

NPS LEADING THE WAY IN NORTH CAROLINA

BEHAVIORAL HEALTH INTEGRATION
FALL 2020/ WINTER 2021 NEWSLETTER

What's New?

Introducing... Our First Cohort of NP-Residents!

Our inaugural cohort of eight nurse practitioner residents started July 1, 2020 at a rural Federally Qualified Health Center (FQHC), Goshen Medical Center in Southeastern North Carolina. There are seven sites within the FQHC where residents are placed. The residents see patients three days per week in clinic and then participate in the residency two days per week. The two residency days include didactic instruction, case studies, journal club, and learning labs. The residency days incorporate a weekly meeting with a Psychiatrist and Psychiatric Mental Health Nurse Practitioner to review case studies with a mental health component. In addition, the residency has incorporated self-care topics around resiliency and burnout.

**Left to Right:**

Natasha Kenan, MSN, FNP (Rosewood), Pamela Duncan, MSN, AGNP (Community Health Service), Morgan Brown, MSN, FNP (Hamlet), Lydia Teague, MSN, AGNP (New Bern), Danielle Battle, MSN, FNP (Goldsboro), Karley Bastien, MSN, FNP (Faison), Amy Dougherty, MSN, FNP (Tabor City), Shy'Kiya Tillman, MSN, FNP (Dunn)

NP's Leading The Way Website

<https://bhi.web.unc.edu/>

A LETTER FROM VICTORIA SOLTIS-JARRETT PRINCIPAL INVESTIGATOR AND PROJECT DIRECTOR

*Keep the fires of friendship
and collegiality burning*

A man called Ali is in need of money and asks his boss to help him. His boss sets him a challenge: if he can spend all night on the top of a mountain, he will receive a great reward; if he fails, he will have to work for free.

The story continues:

When he left the shop, Ali noticed that an icy wind was blowing. He felt afraid and decided to ask his best friend, Aydi, if he thought he was mad to accept the wager. After considering the matter for a moment, Aydi answered, "Don't worry, I'll help you. Tomorrow night, when you're sitting on top of the mountain, look straight ahead. I'll be on the top of the mountain opposite, where I'll keep a fire burning all night for you. Look at the fire and think of our friendship, and that will keep you warm. You'll make it through the night, and afterward, I'll ask you for something in return." Ali won the wager, got the money, and went to his friend's house. "You said you wanted some sort of payment in return." Aydi said, "Yes, but it isn't money. "Promise that if ever a cold wind blows through my life, you will light the fire of friendship for me." (Jorge Luis Borges, 1945)

This past year and in particular the past six months has been like no other and as such, we have all needed others; colleagues, friends and family as a means for ensuring that we keep the fires of connectedness burning at all costs especially now that a cold wind blows this winter 2020-2021. Health care providers, much like our NP students and NP Residents are at the front lines of healthcare whether it is in their clinical placements or residency sites in primary care. The need to bridge the isolation and social distancing to create a space for all of us to care for ourselves as well as those with whom we serve has been challenging. However, in order to be able to care for others, nurses have learned that it is so important to focus on one's own self-care and support. Fortunately, the notion of resiliency and self-care was already planted in the two grants as part of the traineeship and subsequent NP Residency Program as identified in the Quadruple Aim (Berwick, D. M., Nolan, T. W., & Whittington, J., 2008). The triple aim, well known in Quality Improvement circles added a fourth aim: provider satisfaction (Bodenheimer, T., & Sinsky, C., 2014). Inherent in this aim is the notion of considering one's own needs as equal to all others in order to be able to sustain the long haul of working in healthcare and in particular, with those patients who are suffering from multiple, complex, comorbid health problems from lack of access to primary care, poverty and unemployment to name a few of the social determinants of healthcare in the US in this 21st century. This self-care was so important over this last year especially with the uncertainty and lack of control that many in healthcare found an everyday occurrence. This coupled with misinformation and lack of trust in our health care providers has created a turmoil of anger, hostility and fear. Hearing these stories from students and residents has created a shift in the curriculum laid out to ensure that every session and every seminar starts with an intention to center oneself and focus on what is in front of us rather than to feel overwhelmed by the chaos around us. Focusing on the patient at hand and their health care needs has never been more important in these times of uncertainty. Active listening skills and benevolence were frequently embodied and discussed as part of the case presentation, the supervision and/or the pearls for the day.

We are incredibly proud of the work that has been facilitated by the project teams and most importantly, those on the front lines who have put their lives (and their families) at risk every day when they interact and care for patients who may have COVID-19. Despite this risk, our NP students and residents have continued to attend the seminars and sessions focusing on behavioral health integration and substance use disorders. The NP Residents are implementing ongoing screening for depression, anxiety and substance use with the opportunity to be able to assess and initiate treatment in primary care. As we look towards 2021, we are keeping the fires burning for one another and to bring our patients to a place where they can receive high quality, safe and integrated health care.

Happy New Year,
Victoria

UPDATES FROM THE PROJECTS

HRSA: Nurse Practitioner Residency (NPR)

BEHAVIORAL HEALTH INTEGRATION IN RURAL PRIMARY CARE USING THE TANDEM3-PC MODEL(NPR: BHI-RURAL PC/TANDEM3-PC)

COVID-19 presented a major challenge for the implementation of the Nurse Practitioner Residency program. The residency looks different than originally planned due to COVID-19. Originally, the plan was to have face-to-face didactics each week so the residents could come together in one space to learn together and support each other during this first year as advanced practice providers. With the onset of Covid-19, the plans for the residency had to be changed. Now, the two residency days are held primarily via Zoom. However, by implementing COVID-19 protocols (e.g., COVID-19 testing, masking) the residency has been able to hold two face-to-face labs to date, with a third planned for the near future. The first learning lab was held on October 2, 2020 and focused on musculoskeletal assessment. The second learning lab was held on November 6, 2020 and focused on musculoskeletal injections.



Picture of: **Morgan Brown**, MSN, FNP-BC screening patient for COVID-19.

In addition, to the residency days changing due to COVID-19 the clinic days for the residents also look different than planned. At the onset of the pandemic, the FQHC began seeing patients in their cars, in the office parking lot. This included COVID-19 testing. Our Nurse Practitioner Residents continue to see most of their patients in their cars, unless the patient requires a more extensive physical exam (e.g., Pap smears) and then they are brought into the clinic. The residents have also had the opportunity to participate in testing events for COVID-19, which has allowed to them to get to know their community better.

While this initial residency cohort has not been as we had originally expected, we have all remained flexible and are adapting as needed! We are thankful to this group of new Nurse Practitioners for joining us in this journey!



UPDATES FROM THE PROJECTS

HRSA: Advanced Nursing Education Workforce (ANEW)

PARTNERS IN PRACTICE, ENGAGEMENT, & EDUCATION IN RURAL NC: NP-BEHAVIORAL HEALTH INTEGRATION IN PRIMARY CARE: EXPAND, ENHANCE, EMBED, EVALUATE (PEER NC: NP-BHI/PC-4E)

Thank you!

To our BHI Trainees and their clinical preceptors!



From Left To Right:

Sophie Draffin, DNP, FNP Student at Pediatric Clinical in Mt. Airy, NC on Halloween; **Elizabeth Pointer**, MSN, FNP (preceptor) and **Beth Wilhem**, DNP, FNP student at Sylvan Piedmont Health Services in Snow Camp, NC; **Pam Driver**, MSN, FNP Student at Stanly Health Department in Albemarle, NC; **Leonora Tisdale**, DNP, FNP Student at Salisbury Pediatric Associates in Salisbury, NC; **Desteny Adams**, MSN, FNP Student at UNC Women's Health in Eden, NC

Our Year 2 cohort of Behavioral Health Integration (BHI) Trainee students have been very dedicated to the program. They have continued attending their weekly BHI seminars throughout the pandemic.

Some examples of topics that have been discussed during the weekly seminars are: Resiliency and Burnout, Adolescent SBIRT, Tobacco Cessation, Substance Use Disorders, COVID-19 and Implications for Behavioral Health, and Bullying/Adolescent Mental Health.

Recently, the application period for the BHI Traineeship 2020-2021 closed and there was an amazing response. Seventeen of the trainees from the previous cohort will be continuing with the BHI traineeship for 2020-2021. There are eight NEW students who were accepted into the BHI traineeship and will make up our new cohort.

With COVID-19, our team has had to be creative with the delivery of the various educational opportunities for our students. For example, in the past, weekly meetings were face-to-face because the students indicated the value of meeting in person with the group and developing comradery. Now, these weekly seminars are being offered via ZOOM.

While things last year and this year may look different than years past, the dedication of the students is at an all-time high. We are excited to continue on this year with our BHI Trainees!

UPDATES FROM THE PROJECTS

Modules

Over the course of the ANEW and NP-R grants, our team has been working on developing modules that cover various behavioral health topics to integrate into primary care practice.

Examples of topics include: Safe opioid prescribing; refugee mental health; and Medication Assisted Treatment (MAT) and Substance Use Disorders. These modules are currently being developed to be placed online through a learning management system. We hope to have these modules available to offer online to not only our student trainees and nurse practitioner residents, but also to outside groups. Stay tuned for more updates on the modules and when they are getting rolled out!



Project ECHO

Some of the other projects members of the grant team are working on include two ECHOs. The first ECHO, the UNC ECHO for MAT project, is a research initiative to improve the health of North Carolinians by identifying and overcoming barriers to medical providers incorporating evidence-based treatment for opioid use disorder into their practice. The project partners with diverse groups of primary and specialty care practices to help them build the internal expertise and capacity to provide office-based medication assisted treatment (MAT) for opioid use disorder. Learn more at: <https://echo.unc.edu/mat>

The second ECHO, the AHRQ ECHO National Nursing Home COVID-19 Action Network, or the Network, is a partnership of the Agency for Healthcare Research and Quality (AHRQ), the Institute of Healthcare Improvement (IHI), and Project ECHO to support nursing homes around the country in their fight to protect residents and staff from COVID-19. Using Project ECHO's "all teach, all learn" guided mentorship model as the foundation, each cohort of up to 35 nursing homes will attend 16-session interactive COVID-19 ECHO sessions. Topics included in the ECHO sessions thus far have included COVID-19 testing, personal protective equipment (PPE), and resident cohorting.



SPOTLIGHT ON THE GRANT TEAM

Meet Grant Team Member: Tom Bush, DNP, FNP-BC, FAANP

**Left to Right:**

Tom Bush, DNP, FNP, grant team member and instructor; **Natasha Kenan**, MSN, FNP; **Pamela Duncan**, MSN, AGNP; **Amy Dougherty**, MSN, FNP; **Karley Bastien**, MSN, FNP

**Left to Right:**

Tom Bush, DNP, FNP, grant team member and instructor; **Candace Beddard**, MSN, AGNP Clinical Liason; **Lydia Teague**, MSN, AGNP; **Pamela Duncan**, MSN, AGNP; **Natasha Kenan**, MSN, FNP; **Karley Bastien**, MSN, FNP

Dr. Tom Bush is one of our grant team members who has taken a very active role in the residency program by providing seminars and face-to-face skills labs on musculoskeletal topics and related conditions. Tom has been a Family Nurse Practitioner for 28 years and has worked in orthopedic surgery for two decades. He is an associate professor at the University of North Carolina at Chapel Hill School of Medicine. He earned an undergraduate degree in nursing from The University of Kentucky, a Master's degree from Vanderbilt University and a Doctor of Nursing Practice from East Carolina University College of Nursing. His clinical experience ranges from critical care to primary care and he maintains a musculoskeletal practice at UNC where he developed one of the first postgraduate NP education programs in 2006. He remains director of the nation's only orthopedic NP fellowship program and has recently focused his work to better serve rural communities. His original research was the first published outcome study on postgraduate NP education. He enjoys treating musculoskeletal conditions across the lifespan and regularly lectures for state, regional and national audiences.

Since joining the grant team, Tom has had several roles with a primary focus on pain management.

Musculoskeletal conditions are a common source of acute and chronic pain and he serves as team leader of pain management and safe opioid prescribing. Each week, Tom addresses the diagnosis and management of common musculoskeletal conditions seen in primary care with an emphasis on multimodal pain management. He has recently provided face-to-face skills labs on musculoskeletal exam and joint/soft tissue injection. A suturing and biopsy lab is planned for the spring. Tom is proud to part of one of the first publicly funded NP residency programs and is eager to help further refine models for postgraduate NP education. Tom says the grant team is well prepared to lead the nation in new models for rural workforce development.

SPOTLIGHT ON THE GRANT TEAM

Farewell to Diane Hudson-Barr

While this announcement is bittersweet, Diane Hudson-Barr has not only moved on from UNC but also from the grant team. This was to take on an amazing opportunity in Pennsylvania! She has moved up to the cold north, to be a Pediatric Nurse Practitioner in a primary care practice. While we miss Diane terribly, we are so excited that she is able to take on this new journey in her career and follow the path of her degree! She will do amazing things and this primary care practice is very lucky to have her joining their team! **YOU WILL BE MISSED, DIANE!**

Welcome to Mimi Alvarez, Liz Downey and Saif Khairat

Mimi Alvarez, MSN, PMHCNS-BC

We are very fortunate to have Mimi joining the School of Nursing and our projects as a Resilience/Wellness Coach. She is teaching the use of “pause” to help all of us (students, faculty and staff) to navigate the uncertainty in today's environment. Mimi Alvarez, MSN, PMHCNS-BC had worked with us for several years on various projects and we are so happy to have her back to continue to provide a sacred space for reflection and gratitude, self-care and ways of coping during difficult times.

Mimi has been able to assist some of the providers at our clinical practice partnership sites and the activities transformed the team at one rural site overwhelmed by the changes in workflow once the COVID-19 was defined as a pandemic. **WELCOME BACK TO THE TEAM, MIMI!**



Liz Downey, MSN, FNP-C

In October, we were very fortunate to have Liz join us as the Clinical Project Manager for the grant projects. You may remember Liz from the past edition of our newsletter, as she was highlighted as one of our BHI Trainee students. Since then, Liz has graduated with her MSN and is now an FNP-C. Liz has been a great addition to our grant team providing not only project management skills but also the clinical skills to assist the current BHI Trainees and the NP Residents. **WELCOME TO THE TEAM, LIZ!**



Saif Khairat, PhD, MPH

We have also been fortunate enough to have Dr. Saif Khairat, PhD, MPH join our grant team as an expert in Telemedicine. Saif is an Assistant Professor at the School of Nursing with a research focus in investigating the development, implementation, and evaluation of Health IT solutions; in particular, EHRs and Telehealth systems. Saif has used this expertise to provide an Introduction to Telehealth seminar to our NP-Residents and will continue providing a series of these seminars to this group. He is also assisting in developing these into modules that will be placed online. **WELCOME TO THE TEAM, SAIF!**

A NEW SEGMENT: THESE COVID TIMES

An interesting journey during the time of COVID-19

It was such a privilege to join the BHI team last year. As a new PMHNP, I am interested in improving mental health care and access for individuals, families, and communities while continually navigating in the direction of social justice.

In February, my family, including my husband and our nearly 3-year-old daughter, set off on our annual trip to visit my in-laws in Tamil Nadu, India. I always expect that there will be some challenges with a long trip to a culturally different environment, where I have yet to master linguistic skills. A couple of challenges that I never imagined, on this trip, were the emergence of the global pandemic, and a positive pregnancy test. When our flight home was cancelled and not rescheduled, we joined the rest of the world, waiting with uncertainty to see what would unfold as unbounded international travel spurred the spread of illness across the globe.

We were safe and well supported in the small, rural farming village where my husband spent his childhood. Although we were stranded and sweating through our clothes day and night, we were surrounded by a robust community imbued with both ancient traditions and modern technology. The 3-acre family farm where we stayed is active with seasonal vegetables to sell at the market. Most of the food we ate came from our farm or a farm nearby. This very short food chain is dependent more on rain than the complex infrastructure we rely on in the U.S. Unfortunately, rain is a huge problem. The land has become hotter and drier over the past decade, the wells are literally drying up, arguably due to another global facet: climate change.

Despite differences in the landscape and temperature, I shared many things with my friends, colleagues, and the rest of the world. I experienced the global inhale of uncertainty in early March. I had time to meditate on the pain of inequality as it finally came into collective focus. I felt the suffering of so many separated from work and loved ones, and I was aware of the unexpected beauty intertwined with change.

India went into a lockdown just a few days after North Carolina. Perennial wisdom and local customs made the shift into lockdown less jarring. As always, we had several months' supply of rice and lentils stored in the pantry. The other staples, including tomatoes, onions, and buffalo milk, came from the neighbors' stalls lining the streets. Ancient wisdom highlights the integral connection among all things. This is protective in times of crisis allowing for a sense of acceptance and awe when facing our smallness in the scheme of things, rather than a sense of fear or denial.





Technology also softened the effects of the lockdown. I remained fully connected via phone and internet during our journey. Prenatal visits for me and pediatric appointments for my daughter all became virtual so it mattered not where in the world we sat. Even with changing lockdown restrictions, India's strong decentralized universal healthcare system and parallel privatized system offered a plethora of affordable options to access to services including labs, medication, vaccines, and ultrasound locally. We maintained continuity with providers who we knew from home virtually by scanning results and engaging in telehealth appointments.

I learned about the ECHO project which was set up to address COVID protocols throughout hospitals in India. The ECHO platform allows for reciprocity of information sharing along with creative management of scarce resources. It illustrates blossoming of human connection, with the intent to improve the lives of others through technology, all in a time of global crisis.

In July, my father-in-law tested positive for COVID. There is stigma around testing, and a positive result meant a mandatory stay in a quarantine center or admission to the hospital itself. Likely related to this, no one in town had a known case up until that point even though tests were free and available. He was admitted to the hospital. We all waited. Not long after, my husband developed symptoms. The rest of our household had either mild or no symptoms at all. We quarantined at home and everyone made a full recovery. It was certainly the most stressful week of the year for me.

When things fall apart, the greatest gift is the opportunity for clarity into their essence. While we carry collective pain and trauma from our histories, we also carry collective wisdom and wellness and the potential for healing and growth. In this new context, momentarily deprogrammed from mainstream American culture, I had the opportunity to contemplate, my own habitual reactions and responses and also had the time to integrate the insights. I wondered about the role of technology and potential for greatly needed human connection and sense of belonging. What combination of wisdom, humility, and innovation might provide the fertile ground needed to grow in these times?

The first international flights resumed at the beginning of August, six months after our arrival. With a mask, shield, and hopefully some antibodies, we boarded the first of four flights, keeping our fingers crossed that the guidelines would not change half-way through our journey. We landed at RDU just shy of the cut-off for being allowed to travel while pregnant. I continued with virtual care up until my labor began. Finally, in September, we welcomed a baby into this phenomenal world. Again, I asked myself, in this modern, globalized, beautiful, painful, ancient, technological world, what is the fertile soil required for her, and for each one of us, to bloom?



Mary Surya, PMHNP with her daughters



ANEW & NPR TEAM MEMBERS



Principal Investigator and Project Director:

Victoria Soltis-Jarrett, PhD, PMHCNS/NP-BC, FAANP

Dr. Soltis-Jarrett is the Carol Morde Ross Distinguished Professor at UNC-Chapel Hill and has over 30 years of advanced clinical practice, academic teaching, and research grants totaling over 13.5 million dollars in the past decade focusing on education, practice and outcomes of Nurse Practitioners, and implementation of models of behavioral health integration into acute, extended, and primary care settings.



Team Lead Education: Leslie Sharpe, DNP, RN, FNP-BC

Dr. Sharpe is an assistant professor at UNC-Chapel Hill School of Nursing and has practiced for 20 years as a family nurse practitioner in rural communities in NC. Her practice focus is in the integration of behavioral health into primary care. With over 20 years of experience in primary care specializing in the care of patients with complex, co-morbid physical and mental health illnesses, Dr. Sharpe is committed to educating NP's to be able to apply behavioral health concepts in primary care.



Project Manager: Shannon Gallagher, MPH

Ms. Gallagher has a Master's in Public Health with a concentration in Health Education and Promotion. She has extensive experience in project and grant management including: USDA, the NC Rural Center, Golden Leaf, and HRSA. Her interests include in stigma associated with mental health and mental health diagnoses; cultural competence; behavioral health integration; and including the family as a member of the health care team. She currently manages several HRSA grants around behavioral health integration.

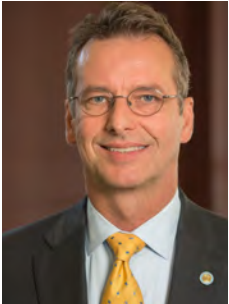


Clinical Project Manager Liz Downey, MSN, FNP-BC

Liz Downey is a board certified Family Nurse Practitioner. She is currently working as a Clinical Project Manager for Dr. Victoria Soltis-Jarrett. Her projects include work on two Health Resources and Services Administration (HRSA) grants, a Nurse Practitioner Residency program and a traineeship for Nurse Practitioner graduate students, focused on integrating behavioral health care into primary care practice. In addition, she is involved on the UNC Nursing Agency for Healthcare Research and Quality (AHRQ) ECHO National Nursing Home COVID-19 Action Network to support nursing homes around the country in their fight to protect residents and staff from COVID-19.

**Team Lead Resilience and Wellness for Interprofessional Health Care Teams:
Mimi Alvarez, MSN, PMHCNS-BC**

Ms. Alvarez has been in practice for 32 years in the fields of oncology and psychiatry. Her roles have included educator, clinical nurse specialist, consult liaison for clinical services and most recently consultant. Her passions include understanding the lived experiences of patients, caregivers and healthcare providers and exploring interventions that promote the wellness of others.

**Team Lead Pain Management: Tom Bush, DNP, FNP-BC, FAANP**

Dr. Bush is an associate professor at UNC-Chapel Hill School of Medicine. His clinical experience ranges from critical care to primary care and he maintains a clinical practice in the Department of Orthopedic Surgery at UNC where he serves as program director of the Orthopedic NP fellowship program. Dr. Bush is committed to postgraduate NP education and is developing strategies for multimodal pain management and safe opioid prescribing in primary care.

**Team Lead Medication Assisted Treatment:
Elisabeth Johnson, PhD, FNP-BC**

Dr. Johnson is Clinical Director of UNC Horizons Program, a substance use disorder treatment program for pregnant and parenting women and their children, including those whose lives have been touched by abuse and violence. Dr. Johnson has a wealth of experience and expertise working with patients struggling with substance use disorders and will work with the team on curriculum and site development for ANEW and NPR projects.

**Team Lead Evaluation: Mary Lynn, PhD**

Dr. Lynn Mary Lynn began her nursing career at Orange Memorial Hospital School of Nursing in Orlando, Florida, graduating the same year Disneyworld opened. Her research interests include measuring quality of care, patient expectations for care, work satisfaction, instrument development and testing, and the employment of doctorally-prepared nurses. Her role on these projects is focused on evaluation, that is what data need to be collected, how often to collect them and what to do with all the information. She has been to Disneyworld 15 times and is 100% a Tar Heel fan.

**Candace Beddard, MSN, AGNP-C**

Ms. Beddard is an adult-gerontology nurse practitioner practicing at Goshen Community Health Services and was a BHI scholar in the UNC SON class of 2019. Prior to graduate school, she spent 15 years as a critical care RN. Her practice focus is primary care in rural areas with underserved populations. She is eager to continue working to integrate behavioral health into primary care and support new NP's as they transition to practice.

**Mary Surya, MN, MPH, PMHNP-BC**

Ms. Surya is a recent graduate from the UNC PMHNP program. She studied Community Health Systems Nursing and Public Health at the University of Washington. She has domestic and international clinical experience ranging from primary care to critical care. Her interests include social justice; cultural humility; mental health & resilience of the healthcare workforce; and the integration of behavioral health into primary care.

**Dr. Michael Baca-Atlas, MD**

Dr. Baca-Atlas is originally from Baltimore, MD. He completed his undergraduate work at the University of Maryland, College Park and medical school at the University of Maryland in Baltimore. He completed his Family Medicine residency at UNC as well as an Addiction Medicine fellowship at UNC in the department of psychiatry. He serves as the associate medical director for the Tobacco Treatment Program and a medical consultant for UNC Horizons. He is interested in the intersection of primary care, mental health, and substance use.

**Dr. Saif Khairat, PhD, MPH**

Dr. Saif Khairat is an Assistant Professor of Health Informatics at the School of Nursing and the Carolina Health Informatics Program at the University of North Carolina at Chapel Hill. Dr. Khairat has close to a decade's worth of Telehealth experience. Dr. Khairat leads several funded telehealth projects examining the effect of telehealth on access to care, cost, equity, and overall satisfaction. Dr. Khairat's projects include: the evaluation of the Virtual Urgent Care Center; deployment and evaluation of a Telehealth network within NC Prisons through working with the Department of Public Safety and working with Interamerican Development Bank (IADB) where he supervises the deployment of nation-wide telehealth networks in low-middle income countries.

NPs are Leading the Way in NC. We are focused on integrating behavioral health into primary care with attention to substance abuse disorders in rural and underserved populations across North Carolina. We look forward to connecting with you and welcome your feedback.



**SCHOOL OF
NURSING**

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