2. Coronary care training and development, direct cost—$56,938

To use the project as a medium for developing cooperative arrangements among the various elements in the health care community. Initial and continuing education will be provided to nurses and physicians in community hospitals, consultation will be available to hospitals in establishing CCU's, and a computer-based system of medical record keeping will be developed. This project has led to new working arrangements: (1) between the university medical centers; (2) between medical and nurse educators; (3) between doctors and nurses in community hospitals; (4) between university medical centers and community hospitals.

3. Diabetic consultation and educational services, direct cost—$132,081

To establish three medical teams to deliver services throughout the state; to assist in expansion of diabetic consultations and teaching clinics; to provide seminars for physicians and teaching sessions for nurses and patients to assist in organization of a State Diabetes Association and local chapters; to test techniques of data collection. Many people of different disciplines in many communities are involved in this project.

4. Development of a central cancer registry, direct cost—$66,615

To devise a uniform region-wide cancer reporting system, integrated with the PAS, the computer-stored data from which can be retrieved to serve a broad range of educational, research, statistical, and other purposes. The following hospitals are participating in the first year of the project: Duke University Medical Center, North Carolina Memorial Hospital, North Carolina Baptist Hospital, Charlotte Memorial Hospital, Veterans Administration Hospital, Watts Hospital, Hanover Memorial Hospital, Southeastern General Hospital, Craven County Hospital. In subsequent years the registry will be expanded to include all hospitals and physicians in the region.

5. Medical library extension service, direct cost—$25,839

To bring medical library facilities of the three medical schools into the daily work of those engaged in medical practice. Local hospital personnel will be trained to assist medical staff; libraries will be organized into a functional unit for responding to requests for services. Bibliographic request service will be established.

6. Cancer Information Center, direct cost—$41,716

To provide practicing physicians with immediate consultation by telephone and follow-up literature. Each of the three medical schools will be responsible for providing service in its geographic locale. The aims of this project are two-fold: (1) to assist physicians in providing optimum care of patients with cancer; and (2) to continue the education of the physicians by giving new information in a patient-centered experience.

7. Continuing education in internal medicine, direct cost—$33,313

To bring practicing internists from all over the state to the Medical Center for a month of up-to-date training in their subspecialities. They will share responsibilities with attending physicians and make ward rounds with students, staff, and together. This experience should enhance the appreciation in the University, both at faculty and student levels, for the expanding role of the medical center for the quality of care in the community.

8. Continuing education in dentistry, direct cost—$67,500

To provide physicians and dentists with the knowledge of mutual concern which will enable them to be more effective members of the health team. Courses will be given at the University of North Carolina and in communities. Studies will be made of facilities needed to provide dental care in hospitals. The purpose of this project is to insure that as many patients as possible who suffer from heart disease, cancer, stroke, or a related disease receive appropriate dental care as a part of their comprehensive treatment.

9. Continuation education for physical therapists, direct cost—$27,838

To develop and establish regional continuing education programs for physical therapists in order to strengthen physical therapy services for patients in all parts of the state. Subregions will be delineated where needs and interests will be identified and committees will be organized to arrange local activities.