Carolina 27599–7050
phone: (919) 966–4653
Cardiothoracic Surgery

The Cardiothoracic Surgery Educational Program at the University of North Carolina School of Medicine provides experience and education in all aspects of diseases of the thorax for residents specializing in cardiothoracic surgery, for members of the general surgery staff, and for medical students. The chief aim of the teaching program is to produce thoughtful surgeons who have become clinically competent by mixing a thorough understanding of the basic disease process with a graded, progressive assumption of operative responsibility.

Surgeons in the Division of Cardiothoracic Surgery perform more than 800 major cardiothoracic procedures each year, more than 200 of them on children. They treat congenital heart disease; coronary artery disease; atrial and ventricular tachyrhythmias; acquired valvular disease; cancer of the lung and esophagus; congenital and acquired diseases of the lung, esophagus, and diaphragm in children; aneurysms and other abnormalities of the great vessels; and cardiovascular and thoracic trauma. They also treat patients with end-stage heart and lung disease; treatments include use of mechanical cardiac assist devices and heart, heart-lung, and lung transplantation.

The program, typically undertaken after completion of a general surgery residency, has evolved into a three-year program spent entirely at the UNC Hospitals in Chapel Hill. The first year is spent on the cardiac surgery service. The resident is involved in the evaluation, hospital care, and—in a graduated fashion—the surgical repair of both congenital and acquired cardiac conditions. The resident is responsible for supervising the general surgery residents on the service and making sure patient care is completed in a timely and comprehensive manner.

During the second year, the resident has primary responsibility for supervising patients admitted with diseases of the lungs, diaphragm, chest wall, and esophagus. The resident is responsible for their initial evaluation and their hospital course, including endoscopy and surgery when appropriate. A wide variety of surgical procedures are performed, including pulmonary resection, esophageal surgery, and lung transplantation.

The third year offers a year of senior responsibility on the cardiac service. The cardiothoracic resident, in conjunction with an attending surgeon, assumes complete responsibility for the care of all adult and pediatric patients. Procedures performed include surgical revascularization, valve repairs and replacements, cardiac transplantation, mechanical assist devices, and complex congenital heart repairs. The residents are in charge of the conferences, and rounds are held by each service. As the year progresses, the residents assume increased operative responsibility. In addition, the residents are encouraged to become engaged in research activities. The division has several ongoing research projects funded by NIH, the Cystic Fibrosis Foundation, and other organizations.

The Cardiothoracic Surgery Residency Program participates in the National Resident Matching Program. Interested residents should write directly to the division chief for additional information and appropriate application forms.

Michael R. Mill, M.D.
Division of Cardiothoracic Surgery
UNC School of Medicine
Campus Box 7065
Chapel Hill, North Carolina 27599-7065

Professor of Surgery and Division Chief
Neurosurgery

Estrada J. Bernard, Jr., M.D.
Van L. Weatherspoon Jr. Associate Professor of Surgery and Division Chief

The training program in neurosurgery is designed to give the resident a broad exposure to all aspects of clinical neurosurgery, including intra- and extra-neurovascular disease; neuro-surgical oncology and radiosurgery; complex spinal instrumentation for trauma and other spinal disorders; cranial trauma and critical care; stereotactic and functional neurosurgery; pediatric neurosurgery; endovascular treatment of vascular anomalies, and epilepsy surgery. The length of residency training in neurological surgery is six years after at least one year of internship. One resident is accepted each year.

Residents will spend three months on neurology, twelve months in research/elective, and at least three years in clinical neurological surgery, with increasing responsibilities. Elective rotations include neuropathology, neuroradiology, and interventional neuroradiology. Research experience in neurological surgery is designed to complement the clinical program and provide laboratory experience that will prepare the resident for subsequent independent investigation.

The faculty in neurosurgery includes dedicated subspecialists in spinal surgery, neuro-oncology, vascular neurosurgery, pediatric neurosurgery, and functional/epilepsy surgery. This variety in expertise lays the foundation for preparing residents in the academic setting as well as the operating arena.

Adult neurosurgical services are based in the Neurosciences Hospital of the UNC Hospitals, while pediatric neurosurgical services are based in the new North Carolina Children’s Hospital. The Neurosurgical Oncology Program utilizes the General Clinical Research Center of the hospital for adjuvant therapy of malignant gliomas and collaborates closely with the Lineberger Cancer Center. Neurosurgery, in conjunction with the Department of Neurology, coordinates the management of patients who are candidates for epilepsy surgery. There is an active, combined program in neuro-oncology and cranial base surgery with the Division of Otolaryngology. The SpineCenter is located in the Ambulatory Care Center. A large, multidisciplinary neuro-biology program at UNC-Chapel Hill provides opportunities for neurosurgical residents to obtain advanced degrees or conduct research under the direction of basic scientists in developmental neurobiology, neuropharmacology, or neurophysiology. Collaboration with the Sheps Center for Health Services Research provides an active program in outcomes research.

The Division of Neurosurgery runs a busy operative schedule. Residents are present in all cases based on their level of experience and are exposed to the range of operative techniques. Resident experiences range from minimally invasive to large open spinal instrumentation cases. The microsurgery experience includes skull base dissection and vascular techniques. The tumor service uses endoscopic methods, computer assisted and open removal of tumors. The pediatric service offers an endoscopic practice and open procedures for all cases. The functional and epilepsy section offers expertise in brain mapping and the surgical treatment of seizure and movement disorders.

The written examination of the American Board of Neurological Surgery is taken for self-assessment or for credit at the option of the resident. A passing grade is required for completion of the training program.

Additional inquiries may be directed to:

Residency Program Coordinator
Division of Neurosurgery
UNC School of Medicine
2160 Bioinformatics Building, CB# 7060
Chapel Hill, North Carolina 27599-7060
Phone: (919) 966-1374
Fax: (919) 966-6627
smyrna_robinson@med.unc.edu
The Residency Training Program in Plastic Surgery at the University of North Carolina at Chapel Hill is designed to provide residents with comprehensive training in all aspects of plastic and reconstructive surgery. It is a two-year program with emphasis on resident involvement in preoperative, operative, and postoperative patient management. Residents receive training in all aspects of plastic and reconstructive surgery, including hand surgery, cleft lip and palate surgery, craniofacial surgery, maxillofacial surgery, microsurgery, aesthetic surgery, and general reconstructive surgery. Active research laboratories are available to residents, and participation in laboratory and/or clinical research projects is encouraged.

Residents spend nine months at UNC Hospitals in Chapel Hill and three months at Carolinas Medical Center in Charlotte each year. There are no specific subspecialty rotations at either site, but residents are given increasing clinical and administrative responsibilities as they progress through the program. The Charlotte rotation provides the residents with a private practice experience at Charlotte Plastic Surgery, the largest plastic surgery group in the country. The diverse faculty ensure that the residents are exposed to a variety of approaches to clinical problems and surgical methods.

Residents who have completed their training in plastic and reconstructive surgery have pursued careers in both academic and private practice settings. They have not found it essential to take post-residency fellowships, although some have chosen to do so to gain advanced expertise in a subspecialty area and have successfully matched at highly competitive post-residency fellowships.

Career goals are discussed with each resident on a regular basis to ensure that he/she is given the assistance required to meet individual long-term goals.

Applicants must successfully complete prerequisite training as required by the American Board of Plastic Surgery before beginning the UNC Plastic Surgery Residency. Most residents who enter the program have completed five or more years of surgical training and are either board eligible or board certified. Exceptional individuals with less than five years of general surgery training will be considered for residency positions. The program director extends interviews to those who have not completed a full general surgery residency at his discretion.

UNC Hospitals participates in the Plastic Surgery Matching Program and utilizes the Plastic Surgery Central Application Program. Applications for the Central Application Program may be obtained from:

Plastic Surgery Matching Program
P.O. Box 7999
San Francisco, CA 94120
phone: (415) 923-3907
fax: (415) 923-3945

Additional information may be obtained from the division chief:

Gerald M. Sloan, M.D.
Division of Plastic and Reconstructive Surgery
UNC School of Medicine
Campus Box 7195
Chapel Hill, North Carolina 27599-7195
Urology

Culley C. Carson III, M.D.
Professor of Surgery and Division Chief

The Residency Training Program in Urology consists of one year of general surgery prior to the start of the four years of clinical urology. The PGY-1 year is made available to resident candidates who match with the urology program. During the first year in general surgery, emphasis is placed upon perioperative care of surgical patients. Surgical experience is gained in a structured and supervised fashion with members of the Department of Surgery.

The four clinical years in urology are provided at the UNC Hospitals and affiliated institutions. Residents will spend the third year of clinical urology (PGY-IV) at Wake County Medical Center in Raleigh (six months) and at the Carolinas Medical Center in Charlotte (six months). While at the UNC Hospitals, residents will be exposed to the specialty areas in urology, including pediatrics, oncology, urodynamics, urolithiasis, infertility and impotence.

A didactic program is held on a weekly basis that all residents attend. These conferences consist of clinical seminars, journal club, uroradiology, uropathology, review of a major urological text and case management conference. A fellowship year of urological research is available to selected individuals.

Urology applicants must register with the AUA Residency Match Program.

Additional inquiries may be directed to:

Ms. Lynn West
Urology Resident Coordinator
UNC School of Medicine
Campus Box 7235
Chapel Hill, North Carolina 27599-7235
phone: (919) 966-2574
fax: (919) 966-0098
Lynn_West@med.unc.edu
Additional inquiries may be directed to:

Assistant Dean for Admissions & Director of Recruitment
Associate Director, Office of Educational Development (OED)
Director of Special Programs

Larry D. Keith, M.S.
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The University of North Carolina at Chapel Hill, the oldest state university, was founded in 1789. Although there is evidence of courses on the medical sciences in the early years, the first school of medicine was established in 1879. Because of insufficient clinical facilities, the school remained a two-year program, with students transferring to other schools for clinical training, until The North Carolina Memorial Hospital opened in 1952. Since then the state of North Carolina has made unparalleled investment in the resources needed to support the mission of its School of Medicine.

Most recently, this investment has led to a major expansion and renovation of the medical school’s teaching and clinical facilities. The North Carolina Women’s and Children’s Hospitals were opened in September 2001, new facilities for offices and research were opened in 2002-03, and renovation has begun on many of the structures devoted to basic sciences and student affairs. When this project is completed in 2006, students will be studying in classrooms and laboratories and practicing clinical medicine entirely in new or newly renovated structures.