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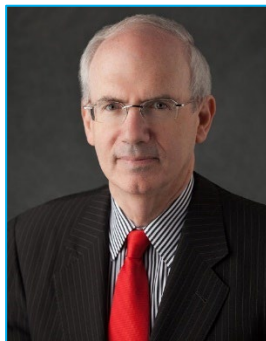
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Message from the Chancellor

The University of Nebraska Medical Center and our primary clinical partner, Nebraska Medicine, share a mission to "Lead the world in transforming lives for a healthier future for the individuals and communities that we serve." This mission is tightly aligned to the clinical learning environment in which our students, residents, and fellows learn and in which all of our health care professionals perform miracles on a daily basis. This booklet, the third edition produced by our Graduate Medical Education Office, provides a clear illustration of each of the ACGME core parameters of the clinical learning environment. At the same time, it allows our program directors and coordinators, as well as our residents and fellows, to compare and contrast the learning environment elements present in each of our core specialty programs. This unique comparison allows for benchmarks and enhances excellence. Our commitment to wellness and resiliency is clearly exemplified throughout this publication as it is solidly embedded in each of our programs. We are confident that as future editions are collected and published, they will continue to demonstrate significant innovation, building a truly remarkable learning and care environment for all.



Jeffrey P. Gold, MD
*Chancellor, University of
Nebraska Medical Center
Executive Vice President
and Provost, University of
Nebraska System Board
Chair, Nebraska Medicine*

Message from the Dean, College of Medicine

Our graduate medical education programs are critical to the College of Medicine's mission of training the next generation of physicians for the state of Nebraska and beyond. Unlike many institutions, our GME programs and the DIOs office are administratively within the College of Medicine, not a hospital. Thus, commitment to the excellence of our GME programs is a high priority for the College and the office of the Dean. As well as providing our residents and fellows with the knowledge and experience needed to become highly effective clinicians, we also strive for them to understand the importance of quality and patient safety, as well as to participate in productive scholarly activity. In order for them to accomplish these goals, our trainees must be healthy, both physically and mentally. Thus, UNMC is promoting an environment of health provider wellness and resiliency that we hope our trainees will take with them into practice. None of the above is possible without an appropriate learning environment, and the Clinical Learning Environment Review process enhances our ability to provide such an environment and encourages the DIO office to develop new approaches to GME. These include, but are not limited to, the "academic wing" to address scholarly activity, the new GME PS/QI/Disparities Collaborative, and major new programs that emphasize personal wellness and resiliency. This booklet itself outlines many other examples of the new directions that the DIO office is pursuing to maximize the educational experience and success of our students, residents, and fellows. It is an honor to be part of such a dedicated and creative group of medical educators.



Bradley Britigan, MD
*Dean, College of Medicine
University of Nebraska
Medical Center*

Message from Chief Executive Officer, Nebraska Medicine

The physicians and staff at Nebraska Medicine are honored to participate in your training. Nebraska Medicine is the primary teaching hospital of UNMC, so that on any given day, over 1,300 undergraduate and post-graduates are working in our hospitals and clinics. Here, you gain first-hand experience in patient care, you work side-by-side with our medical staff, nurses and advance practice providers and other professionals. You also will work in a clinical environment with peers from other colleges at UNMC. I hope that you will immediately appreciate the interdependency of the professions. It is impossible to deliver high-quality medical care without the teamwork of physicians, nurses, pharmacists and the allied health professions.



James Linder, MD
CEO, Nebraska Medicine
Professor, Pathology and
Microbiology, University of
Nebraska Medical Center

UNMC and Nebraska Medicine jointly developed ITEACH values - Innovation, Teamwork, Excellence, Accountability, Courage and Healing. We expect these to be part of your graduate medical experience, so that you are able to see new ways of delivering care that achieves excellence, assures patient safety, allows teamwork and helps you grow professionally as a leader that is both able to make difficult decisions, and show empathy for patients and your fellow caregivers.

Providing a graduate medical education is among the high priorities of UNMC and Nebraska Medicine. We understand that we have a great responsibility in training the next generation of physicians who will care for Nebraskans. We hope that your graduate medical experience is the beginning of a long partnership with Nebraska Medicine.

Message from the Past Chair, Board of Directors, ACGME

The learning and working environment of the University of Nebraska Medical Center (UNMC) training programs is crucial to the preparation of our residents and fellows for mastery of the clinical skills they will need on day one when they start their career. However, mastery of medical skills is but one part of being a successful physician. The quality and safety of care taught and learned as a resident remains with each trainee in practice and predicts the quality and safety of the clinical care they will deliver throughout their life. This is the value of "internally" reviewing the learning and working environment at UNMC through the Clinical Learning Environment Review (CLER) process. It assures that our training programs and our institution are working together to inspire the highest standards for patient safety, healthcare quality, care transitions, supervision, well-being of students, residents and staff, and professionalism. It is through the strong support of our sponsoring institution(s) that our training programs can aspire to and provide the best learning and working environment in which to train our students, residents, and fellows. Providing and meeting these ideals is what sets us apart. We hope this updated "internal" CLER booklet will provide an overview of our commitment to those high ideals of training the most competent and well-balanced physician workforce of tomorrow.



**Rowen K. Zetterman, MD,
MACP, MACG**

*Past Chair, Board of
Directors, ACGME
Professor Emeritus, Internal
Medicine, University of
Nebraska Medical Center*

Message from the Designated Institutional Official

This is our most recent internal assessment of our Clinical Learning Environment (CLE) at the University of Nebraska Medical Center (UNMC) and Nebraska Medicine (NM). We are committed to working toward the ideal CLE for our trainees, and we feel that this assessment serves as a barometer of our efforts.

A review of this publication will demonstrate many significant strides taken towards providing the ideal CLE. This begins with the major efforts undertaken by the programs to incorporate the culture of patient safety/health care quality into the practice and mindset of our trainees. We also place a significant focus on well-being, which comes from bringing the joy and meaning back to training. To achieve this, the GME office at UNMC places a high emphasis on administrative streamlining so that our trainees can focus their time and effort and patient care, education, and personal activities. Our initiatives include addressing email fatigue and survey fatigue, reducing duplication in regulatory requirements, tailoring educational requirements to avoid curricular bloat, and appointment of a full-time Wellness Manager.

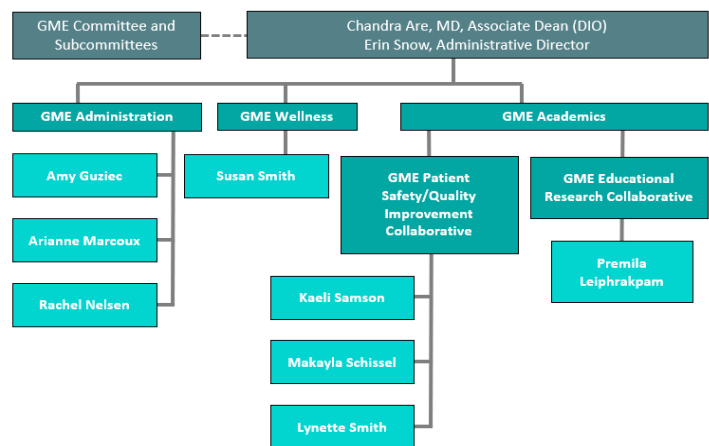
We would like to thank our program directors, associate program directors, core faculty, and program coordinators for all their efforts, without which this book would not see the light of day. We also extend our thanks to our leadership, Dr. Jeffrey P. Gold, Dr. Bradley Britigan, Dr. James Linder, and Dr. Rowen Zetterman, for their support and guidance.



Chandra Are, MD, MBA
*Associate Dean of Graduate
Medical Education (DIO)
JL & CJ Varner Professor of
Surgical Oncology & Global
Health, University of
Nebraska Medical Center*

We strive to provide the ideal CLE through these efforts and our internal process to periodically assess our CLE. It is our hope that these efforts will translate into training a new generation of physicians who are not only competent, but also well-balanced in their personal and professional lives.

Office of Graduate Medical Education Organizational Chart



Office of Graduate Medical Education Administration



Erin Snow, MPA, MPH, C-TAGME
Director, Graduate Medical Education



**Amy Guziec, MA,
C-TAGME**
*GME Senior Institutional
Coordinator*



Arianne Marcoux
*GME Senior Institutional
Coordinator*



**Rachel Nelsen,
C-TAGME**
*GME Senior Institutional
Coordinator*

House Officers Assistance Program (HOAP)

Description of Services

The House Officer Assistance Program (HOAP) is a cost free, CONFIDENTIAL program committed to the health and wellbeing of all University of Nebraska Medical Center house officers and their partners.



Susan Smith, RN, BS
*House Officer Assistance
Program Manager,
University of Nebraska Medical
Center*

Services Offered

- Short-term problem solving / coaching / counseling services to assist in managing / resolving work / life stressors
- Confidential assessments with referral to appropriate resources if needed
- Crisis intervention services
- Psychological First Aid (PFA) for affected house officers when unexpected clinical outcomes occur
- Education to residency/fellowship programs on topics including stress management, work life balance, addiction, and the prevention and treatment of depression and anxiety

The HOAP is promoted through participation in new house officer and fellow orientation each year and through frequent interactions with program directors and program coordinators. Many programs provide an opportunity each year for the HOAP manager to interact with all their residents, either to discuss the HOAP or to provide education on managing workplace stress or other wellness topics. These meetings give the house officers greater familiarity with the HOAP and may increase the likelihood that they will utilize the program if/when needed.

In conjunction with the GME office, the HOAP offers health and wellbeing activities at no cost to house officers. This year's activities have included House Officer Appreciation Week, a wellness event at the Bellevue Berry Farm, and two Trivia Nights during which entertainment, food and drinks were provided for an evening of fun and relaxation.

Utilization

In FY 23-24, the HOAP again had a utilization rate of approximately 15%. This number represents individuals who have sought assistance from the HOAP for personal and/or work-related issues. The utilization rate does not include house officers who have participated in wellness events or departmental in-services/educational offerings.

GME Education Research Collaborative

The GME Education Research Collaborative fosters house officer-driven qualitative, quantitative, or mixed methods education research projects. The collaborative is comprised of the Associate Dean of Graduate Medical Education, an MD, PhD in research and education, and a Master's-level statistician. The collaborative can assist house officers with all aspects of education research, including IRB submission, grant applications, study design, survey instrument development, data collection, analysis, and manuscript preparation, as well as oral and poster presentation development. The collaborative meets weekly to help house officers with research.



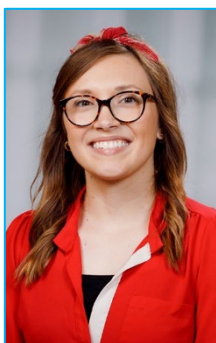
Premila Leiphakpam, MD, PhD

*Graduate Medical Education
Research & Education
Program Manager,
University of Nebraska
Medical Center*

GME PS/QI/Disparities Research Collaborative



**Kaeli Samson, MA,
MPH**
Data Analyst



**Makayla Schissel,
MPH**
Data Analyst



Lynette Smith, PhD
PS/QI Expert

The GME Patient Safety, Quality Improvement, and Disparities Collaborative exists to provide resources to house officers to aid in their research or quality improvement projects. The collaborative comprises the Associate Dean of Graduate Medical Education, an MD, PhD in research and education, a PhD in statistics, and two Master's level statisticians.

Resources are offered to help in all aspects of projects, from study design, sample size justification, and Institutional Review Board (IRB) application review, to data collection, analysis, interpretation, and presentation, as well as abstract and manuscript preparation. The group works closely with UNMC's IRB and Electronic Health Records Core to help streamline any requests to these areas. The collaborative meets weekly to informally discuss new project submissions or projects with updates, as well as monthly with a larger group to have house officers present their ideas in the early stages to be able to receive feedback that they can integrate into their project design.

RESIDENCY PROGRAMS

Allergy and Immunology Residency Program



Sara May, MD
Program Director

Whitney Dailey
Program Coordinator

Approved Trainee Complement: 3

Patient Safety

1. Best Case once a month on Thursdays at 11:00am with faculty, fellows, residents and medical students
2. The GME Office holds a dedicated annual Patient Safety and Quality Improvement Orientation Day
3. Bi-annual M&M conference with faculty, fellows, residents, students - Fellow-led conference where cases are presented and discussed to improve patient safety and the quality of care.
4. IHI modules
5. Simulation training for emergency allergic cases in the first three months of each academic year
6. Procedural workshops to improve procedural competency
7. Multiple standardized clinical protocols for allergy testing, food challenges, drug challenges as well as

- immunotherapy treatment plans and actions, to improve safety and quality of patient care
- 8. Use of standard order sets and specific software for allergy immunotherapy
- 9. Dedicated and limited oral challenge time slots in clinic template at Children's Nebraska
- 10. Zero Harm Training for faculty and fellows
- 11. Involvement in quality improvement research projects

Health Care Quality

- 1. GME office dedicated Patient Safety and Quality Improvement on Orientation Day
- 2. Ongoing QI projects:
 - a. Allergy immunotherapy shot reaction assessment and protocol
 - b. Epinephrine autoinjector prescription or medication documentation for any patient seen in allergy clinic with anaphylaxis diagnosis
 - c. Inpatient beta lactam challenge order sets to be utilized with patients requiring antibiotics and have documented penicillin allergy
 - d. Inpatient amoxicillin challenge order set to de-label appropriate penicillin allergic patients
 - e. Removal of drug allergy cross reaction warnings in Epic when cefazolin is ordered perioperatively for orthopedic patients
- 3. Best Case: Discuss complicated patients and management - Division conference room with core faculty, fellows, residents, and medical students

Teaming

- 1. Simulation for emergency allergy cases ran by all fellows at the same time
- 2. 360 evaluations of fellows from nursing staff, residents, faculty
- 3. Direct handoff from fellow to fellow and faculty to faculty with inpatient consults or possible overnight calls
- 4. Multispecialty clinic with allergy and ENT monthly
- 5. Fellow continuity clinic at Village Point with the same 2 faculty
- 6. Monthly allergy and immunology division meeting with faculty, nurses, clinical managers, and research personnel

7. New fellowship welcome social event and there will be a graduation social event including faculty, clinical staff from 3 sites (Nebraska Medicine, Children's Nebraska and VA), fellows and research staff

Supervision

1. Clinic: Attending present
2. Procedure: Attending present
3. Consults: Attending reachable by phone
4. On-Call Faculty available 24/7
5. No in-house call

Well-being

1. Open door policy
2. Work hours monitored in New Innovations
3. House Officer Assistance Program (HOAP) through Office of Graduate Medical Education offers 24/7 assistance
4. Taxi ride home for house officers too fatigued to drive safely
5. SAFER curriculum
6. Maternal and paternal leave
7. Free on campus gym access
8. Central House Officer lounge with complimentary food, meditation space, massage chairs, fitness room, lactation space, computer workspaces, and more.
9. Fellows take call Monday – Sunday every third week - rarely reaches 80 hours
10. Quarterly fellows' meetings to address workload, suggestions, issues and/or anything they would like to discuss to improve their training and the program
11. Division Summer Potluck/Welcome Party with family
12. Formal mentorship program (faculty to fellow)

Professionalism

1. Immediate feedback during clinical interactions
2. Monitored by milestone evaluations
3. Multisource evaluations from nurses in the clinic
4. Expectations reviewed at orientation
5. House Officer Handbook

Anesthesiology Residency Program



Andrea Dutoit, MD
Program Director

Katie Goergen, MD
Associate Program Director

Cale Kassel, MD
Associate Program Director

Joe Pawlowski, MD
Associate Program Director

Shelly McCaffrey
Program Coordinator

Approved Trainee Complement: 48

Patient Safety

1. IHI modules
2. Zero Harm Training
3. Residents participate in regular simulation scenarios involving critical safety events in the OR throughout CA 1, 2, and 3 years:
 - a. CVC placement checklist utilization
 - b. Malignant hyperthermia
 - c. Local anesthetic toxicity
 - d. ACLS/PALS scenarios
 - e. Airway code

4. RESIDENT DRIVEN Class projects in patient safety and quality
5. Education in hand-offs with standardized hand-off cards and directly observed anesthesia hand-offs from the beginning of anesthesia clinical experience
6. Didactics in patient safety and quality practices involving:
 - a. Positioning
 - b. Informed consent
 - c. Fire safety
 - d. Laser safety
7. Orientation in skills for safety prior to solo clinical assignment in OR
8. OR time-out
9. OR Fire risk assessment and module
10. Every resident has a QIPS (Quality Improvement and Patient Safety) portfolio on New Innovations (NI QIPS) in which they enter their patient safety and quality activities
11. The GME Office holds a dedicated annual Patient Safety and Quality Improvement Orientation Day
12. Regular departmental QI meetings identifying opportunities for improvement
13. All residents participate in Patient Safety reporting system: SOS system
14. Results of anesthesia resident-submitted SOS reports are followed up and distributed to anesthesia trainees and faculty
15. Residents participate in root cause analysis related to safety events
16. GME quarterly quality safety update of hospital to residents
17. Residents included in disclosing patient safety events to patients and families, both in OR scenarios and critical care events
18. Departmental Support pathway for adverse events: official plan for emotional support to clinical team involved in adverse patient events including direct support and communication
19. Susan Smith; GME wide resource for learners for support
20. Semi-annual focused clinical performance reports with individual and group data regarding anesthesiology-specific patient safety, quality and performance metrics

21. Multiple hand-off policies and procedures to guide care transitions, including OR to PACU hand-off cards to guide safe, effective hand-off, and a policy that every patient is signed off by a resident or faculty when transferred from PACU

Health Care Quality

1. Residents participate in regular simulation scenarios involving critical safety events in the OR throughout CA 1, 2, and 3 years:
 - a. CVC placement checklist utilization
 - b. Malignant hyperthermia
 - c. Local anesthetic toxicity
 - d. ACLS/PALS scenarios
 - e. Airway code
2. RESIDENT DRIVEN Class projects in patient safety and quality
3. RESIDENT DRIVEN Quality Improvement and Interesting Case Conference
4. Radiation badge monitoring and training modules
5. Specific journal clubs and didactics directed towards health care disparities and social determinants of health as well as discussion of adverse events; departmental education on strategies to address them in the patient population
6. Every resident has a QIPS (Quality Improvement and Patient Safety) portfolio on New Innovations (NI QIPS) in which they enter their patient safety and quality activities
7. The GME Office holds a dedicated annual Patient Safety and Quality Improvement Orientation Day
8. Residents participate in root cause analysis related to safety events
9. GME quarterly quality safety update of hospital to residents
10. Departmental and multidisciplinary QI conferences
11. Semi-annual focused clinical performance reports with individual and group data regarding anesthesiology-specific patient safety, quality, and performance metrics
12. Professionalism education regarding cultural humility and treating culturally diverse patient populations

Teaming

1. Interprofessional educational programming via Anesthesiology Grand Rounds
2. Attendance of faculty and chief residents in leadership development courses at Society of Education in Anesthesia and ACGME courses
3. 360-degree evaluations
4. Simulations involving multispecialty/professional roles
5. Interprofessional teams implemented in almost all clinical arenas
6. Standardized hand-offs
7. Interdepartmental quality improvement conferences with all members of interprofessional teams present
8. Postoperative patients/families are all evaluated/seen postoperatively by resident/fellow and engaged for feedback related to anesthetic care
9. ICU rounds involve patient/family input to decision making/planning
10. Survey of patient experiences in surgery/hospital environment
11. Multiple different educational opportunities supported for faculty/fellows/residents to learn importance of teaming
12. Multiple IT personnel available to entire department to optimize teaming/communication
13. Technology integration to optimize teaming

Supervision

1. OR/ICU – Attending present or immediately available
2. Codes – Attending present
3. New residents with paired training at beginning and checklist of skills to prepare and evaluate readiness for solo OR performance
4. Progressive autonomy monitored through course of rotations; senior rotation designed specifically to bridge to autonomous and independent leadership practice in Anesthesiology (PeriOperative Practice Management elective)
5. Attending supervision contact information available to all OR members for requesting additional supervision as needed

6. Monitors and vital signs for all cases available remotely in EPIC system for supervision of progression through case by attending not present in room

Well-being

1. Work hours monitored in New Innovations
2. Wellness programs through GME office
3. House Officer Assistance Program (HOAP) through Office of Graduate Medical Education offers 24/7 assistance
4. Taxi ride home provided at no cost for house officers too fatigued to drive safely
5. SAFER curriculum
6. Maternal and paternal leave
7. Across the campus, there are multiple program/divisional/departmental activities such as welcome picnics, holiday season parties, graduation banquets/dinners, interview socials, etc.
8. Free on campus gym access
9. Central House Officer lounge with complimentary food on the weekends
10. Resident driven wellness activities sponsored by department
11. Resident appreciation day activities and gifts
12. APD leads wellness curriculum comprised of eight domains
13. Peer Support Pathway to connect to resources for traumatic events in the OR
14. Departmental culture and wellbeing process improvement plans

Professionalism

1. Professionalism curriculum keywords (Children's/Learning Portal)
2. CITI Training
3. Invited speakers for department Grand Rounds
4. Didactics on professionalism within curriculum
5. Professionalism and interpersonal communication expectations heavily discussed in orientation
6. Work hours monitored and discussed importance of accuracy at orientation
7. Lapses in professionalism immediately addressed by PD and APD for performance both in faculty and residents

8. Unprofessional use of electronic medical records monitored by institution with any issues addressed with PD
9. Peer support system readily available in situations where conflicts of interest occur

Clarkson Family Medicine Residency Program



Sarah Howard, MD
Program Director

Les Veskrna, MD
Associate Program Director

Emma Flynn
Program Coordinator

Approved Trainee Complement: 18

Patient Safety

1. Completion of Institute of Health Care Improvement modules PS 101 – 105; PS 201; GME 201; QI 101-105; PFC 101; TA 101-103. PGY 1 modules focus on patient safety including teamwork, communication, and RCA training. PGY 2 modules focus on quality and performance improvement; PGY 3 modules focus on health equity and population health.
2. Completion of mock RCA annually for residents and faculty during didactics
3. SOS training during intern orientation
4. Completion of Wise-OnCall prior to being on call or night float

5. Distribution and review of quarterly institutional patient safety and SOS reporting data as provided by the GME office
6. Risk Management sessions presented annually by COPIC, our liability provider
7. Nebraska Medicine safety modules completed annually
8. Use of hand off tool
9. Use of standardized order sets
10. Standardized transition of care process
11. GME Patient Safety and Quality Improvement curriculum during intern orientation
12. All residents complete a QI project as required by ABFM
13. Direct observation of patient care inpatient and outpatient
14. Required BLS, ACLS, ATLS, PALS training
15. Code training annually during orientation

Health Care Quality

1. Annual regional research symposium with resident driven projects, including patient safety and quality improvement projects, presented.
2. Residents provide formal feedback for program/rotation/curriculum/faculty improvement at least annually via New Innovations
3. Residents are required to do Quality Improvement projects during training, based on American Board of Family Medicine metrics
4. All interns do IHI Patient Safety and Quality Improvement modules
5. Resident and Faculty involvement in SOS process and attendance at Root Cause Analysis
6. Completion of Coding and documentation queries
7. Use of standard order sets
8. Required Practice Management rotation (2 weeks) for all residents – curriculum includes multiple aspects of patient safety and quality
9. Dedicated Patient Safety and Quality Improvement during Orientation
10. Continuity Clinic quality metrics available monthly
11. Clinic patient satisfaction scores reviewed at resident-faculty meetings
12. Quarterly meetings with Nurse Care Coordinators to improve quality metrics, to reduce barriers to preventative

services and to improve access to chronic condition management

Teaming

1. Team-building activities during orientation
2. Annual escape room during Orientation
3. Annual Resident Retreat
4. EPIC handoff
5. Formal handoffs including attending every morning
6. In-person handoffs at all shift changes
7. Rounding with pharmacy
8. Rounding with Behavioral Health
9. Pharmacy embedded in clinic
10. Quarterly meetings with Nurse Care Coordinators
11. Residents meet with social work daily in hospital.
12. Confidential, closed-loop communication with consulting services
13. Daily morning huddle with all clinic physicians and staff
14. Interprofessional code training during orientation

Supervision

1. Outpatient continuity clinic always supervised by on-site attending with 1:4 faculty:resident ratio
2. Inpatient service supervised by on-site upper level resident and on or off site attendings who are immediately available
3. All deliveries and procedures directly supervised by attending
4. Supervision immediately available either onsite or via telephone communication on all rotations
5. All progress notes, H&P, Discharge summaries, clinic notes, and procedures co-signed by attendings
6. Structured plan for increasing independence of residents
7. Instruction in how to be a supervisor for PGY1s progressing to PGY2

Well-being

1. Work hours monitored in New Innovations
2. Resident schedules monitored every month to ensure work hour rule compliance
3. House Officer Assistance Program through GME office available 24/7

4. Residents are all assigned faculty advisors
5. Monthly CFM Resident Peer-Processing Group
6. FM Wellness curriculum for residents
7. Annual resident retreat
8. UBER account for post-call rides home
9. Family Leave, vacation, CME days provided
10. Meal allowance for on-call
11. Semi-annual PD and APD meetings to review individual resident, including academic progress, goals, and wellness
12. Semi-annual CCC meetings to review individual resident, including academic and professional progress, goals, and wellness
13. Quarterly Advisor/Advisee meetings to review individual resident, including academic progress, goals, and wellness
14. Lactation room available in the clinic and hospital
15. Anonymous electronic resident Concern box monitored by PD
16. Drinks and snacks available in resident workroom in clinic
17. Coffee, microwave, refrigerator, drinks, snacks available in resident call-room in hospital
18. Catered lunch provided at every didactic session
19. Access to House Officer Association lounge in the hospital
20. Access to the fitness center in the hospital
21. Free counseling through employee assistance program
22. Blocked time for resident meetings
23. Celebration of Thank a Resident Week and Doctor's Day
24. Monthly birthday celebrations
25. Access to wellness resources through AAFP and AMA

Professionalism

1. Expectations discussed during Orientation
2. Residents sign Professionalism Memorandum of Understanding
3. Expectations reviewed at Resident-Faculty meetings
4. Dress Code reviewed during orientation and resident-faculty meetings
5. Monitoring EMR documentation such as response to inbasket results and patient calls and messages, closure of encounters, completion of notes

6. Monitoring of duty hours submission, response to emails and other communications
7. Evaluated on monthly rotation evaluations
8. Evaluated on Daily/Weekly inpatient and night float evaluations
9. Practice Management curriculum includes multiple aspects of professionalism
10. Standardized process for handling lapses in professionalism
11. Faculty development focusing on bias, giving feedback, advising
12. Chief residents attend leadership conference

Dermatology Residency Program



Jennifer Adams, MD
Program Director

Tessa Ortiz
Program Coordinator

Approved Trainee Complement: 12

Patient Safety

1. Department-wide Biannual Morbidity and Mortality conferences with root cause analysis presented by residents and attended by faculty, clinical staff and departmental leadership. These cases end in team-based discussions aimed at addressing deficiencies in systems with resultant action items followed by residents and leadership. Residents also create a summary of "learning points" later at department-wide staff meetings.
2. Monthly departmental staff meetings (faculty, clinical staff, research staff, admin staff, residents) cover any safety concerns and learning points to decrease medical errors
3. Bi-weekly medical dermatology and surgical dermatology meetings (residents and relevant faculty and staff)
4. Each month as rotations change, there is dedicated time for in-person handoff during transitions paired with written handoff

5. 360 evaluations provide feedback to residents regarding their performance in patient safety
6. Resident-led quality improvement projects often involve all aspects of clinical team
7. "Safety Huddles" with clinical team members (MAs, LPNs, RNs, PCTs, Clinic Lead, attending, residents) at the start of every clinic to review roles and any potential safety concerns for the half day with planning around those (i.e. similar patient names, high-risk procedures, etc...)
8. Written handoff between all covering residents and faculty for consultative inpatient service
9. Procedural time-outs are led by resident physician (when present) and participated in/reinforced by all members of the patient care team present in the patient room

Health Care Quality

1. Departmental Grand Rounds led by residents and faculty monthly
2. Bi-annual Inpatient Walking rounds attended by all residents and faculty for input on cases and opportunities for systems improvement
3. Bi-annual Ambulatory Case Conference involves case-based discussions involving the residents and run by faculty to explore algorithms and thought process in diagnosis and management
4. Bi-weekly medical dermatology and surgical dermatology meetings (residents and relevant faculty and staff) to evaluate and discuss updates and clinical care
5. "Safety Huddles" with team members, faculty, residents at the start of every clinic
6. As part of UNMC-Specialty rotation, residents spend time with RNs in phototherapy, Medication Access Coordinators, Financial Counselors, Specialty Pharmacy Pharmacists, Physical Therapists, Occupational Therapists (Lymphedema clinic), and Advance practitioners (wound clinic) to learn about their respective roles and overlap in dermatology. Additionally, many of these team members provide lectures in the didactic curriculum for the residents for curriculum that encompasses different perspectives.
7. Annual 360 evals of residents from clinical staff and faculty

8. Residents receive Press-Ganey scores for patient satisfaction for their continuity clinic patients in an effort to identify areas for improvement and feedback in general
9. All residents are required to design and implement at least one relevant quality improvement project
10. The GME Office holds a dedicated annual Patient Safety and Quality Improvement Orientation Day
11. All residents are required to submit their scholarly activity projects for both the annual graduate medical education research symposium and the national American Academy of Dermatology meeting
12. Residents join the telehealth/teledermatology team along with RNs, attendings, EPIC analysts, compliance and coding professionals in development of the E-Visits and E-Consults development

Teaming

1. Interprofessional "Safety Huddles" with team members, faculty, residents at the start of every clinic day
2. As part of UNMC-Specialty rotation, residents spend time with RNs in phototherapy, Medication Access Coordinators, Financial Counselors, Specialty Pharmacy Pharmacists, Physical Therapists, Occupational Therapists (Lymphedema clinic), and Advance practitioners (wound clinic) to learn about their respective roles and overlap in dermatology. Additionally, many of these team members provide lectures in the didactic curriculum for the residents.
3. Resident "Responsibility Roles" include a clinic operations position with frequent interaction with all members of the clinical team. Additional roles of social media and outreach roles work closely with our marketing coordinator and members of the administrative team. Our research resident role and the research rotation has significant team based approach between our residents, research coordinator, post-doctoral research fellow, and medical student research fellow.
4. Residents participate in departmental multi-disciplinary clinics with specialists from other specialties, their fellows, and staff (i.e. cutaneous lymphoma clinic with dermatology/oncology, rheumatology/dermatology clinics

- in systemic lupus erythematosus and other connective tissue disease and psoriasis/psoriatic arthritis clinics, etc.)
5. Creation of “badge buddies” and photo team rosters to clearly communicate the roles of all members of the patient care team

Supervision

1. Resident-Patient interactions are monitored from start to finish on several occasions during the year to give feedback by faculty on the interaction, including resident communication and involvement of the patient in the management and plan
2. Residents participate in “hands-on” workshops approximately monthly in which they discuss and practice procedures on simulation models under supervision of faculty and then are able to then perform procedures on live patient volunteers under faculty supervision
3. Graduated autonomy supervision policy enacted at all clinical sites
4. Annual 360 evals of residents from clinical staff, administrative staff, peers, and faculty

Well-being

1. Work hours monitored through New Innovations
2. Bi-annual resident retreat without clinical responsibilities which includes a wellness team-bonding activity
3. Every other week protected administrative half day for residents in which they can schedule appointments and have flexibility in addressing needs
4. Wellness programs through GME office and department
5. House Officer Assistance Program (HOAP) through Office of Graduate Medical Education offers 24/7 assistance
6. Taxi ride home for house officers too fatigued to drive safely
7. SAFER curriculum
8. Maternal and paternal leave
9. Across the campus, there are multiple program/divisional/departmental activities such as welcome picnics, holiday season parties, graduation banquets/dinners, interview socials, wellness activities (i.e. gingerbread house making holiday session), etc.
10. Free on campus gym access

11. Central House Officer lounge with complimentary food on the weekends
12. Office hours with access to faculty and clinic leadership
13. Resident of the month recognition
14. Wellness curriculum with session with invited wellness officer for team sessions

Professionalism

1. All resident continuity clinic patients are sent surveys to evaluate the resident physician directly and provide feedback
2. Chief resident to attend "Chief Academy" yearly in training/preparation for chief year
3. Creation of an interactive curriculum covering professionalism and ethics which is ongoing throughout the year
4. 360 evaluations covers professionalism in all practice settings
5. Professionalism expectations lecture at beginning of the year and reviewed at various didactics throughout the remainder of the year
6. Milestones are used to provide one-on-one feedback twice annually (sooner if concerns)

Emergency Medicine Residency Program



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Associate Program Director

Jason Langenfeld, MD
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Assistant Program Director

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Angie Alberico
Program Coordinator

Heather Noyes
Assistant Program Coordinator

Approved Trainee Complement: 36

Patient Safety

1. EM Peer Review Committee - Systematic review of cases generated by internal, outside referral system
2. IHI modules assigned by GME, UNMC and program
3. Central line/chest tube/intubation labs
4. Resident driven Patient Safety/QI projects look at best practice EM guidelines
5. Incorporate resident input on IT/EMR QI solutions such as transition of care templates
6. Mortality and Morbidity meetings and case reviews done by all PGY2 and PGY3 residents yearly
7. Annual Compliance Training
8. The GME Office holds a dedicated annual Patient Safety and Quality Improvement Orientation Day
9. Transition policy with specific education during intern orientation
10. Check out process is faculty supervised with specific documentation in EMR

Health Care Quality

1. EM Peer Review Committee - Systematic review of cases generated by internal, outside referral system
2. Hired a Departmental Operations Lead Analyst to assist with faculty and resident QI projects
3. Resident driven Patient Safety/QI projects look at best practice EM guidelines
4. Longitudinal PGY 1 and PGY 2 with projects handed-off to new PGY 1 and PGY 2 classes every year; topics to date: Medication management for headaches, subarachnoid hemorrhage work diagnosis, pediatric fever testing, use of head CT in pediatric head trauma and DVT management
5. Mortality and Morbidity meetings and case reviews done by all PGY2 and PGY3 residents yearly
6. Annual Compliance Training
7. The GME Office holds a dedicated annual Patient Safety and Quality Improvement Orientation Day

Teaming

Pathway 1

1. Simulation curriculum teaches interprofessional skills in a multi-disciplinary setting that emphasizes teaming in each scenario, and often includes participation by EMS, nursing, pharmacy
2. Life support courses (BLS, ACLS, PALS, ATLS, and FCCS) are taught and led by various departmental experts.
3. Chief residents attend regular Departmental Leadership meetings (Staff, FEC, PEC)

Pathway 2

1. ED care is inherent to this pathway as we coordinate patient care. We engage and coordinate care with multiple service lines and locations.
2. A typical ED patient requires regular discussion with ED Case Manager, Social Worker, Pharmacy, Lab and access Technicians, Radiology, and Consulting Services.
3. Safe dispositions into the hospital, nursing facilities, home with outpatient follow up care are part of the expected workflow of every patient in whom learner-providers evaluate and treat.

Pathway 3

1. We obtain feedback from patient experiences via Press Ganey, Patient Relations, and other hospital feedback mechanisms with information specific to providers regularly relaying or offered as part of one's professional development.
2. Patient volunteers and simulated patients have historically had roles in our simulation curriculum (e.g., patient with an LVAD offered to teach residents about their experience and logistics related to their procedure and condition.)

Pathway 4

1. Residents utilize HIPAA compliant communication platforms for coordination of care between ED and Consulting Services. (PerfectServe, Voalte, encrypted email)
2. Clinical decision pathways are developed and regularly revisited through interdisciplinary committee and working

group interactions. These are made available in the EMR for ready access by providers for support and guidance in the care they are giving.

Supervision

Pathway 1

Supervision expectations are communicated initially to all residents during their GME and residency orientation month and are reinforced both on site during each EM month and during meetings between program leadership, chiefs, and the residency as a whole. Faculty and staff are made aware of supervision requirements during orientation, through annual compliance training, and as needed through monthly ED staff and faculty meetings.

Pathway 2

All EM rotations have 24h in-ED faculty clinical coverage, with ED faculty required to personally evaluate every patient seen by residents in the ED. All resident-performed, billable procedures require physical, in-room oversight by an attending physician for (at minimum) all critical portions of the procedure. For every other procedure or portion of the clinical interaction, residents are expected to escalate any and all concerns to their in-ED attending physician. Multiple avenues exist to escalate concerns with clinical supervision including the online portal Shout-Out-For-Safety platform, ability to call/email/meet with program leadership and/or the DIO, faculty specific QR codes that link to unidentified forms for residents to fill out that go directly to the ED vice chairs of education, the annual curriculum review.

Pathway 3

Nursing supervisors, tech supervisors, and charge nurses are all educated on resident physician roles in ED management and patient care relative to attending physicians in the emergency department. This includes on specifics related to graduated responsibility— The ED is covered 24h by a senior (3rd year) resident who is an initial contact for decisions related to code 3/trauma pt distribution, waiting room patient questions/escalation, and online medical control. There is also a senior resident 'teaching shift' in which the senior resident oversees 1-2 interns or students, with that team reporting to a clinical attending in the ED for each patient. Again, all interactions, including those in which senior residents are supervising other learners, happen with EM faculty

present and directly supervising the activities. ED faculty are available for any and all questions from nursing, the patient, or other care teams related to patient care provided by their team.

Pathway 4

It is the expectation that patients are made aware of all members and roles within their ED care team. Residents and faculty are expected to introduce themselves to every patient they evaluate, and are required to display readable ID badges on shift. Patients are instructed on using our EMR's OneChart app, which allows them access to the names and roles of all on their care team, as well as their results and clinical documentation in real time. Every patient seen by residents is also seen by an attending physician and thus each of these patients has the ability to directly voice concerns to said physician. All patients are given a call light, and nursing is aware that they may relay any concerns told to them to any/all members of the in-house care team. Concerns related to supervision and their care after the fact have the ability to be escalated by way of patient relations and post-experience surveys.

Pathway 5

Competency to perform procedures is determined by the residency CCC and program leadership at multiple points and through multiple mechanisms throughout the year. Given the requirement for all billable procedures to be directly overseen and participated in by an in-house EM attending, there is no billable procedure performed by EM residents in the ED that is not supervised directly by an EM physician. Every resident will have different needs related to their experience with the procedure, and thus, the extent of involvement and feedback between the EM attending and resident is determined on a case-by-case basis. There is substantial built-in overlap of coverage from attending to attending and resident to resident with zoned areas of the ED which allow for flexing and accommodating during times of high acuity and volume. All transitions of care discussions and documentation between ED teams are supervised in-person, directly by both oncoming and outgoing ED attendings. In-house EM attendings are immediately available for assistance with transfer of care and communication between EM residents and consulting/admitting teams, with ability for any consulting or admitting service to escalate communication with the ED attending on shift for any reason.

Well-being

1. Monitored in new innovations and departmental surveys
2. Discussed at mid-year and end of year evaluations
3. Backup call system for ER shifts to help cover in cases of absence
4. Cab voucher cards and dedicated sleep room in case of post- work fatigue
5. PD review of schedules and stringent Work Hours monitoring
6. Residents will orchestrate regular group fitness and team-building activities to include yoga in the park, exercise classes, marathon training, trail biking, and park games such as kickball, softball, and 'capture the flag', sand volleyball at a local establishment, and UNMC intramural programs. Program didactics make room for an annual 'field day' with light, EM-focused competitions, and also during our annual outdoor sim day which often includes EM-relevant training in unique or austere settings.
7. SAFER Training /Annual Orientation conference on Circadian Rhythms/Sleep Schedule given by Department Chair on "Annual lecture to EM residents by dept chair on sleep and circadian rhythm management as it relates to physician shift work"
8. Celebrate Emergency Medicine Residents Appreciation Day Annually in March:
 - a. GME Annual Resident Appreciation Week in February
 - b. Massage Chair in Resident Room
 - c. GME House Officer Assistance Program (Susan Smith)
 - d. GME Wellness/Resiliency Resource Document
9. Regular lectures from multidisciplinary sources on wellness resilience and stress and fatigue
10. Implemented "Education" shifts for residents to catch up on paperwork, logs, etc.
11. Program and Department Wellness Committees – both Resident and Faculty
12. An optional wellness elective has been developed to include supervised personal development, scholarship on wellness, resilience, and wellness education best practices, and 'wellness' shifts in the ED in which the rotator works with clinical staff and leadership for

- opportunities to ensure staff needs are met while balancing effective clinical care and workload.
13. Resident retreat (resident only team building retreat in the Fall)
 14. PGY2 resident trip to ACEP conference
 15. Across the campus, there are multiple program/divisional/departmental activities such as welcome picnics, holiday season parties, graduation banquets/dinners, interview socials, etc.
 16. Free on-campus gym access
 17. Central House Officer Lounge (HOWL) with complimentary food on the weekends
 18. Instruction on critical event debriefing and 'the pause' (a script for the room to respectfully recognize the life of a patient who has died) is provided to residents and faculty. This is a regularly implemented process in our ED, most commonly being employed in our trauma bay and in arranged impromptu meetings in the ED staff lounge.
 19. Annual "Airways" event modeled after the Moth Radio Hour in which faculty, staff, and residents meet up in a safe space to share prepared, moving stories unique to their professional and personal roles. These events remain popular means of reducing stigma, nurturing fellowship, and supporting one another as we all comprehend the very unique highs and lows of our profession and professional setting.

Professionalism

Pathway 1

Residents are provided instruction on this as part of their orientation months, weekly didactics, and class-specific annual 'bootcamp'. During orientation, interns have instruction on consult communication, EMR documentation, and work hour documentation/management. We have or have scheduled didactic sessions on community, police, and media engagement practices. Our annual class-specific bootcamp includes didactics discussions on ethics, malpractice, ED management, critical decision-making, credentialing, and achievement/maintenance of boards certification.

Pathway 2

Specific practices for documenting work hours and procedure logs are discussed during orientation and at each semiannual review of

the residents by both CCC and program leadership. The process for qualifying for and for documenting moonlighting is laid out in the House Officer Manual. Communication between care teams as well as EMR documentation timeliness and quality, are assessed, provided feedback on, and signed off in real time by clinical faculty on shift, with ability to relay additional feedback to the program director through clinical evaluations in New Innovations. Confidential reporting mechanisms for unprofessional behavior exist by way of previously mentioned systems of the S.O.S. (shout out for safety), QR codes specific to faculty members sent directly to vice chairs, and the Title IX office.

Pathway 3

Employees of UNMC are required to fill out annual COI questionnaires and provided information on policies and procedures for addressing COI by way of institutionally developed online platform.

Pathway 4

Patient experience data and metrics achievement is displayed openly in the ED common areas (lounge message boards and hospitality nooks), which can include individual positive mentions and shout outs by patients recognizing members of the healthcare team. Metrics and specific feedback may also be relayed during monthly staff meetings which are attended by chief residents. Written, relevant critical feedback from patients is relayed individually by the clinical director to residents and program leadership on a case-by-case basis. Cases in which patient experience might be compromised or result in a complaint may be reviewed by departmental peer review committee, which has representation by both faculty and chief residents.

Pathway 5

The program leadership and coordinators work with residents to ensure accurate and timely work hour reporting, with frequent review by leadership of potential violations flagged by New Innovations. Feedback on documentation timeliness, acuity, and patient length-of-stay is provided to residents by way of EMR-based reports ran semiannually and reviewed with residents during mid and end of year evaluations. Annual program evaluations by way of the ACGME survey and our annual program survey in New Innovations allow for aggregate monitoring for professionalism and

other issues, with opportunities to elicit context and further discussion by way of monthly PD-chief, PD-resident(s), and chief-resident(s) meetings, as well as via our annual curriculum review. Concerns relayed directly to the PD regarding specific site or faculty concerns are addressed with departmental leadership (vice chairs, clinical director, chair) and/or escalated to GME, title IX office, the dean's office, or med staff where appropriate, with clear mechanisms present and educated on regularly for how to do so.

Family Medicine Residency Program



Kimberly Jarzynka, MD
Program Director

Rita Smith
Program Coordinator

Approved Trainee Complement: 48

Patient Safety

1. Yearly regional research symposium where resident driven projects, including patient safety/quality improvement projects, are presented. Abstracts are submitted and accepted as oral or poster presentations with awards for the top two oral and poster presentations. Attended by residents and faculty from all sites, including rural training tracks of Grand Island, Kearney, North Platte and Scottsbluff, NE.
2. Required Shout Out for Safety (SOS) training during HO-1 Orientation
3. Required Root Cause Analysis (RCA) simulation during HO-1 orientation and faculty/resident participation in SOS and RCA process when involved in a case.
4. Quarterly reports provided by GME office regarding SOS utilization and outcomes shared with residents and faculty.

5. Risk Management sessions offered yearly by COPIC, our institution's physician liability company
6. Resident Retreats twice yearly where residents provide formal feedback for program/rotation/continuity clinic/QI/patient safety/curriculum improvement and faculty feedback
7. Quarterly M&M focusing on inpatient, outpatient, OB, geriatric/nursing home, and procedure cases.
8. Nebraska Medicine safety modules – some topics include: OR fire safety, blood borne pathogens, hazards in the workplace, armed intruder, etc.
9. Coding/documentation queries.
10. Use of standard order sets
11. Required three-year Practice Management curriculum including a 1 month required rotation for all FM residents – curriculum includes multiple aspects of Patient Safety/Quality.
12. GME office dedicated Patient Safety and Quality Improvement curriculum during Orientation Day.
13. Required QI/PI/Clinic Data/Patient Satisfaction/Patients Safety sessions quarterly for HO-2 and 3 residents during 1st Teaching Day
14. Informed consent, handoffs, unanticipated outcomes curriculum for all HO-1's during orientation
15. Required handoff refresher during supervisor training for all HO2 and 3 residents
16. Hand off tool in EPIC is utilized on inpatient and OB services
17. All residents required to do Quality Improvement projects during training based on American Board of Family Medicine requirements
18. Direct observation of resident handoffs by faculty
19. Resident handoff evaluation available in New Innovations
20. Pain medications contract program in continuity clinics
21. System in place for transitions of care visits in clinic after hospitalizations and ER visits
22. Resident quality dashboards and alerts in in Epic – includes resident-specific data on Nebraska Medicine and FM Department quality/patient safety metrics

23. Required BLS, ACLS, PALS, NRP, and ALSO training for all residents, which includes training in interprofessional teams
24. 360 degree evaluations for all residents twice yearly
25. All residents during their required Geriatrics rotation present clinical cases at the monthly Geriatric Case Conference focusing on patient safety, transitions of care, and quality of care
26. Development of Patient Advisory Committee to review and provide feedback for clinic processes including quality/safety/efficiency/communication/resource identification and development, etc.
27. Required Fatigue Mitigation training for all residents

Health Care Quality

1. Yearly regional research symposium where resident driven projects, including patient safety/quality improvement projects, are presented. Abstracts are submitted and accepted as oral or poster presentations with awards for the top two oral and poster presentations. Attended by residents and faculty from all sites, including rural training tracks of Grand Island, Kearney, North Platte and Scottsbluff, NE.
2. Required Shout Out for Safety (SOS) training during HO-1 Orientation
3. Required Root Cause Analysis (RCA) simulation during HO-1 orientation and faculty/resident participation in SOS and RCA process when involved in a case.
4. Quarterly reports provided by GME office regarding SOS utilization and outcomes shared with residents and faculty.
5. Risk Management sessions offered yearly by COPIC, our institution's physician liability company.
6. Resident Retreats twice yearly where residents provide formal feedback for program/rotation/continuity clinic/QI/patient safety/curriculum improvement and faculty feedback.
7. Quarterly M&M focusing on inpatient, outpatient, OB, geriatric/nursing home, and procedure cases.
8. Nebraska Medicine safety modules – some topics include: OR fire safety, blood borne pathogens, hazards in the workplace, armed intruder, etc.
9. Coding/documentation queries.

10. Use of standard order sets
11. Required three-year Practice Management curriculum including a 1 month required rotation for all FM residents – curriculum includes multiple aspects of Patient Safety/Quality.
12. GME office dedicated Patient Safety and Quality Improvement curriculum during Orientation Day.
13. Required QI/PI/Clinic Data/Patient Satisfaction/Patients Safety sessions quarterly for HO-2 and 3 residents during 1st Teaching Day
14. Informed consent, handoffs, unanticipated outcomes curriculum for all HO-1's during orientation
15. Required handoff refresher during supervisor training for all HO2 and 3 residents.
16. Hand off tool in EPIC is utilized on inpatient and OB services
17. All residents required to do Quality Improvement projects during training based on American Board of Family Medicine requirements.
18. Direct observation of resident handoffs by faculty
19. Resident handoff evaluation available in New Innovations
20. Pain medications contract program in continuity clinics.
21. System in place for transitions of care visits in clinic after hospitalizations and ER visits.
22. Inpatient quality/Safety metrics available and reviewed during FM Inpatient rotation.
23. Resident quality dashboards and alerts in in Epic – includes resident-specific data on Nebraska Medicine and FM Department quality/patient safety metrics.
24. Required BLS, ACLS, PALS, NRP, and ALSO training for all residents, which includes training in interprofessional teams.
25. 360-degree evaluations for all residents twice yearly
26. All residents during their required Geriatrics rotation present clinical cases at the monthly Geriatric Case Conference focusing on patient safety, transitions of care, and quality of care.
27. Development of Patient Advisory Committee to review and provide feedback for clinic processes including quality/safety/efficiency/communication/resource identification and development, etc.

28. Required Fatigue Mitigation training for all residents.

Teaming

1. Interprofessional team modeling and immersion on all inpatient and ambulatory rotations, and continuity clinic with multiple disciplines. Examples include, but not limited to: nursing, pharmacy, social work, behavioral medicine, nutrition, etc.
2. Handoff curriculum for HO-1's during 1st Teaching Day with refresher during supervisor training for all residents
3. Hand off tool on EPIC is utilized on inpatient and OB services
4. Resident handoff assessment tool built in New Innovations
5. Direct observation of resident handoffs by faculty.
6. System in place for ambulatory transitions of care visits after hospitalizations and ER visits.
7. Required interprofessional Code Team training for all HO-2 residents.
8. Required BLS, ACLS, PALS, NRP, and ALSO for all residents, which includes training in interprofessional teams.
9. Required Shout Out for Safety (SOS) training during HO-1 Orientation
10. Required Root Cause Analysis (RCA) simulation during HO-1 orientation and faculty/resident participation in SOS and RCA process when involved in a case.
11. 360 degree evaluations for all residents twice yearly, including patient feedback.
12. Development of Patient Advisory Committee to review and provide feedback for clinic processes including quality/safety/efficiency/communication/resource identification and development, etc.
13. Required Continuity Clinic Orientation for all HO-1's with Nurse Care Coordinators and Clinic Administration – topics includes patient care, team communication, workflows, etc.
14. IT support for EPIC workflow tasks, efficiency and clinical data dashboards and quality metric monitoring.
15. Culture Shaping Curriculum embedded in HO-1 Orientation and throughout residency.
16. Chief Residents participate in national conference which includes leadership development, wellness,

professionalism, teamwork, change management training, etc.

17. Required Title IX and Bystander training for all residents, faculty and staff

Supervision

1. Supervision policy in place
2. Outpatient continuity clinic – always supervised by on-site attending
3. Inpatient – always supervised by attending or upper-level resident
4. All procedures including obstetrical deliveries directly supervised by attending
5. Required “Teaching Residents to Teach” Curriculum including how to provide effective feedback, precepting, how to be an effective supervisor, troubleshooting supervisory/leadership challenges for all HO-2 and 3 residents
6. Required Title IX and Bystander training for all residents, faculty and staff
7. Chief Residents participate in national conference which includes leadership development, wellness, professionalism teamwork, change management training.

Well-being

1. Work hours monitored in New Innovations and during monthly resident meetings
2. Monthly monitoring of resident schedules to ensure work hour rule compliance
3. Yearly rotation schedules balanced to avoid multiple call-heavy rotations scheduled in a row
4. UNMC Assistant Vice-Chancellor for Wellbeing, Wellness Committee/Crisis Response Team
5. House Officer Assistance Program (HOAP) through Office of Graduate Medical Education offers 24/7 assistance
6. UNMC House Officer Wellness Lounge available 24/7 for residents
7. Wellness programs through GME office - focus on reducing administrative burden, email and survey fatigue, daily food stipend, etc.
8. FM Resident Wellness Committee with budget provided by FM Chairman

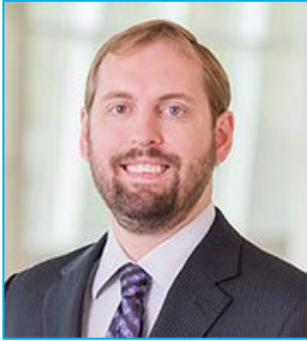
9. FM Wellness curriculum for residents
10. FM Faculty Development curriculum focusing on wellness and fatigue mitigation
11. Two resident retreats yearly
12. Taxi ride home for residents too fatigued to drive safely
13. SAFER curriculum during HO-1 Orientation and Faculty Development
14. Maternity and Paternity Leave, vacation, meal cards
15. Individual problems/concerns identified are handled by Program Director
16. Balint sessions 6 times per year for HO-1's and quarterly for HO-2 and 3's.
17. Advisors assigned to each resident with required meetings twice-yearly and as needed – multiple focus areas including wellbeing
18. Semi-annual advisor/CCC review of each individual resident including academic progress, goals-setting, and wellbeing
19. Meditation room with massage chair and other wellness resources available in FM department
20. Lactation room available in FM department
21. Maximize resident vacation utilization by highlighting vacation available rotations
22. Keurig, OMT table, artwork, books, snacks in resident lounge
23. Monthly wellness emails highlighting wellness topics and opportunities
24. Free lunch provided for FM Grand Rounds twice monthly.
25. Snacks provided for holidays
26. Resident appreciation week activities and food provided by department and institution.
27. Annual Wellness Teaching Day
28. Required Title IX and Bystander training for all residents, faculty and staff
29. Free behavioral health assistance via Employee Assistance Program
30. Free Physician Wellness Program available for faculty and residents via LifeBridge Nebraska
31. Chief Residents participate in national conference which includes leadership development, wellness,

professionalism teamwork, change management training, etc.

Professionalism

1. Development and implementation of Professionalism Contract for all residents with expectations discussed during HO-1 Orientation and Supervisor Training for HO-2 and 3 residents.
2. Monitoring EMR documentation practices/administrative punctuality such as work hours logging, 3 day encounter closure, email response, task completion, etc.
3. Professionalism education, modeling, oversight and feedback rolled into daily practice
4. Professionalism is evaluated on monthly rotation evaluations and quarterly clinic evaluations
5. Practice Management curriculum includes multiple aspects of professionalism.
6. All residents trained on giving and receiving feedback during Supervisor Training.
7. Culture Shaping Curriculum embedded in HO-1 Orientation and throughout residency.
8. Required Title IX and Bystander training for all residents, faculty and staff
9. Chief Residents participate in national conference which includes leadership development, wellness, professionalism teamwork, change management training.
10. Standard process (institutional and departmental) for reporting and addressing professionalism issues as they arise.

Family Medicine – Rural Residency Program



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Program Director

Richard Fruehling, MD
Associate Program Director (Grand Island)

Robert Messbarger, MD
Associate Program Director (Kearney)

Shawn Murdock, MD
Associate Program Director (North Platte)

Lindsey Mosel, MD
Associate Program Director (Scottsbluff)

Marlene Hawver
Program Coordinator

Approved Trainee Complement: 30

Patient Safety

1. Yearly regional research symposium where resident driven projects, including patient safety/quality improvement projects, are presented. Abstracts are submitted and accepted as oral or poster presentations with awards for the top two oral and poster presentations. Attended by residents and faculty from all rural sites as well as the traditional program in Omaha.
2. Required Shout Out for Safety (SOS) training during HO-1 Orientation
3. Required Root Cause Analysis (RCA) simulation during HO-1 orientation and faculty/resident participation in SOS and RCA process when involved in a case.
4. Quarterly reports provided by GME office regarding SOS utilization and outcomes shared with residents and faculty.
5. Risk Management sessions offered yearly by COPIC, our institution's physician liability company.
6. Resident Retreats twice yearly where residents provide formal feedback for program/rotation/continuity clinic/QI/patient safety/curriculum improvement and faculty feedback.
7. Quarterly M&M focusing on inpatient, outpatient, OB, geriatric/nursing home, and procedure cases.
8. Nebraska Medicine safety modules – some topics include: OR fire safety, blood borne pathogens, hazards in the workplace, armed intruder, etc.
9. Coding/documentation queries.
10. Use of standard order sets
11. Required three-year Practice Management curriculum including a 1 month required rotation for all FM residents – curriculum includes multiple aspects of Patient Safety/Quality.
12. GME office dedicated Patient Safety and Quality Improvement curriculum during Orientation Day.
13. QI/PI/Clinic Data/Patient Satisfaction/Patients Safety review sessions with rural APD's quarterly for HO-2 and 3 residents
14. Informed consent, handoffs, unanticipated outcomes curriculum for all HO-1's during orientation
15. Required handoff refresher during teaching day for HO2 and 3 residents.

16. Hand off tool in EPIC is utilized on inpatient and OB services
17. All residents required to do Quality Improvement projects during training based on American Board of Family Medicine requirements.
18. Resident handoff evaluation available in New Innovations
19. Pain medications contract program in continuity clinics.
20. System in place for transitions of care visits in clinic after hospitalizations and ER visits.
21. Inpatient quality/Safety metrics available and reviewed during FM Inpatient rotation.
22. Resident quality dashboards and alerts in in Epic – includes resident-specific data on Nebraska Medicine and FM Department quality/patient safety metrics.
23. Required BLS, ACLS, PALS, NRP, and ALSO training for all residents, which includes training in interprofessional teams.
24. 360-degree evaluations for all residents twice yearly
25. All residents during their required Geriatrics rotation present clinical cases at the monthly Geriatric Case Conference focusing on patient safety, transitions of care, and quality of care.
26. Development of Patient Advisory Committee to review and provide feedback for clinic processes including quality/safety/efficiency/communication/resource identification and development, etc.
27. Required Fatigue Mitigation training for all residents.
28. Direct observation of resident handoffs by faculty

Health Care Quality

1. Yearly regional research symposium where resident driven projects, including patient safety/quality improvement projects, are presented. Abstracts are submitted and accepted as oral or poster presentations with awards for the top two oral and poster presentations. Attended by residents and faculty from all rural sites as well as the traditional program in Omaha.
2. Required Shout Out for Safety (SOS) training during HO-1 Orientation
3. Required Root Cause Analysis (RCA) simulation during HO-1 orientation and faculty/resident participation in SOS and RCA process when involved in a case.

4. Quarterly reports provided by GME office regarding SOS utilization and outcomes shared with residents and faculty.
5. Risk Management sessions offered yearly by COPIC, our institution's physician liability company.
6. Resident Retreats twice yearly where residents provide formal feedback for program/rotation/continuity clinic/QI/patient safety/curriculum improvement and faculty feedback.
7. Quarterly M&M focusing on inpatient, outpatient, OB, geriatric/nursing home, and procedure cases.
8. Nebraska Medicine safety modules – some topics include: OR fire safety, blood borne pathogens, hazards in the workplace, armed intruder, etc.
9. Coding/documentation queries.
10. Use of standard order sets
11. Required three-year Practice Management curriculum including a 1 month required rotation for all FM residents – curriculum includes multiple aspects of Patient Safety/Quality.
12. GME office dedicated Patient Safety and Quality Improvement curriculum during Orientation Day.
13. QI/PI/Clinic Data/Patient Satisfaction/Patients Safety review sessions with rural APD's quarterly for HO-2 and 3 residents
14. Informed consent, handoffs, unanticipated outcomes curriculum for all HO-1's during orientation
15. Required handoff refresher during teaching day for HO2 and 3 residents.
16. Hand off tool in EPIC is utilized on inpatient and OB services
17. All residents required to do Quality Improvement projects during training based on American Board of Family Medicine requirements.
18. Resident handoff evaluation available in New Innovations
19. Pain medications contract program in continuity clinics.
20. System in place for transitions of care visits in clinic after hospitalizations and ER visits.
21. Inpatient quality/Safety metrics available and reviewed during FM Inpatient rotation.

22. Resident quality dashboards and alerts in Epic – includes resident-specific data on Nebraska Medicine and FM Department quality/patient safety metrics.
23. Required BLS, ACLS, PALS, NRP, and ALSO training for all residents, which includes training in interprofessional teams.
24. 360-degree evaluations for all residents twice yearly
25. All residents during their required Geriatrics rotation present clinical cases at the monthly Geriatric Case Conference focusing on patient safety, transitions of care, and quality of care.
26. Development of Patient Advisory Committee to review and provide feedback for clinic processes including quality/safety/efficiency/communication/resource identification and development, etc.
27. Required Fatigue Mitigation training for all residents.
28. Direct observation of resident handoffs by faculty
29. SERPA (Southeastern Rural Physician Association) holds meetings where quality projects are discussed and undertaken at Rural Training Track sites (Kearney, Grand Island and North Platte). Some projects are clinician based and some are clinic based.

Teaming

1. Interprofessional team modeling and immersion on all inpatient and ambulatory rotations, and continuity clinic with multiple disciplines. Examples include, but not limited to nursing, pharmacy, social work, behavioral medicine, nutrition, etc.
2. Handoff curriculum for HO-1's during 1st Teaching Day with refresher during supervisor training for all residents
3. Hand off tool on EPIC is utilized on inpatient and OB services
4. Resident handoff assessment tool built in New Innovations
5. Direct observation of resident handoffs by faculty.
6. System in place for ambulatory transitions of care visits after hospitalizations and ER visits.
7. Required Interprofessional Code Team training for all HO-2 residents.
8. Required BLS, ACLS, PALS, NRP, and ALSO for all residents, which includes training in interprofessional teams.

9. Required Shout Out for Safety (SOS) training during HO-1 Orientation
10. Required Root Cause Analysis (RCA) simulation during HO-1 orientation and faculty/resident participation in SOS and RCA process when involved in a case.
11. 360-degree evaluations for all residents twice yearly, including patient feedback.
12. Development of Patient Advisory Committee to review and provide feedback for clinic processes including quality/safety/efficiency/communication/resource identification and development, etc.
13. Required Continuity Clinic Orientation for all HO-1's with Nurse Care Coordinators and Clinic Administration – topics includes patient care, team communication, workflows, etc.
14. IT support for EPIC workflow tasks, efficiency and clinical data dashboards and quality metric monitoring.
15. Culture Shaping Curriculum embedded in HO-1 Orientation and throughout residency.
16. Required Title IX and Bystander training for all residents, faculty and staff

Supervision

1. Supervision Policy in place
2. Outpatient continuity clinic – always supervised by on-site attending
3. Inpatient – always supervised by attending or upper-level resident.
4. All procedures including obstetrical deliveries directly supervised by attending
5. Required “Teaching Residents to Teach” Curriculum including how to provide effective feedback, precepting, how to be an effective supervisor, troubleshooting supervisory/leadership challenges for all HO-2 and 3 residents.
6. Required Title IX and Bystander training for all residents, faculty and staff

Well-being

1. Work hours monitored in New Innovations and during monthly resident meetings

2. Monthly monitoring of resident schedules to ensure work hour rule compliance
3. Yearly rotation schedules balanced to avoid multiple call-heavy rotations scheduled in a row.
4. UNMC Assistant Vice-Chancellor for Wellbeing, Wellness Committee/Crisis Response Team.
5. House Officer Assistance Program (HOAP) through Office of Graduate Medical Education offers 24/7 assistance
6. UNMC House Officer Wellness Lounge available 24/7 for residents.
7. Wellness programs through GME office - focus on reducing administrative burden, email and survey fatigue, daily food stipend, etc.
8. FM Resident Wellness Committee with budget provided by FM Chairman
9. FM Wellness curriculum for residents
10. FM Faculty Development curriculum focusing on wellness and fatigue mitigation
11. Two resident retreats yearly
12. Taxi ride home for house officers too fatigued to drive safely
13. SAFER curriculum during HO-1 Orientation and Faculty Development
14. Maternity and Paternity Leave, vacation, meal cards
15. Individual problems/concerns identified are handled by Program Director
16. Balint sessions 6 times per year for HO-1's and quarterly for HO-2 and 3's.
17. Advisors assigned to each resident with required meetings twice-yearly and as needed – multiple focus areas including wellbeing.
18. Semi-annual advisor/CCC review of each individual resident including academic progress, goals-setting, and wellbeing.
19. Meditation room with massage chair and other wellness resources available in FM department.
20. Lactation room available in FM department.
21. Maximize resident vacation utilization by highlighting vacation available rotations
22. Keurig, OMT table, artwork, books, snacks in resident lounge

23. Monthly wellness emails highlighting wellness topics and opportunities
24. Free lunch provided for FM Grand Rounds twice monthly.
25. Snacks provided for holidays
26. Resident appreciation week activities and food provided by department and institution.
27. Annual Wellness Teaching Day
28. Required Title IX and Bystander training for all residents, faculty and staff
29. Free behavioral health assistance via Employee Assistance Program
30. Free Physician Wellness Program available for faculty and residents via LifeBridge Nebraska

Professionalism

1. Development and implementation of Professionalism Contract for all residents with expectations discussed during HO-1 Orientation and fall retreat HO-2 and 3 residents.
2. Monitoring EMR documentation practices/administrative punctuality such as work hours logging, 3-day encounter closure, email response, task completion, etc.
3. Professionalism education, modeling, oversight, and feedback rolled into daily practice
4. Professionalism is evaluated on monthly rotation evaluations and quarterly clinic evaluations
5. Practice Management curriculum includes multiple aspects of professionalism.
6. All residents trained on giving and receiving feedback during Supervisor Training.
7. Culture Shaping Curriculum embedded in HO-1 Orientation and throughout residency.
8. Required Title IX and Bystander training for all residents, faculty and staff
9. Chief Residents participate in national conference which includes leadership development, wellness, professionalism teamwork, change management training.
10. Standard process (institutional and departmental) for reporting and addressing professionalism issues as they arise.

Internal Medicine Residency Program



Tammy Wichman, MD
Program Director

Brian Delaney, MD
Associate Program Director

Trek Langenhan, MD
Associate Program Director

Jasmine Marcelin, MD
Associate Program Director

Chad Vokoun, MD
Associate Program Director

Rae Witt, MD
Associate Program Director

Stephanie Hooten
Education Program Administrator

Stephanie Wichman
Program Coordinator

Glenda Cole
Program Coordinator

Approved Trainee Complement: 84

Patient Safety

1. Residents participate in a patient safety conference conducting a root cause analysis on a adverse patient care event, involving multidisciplinary discussions and a proposed future intervention
2. Point of Care Ultrasound curriculum to improve safety of patient care – all residents receive POCUS training during their onboarding process, through dedicated half-day sessions, and while on Tower Based Rounds (hospitalist) rotation
3. Continued participation in campus “Sepsis 3 Forecast” and “Deterioration Forecast” within the electronic health record to identify patients who are at elevated risk for developing sepsis 3 (and if so, managed appropriately) and clinical deterioration, respectively
4. The GME Office holds a dedicated annual Patient Safety and Quality Improvement Orientation Day
5. Chief resident for quality and patient safety
6. Participate in multidisciplinary rapid response and code blue teams aimed at rapidly intervening and managing patients who may be or are deteriorating in order to promote better patient outcomes
7. Residents have the opportunity to attend weekly Nebraska Medicine Core Event Review Team (CERT) meetings and observe the RCA/event review process

Health Care Quality

1. Quality Improvement Curricula - Resident driven with case presentations
2. Simulation training for procedures in first six months
3. All residents are required to participate in a resident-driven QI project
4. Completion of IHI modules
5. Establishing a health disparities/global health track where residents will have the opportunity to participate in educational opportunities locally and/or pursue a global health rotation during their third year

Teaming

1. Annual formal clinical education about patient-centered medical home roles in clinic by nurse care coordinator and social work
2. Interprofessional learning on teaming: annual code team training, acute illness simulation, which highlights the roles of all who attend rapid responses and codes at Nebraska Medicine
3. Daily interdisciplinary rounds with rounding teams including medical nursing, multidisciplinary teams in the ICU with respiratory therapy, pharmacy, nursing, nutrition, and case management
4. Daily sit down rounds with oncohospitalist/resident and oncology faculty/fellow/resident as part of the TBR rotation
5. Resident inclusion in hospital bed meeting, rounding with the patient placement unit, rounding with the nurse resource coordinator, and attendance at the hospital's daily patient safety huddle as part of the TBR rotation
6. Multidisciplinary pancreatic tumor board participation on the hematology-oncology rotation

Supervision

1. Face-to-face sign-offs – supervision resident (or attending if supervisor is off) supervised
2. Faculty present for direct supervision in clinic and during rounds
3. Continuity clinic – 1:4 (often 1:3) faculty to resident ratio
4. In-house call – Faculty (Mon. - Thur.) or senior resident in-house and faculty available on phone(F-Sn)
5. PGY2 Teaching to Teach retreat focused on supervision skills for senior residents
6. Written patient hand-off embedded within the electronic health record and faculty able to monitor quality of the information included
7. Progressive level of autonomy granted to residents based on CCC review and assessment

Well-being

1. Work hours are logged in New Innovations and monitored by a chief resident and program director
2. Dedicated core faculty workgroup for wellness curriculum
3. House officer wellness committee that monitors resident wellness and plans activities accordingly
4. Significant others group through the House Officers Association Alliance for UNMC and Creighton house officers, students, attendings, and their families
5. House Officer Assistance Program (HOAP) through Office of Graduate Medical Education offers 24/7 assistance
6. Taxi ride home available at no cost when a resident is too fatigued to drive
7. Fatigue management presentation given at a Town Hall
8. Maternal and paternal leave policy that includes faculty champions, rotation modification nearing delivery date, and the ability to split leave into two blocks
9. Multiple program and department activities such as welcome picnics, holiday parties, graduation banquets, recruitment socials, etc.
10. Retreats for each PGY class
11. Formal mentorship program (faculty to resident)
12. Wellness half-days offered for scheduling of personal appointments
13. Program alumni offering off-site, same-day medical access to internal medicine residents
14. "Wind Down with Wichman" conference – open forum discussion between program director and residents
15. JEDI (Justice, Equity, Diversity and Inclusion) with Jasmine conference
16. Resident Chronicles Conference – debriefing sessions with select faculty to garner a confidential outlet to discuss the stressors, successes and pitfalls across our medical training
17. Weekly wellness and culture activities
18. Free on campus gym access
19. Central House Officer lounge with complimentary food, meditation space, massage chairs, fitness room, lactation space, computer work spaces, and more
20. Jarrod Dye Well-being Fund established to sponsor resident-driven wellness activities

Professionalism

1. Professionalism Noon Conference
2. Intern retreat and PGY2 “Teaching to Teach” retreat
provide content on professionalism
3. Remediation based on any issues with professionalism on
Milestone evaluation

Internal Medicine / Pediatrics Residency Program



Allison Ashford, MD
Program Director

Rachel Johnson
Associate Program Director

Mackenzie Dehmer
Program Coordinator

Approved Trainee Complement: 16

Patient Safety

1. Case presentation conference (CPC) - Multidisciplinary conference with other departments (Surgery} and other disciplines (Nursing, Pharmacy)
2. Mortality and Morbidity presentations - Pediatrics - every other month
3. Use Vanderbilt Matrix for Mortality and Morbidity presentations
4. Simulation training for procedures in first six months
5. Point of Care Ultrasound curriculum to improve safety of patient care
6. Participation in Central Line Associated Blood Stream Infections reduction initiatives

7. Sepsis card to help in proactively identifying patients with sepsis and improve safety of patient care
8. Multiple clinical protocols (Asthma, Sedation, Croup, Pneumonia, etc.) – to improve safety and quality of patient care.
9. IHI modules
10. The GME Office holds a dedicated annual Patient Safety and Quality Improvement Orientation Day
11. Transitions of care: Faculty or chief resident supervise Medicine face-to-face sign-offs
12. Transitions of care: Face-to-face hand-offs with some faculty supervision in Pediatrics
13. QIPS curriculum for all residents through Internal Medicine residency
14. Quarterly “Housewide Case Review” through Pediatrics residency

Health Care Quality

1. QIPS curriculum for all residents through Internal Medicine residency
2. Mortality and Morbidity presentations - Pediatrics - every other month
3. Use Vanderbilt Matrix for Mortality and Morbidity presentations
4. Participation in Central Line Associated Blood Stream Infections reduction initiatives
5. Sepsis card to help in proactively identifying patients with sepsis and improve safety of patient care
6. Multiple clinical protocols (Asthma, Sedation, Croup, Pneumonia, etc.)- to improve safety and quality of patient care.
7. All residents are required to have a QI project
8. The GME Office holds a dedicated annual Patient Safety and Quality Improvement Orientation Day

Teaming

1. Annual formal clinic education about patient centered medical home roles in clinic by nurse care coordinator and social work
2. Inter-professional learning on teaming: annual code team training, acute illness simulation, which highlights the roles

- of all who attend rapid responses and codes at Nebraska Medicine
- 3. Daily interdisciplinary rounds with rounding teams regularly include medical, nursing, pharmacy, social work, care managers/utilization management
- 4. Continuity clinic is a patient centered medical home: medicine residents work with pharmacists and behavioral health, nurse care coordinators and social workers. Multidisciplinary huddle at the beginning of each clinic
- 5. Patient family advisory council for Midtown Clinic
- 6. On admit-triage rotation: residents attend the Nebraska Medicine daily bed meeting (nursing resource coordinator, lead nurses, care tech and sitter resource coordinator, operating room coordinator, hospital leadership), round with hospital nursing resource coordinator, attend weekly core event review team meetings
- 7. Monthly case presentation conference with surgery about medical co-management and pre-op at the Omaha VA.

Supervision

- 1. Clinic and Rounds – Faculty present
- 2. Continuity clinic – 1:4 Faculty to resident ratio
- 3. In-home call – Senior resident in-house and faculty available on phone or in person

Well-being

- 1. Work hours monitored on New Innovations
- 2. Wellness programs through GME office/program
- 3. House Officer Assistance Program (HOAP) through Office of Graduate Medical Education offers 24/7 assistance
- 4. Taxi ride home for house officers too fatigued to drive safely
- 5. SAFER curriculum
- 6. Maternal and paternal leave
- 7. Across the campus, there are multiple program/divisional/departmental activities such as welcome picnics, holiday season parties, graduation banquets/dinners, interview socials, etc.
- 8. Free on campus gym access
- 9. Central House Officer lounge with complimentary food on the weekends
- 10. Wellness curriculum IMED

11. Frequent internal medicine and pediatric debriefing sessions monthly
12. Pediatric wellness half days
13. Annual Wellness Week for Med Peds residents
14. Med Peds Retreat

Professionalism

1. Remediation based on any issues with professionalism on Milestone evaluation
2. Yearly professionalism noon conference taught by the program director
3. Semi-annual review with PD includes various professionalism metrics (reading evaluations, checking inbox, taking Step 3 exam, etc.)

Interventional Radiology Residency Programs



Joseph McBride, MD
Program Director

Lei Yu, MD
Associate Program Director

Tina Hunter
Program Coordinator

Approved Trainee Complement: 5 (Integrated Program); 1 (Independent Program)

Patient Safety

1. Time-outs performed prior to each procedure
2. Fire risk assessment prior to each procedure
3. Mortality and Morbidity meeting monthly
4. Quality improvement projects
5. Multiple patient care protocols
6. IHI Modules
7. The GME Office holds a dedicated annual Patient Safety and Quality Improvement Orientation Day

Health Care Quality

1. PACS driven Quality Improvement software
2. Department Quality Improvement meetings - monthly with new Director - Dr. Jason Helvey
3. Resident driven QI projects:
 - a. Revision specimen handing protocol to avoid mistakes related to specimen collection and handling.
 - b. Interventional radiology rotation cliff notes creation to prepare junior residents for IR call and patient consultation.

Teaming

1. Face-to-face hand-offs

Supervision

1. Procedural – Attending present
2. Clinical – Attending present

Well-being

1. Work hours monitored on New Innovations
2. Wellness programs through GME office
3. House Officer Assistance Program (HOAP) through Office of Graduate Medical Education offers 24/7 assistance
4. Taxi ride home for house officers too fatigued to drive safely
5. SAFER curriculum
6. Maternal and paternal leave
7. Across the campus, there are multiple program/divisional/departmental activities such as welcome picnics, holiday season parties, graduation banquets/dinners, interview socials, etc.
8. Free on campus gym access
9. Central House Officer lounge with complimentary food on the weekends

Professionalism

1. Expectations discussed during orientation
2. Monthly rotation evaluations
3. Process for dealing with professionalism issues
4. Departmental lectures

Medical Genetics and Genomics Residency Program



Lois Starr, MD, PhD
Program Director

Danielle Baxter
Program Coordinator

Approved Trainee Complement: 3

Patient Safety

1. Case Conference: Discuss complicated patients and management setting- Department conference room with all core faculty and genetic counselors present for most conferences. ALL fellows attend
2. Reviewing complex radiographic findings with radiologist monthly
3. Quarterly block review with orientation of new clinical experiences for the fellows, tailored to each scheduled.
4. Greater Nebraska clinics to address disparity of care (which is primarily access} to medical genetics. Attending/trainees/ nursing staff/respiratory therapist
5. IHI modules from 2015-2016 onward
6. The GME Office holds a dedicated annual Patient Safety and Quality Improvement Orientation Day

7. Change in call: face-to-face sit down hand-off of patients (fellow to fellow)
8. Face-to-face sit down with attending, fellow documentation attested in chart by attending

Health Care Quality

1. Case Conference: Discuss complicated patients and management setting- Department conference room with all core faculty and genetic counselors present for most conferences. ALL fellows attend
2. Reviewing complex radiographic findings with radiologist monthly
3. Any opportunities for improvement for care or process of medical management will be reviewed by fellows and program director on an ongoing basis.
4. The GME Office holds a dedicated annual Patient Safety and Quality Improvement Orientation Day

Teaming

1. Change in call: face-to-face sit down hand-off of patients (fellow to fellow)
2. Face-to-face sit down with attending, fellow documentation attested in chart by attending

Supervision

1. Clinic setting: Attending present physically
2. Consults: Attending present physically or reachable by phone

Well-being

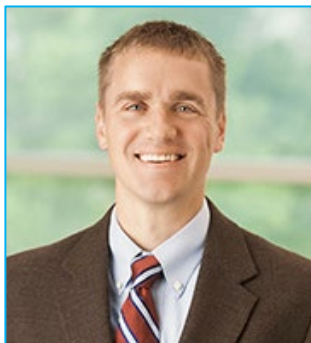
1. Work hours monitored on New Innovations
2. Wellness programs through GME office
3. House Officer Assistance Program (HOAP) through Office of Graduate Medical Education offers 24/7 assistance
4. Taxi ride home for house officers too fatigued to drive safely
5. SAFER curriculum
6. Maternal and paternal leave
7. Across the campus, there are multiple program/divisional/departmental activities such as welcome picnics, holiday season parties, graduation banquets/dinners, interview socials, etc.

8. Free on campus gym access
9. Central House Officer lounge with complimentary food on the weekends

Professionalism

1. Role modeling: Drs. Lutz, Olney, Starr, Rahman, Velasco, Ronspies

Nephrology Residency Program



Scott Westphal, MD
Program Director

Mackenzie Dehmer
Program Coordinator

Approved Trainee Complement: 6

Patient Safety

1. M&M/QI Conference/Root Cause Analysis Case conference: Fellow driven - present a case to discuss timeline of care and improve patient safety and quality of care
2. Hand-off tools to discuss dialysis patients: from inpatient to outpatient (from fellow to inpatient dialysis team)
3. The GME Office holds a dedicated annual Patient Safety and Quality Improvement Orientation Day
4. Transplant activity conference
5. Standardization of transplant discharge
6. Standardization of kidney biopsies
7. For transitions of care, main sign-out is at 4 PM on Fridays, when faculty and fellows of three services- VA/Transplant and consult service are present for face-to-face sign-off. For transplant nephrology, there is a hand-off on Monday mornings for the weekend team. On Friday

afternoons there is a hand-off from the weekday to the weekend team.

8. Quarterly M&M conferences

Health Care Quality

1. M&M/QI Conference/Root Cause Analysis Case conference: Fellow driven - present a case to discuss timeline of care and improve patient safety and quality of care
2. Hand-off tools to discuss dialysis patients: from inpatient to outpatient (from fellow to inpatient dialysis team)
3. Ongoing QI projects:
 - a. Standardization of saline suppression testing for evaluation of primary hyperaldosteronism
 - b. Standardization of intravenous iron and erythropoietic stimulating agent administration
 - c. Developing an algorithm for evaluating and working up patients for possible genetic kidney disease or complement disorders
 - d. Tracking quality metrics in hospitalized kidney transplant patients
4. IHI modules from 2015-2016 onward
5. The GME Office holds a dedicated annual Patient Safety and Quality Improvement Orientation Day
6. Transplant activity conference
7. Standardization of transplant discharge
8. Standardization of kidney biopsies

Teaming

1. Teaming as learning and development
2. Fellow, faculty, and staff campus-wide culture shaping
3. Upon entry to the fellowship, fellows receive training on the role of the fellow as part of the multi-disciplinary team, which includes APPs, case managers, transplant coordinators, and dialysis nurses
4. For transitions of care, main sign-out is at 4 PM on Fridays, when faculty and fellows of three services-VA/Transplant and consult service are present for face-to-face sign-off.

Supervision

1. Attending and fellow paired for training
2. Dialysis – attending present

Well-being

1. Work hours monitored on New Innovations
2. Wellness programs through GME office
3. House Officer Assistance Program (HOAP) through Office of Graduate Medical Education offers 24/7 assistance
4. Taxi ride home for house officers too fatigued to drive safely
5. SAFER curriculum
6. Maternal and paternal leave
7. Across the campus, there are multiple program/divisional/departmental activities such as welcome picnics, holiday season parties, graduation banquets/dinners, interview socials, etc.
8. Quarterly fellowship meetings to address fellow concerns
9. Monthly meetings with chief fellow and APD
10. Free on-campus gym access
11. Central House Officer lounge with complimentary food on the weekends

Professionalism

1. GME sessions
2. House Officer Handbook

Neurological Surgery Residency Program



William Thorell, MD
Program Director

Daniel Surdell, MD
Associate Program Director

Kellie Devney
Program Coordinator

Approved Trainee Complement: 14

Patient Safety

1. Residents (with faculty supervision) developed narrative statement on management of intracranial hypertension that was disseminated to other departments including Trauma Surgery and Critical Care
2. Patient Safety Quality Improvement conferences held regularly for discussion of patient outcomes, linking to ACGME with links to core competencies, and recommendations to improve patient care
3. Residents developed web-based rapid-feedback evaluation form for timely faculty feedback about resident performance including operative skills
4. IHI modules from 2015-2016 onward

5. The GME Office holds a dedicated annual Patient Safety and Quality Improvement Orientation Day

Health Care Quality

1. Patient Safety Quality Improvement conferences held regularly for discussion of patient outcomes, linking to ACGME with links to core competencies, and recommendations to improve patient care
2. Residents developed web-based rapid-feedback evaluation form for timely faculty feedback about resident performance including operative skills
3. Quarterly research meeting with residents led by faculty member Dr. Dan Surdell
4. The GME Office holds a dedicated annual Patient Safety and Quality Improvement Orientation Day
5. CREW Resource Management

Teaming

1. Department supports multiple team-based quality conferences to foster development and maintenance of interprofessional communications
2. Rotation evaluations include elements of team-based care and 360-degree evaluations completed by faculty, clinical team, peers, and self
3. Inpatient team rounds include advanced practice providers, nurse case managers, residents, faculty, and students
4. Patient safety and quality improvement/morbidity and mortality conferences include extensive review of patient outcomes with emphasis on how care impacts costs to patients and healthcare systems
5. Faculty provide immediate verbal feedback to residents following operative cases, including review of the resident's performance with the team and their leadership during cases
6. Monthly "Voice of the Patient" Dashboard Summative Evaluations
7. Hand-off cards developed by residents on EPIC and accessible by Haiku on mobile devices.

Supervision

1. OR: All residents are supervised by attendings
2. Clinic: Attending present
3. Rounds: Attending present

Well-being

1. Work hours monitored on New Innovations
2. Wellness programs through GME office
3. House Officer Assistance Program (HOAP) through Office of Graduate Medical Education offers 24/7 assistance
4. Taxi ride home for house officers too fatigued to drive safely
5. SAFER curriculum
6. Maternal and paternal leave
7. Multiple wellness events in residency programs such as: recognition of birthdays and special occasions, group dinners, charitable efforts such as "adopt-a-family" at Christmas, faculty participation in charity fund raisers such as AHA Heart Walk and Sharp Run for Aneurysm Awareness, and resident get-togethers. Many events are subsidized by the program.
8. Across the campus, there are multiple program/divisional/departmental activities such as welcome picnics, holiday season parties, graduation banquets/dinners, interview socials, etc.
9. Free on campus gym access
10. Central House Officer lounge with complimentary food on the weekends
11. Quarterly resident team bonding outings

Professionalism

1. Training modules
2. Society of Neurological Surgeons Junior Boot Camp
3. Expectations discussed at orientation and reviewed during evaluation meetings

Neurology Residency Program



Amy Hellman, MD
Program Director

Lakshman Arcot, MD
Associate Program Director

Steven Phillips, DO
Associate Program Director

Beth Morris
Program Coordinator

Approved Trainee Complement: 28

Patient Safety

1. Monthly Mortality and Morbidity meeting to focus exclusively on QI- new projects are generated at each meeting
2. Time-outs prior to procedures
3. Check lists for procedures
4. IHI modules from 2015-2016 onwards
5. The GME Office holds a dedicated annual Patient Safety and Quality Improvement Orientation Day
6. Patient care protocols for stroke and status epilepticus including specialized order sets

7. Face-to-face transitions of care using EPIC
8. Stroke Code pager is physically transferred to incoming resident

Health Care Quality

1. Quality Improvement Officer, Dr. Scott Diesing, who oversees all QI projects in the department for faculty and house officers
2. All residents are required to take part in a QI project.
Example: Analyzing outcomes after discharge for all Neurology in-patient discharges over a 6 month period to determine rate of re-admissions/ED visits or death and factors associated with poor outcomes.
3. All residents are required to present a poster at annual research meeting
4. Monthly Mortality and Morbidity meeting to focus exclusively on QI- new projects are generated at each meeting
5. The GME Office holds a dedicated annual Patient Safety and Quality Improvement Orientation Day
6. Resident QI projects integrated with departmental QI project
7. Residents encouraged to attend risk management training with COPIC

Teaming

1. Residents run interprofessional stroke codes which include pharmacy, nurses, a phlebotomist, ER attending and ER resident
2. There is an APP on each inpatient service
3. Rounds are interprofessional with APPs, Pharmacy, and off-service residents (Internal Medicine, Psychiatry, and PM&R)
4. APPs attend radar rounds with nursing staff, social work, case management, Physical Therapy, Occupational Therapy, Speech Therapy, and neurosurgery to discuss care plans and disposition of all inpatients and communicates this to the inpatient team
5. Residents communicate regularly with all members of the care team including nurses, PT, OT, ST, nutrition, pharmacy, social work, and case management

6. Residents regularly participate in multidisciplinary family meetings to update on patient status, discuss treatment options and prognosis, and clarify patient care goals
7. All patient care protocols and EPIC modifications including order sets are developed with residents and other staff to support high-performance teaming
8. EHR allows patients to access notes and test results and to send questions to health care providers
9. There are several multidisciplinary clinics (Huntington's Disease, ALS, Parkinson's Disease, Ataxia, PD-plus) in which the residents rotate on their electives
10. There is an interdisciplinary Deep Brain Stimulation case conference in which residents participate on Movement Disorder elective
11. Residents work with nurse case managers to communicate patient care plans and coordinate outpatient follow up.
12. IT systems support teaming by optimizing communication (Voalte, PerfectServe)
13. Face-to-face transitions of care using EPIC
14. Stroke Code pager is physically transferred to incoming resident

Supervision

1. Clinic – Attending present
2. Ward rounds – Attending present
3. Bedside procedures (lumbar puncture) – direct supervision by senior resident for the first 5-10 successful procedures, after which the attending provides indirect supervision

Well-being

1. Work hours monitored through New Innovations
2. Wellness programs through GME office and department
3. House Officer Assistance Program (HOAP) through Office of Graduate Medical Education offers 24/7 assistance
4. Taxi ride home for house officers too fatigued to drive safely
5. SAFER curriculum
6. Maternal and paternal leave

7. Across the campus, there are multiple program/divisional/departmental activities such as welcome picnics, holiday season parties, graduation banquets/dinners, interview socials, etc.
8. Free on campus gym access
9. Central House Officer lounge with complimentary food on the weekends

Professionalism

1. Expectations discussed at orientation and reviewed during evaluation meetings
2. A cornerstone of the neurology program, professionalism training and feedback includes interprofessional teams, working with fellow residents, professionalism and the patient. We also use campus resources to determine social styles and how they impact professional behaviors.

Obstetrics and Gynecology Residency Program



Laura Cudzilo, MD
Program Director

Mary Kinyoun, MD
Associate Program Director

Heather Said, DO
Associate Program Director

Jessica Wilde
Program Coordinator

Approved Trainee Complement: 20

Patient Safety

1. Time-outs prior to all procedures in OR
2. Mortality and Morbidity meetings - monthly
3. New Patient Safety rounds at noon with nursing to assess ongoing patient safety issues
4. Multiple patient care protocols to improve patient safety and quality of care
5. Simulation curriculum for surgical procedures
6. Simulation with standardized patients to address many other issues, with modules for: breaking bad news,

- obtaining consent, communication with other health care providers, etc.
- 7. Emergency drills on Labor and Delivery
- 8. IHI modules from 2015-2016 onward
- 9. The GME Office holds a dedicated annual Patient Safety and Quality Improvement Orientation Day
- 10. EPIC hand-off tool for transitions of care

Health Care Quality

- 1. All PGY III residents identify a QI project and present to the Operations Committee for implementation
- 2. Every resident has to do a research project which is presented annually at a local research meeting. All residents will present three posters during residency, guided by Dr. Melissa Mathes, Director of Resident Research
- 3. Risk management training with COPIC
- 4. Mortality and Morbidity meetings - monthly
- 5. Multiple patient care protocols to improve patient safety and quality of care
- 6. IHI modules from 2015-2016 onward
- 7. The GME Office holds a dedicated annual Patient Safety and Quality Improvement Orientation Day
- 8. TeamSTEPPS

Teaming

- 1. Obstetrical emergency simulations teach interprofessional skills in a multidisciplinary setting that emphasizes teaming
- 2. The department funds rising HO4s to attend the CREOG Preparing to be Teachers and Leaders Workshop for Residents, which focuses on cultivating high performance teams
- 3. Multiple settings for high-performance teaming within the department, including:
 - a. Gynecologic oncology tumor board involves medical students, residents, faculty physicians, and APPs from various specialties functioning as a team to review each case
 - b. Obstetric patient hand-offs occur in teams of students, residents, and faculty from both OB/GYN and Anesthesia

- c. Chief residents participate in twice-daily safety huddles with nursing, OB and MFM faculty, NICU, and Anesthesia
4. Residency program and Women's Services leadership involve residents in patient feedback received and any changes that occur as a result of that feedback
5. Continual upgrading of IT systems occurs to support interprofessional teaming and communication (QGenda, PerfectServe)
6. Residency program and Women's Services leadership involve residents in patient feedback received and any changes that occur as a result of that feedback
7. Continual upgrading of IT systems occurs to support interprofessional teaming and communication (QGenda, PerfectServe)

Supervision

1. Operating room: Attending present
2. Labor and delivery: Attending present (24/7 in-house call for attendings)
3. Clinic and wards: Attending present

Well-being

1. Work hours monitored on New Innovations
2. Wellness programs through GME office
3. House Officer Assistance Program (HOAP) through Office of Graduate Medical Education offers 24/7 assistance
4. Taxi ride home for house officers too fatigued to drive safely
5. SAFER curriculum
6. Maternal and paternal leave
7. Across the campus, there are multiple program/divisional/departmental activities such as welcome picnics, holiday season parties, graduation banquets/dinners, interview socials, etc.
8. Free on campus gym access
9. Central House Officer lounge with complimentary food on the weekends
10. Fifth Wednesday afternoons are designated as "Wellness Wednesday," which residents have free to use as they wish

Professionalism

1. Simulation curriculum to address professionalism

Ophthalmology Residency Program



Shannon Lynch, MD
Program Director

Jennifer Cornwell
Program Coordinator

Approved Trainee Complement: 12

Patient Safety

1. Mortality and Morbidity conference (fifth Wednesday of the month} - Residents present cases with video to review suboptimal outcomes and improve safety and quality of patient care. The entire department is present to discuss the case.
2. Faculty Patient Safety Officer- Dr. Brent Timperley
3. Smart lists to improve patient safety and quality of care for:
 - a. Low pressure glaucoma
 - b. Uveitis
 - c. Mucormycosis
 - d. Plaquenil Eye Screening- in editing
 - e. Fungemia eye exam
4. Performance of ophthalmology-specific time-outs in the operating room – e.g., double confirmation of intraocular lens power in cataract surgeries

5. Intraocular lens selection/measurement reviewed with residents pre-operatively
6. Fire-risk assessment in the operating room
7. Residents encouraged to participate in COPIC retreats and conferences regarding patient safety and improving outcomes
8. IHI modules from 2015-2016 academic year onward
9. The GME Office holds a dedicated annual Patient Safety and Quality Improvement Orientation Day
10. Face-to-face sign-off when transitioning call from one resident to the next (as usually no inpatients). Ongoing shared ophthalmology consultation list.
11. Use of Smart sets in Epic for handoff

Health Care Quality

1. Disparities research – Assessing differences in treatment and outcomes between university patients and VA (Veterans Affairs) patients, and how racial and socioeconomic factors affect treatment success
2. Current/recent resident-driven quality improvement projects:
 - a. Surgical simulation curriculum to improve patient safety and quality of care.
 - b. Assessment of intraocular OCT (Optical Coherence Tomography) in evaluating tractional retinal detachment. Determining accuracy of measurement and patient outcomes
 - c. Development of an eye trauma surgical tray for the ED (Emergency Department). Determining how this improves patient experience and outcomes
 - d. Patient video development for patients prior to cataract surgery. Evaluating patient understanding of the procedure and perioperative care compared to oral discussion alone.
 - e. Assessing institutional outcomes in minimally invasive glaucoma surgery- evaluation of iStent results.
 - f. Neuro-ophthalmology triage process optimization.
 - g. Evaluating for hemorrhagic complication in patients on novel anticoagulants undergoing glaucoma surgery.

- h. Assessment of potential non-invasive means for evaluating for sub-concussive head injury in collegiate athletes at variable risk for head injury.
 - i. Evaluating the resident perspective of implementing a formal glaucoma curriculum and quiz worksheet.
 - j. Assessing the accuracy of intraocular pressure measurements after a variety of corneal incisions in a porcine model.
 - k. Assessing the difference between optic nerve head OCT Imaging with and without the "follow-up" software function to determine accuracy and repeatability in the monitoring of glaucoma.
3. Residents are encouraged to participate in COPIC retreats and conferences regarding patient safety and improving outcomes
 4. GME office dedicated Patient Safety and Quality Improvement training during orientation
 5. CREW Resource Management

Teaming

1. Face-to-face sign-off when transitioning call from one resident to the next (as usually no inpatients). Ongoing shared ophthalmology consultation list.
2. Use Smart sets in EPIC for hand-off
3. Working as a team with physician assistant in ophthalmic plastics clinic, nurses in triage, surgery schedulers, and ophthalmic assistants in all outpatient clinics
4. Working with scrub nurses, anesthesiology, and surgeons from other specialties (ENT, Neurosurgery, OMFS) in the operating room

Supervision

1. Clinic – Attending always present
 - a. Direct supervision for all PGY 1-3 residents
 - b. Some indirect supervision for PGY 4 residents as appropriate with attending available in clinic
2. OR – Attending always present
3. On call – Direct or indirect supervision based on level of training and complexity of case – attending always available as are fellows and chief residents

Well-being

1. Work hours monitored on New Innovations
2. Wellness programs through GME office
3. House Officer Assistance Program (HOAP) through Office of Graduate Medical Education offers 24/7 assistance
4. Taxi ride home for house officers too fatigued to drive safely
5. SAFER curriculum reviewed during introductory lecture series
6. Maternal and paternal leave
7. Free on campus gym access
8. Across the campus, there are multiple program/divisional/departmental activities such as welcome picnics, holiday season parties, graduation banquets/dinners, interview socials, etc. In addition, the department has additional activities including a Halloween party, fall bonfire/hayrack ride, etc.
9. Central House Officer lounge with complimentary food on the weekends
10. Ophthalmology House Officer lounge with comfortable seating, snacks, and entertainment for when the residents want to relax
11. Resident appreciation week activities – campus wide as well as those in the department with special food, chair massages, etc.

Professionalism

1. Professionalism and interpersonal communication expectations discussed in orientation and in house officer handbook
2. Monitored via Milestones evaluations with discussion of professionalism issues at mid-year and end-of-year evaluations
3. Role modeling by core faculty - with real-time addressing of any professionalism issues by program director - such as punctuality in administrative tasks/ addressing any complaints from any health care provider, etc.
4. CITI Training
5. Remediation based on any issues with professionalism on Milestone evaluation or reports from attendings

Orthopaedic Surgery Residency Program



Matthew Mormino, MD
Program Director

Jolene Krueger
Program Coordinator

Approved Trainee Complement: 30

Patient Safety

1. Time-outs performed prior to all operative cases
2. Fire risk assessment performed prior to all operative cases
3. Mortality and Morbidity meetings
4. IHI modules from 2015-2016 onward
5. The GME Office holds a dedicated annual Patient Safety and Quality Improvement Orientation Day
6. Three residency-wide and resident-driven QI projects regarding opioid prescribing and utilization in our orthopaedic patients
7. Nebraska Medicine Quality Data shared quarterly
8. Zero Harm Training
9. Transitions of care: Face-to-face hand-off with PD present periodically for spot checks; use of EPIC hand-off tool

Health Care Quality

1. Mortality and Morbidity meetings
2. Multiple resident-driven QI projects on topics including: timeliness of antibiotic administration in open fractures; analysis of antibiotic administration in pre-surgical setting
3. Multiple QI pathways/protocols - Example:
 - a. Clinical pathway for prevention/management of DVT
 - b. Multi-departmental hip fracture conference with internal medicine
 - c. Surgical co-management meetings with internal medicine and anesthesia
4. QI project in management of Compartment Syndrome - Twice a year meeting to review metrics, outcomes and expected documentation.
5. The GME Office holds a dedicated annual Patient Safety and Quality Improvement Orientation Day
6. CREW Resource Management
7. Three residency-wide and resident-driven QI projects regarding opioid prescribing and utilization in our orthopaedic patients
8. Nebraska Medicine Quality Data shared quarterly
9. Resident driven - Hip Fracture Early Mobilization QI project
10. Resident driven - Hip Fracture Pain Management QI project
11. Zero Harm Training

Teaming

1. Hip Fracture Multidisciplinary Conferences with Surgical Co-Management and trauma
2. Hip Fracture Pain Management Quality Improvement Project with Emergency Medicine, Trauma, Surgical Co-Management and Anesthesia services
3. Physical Therapy, Occupational Therapy and Sports Medicine Multidisciplinary Conferences and Journal Clubs
4. Infectious Disease and Orthopaedic Surgery Case Conferences and multiple collaborative Research Projects
5. Opioid Use and Quality Improvement projects: Ankle Fracture and Total Joints with Clinic Nurses and MA's.

6. Emergency Medicine, Vascular Surgery and Nursing: Compartment Syndrome Order-sets and Education Module
7. Open Fracture Protocol and Quality Improvement project with Infectious Disease, Emergency Medicine, and trauma services: Order-sets and Education and research project
8. Hip Fracture Early Ambulation Study with Physical Therapy
9. Distal Femur Fracture Early Ambulation Study with Physical Therapy
10. ERAS protocols for Total Joint and Spine patients with Surgical Co-Management, Anesthesia, Physical Therapy, Occupational Therapy and Orthopaedic Surgery

Supervision

1. OR – Attending present
2. Clinic – Attending present
3. Ward rounds – Attending present

Well-being

1. Work hours monitored on New Innovations
2. Wellness programs through GME office
3. House Officer Assistance Program (HOAP) through Office of Graduate Medical Education offers 24/7 assistance
4. Taxi ride home for house officers too fatigued to drive safely
5. SAFER curriculum
6. Maternal and paternal leave
7. Across the campus, there are multiple program/divisional/departmental activities such as welcome picnics, holiday season parties, graduation banquets/dinners, interview socials, etc.
8. Free on campus gym access
9. Central House Officer lounge with complimentary food on the weekends

Professionalism

1. CITI Training
2. AAOS Ethics Curriculum

Otolaryngology – Head and Neck Surgery Residency Program



Christie Barnes, MD
Program Director

Elizabeth Bradford Bell, MD
Associate Program Director

Amy Freking
Program Coordinator

Approved Trainee Complement: 15

Patient Safety

1. Monthly Quality Improvement meetings - three to four cases are discussed and RESIDENT DRIVEN with faculty present
2. Multidisciplinary Grand Rounds
3. All residents perform time-outs in the operating room
4. All residents perform "Fire risk assessment" in the operating room
5. Courses: Adult and Pediatric Airway, Facial Trauma, Sinus/Skull Base, Head and Neck Anatomy, Ultrasound, Temporal Bone
6. ResQ
7. IHI modules from 2015-2016 onwards

8. The GME Office holds a dedicated annual Patient Safety and Quality Improvement Orientation Day
9. Neurotologist lead temporal bone drilling sessions
10. Grand Rounds with Patient Safety Specialists
11. Zero Harm Training for faculty and residents

Health Care Quality

1. Monthly Quality Improvement meetings - three to four cases are discussed and RESIDENT DRIVEN with faculty present
2. Multidisciplinary Grand Rounds
3. ResQ
4. The GME Office holds a dedicated annual Patient Safety and Quality Improvement Orientation Day
5. CREW Resource Management
6. Neurotologist-led temporal bone drilling sessions

Teaming

1. eHand-off – Electronic hand-off used by residents

Supervision

1. Operating room – Always supervised by attending
2. Clinic – Always supervised by attending

Well-being

1. Open Door Policy
2. Work hours monitored on New Innovations
3. Wellness programs through GME office
4. House Officer Assistance Program (HOAP) through Office of Graduate Medical Education offers 24/7 assistance
5. Taxi ride home for house officers too fatigued to drive safely
6. SAFER curriculum
7. Maternal and paternal leave
8. Free on campus gym
9. Central House Officer lounge with complimentary food on the weekends
10. Orphan Thanksgiving/Christmas hosted by faculty
11. Department BBQ with family
12. Resident team building and welcome Dinner
13. Monthly chief/PD touch-base meetings
14. Faculty/resident mentor meetings (four times per year)

15. Monthly resident meetings
16. Yearly resident retreat (off-site)

Professionalism

1. Yearly review of CLER objectives at retreat
2. Yearly Program Review and Improvement
3. Yearly 365 evaluations sent to ancillary and nursing staff
4. Expectations reviewed at orientation
5. Monitored by Milestones (four times per year)

Pathology – Anatomic and Clinical Residency Program



Scott R. Lauer, MD
Program Director

Sahara Cathcart, MD
Associate Program Director

Kim Martin
Program Coordinator

Dani Blum
Program Coordinator

Approved Trainee Complement: 16

Patient Safety

1. Frozen section discrepancy conference to improve quality and accuracy of intraoperative consultation diagnoses
2. The GME Office holds a dedicated annual Patient Safety and Quality Improvement Orientation Day
3. Policy for hand-offs present in Resident Policy Manual
4. Residents are required to communicate with faculty and residents when handing off cases in gross room, surgical

pathology services, apheresis and patient care activities while on-call

5. IHI modules from 2015-2016 onwards

Health Care Quality

1. Every clinical pathology rotation has a quality improvement project at some point in the curriculum.
Example:
 - a. Chemistry rotation – Residents need to do literature searches and cost benefit analyses for sending out tests for specialties such as Neurology
2. Quality improvement projects in Blood Bank:
 - a. Utilization trends in irradiated blood
 - b. Assessment of coagulation parameters leading to new algorithm
3. Resident driven QI projects:
 - a. Procedure for handling after hours surgical pathology specimen receipt
 - b. Callback procedure for critical anatomic pathology values to ED physicians
 - c. Evaluation of protocol for review of body fluids after hours
4. Frozen section discrepancy conference to improve quality and accuracy of intraoperative consultation diagnoses
5. Molecular rotation: Developing a workflow algorithm for oncology and other testing

Teaming

1. Clinical pathology rotations (Transfusion Medicine, Clinical Chemistry, Microbiology and others) provide unique opportunity to work in clinical as well as laboratory teams. This provides for development of unique set of skills needed for the future career in clinical pathology bridging laboratory knowledge with the patient care.
2. Apheresis service provides a unique for pathology opportunity to interact with nurses (who are staff in the unit) and clinical providers (doctors and APPs) in the setting of clinical procedures.
3. Autopsy service and subsequent participation in morbidity and mortality conferences provide an opportunity to learn from multiple multidisciplinary services and providers involved in care of the patient.

4. Regular participation of the residents in the tumor board conferences run by multiple surgical disciplines provide opportunity for interdisciplinary teaming.

Supervision

1. A faculty member is always present for almost all clinical activities. Rare instances of indirect supervision occur on call (i.e. independent frozen section diagnoses}, after hours apheresis cases

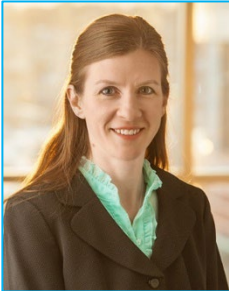
Well-being

1. Work hours monitored on New Innovations
2. Wellness programs through GME office and departmentally sponsored
3. House Officer Assistance Program (HOAP) through Office of Graduate Medical Education offers 24/7 assistance
4. Taxi ride home for house officers too fatigued to drive safely
5. SAFER curriculum
6. Maternal and paternal leave
7. Across the campus, there are multiple program/divisional/departmental activities such as welcome picnics, holiday season parties, graduation banquets/dinners, interview socials, etc.
8. Free on campus gym access
9. Central House Officer lounge with complimentary food on the weekends

Professionalism

1. PD discusses at Orientation
2. Communication curriculum for all residents

Pediatrics Residency Program



Lisa Sieczkowski, MD
Program Director



Nathaniel Goodrich, MD
Co-Program Director

Samantha Rohe, MD
Associate Program Director

Danita Velasco, MD
Associate Program Director

Cindy Colpitts
Program Administrator

Brook Seaton
Program Coordinator

Approved Trainee Complement: 45

Patient Safety

1. Housewide case reviews presented quarterly at Children's
2. Access to evidence-based clinical pathways and order sets for numerous diagnoses available in the outpatient, inpatient, and ED settings
3. Education on how to submit Eyes on Safety (EOS) at Children's and Shout Outs for Safety (SOS) at UNMC
4. QR code for residents to enter concerns about interactions with ancillary staff and faculty at both UNMC and Children's
5. March of Dimes module for resident education on prenatal healthcare disparities
6. Simulation training for various procedures as part of didactic education
7. Pediatric Fundamentals of Critical Care Support (PFCSS) training provided prior to PICU months for all pediatric residents
8. IHI modules from 2015-2016 onward
9. The GME Office holds a dedicated annual Patient Safety and Quality Improvement Orientation Day

Health Care Quality

1. Opportunities for involvement in numerous ongoing QI projects across the organization as well as support for creation of new QI efforts
2. Monthly diversity, equity, and inclusion conference series that focuses on healthcare disparities
3. Simulation training for various procedures as part of didactic education
4. Two pediatric faculty members are appointed to DEI advocacy positions: Dr. Shirley Delair as the UNMC Associate Dean of Diversity, Equity, and Inclusion, and Dr. Sharon Stoolman as the Department of Pediatrics Vice Chair for Diversity, Equity, and Inclusion
5. Quality improvement education as part of academic half day and board review series each year
6. The GME Office holds a dedicated annual Patient Safety and Quality Improvement Orientation Day

Teaming

1. Family-centered rounds and education about family-centered rounds
2. Mock code curriculum occurs in multidisciplinary setting
3. Life support courses are taught in multidisciplinary groups
4. Chief residents have regular meetings with Med/Surg and ICU leadership to address issues and set goals
5. Joint practice teams on each Med/Surg floor include faculty, nursing and resident representatives
6. Hospital-wide case reviews are presented jointly by physicians and nurses
7. NICU, PICU, and cardiac care unit patient hand offs occur in teams of residents, APPs, and sometimes faculty
8. Family advisory council provides feedback about the patient experience, which often leads to meaningful change
9. Patient/family feedback regarding residents is shared with program leadership and individual residents as appropriate
10. IT systems support effective and efficient communication (e.g., Voalte phones)
11. Epic/pathway modifications frequently involve residents and other staff
12. Many IT positions are filled by former and current clinical staff
13. Families are provided with iPads for access to labs and notes, as well as a forum for sending questions to providers
14. Providers are encouraged to share notes with families

Supervision

1. Outpatient – attending present during all clinic sessions
2. Children's Inpatient – 24/7 hospitalist, PICU attending, CICU attending, and ED attending coverage
3. NICU sites with 24/7 NNP coverage and attending present during day and as needed overnight
4. UNMC Inpatient – covered by 3rd year resident overnight with PICU and hospitalist attending available to be on site within 15 minutes as needed

Well-being

1. Work hours monitored on New Innovations
2. Resident-led Wellness Committee which determines the topics for monthly large group/small group wellness sessions and monthly wellness day activities based on feedback from the entire residency program
3. Resident-led Social Committee which plans small informal events as well as larger gatherings on a regular basis
4. Retreat during each year of training
5. Mini mental health day for PGY-1 residents each January
6. House Officer Assistance Program (HOAP) – each PGY-1 is scheduled for a get-to-know-you meeting with Susan Smith
7. Additional program-sponsored activities: welcome picnic, holiday party, graduation
8. Maternity/paternity leave
9. Flexible schedule with an emphasis on residents being able to attend appointments and other personal obligations
10. “Chief Wellness Officer” at Children’s who is Howie, the hospital-employed therapy dog who visits the residents regularly
11. GROWTH (Giving Residents the Opportunity to Work Towards Health) conference
12. House Officer Appreciation week
13. Taxi ride home for residents too fatigued to drive safely
14. Free on campus gym access
15. Central House Officer lounge with complimentary food on the weekends
16. Dedicated house officer lounge at Children’s Nebraska

Professionalism

1. Session given during new intern orientation
2. Individualized remediation offered to residents struggling in this area – assignment of a faculty coach and regular meetings with program leadership

Physical Medicine & Rehabilitation Residency Program



Michael D. Weaver, DO
Program Director

Carrie Helmberger
Program Coordinator

Approved Trainee Complement: 16

Patient Safety

1. Time-outs prior to all procedures in the operating room
2. Fire risk assessment performed prior to all interventional pain/spine procedures
3. Mortality and morbidity meetings
4. IHI modules from 2017-2018 onward
5. The GME Office holds a dedicated annual Patient Safety and Quality Improvement Orientation Day
6. Face-to-face hand-off with attending present periodically for spot checks
7. Use EPIC/EHR hand-off tool

Health Care Quality

1. Mortality and morbidity meetings
2. Multiple resident driven QI projects – Example:

- a. Resident driven QI project on improved efficiency using new EHR
 - b. Resident driven QI projects encouraged as program and develops into full complement
3. The GME Office holds a dedicated annual Patient Safety and Quality Improvement Orientation Day

Teaming

1. Face-to-face hand-off with attending present periodically for spot checks
2. Use EPIC/EHR hand-off tool

Supervision

1. Procedures – Attending present
2. Clinic – Attending present
3. Inpatient rounds – Attending present

Well-being

1. Work hours monitored in New Innovations
2. Wellness programs through GME office
3. House Officer Assistance Program (HOAP) through Office of Graduate Medical Education offers 24/7 assistance
4. Taxi ride home/sleep room available at Madonna Hospital
5. SAFER curriculum
6. Maternal and paternal leave
7. Across the campus, there are multiple program/divisional/departmental activities such as welcome picnics, holiday season parties, graduation banquets/dinners, interview socials, etc.
8. Free on campus gym access
9. Central House Officer lounge with complimentary food on the weekends

Professionalism

1. Clinical Competency Committee reviews residents' professionalism performance and feedback semiannually
2. Professionalism is reviewed with the residents and program director during semiannual reviews
3. 360-degree evaluations are completed by patients and staff quarterly

Plastic Surgery Residency Program



Shannon Wong, MD
Program Director

Sean Figy, MD
Associate Program Director

Toni Schlotman, BS, C-TAGME
Program Coordinator

Approved Trainee Complement: 4

Patient Safety

1. Time outs prior to all procedures in the operating room
2. Fire risk management prior to all procedures
3. CME office dedicated Patient Safety and Quality Improvement, annual orientation day
4. CREW Resource Management
5. Cadaver Lab simulations – quarterly
6. Zero Harm training
7. Multiple department Grand Rounds conferences on Patient Safety/Quality/Disparities
8. Face-to-face sign out

Health Care Quality

1. Mortality and morbidity meetings, monthly
2. Resident participation in QI projects
3. Resident participation in ResQ Committee
4. Cadaver Lab simulations – quarterly
5. Multiple department Grand Rounds conferences on Patient Safety/Quality/Disparities
6. Resident participation in root cause analysis

Teaming

1. Ward rounds with rounding teams regularly include residents, NP's, medical students and attendings
2. Group email and text, updated monthly with each new set of rotators, service expectations and daily duties, to streamline communication to all on service
3. PerfectServe messaging communication
4. The program uses SIMPL (a phone-based application for resident micro evaluations) to provide feedback that includes team performance and leadership during cases
5. Off campus Journal Clubs
6. Team building social events

Supervision

1. Operating room – attending present
2. Clinic – attending present
3. Ward rounds – Chief Resident, APP and/or attendings present

Well-being

1. Work hours monitored in New Innovations
2. Wellness programs through GME office
3. House Officer Assistance Program (HOAP) through Office of Graduate Medical Education offers 24/7 assistance
4. Taxi ride home for house officers too fatigued to drive safely
5. SAFER video
6. Maternal and paternal leave
7. Program/Divisional/Departmental activities such as – Welcome picnics, Holiday season parties, Graduation banquets/dinners, Interview socials, etc.

8. Free on campus gym access
9. Welcome event for new house officers
10. Graduation Banquet
11. House Officer Wellness Lounge (HOWL) centrally located with complimentary food
12. House Officer Association campus wide resources, meetings, etc.
13. Annual Resident Week – campus wide events to recognize all house officers and a division sponsored breakfast and gift bags to each resident for their commitment and hard work
14. Time off for personal appointments as needed, minimum two half-days per year

Professionalism

1. Canvas modules
2. Required annual compliance training modules
3. Milestones Evaluations
4. Peer Evaluations
5. Grand Rounds presentations related to professionalism

Plastic Surgery – Integrated Residency Program



Sean Figy, MD
Program Director

Shannon Wong, MD
Associate Program Director

Toni Schlotman, BS, C-TAGME
Program Coordinator

Approved Trainee Complement: 4

Patient Safety

1. Time outs prior to all procedures in the operating room
2. Fire risk management prior to all procedures
3. CME office dedicated Patient Safety and Quality Improvement, annual orientation day
4. CREW Resource Management
5. Cadaver Lab simulations – quarterly
6. Zero Harm training
7. Multiple department Grand Rounds conferences on Patient Safety/Quality/Disparities
8. Face-to-face sign out

Health Care Quality

1. Mortality and morbidity meetings, monthly
2. Resident participation in QI projects
3. Resident participation in ResQ Committee
4. Cadaver Lab simulations – quarterly
5. Multiple department Grand Rounds conferences on Patient Safety/Quality/Disparities
6. Resident participation in root cause analysis

Teaming

1. Ward rounds with rounding teams regularly include residents, NP's, medical students and attendings
2. Group email and text, updated monthly with each new set of rotators, service expectations and daily duties, to streamline communication to all on service
3. PerfectServe messaging communication
4. The program uses SIMPL (a phone-based application for resident micro evaluations) to provide feedback that includes team performance and leadership during cases
5. Off campus Journal Clubs
6. Team building social events

Supervision

1. Operating room – attending present
2. Clinic – attending present
3. Ward rounds – Chief Resident, APP and/or attendings present

Well-being

1. Work hours monitored in New Innovations
2. Wellness programs through GME office
3. House Officer Assistance Program (HOAP) through Office of Graduate Medical Education offers 24/7 assistance
4. Taxi ride home for house officers too fatigued to drive safely
5. SAFER video
6. Maternal and paternal leave
7. Program/Divisional/Departmental activities such as – Welcome picnics, Holiday season parties, Graduation banquets/dinners, Interview socials, etc.
8. Free on campus gym access

9. Welcome event for new house officers
10. Graduation Banquet
11. House Officer Wellness Lounge (HOWL) centrally located with complimentary food
12. House Officer Association campus wide resources, meetings, etc.
13. Annual Resident Week – campus wide events to recognize all house officers and a division sponsored breakfast and gift bags to each resident for their commitment and hard work.
14. Time off for personal appointments as needed, minimum two half-days per year.

Professionalism

1. Canvas modules
2. Required annual compliance training modules
3. Milestones Evaluations
4. Peer Evaluations
5. Grand Rounds presentations related to professionalism

Psychiatry Residency Program



Daniel Gih, MD
Program Director

Jeana Benton, MD
Associate Program Director

Ellie Corbaley
Program Coordinator

Approved Trainee Complement: 20

Patient Safety

1. Mortality and morbidity meetings
2. IHI modules from 2015-2016 onwards
3. The GME Office holds a dedicated annual Patient Safety and Quality Improvement Orientation Day
4. Face-to-face hand-off with PD present periodically for spot checks
5. Use EPIC hand-off tool for patient care transitions

Health Care Quality

1. Mortality and morbidity meetings in Department of Psychiatry
2. Year-long QI course
3. Resident driven QI projects
4. QI pathway/protocols

5. The GME Office holds a dedicated annual Patient Safety and Quality Improvement Orientation Day
6. CREW Resources Management
7. Residents encouraged to attend risk management training (COPIC)

Teaming

1. Face-to-face hand-off with PD present periodically for spot checks
2. Use Epic hand-off tool for patient care transitions

Supervision

1. Clinic – attending present
2. Ward rounds – attending present

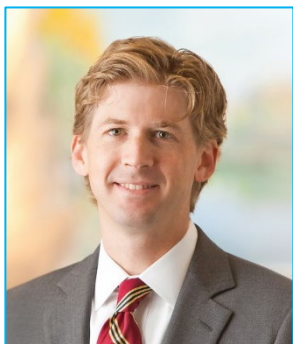
Well-being

1. Work hours monitored through New Innovations
2. Wellness programs through GME office
3. House Officer Assistance Program (HOAP) through Office of Graduate Medical Education offers 24/7 assistance
4. Taxi ride home for house officers too fatigued to drive safely
5. SAFER curriculum
6. Maternal and paternal leave
7. Across the campus, there are multiple program/divisional/departmental activities such as welcome picnics, holiday season parties, graduation banquets/dinners, interview socials, etc.
8. Free on campus gym access
9. Central House Officer lounge with complimentary food on the weekends
10. Quarterly “Wellness Wednesdays” (no didactics/afternoon off)
11. Department sponsored travel money
12. Annual resident only retreat

Professionalism

1. Professionalism lectures during intern orientation
2. Transition to practice lectures for third and fourth year residents
3. Administration elective in fourth year (resident participation in department administrative meetings)

Radiation Oncology Residency Program



Andrew Wahl, MD
Program Director

Jeanne Badura
Program Coordinator

Approved Trainee Complement: 4

Patient Safety

1. Mortality and Morbidity meetings
2. Formal (multi-disciplinary) Physics Teaching curriculum that works on improving patient safety
3. IHI modules from 2015-2016 onwards
4. The GME Office holds a dedicated annual Patient Safety and Quality Improvement Orientation Day
5. Resident to resident sign-off when residents on service

Health Care Quality

1. Every trainee has the opportunity to undertake a QI Project; Examples:
 - a. QI project on IORT for breast cancer that has led to changes in hospital practice
 - b. QI project to assess Workflow patterns and outcomes that has led to changes in hospital practice
 - c. QI project in Cardiac pacemakers
2. Mortality and Morbidity meetings

3. The GME Office holds a dedicated annual Patient Safety and Quality Improvement Orientation Day

Teaming

1. To develop a patient's overall treatment plan, residents work closely with other specialties, such as medical oncology, pediatric oncology, surgical oncology and surgical subspecialties
2. Within Radiation Oncology, residents work with physicists, dosimetrist, radiation therapists and nurses.

Supervision

1. Treatment sessions – Attending present
2. Clinic – Attending present
3. Ward rounds – Attending present

Well-being

1. Work hours monitored on New Innovations
2. Wellness programs through GME office
3. House Officer Assistance Program (HOAP) through Office of Graduate Medical Education offers 24/7 assistance
4. Taxi ride home for house officers too fatigued to drive safely
5. SAFER curriculum
6. Maternal and paternal leave
7. Wellness – Regular departmental gatherings at faculty home
8. Across the campus, there are multiple program/divisional/departmental activities such as welcome picnics, holiday season parties, graduation banquets/dinners, interview socials, etc.
9. Free on campus gym access
10. Central House Officer lounge with complimentary food on the weekends
11. Resident Wellness Day

Professionalism

1. Reviewed during orientation
2. Monitored through Milestones evaluations
3. Remediation based on any issues with professionalism on Milestone evaluation
4. Evaluated on monthly rotation evaluations

Radiology – Diagnostic Residency Program



Neil Hansen, MD
Program Director

J.P. Haas, MD
Associate Program Director

Tina Hunter
Program Coordinator

Approved Trainee Complement: 24

Patient Safety

1. Mortality and Morbidity meetings driven through the PACS systems to identify near misses
2. Case review by residents – weekly
3. Body imaging "Near Miss" conference
4. IHI modules from 2015-2016 onwards
5. The GME Office holds a dedicated annual Patient Safety and Quality Improvement Orientation Day
6. Face-to-face sign-offs

Health Care Quality

1. PACS-driven Quality Improvement software
2. Department Quality Improvement meetings – monthly with Directors – Dr. Martin Goodenberger and Dr. Anna Zajicek
3. Resident driven QI projects, including a collaboration with Internal Medicine on a project to improve communication of critical imaging results
4. The GME Office holds a dedicated annual Patient Safety and Quality Improvement Orientation Day

Teaming

1. Face-to-face sign-offs

Supervision

1. Attending in-house every night
2. 24-hour Teleradiology call as well

Well-being

1. Work hours monitored on New Innovations
2. Wellness programs through GME office
3. House Officer Assistance Program (HOAP) through Office of Graduate Medical Education offers 24/7 assistance
4. Taxi ride home for residents too fatigued to drive safely
5. SAFER curriculum
6. Maternal and paternal leave
7. Across the campus, there are multiple program/divisional/departmental activities such as welcome picnics, holiday season parties, graduation banquets/dinners, interview socials, etc.
8. Free on campus gym access
9. Central House Officer lounge with complimentary food on the weekends

Professionalism

1. Expectations discussed during Orientation
2. Evaluated on monthly rotation evaluations
3. Departmental lectures

Surgery Residency Program



Tiffany Tanner, MD
Program Director

Bradley Reames, MD
Associate Program Director

Jennifer Leinicke, MD
Associate Program Director

Toni Laux
Program Coordinator

Diane Treat
Program Coordinator

Approved Trainee Complement: 38

Patient Safety

1. Time-outs prior to procedures and debrief at the completion of procedures
2. Fire risk assessment prior to procedures
3. Weekly departmental Mortality and Morbidity meetings
4. Multi-departmental Mortality and Morbidity meetings with other departments: Anesthesia, Internal Medicine, Family Medicine, Emergency Medicine, Radiology, etc.

5. Patient Safety, Quality and Cost Containment Curriculum – Every resident has to present a case every year and assess the case based on several patient safety and quality metrics. Metrics are obtained from various databases such as NSQIP, AHRQ, etc.
6. Improving patient safety practices by using simulation: to educate residents in multiple bed-side procedures and operative procedures. Simulators include:
 - a. Laparoscopy simulator
 - b. Robotic simulator
 - c. Endoscopy simulator
 - d. Interventional simulator
 - e. Ultrasound simulator
7. Improving Patient Safety and Quality of Care by adverse scenario simulation in the Ryan Virtual Operating room
8. The GME Office holds a dedicated annual Patient Safety and Quality Improvement Orientation Day
9. Zero Harm training
10. Face to face sign-offs during patient care transitions

Health Care Quality

1. NSQIP participation by the department which provides data on various quality metrics for resident education, including QITI data on outcomes for cases in which residents participate
2. Appointment of department-wide chief quality officer
3. Multiple resident driven clinical outcomes projects that help to improve patient safety and quality of care
4. Multiple, multi-departmental tumor boards and other conferences to improve quality of care by adhering to latest evidence-based practices
5. Multi-departmental Patient Safety/Quality conferences to address quality metrics such as: CLABSI, etc.
6. Multi-departmental (surgery and anesthesia) Patient Safety and Quality initiatives to improve First Case On-Time Start (FCOTS) times in the operating room
7. Multi-departmental (surgery and anesthesia) Patient Safety and Quality Initiatives to improve safety of patient transfer between OR to PACU and PACU to ICU, etc.
8. Residents participate in a simulated root cause analysis

Teaming

1. Annual formal clinic education about patient-centered medical home roles in clinic by nurse care coordinator and social work
2. Interprofessional learning on teaming: annual code team training, acute illness simulation, which highlights the roles of all who attend rapid responses and codes at Nebraska Medicine
3. Daily interdisciplinary rounds with rounding teams regularly include medical nursing
4. The department supports multiple team-based quality conferences such as tumor boards, bariatric and transplant patient QI review meetings, and multidisciplinary morbidity and mortality conferences, which foster development and maintenance of interprofessional communication
5. The department sponsors 2 residents per year to attend the ACS Leadership and Advocacy Summit, focused on cultivating high performing teams
6. Residents participate in the Quality in Training (QITI) initiative, which provides residents with data on their performance in teams
7. Patient outcomes are routinely reviewed in morbidity and mortality conferences, including Press-Ganey survey results and impacts on patient costs and the healthcare system
8. The program uses SIMPL (a phone-based application for resident micro evaluations) to provide feedback that includes team performance and leadership during cases
9. Face to face sign-off

Supervision

1. OR: attending present
2. Clinic: faculty present for direct supervision in clinic
3. Ward rounds: faculty present for direct supervision during rounds

Well-being

1. Work hours monitored on New Innovations
2. Wellness programs through GME office
3. House Officer Assistance Program (HOAP) through Office of Graduate Medical Education offers 24/7 assistance
4. Taxi ride home for house officers too fatigued to drive safely
5. Maternal and paternal leave
6. Resident recognition program: Residents are recognized for any complimentary feedback from any hospital staff
7. Welcome gathering at chairman's home
8. Resident get-together after in-service exam or food to go
9. Christmas/holiday parties or a gift
10. Interview socials – Four per year
11. Graduation banquet
12. Multiple other opportunities to facilitate social interactions with residents/faculty and other departmental staff
13. Across the campus, there are multiple program/divisional/departmental activities such as welcome picnics, holiday season parties, graduation banquets/dinners, interview socials, etc.
14. Free on-campus gym access
15. Central House Officer lounge with complimentary food on the weekends
16. Wellness fridge stocked with healthy food options
17. Administrative hour once a month
18. Two half-days per year for personal appointments

Professionalism

1. Expectations discussed at orientation and reviewed during evaluation meetings
2. Multiple Grand rounds speakers on various topics related to the profession and professionalism

Urology Residency Program



**Christopher Deibert, MD,
M.P.H.**
Program Director

Grace Handleman
Program Coordinator

Approved Trainee Complement: 10

Patient Safety

1. Patient Safety, Quality and Cost control Mortality and Morbidity meeting
2. Time-outs prior to all operative procedures
3. Fire risk assessment prior to all procedures
4. Multiple established QI (Care pathways) protocols such as:
 - a. Prostatectomy
 - b. Cystectomy
5. IHI modules from 2015-2016 onwards
6. The GME Office holds a dedicated annual Patient Safety and Quality Improvement Orientation Day
7. EPIC hand-off tool for care transitions
8. Detailed written hand-off for weekend coverage

Health Care Quality

1. Patient Safety, Quality and Cost control Mortality and Morbidity meeting
2. Resident participation in Res Q committee (Quality Improvement Committee for residents}
3. CREW Resource Management

Teaming

1. Monthly nurse case manager meetings with faculty and residents
2. Daily rounds with inpatient case manager
3. EPIC hand-off tool
4. Detailed written hand-off for weekend coverage

Supervision

1. OR – Attending present
2. Clinic – Attending present

Well-being

1. Work hours monitored weekly through New Innovations
2. Wellness programs through GME office
3. House Officer Assistance Program (HOAP) through Office of Graduate Medical Education offers 24/7 assistance
4. Taxi ride home for house officers too fatigued to drive safely
5. SAFER curriculum
6. Parental leave
7. Across the campus, there are multiple program/divisional/departmental activities such as welcome picnics, holiday season parties, graduation banquets/dinners, interview socials, etc.
8. Free on campus gym access
9. Central House Officer lounge with complimentary food on the weekends
10. Quarterly resident social event sponsored by Urology

Professionalism

1. Lectures on professionalism/burnout/how to be good teacher
2. Interactive communication seminars annually to improve skill with difficult conversations

FELLOWSHIP PROGRAMS

Addiction Medicine Fellowship Program



Kenneth Zoucha, MD
Program Director

Tammy Anderson
Program Coordinator

Approved Trainee Complement: 1

Patient Safety

1. Mortality and morbidity meetings in Department of Psychiatry
2. IHI modules from 2015-2016
3. The GME Office holds a dedicated annual Patient Safety and Quality Improvement Orientation Day
4. Face-to-face hand-off with PD present periodically for spot checks
5. Use EPIC hand-off tool for patient care transitions

Health Care Quality

1. Mortality and morbidity meetings in Department of Psychiatry
2. Fellow driven QI projects. Examples:
 - a. Fellow driven QI project on use of opioid pain medication
3. QI pathway/protocols. Examples:
 - a. Clinical pathway for Buprenorphine

- b. Prescribing Naltrexone to patients admitted for alcohol withdrawal and alcohol use disorder
 - c. Connecting patients to appropriate level care for substance use disorders
- 4. The GME Office holds a dedicated annual Patient Safety and Quality Improvement Orientation Day
- 5. CREW Resources Management

Teaming

- 1. Face-to-face hand-off with PD present periodically for spot checks
- 2. Use EPIC hand-off tool for patient care transitions

Supervision

- 1. Clinic – attending present
- 2. Ward rounds – attending present

Well-being

- 1. Work hours monitored on New Innovations
- 2. Wellness programs through GME office
- 3. House Officer Assistance Program (HOAP) through Office of Graduate Medical Education offers 24/7 assistance
- 4. Taxi ride home for house officers too fatigued to drive safely
- 5. SAFER curriculum
- 6. Maternal and paternal leave
- 7. Across the campus, there are multiple program/divisional/departmental activities such as welcome picnics, holiday season parties, graduation banquets/dinners, interview socials, etc.
- 8. Free on campus gym access
- 9. Central House Officer lounge with complimentary food on the weekends

Professionalism

- 1. Expectations discussed at orientation and reviewed during evaluation meetings

Adult Cardiothoracic Anesthesiology Fellowship Program



Rebecca Aron, MD
Program Director

Mary Bernhagen
Program Coordinator

Approved Trainee Complement: 5

Patient Safety

1. Fellow-driven patient safety and quality projects
2. Cardiac Patient Follow Up Note-in Epic
3. Quarterly cardiothoracic anesthesia Morbidity and Mortality conference
4. OR Time-out
5. OR Fire Risk Assessment
6. All Fellows participate in Root Cause Analysis
7. Monthly Cardiothoracic Anesthesiology Journal Club
8. Quarterly Multidisciplinary Cardiac-related Journal Club
9. Multidisciplinary Cardiac Surgery Simulation (three times yearly)
10. IHI modules from 2015-2016 onwards
11. The GME Office holds a dedicated annual Patient Safety and Quality Improvement Orientation Day

12. OR to ICU: Face-to-face sign out with a structured template
13. OR to PACU-per department policy
14. OR to OR Face-to-face Hand-Off Policy

Health Care Quality

1. Fellow-driven patient safety and quality projects
2. Cardiac Patient Follow Up Note-in Epic
3. Quarterly cardiothoracic anesthesia Morbidity and Mortality conference
4. OR Time-out
5. OR Fire Risk Assessment
6. All Fellows participate in Root Cause Analysis
7. Monthly Cardiothoracic Anesthesiology Journal Club
8. Quarterly Multidisciplinary Cardiac-related Journal Club
9. Multidisciplinary Cardiac Surgery Simulation (three times yearly)
10. IHI modules from 2015-2016 onwards
11. The GME Office holds a dedicated annual Patient Safety and Quality Improvement Orientation Day

Teaming

1. *Pathway 1:* Clinical learning environment promotes teaming as an essential part of interprofessional learning and development:
 - a. Multidisciplinary cardiac surgical M&M monthly, valve conference weekly
 - b. Cardiac anesthesia M&M quarterly with perfusion, cardiac surgery
 - c. Quarterly multidisciplinary simulation sessions with cardiac surgery, perfusion, cardiac anesthesia and nursing
 - d. Bootcamp two week educational series with cardiac surgical, critical care and cardiac anesthesia fellows at the beginning of the year to learn echo and important cardiac surgical topics
 - e. Journal clubs combined with perfusion/cardiac surgery/cardiac anesthesia/critical care
 - f. Trainee annual 360 evals include nurses for input on review of team performance

- g. Cardiac surgical meetings which discuss STS data and how our team performs nationally and what can be done to improve
- 2. **Pathway 2:** Clinical learning environment demonstrates high performance teaming:
 - a. Rotations during fellowship in cardiology, cardiac surgery, perfusion and critical care
 - b. Beginning of each case, discuss cardiac surgical/anesthesia/surgical plan with cardiac anesthesia, nursing and perfusion
 - c. Discuss relevant echo findings at the beginning of each case with cardiac surgical and perfusion team
 - d. Prior to coming off bypass involve cardiac surgery, perfusion, anesthesia any relevant findings
 - e. Post-operative debrief: end of case discussion with entire team (nursing, perfusion, cardiac anesthesia, cardiac surgery)
- 3. **Pathway 3:** Clinical learning environment engages patients to achieve high-performance teaming:
 - a. Meet with patients preoperatively in preop clinic and if inpatient the day before surgery to discuss anesthesia, expectations and to answer questions to prepare the patient for surgery
 - b. Postoperative visits on every cardiac surgical patient and communicate with critical care, cardiac anesthesia and cardiac surgery any issues that may arise. Note documented in chart
 - c. Appreciation tool which allows patients to give feedback to team members
 - d. Epic health system allows patients to have better access to providers and nurses
- 4. **Pathway 4:** Clinical learning environment maintains the necessary system supports to ensure high-performance teaming
 - a. STS note in our epic system to communicate to the outcomes/quality team pertinent anesthesia quality measures for each case
 - b. Upgrading IT epic environments to support interprofessional teaming for effective communication
 - c. Transitions of care: in critical care involved cardiac surgery, critical care, nursing, respiratory therapy and

cardiac anesthesia during drop off of post-cardiac surgery patient

Supervision

1. 1:1 Cardiac OR Supervision by Attending
2. ICU Attending Present
3. 2:1 Thoracic OR Supervision by Attending

Well-being

1. Work hours monitored on New Innovations
2. Wellness programs through GME office
3. House Officer Assistance Program (HOAP) through Office of Graduate Medical Education offers 24/7 assistance
4. Taxi ride home for house officers too fatigued to drive safely
5. SAFER curriculum
6. Maternal and paternal leave
7. Free on campus gym access
8. Central House Officer lounge with complimentary food on the weekends
9. Multidisciplinary Fellowship Support Group
10. Quarterly meeting check-in with fellows to discuss any issues/changes needed in the program

Professionalism

1. Role modeling by core faculty
2. CITI Training
3. Ethics Lecture

Advanced Heart Failure and Transplant Cardiology Fellowship Program



Ronald Zolty, MD
Program Director

Scott Lundgren, DO, MA
Associate Program Director

Tuwanda Mayberry
Program Coordinator

Approved Trainee Complement: 1

Patient Safety

1. Periodic conferences division-wide discussing our efficiency in procedures, clinic visits and inpatient volumes, discharge diagnoses correctness
2. Clinical Conference for Heart Failure and Cardiac transplantation discussing patient care and reviewing management of complications
3. Multidisciplinary conferences with CT surgery for LVAD and ECMO management and quality outcomes
4. All procedures in the labs or related to cardiology have a time-out performed with standard inclusion
5. IHI modules from 2015-2016 onwards

6. The GME Office holds a dedicated annual Patient Safety and Quality Improvement Orientation Day
7. Fellow to fellow sign-off for patient care transitions
8. Attending to attending sign-off for patient care transitions

Health Care Quality

1. Periodic conferences division-wide discussing our efficiency in procedures, clinic visits and inpatient volumes, discharge diagnoses correctness
2. Clinical Conference for Heart Failure and Cardiac transplantation discussing patient care and reviewing management of complications
3. Multidisciplinary conferences with CT surgery for LVAD and ECMO management and quality outcomes
4. All procedures in the labs or related to cardiology have a time-out performed with standard inclusion
5. The GME Office holds a dedicated annual Patient Safety and Quality Improvement Orientation Day

Teaming

1. Fellow to fellow sign-off for patient care transitions
2. Attending to attending sign-off for patient care transitions

Supervision

1. Procedures – Attending present
2. Clinic – Attending present
3. Ward rounds – Attending present

Well-being

1. Work hours monitored on New Innovations.
2. Wellness programs through GME office
3. House Officer Assistance Program (HOAP) through Office of Graduate Medical Education offers 24/7 assistance
4. Taxi ride home for house officers too fatigued to drive safely
5. SAFER curriculum
6. Maternal and paternal leave
7. Across the campus, there are multiple program/divisional/departmental activities such as welcome picnics, holiday season parties, graduation banquets/dinners, interview socials, etc.
8. Free on campus gym access

9. Central house officer lounge with complimentary food and snacks

Professionalism

1. CITI training
2. Evaluated and discussed during mid-year and year-end evaluations
3. Professionalism and interpersonal communication expectations discussed in division orientation with PD
4. Role modeling

Brain Injury Medicine Fellowship Program



Christopher Anderson, DO
Program Director

Carrie Helmberger
Program Coordinator

Approved Trainee Complement: 2

Patient Safety

1. Time-outs prior to all procedures in the operating room
2. Fire risk assessment performed prior to all interventional pain/spine procedures
3. Mortality and morbidity meetings
4. IHI modules from 2017-2018 onward
5. The GME Office holds a dedicated annual Patient Safety and Quality Improvement Orientation Day
6. Face-to-face hand-off with attending present periodically for spot checks
7. Use EPIC/EHR hand-off tool

Health Care Quality

1. Mortality and morbidity meetings
2. Multiple resident driven QI projects - Example:
3. The GME Office holds a dedicated annual Patient Safety and Quality Improvement Orientation Day

Teaming

1. Face-to-face hand-off with attending present periodically for spot checks
2. Use EPIC/EHR hand-off tool

Supervision

1. Procedures – Attending present
2. Clinic – Attending present
3. Inpatient rounds – Attending present

Well-being

1. Work hours monitored in New Innovations
2. Wellness programs through GME office
3. House Officer Assistance Program (HOAP) through Office of Graduate Medical Education offers 24/7 assistance
4. Taxi ride home/sleep room available at Madonna Hospital
5. SAFER curriculum
6. Maternal and paternal leave
7. Across the campus, there are multiple program/divisional/departmental activities such as welcome picnics, holiday season parties, graduation banquets/dinners, interview socials, etc.
8. Free on campus gym access
9. Central House Officer lounge with complimentary food on the weekends

Professionalism

1. Clinical Competency Committee reviews residents' professionalism performance and feedback semiannually
2. Professionalism is reviewed with the residents and program director during semiannual reviews
3. 360-degree evaluations are completed by patients and staff quarterly

Cardiovascular Disease Fellowship Program



Arthur Easley, MD
Program Director

Adam Burdorf, DO
Associate Program Director

Poonam Velagapudi, MD
Associate Program Director

Tuwanda Mayberry
Program Coordinator

Approved Trainee Complement: 21

Patient Safety

1. Monitored monthly Cath lab and EP lab turnover times, times to ER-Cath lab STEMI intervention as well as time for ECG diagnosis to Cath lab intervention
2. Clinical Conference for Interventional Cardiology discussing patient care and reviewing management and complications
3. Multi-disciplinary conference with CT Surgery for LVAD and ECMO management and quality outcomes

4. Valve Conference for guideline driven discussions of all valvular HD management and the TAVR, and Mitral clip management
5. All procedures in the labs or related to cardiology have a time-out performed with standard inclusions
6. We currently are working on getting Afib Center certification for the EP lab and a data base has been created to track all aspects of ablations for atrial fibrillation including complications and patient outcomes both immediate and long-term
7. The Clinical Electrophysiology Service conducts regular Clinical Care/M&M conferences to evaluate patient management, procedural outcomes and quality issues spanning breadth of the clinical services we provide
8. IHI modules from 2015-2016 onwards
9. The GME Office holds a dedicated annual Patient Safety and Quality Improvement Orientation Day
10. Face-to-face sign outs by Fellows
11. Over weekend- sign-off list sent to all faculty or face-to-face

Health Care Quality

1. Periodic conferences division-wide discussing our efficiency in procedures, clinic visits and inpatient volumes, discharge diagnoses correctness
2. Monitored monthly Cath lab and EP lab turnover times, times to ER-Cath lab STEMI intervention as well as time for ECG diagnosis to Cath lab intervention
3. Clinical Conference for Interventional Cardiology discussing patient care and reviewing management and complications
4. Multi-disciplinary conference with CT Surgery for LVAD and ECMO management and quality outcomes
5. Valve Conference for guideline driven discussions of all valvular HD management and the TAVR, and Mitral clip management
6. We currently are working on getting Afib Center certification for the EP lab and a data base has been created to track all aspects of ablations for atrial fibrillation including complications and patient outcomes both immediate and long-term

7. The Clinical Electrophysiology Service conducts regular Clinical Care/M&M conferences to evaluate patient management, procedural outcomes and quality issues spanning breadth of the clinical services we provide
8. The GME Office holds a dedicated annual Patient Safety and Quality Improvement Orientation Day
9. CREW Resource Management

Teaming

1. Face-to-face sign outs by Fellows
2. Over weekend- sign-off list sent to all faculty or face-to-face

Supervision

1. Catheterization/EP lab – faculty always present
2. Clinic – faculty always present
3. Rounds – faculty always present

Well-being

1. Work hours monitored on New Innovations
2. Wellness programs through GME office
3. House Officer Assistance Program (HOAP) through Office of Graduate Medical Education offers 24/7 assistance
4. Taxi ride home for house officers too fatigued to drive safely
5. SAFER curriculum
6. Maternal and paternal leave
7. Monitor monthly any moonlighting hours that need to be reported mandatorily
8. Across campus there are multiple program/divisional/departamental activities such as: Welcome picnics, Holiday season parties, Graduation banquets/dinners, Interview socials, etc.
9. Free on campus gym access
10. Central House Officer lounge with complimentary food and snacks
11. Maternal and paternal leave

Professionalism

1. CITI training
2. Evaluated and discussed during mid-year and year-end evaluations
3. Professionalism and interpersonal communication expectations discussed in division orientation with PD
4. Role modeling

Clinical Cardiac Electrophysiology Fellowship Program



Shane Tsai, MD, M.A.
Program Director

Faris Khan, MD
Associate Program Director

Tuwanda Mayberry
Program Coordinator

Approved Trainee Complement: 2

Patient Safety

1. Periodic conferences division-wide discussing our efficiency in procedures, clinic visits and inpatient volumes, discharge diagnoses correctness
2. Monitoring monthly cath lab and EP lab turnover times
3. All procedures in the labs or related to cardiology have a time-out performed with standard inclusion
4. The Clinical Electrophysiology Service conducts regular Clinical Care/M&M conferences to evaluate and discuss patient management, procedural outcomes and Quality issues spanning the breadth of the clinical services we provide.

5. We currently are working on getting Afib Center for certification for the EWP lab and a database has been created to track all aspects of ablations for atrial fibrillation including complications and patient outcomes both immediate and long term
6. IHI modules form 2015-2016 onwards
7. The GME Office holds a dedicated annual Patient Safety and Quality Improvement Orientation Day
8. Fellow to fellow or nurse practitioner sign-off
9. Attending to attending sign-off

Health Care Quality

1. Periodic conferences division-wide discussing our efficiency in procedures, clinic visits and inpatient volumes, discharge diagnoses correctness
2. Monitoring monthly cath lab and EP lab turnover times
3. All procedures in the labs or related to cardiology have a time-out performed with standard inclusion
4. The Clinical Electrophysiology Service conducts regular Clinical Care/M&M conferences to evaluate and discuss patient management, procedural outcomes and Quality issues spanning the breadth of the clinical services we provide.
5. We currently are working on getting Afib Center for certification for the EWP lab and a database has been created to track all aspects of ablations for atrial fibrillation including complications and patient outcomes both immediate and long term
6. The GME Office holds a dedicated annual Patient Safety and Quality Improvement Orientation Day

Teaming

1. Fellow to fellow or nurse practitioner sign-off
2. Attending to attending sign-off

Supervision

1. Procedures – Attending present
2. Clinic – Attending present
3. Ward rounds – Attending present

Well-being

1. Work hours monitored on New Innovations
2. Wellness programs through GME office
3. House Officer Assistance Program (HOAP) through Office of Graduate Medical Education offers 24/7 assistance
4. Taxi ride home for house officers too fatigued to drive safely
5. SAFER curriculum
6. Maternal and paternal leave
7. Across the campus, there are multiple program/divisional/departmental activities such as welcome picnics, holiday season parties, graduation banquets/dinners, interview socials, etc.
8. Free on campus gym access
9. Central house officer lounge with complimentary food and snacks

Professionalism

1. CITI training
2. Evaluated and discussed during mid-year and year-end evaluations
3. Professionalism and interpersonal communication expectations discussed in division orientation with PD
4. Role modeling

Critical Care Medicine (Anesthesiology) Fellowship Program



Shaun L. Thompson, MD
Program Director

Mary Bernhagen
Program Coordinator

Approved Trainee Complement: 4

Patient Safety

1. Cardiovascular ICU (CVICU) Mortality and Morbidity meeting: FELLOW DRIVEN. Setting: Multidisciplinary-Attending Intensivist/Surgeon attending/Trainees/Nursing staff/Respiratory therapist. Frequency: Once a month. Content: 3 to 4 cases are discussed in detail with 3 to 4 questions for each case.
2. ALL FELLOWS need to log into the Hospital Safety Initiative Website to report at least one adverse incident.
3. All FELLOWS participate in Root Cause Analysis
4. Medical Director of CVICU gives monthly orientation to each group of residents rotating on the service
5. The GME Office holds a dedicated annual Patient Safety and Quality Improvement Orientation Day
6. ICU transitions of care: Face-to-face sit down sign out twice daily at 6:45 a.m. and 5:00 p.m. Sign out done in

presence of attending, fellow residents, students and nurse practitioners.

7. OR to ICU transitions of care: Face-to-face sign-out with a structured template

Health Care Quality

1. Cardiovascular ICU (CVICU) Mortality and Morbidity meeting: FELLOW DRIVEN. Setting: Multidisciplinary-Attending Intensivist/Surgeon attending/Trainees/Nursing staff/Respiratory therapist. Frequency: Once a month. Content: 3 to 4 cases are discussed in detail with 3 to 4 questions for each case.
2. ALL FELLOWS need to log into the Hospital Safety Initiative Website to report at least one adverse incident.
3. All FELLOWS participate in Root Cause Analysis
4. Medical Director of CVICU gives monthly orientation to each group of residents rotating on the service
5. The GME Office holds a dedicated annual Patient Safety and Quality Improvement Orientation Day

Teaming

1. ICU transitions of care: Face-to-face sit down sign out twice daily at 6:45 a.m. and 5:00 p.m. Sign out done in presence of attending, fellow residents, students and nurse practitioners.
2. OR to ICU transitions of care: Face-to-face sign-out with a structured template

Supervision

1. Current: Attending physically present from 645-5 pm daily and supervises and directs the fellows.
2. Night coverage: Attending in house from 5 pm-7 am and paired with APP, resident, fellow, or combination of all. This is Sunday-Friday.
3. Saturday night coverage: Fellow + resident in house with attending immediately available on home call.

Well-being

1. Work hours monitored on New Innovations
2. Wellness programs through GME office
3. House Officer Assistance Program (HOAP) through Office of Graduate Medical Education offers 24/7 assistance
4. Taxi ride home for house officers too fatigued to drive safely
5. SAFER curriculum
6. Maternal and paternal leave
7. On CCA Service, they day after post-call day is always a day off to promote full recovery
8. Across the campus, there are multiple program/divisional/departmental activities such as welcome picnics, holiday season parties, graduation banquets/dinners, interview socials, etc.
9. Free on campus gym access
10. Central House Officer lounge with complimentary food on the weekends
11. Multidisciplinary Fellowship Support Group

Professionalism

1. Role modeling - Drs. Johnson, Bartels, Thompson, Etoll, Mahal, Kalin, Arnzen, Baus, Thiel, Sullivan
2. Session in orientation that specifically addresses the essential nature of constant professionalism
3. Discussion of professionalism issues as they arise

Developmental-Behavioral Pediatrics Fellowship Program



Howard Needelman, MD
Program Director

Jessica Coyer
Program Coordinator

Approved Trainee Complement: 3

Patient Safety

1. Case presentations/Board review-twice a month
2. Monthly Fellows Academy and monthly ResQ meeting that addresses patient safety/quality improvement curriculum for trainees
3. The GME Office holds a dedicated annual Patient Safety and Quality Improvement Orientation Day
4. Fellow reviews all cases with attendings prior to completing visits

Health Care Quality

1. Fellows participate in QI Project(s)
2. QI project: Accuracy of ASD diagnosis
3. The GME Office holds a dedicated annual Patient Safety and Quality Improvement Orientation Day

Teaming

1. Team rotations (Autism clinic, NICU follow-up)
2. Scholarly Oversight Committee, Fellow review committee

Supervision

1. Clinic – attending present

Well-being

1. Work hours monitored on New Innovations
2. Wellness programs through GME office
3. House Officer Assistance Program (HOAP) through Office of Graduate Medical Education offers 24/7 assistance
4. Taxi ride home for house officers too fatigued to drive safely
5. SAFER curriculum
6. Maternal and paternal leave
7. Across the campus, there are multiple program/divisional/departmental activities such as welcome picnics, holiday season parties, graduation banquets/dinners, interview socials, etc.
8. Free on campus gym access
9. Central House Officer lounge with complimentary food on the weekend

Professionalism

1. Evaluated and discussed on a semiannual basis

Emergency Medical Services Fellowship Program



Abraham Campos, MD
Program Director

Shaila Coffey, MD
Associate Program Director

Mary Monaghan
Program Coordinator

Approved Trainee Complement: 1

Patient Safety

1. Annual Compliance Training
2. Attend Mortality and Morbidity meetings and case reviews

Health Care Quality

1. QA/QI EMS run reviews
2. CREW Resource Management
3. Fellow participation in QI project

Teaming

1. Specific ride-alongs with EMS attendings
2. Immediate assistance available via cellular communication with EMS Fellowship attendings

3. Cellular and 800mHz radio communication with base hospital for on-line medical control physicians

Supervision

1. Direct oversight of EMS to healthcare facility handoffs
2. Direct supervision for specific actions and assignments

Well-being

1. Work hour monitoring on New Innovations
2. Discussed at mid-year and end of year evaluations
3. Sleep room available in case of post-work fatigue
4. Wellness programs through department and GME office
5. House Officer Assistance Program (HOAP) through Office of Graduate Medical Education offers 24/7 assistance
6. SAFER curriculum
7. Department wellness committees for attending and resident physicians
8. Fellow trip to annual NAEMSP Conference
9. Across the campus, there are multiple program/divisional/departmental activities such as welcome picnics, holiday season parties, graduation banquets/dinners, interview socials, interest group gatherings, etc.

Professionalism

1. Lectures and discussions on professionalism during orientation
2. CITI training

Endocrinology, Diabetes, and Metabolism Fellowship Program



Amy Neumeister, MD
Program Director

Laura Graeff-Armas, MD, PhD
Associate Program Director

Anna Nordhagen
Program Coordinator

Approved Trainee Complement: 8

Patient Safety

1. ALL FELLOWS INVOLVED - Inpatient Glucose Management Team - to improve glucose management for inpatients. Work with Pharmacy and Nursing and report quality metrics to JCAHO.
2. RCA workshop for all fellows to learn the purpose and process of an RCA
3. Performance of "Time-outs" prior to thyroid biopsy procedures
4. Mortality and Morbidity meeting - every Monday clinical cases, and once a month M&M - FELLOW DRIVEN case presentation of adverse events, near misses and systematic errors.

5. Endocrine Tumor boards to discuss management to improve patient safety and quality of care
6. Pituitary gland Tumor Board with Neurosurgery to improve patient safety and quality of care
7. HbA1c for all patients - in clinic Point of Care machines to improve quality of care
8. Fellows are always involved in protocol review and revision. They have helped revise protocols both at UNMC and at the VA, including the dynamic endocrine testing protocols and insulin:carb ratio protocols.
9. IHI modules from 2015-2016 onwards
10. The GME Office holds a dedicated annual Patient Safety and Quality Improvement Orientation Day
11. EPIC hand-off - done face- to-face or verbally with EPIC hand-off tool
12. Face-to-face or verbal between attending physicians
13. Attendings periodically watch hand-off of fellows

Health Care Quality

1. ALL FELLOWS INVOLVED - Inpatient Glucose Management Team - to improve glucose management for inpatients. Work with Pharmacy and Nursing and report quality metrics to JCAHO.
2. RCA workshop for all fellows to learn the purpose and process of an RCA
3. Mortality and Morbidity meeting - every Monday clinical cases, and once a month M&M - FELLOW DRIVEN case presentation of adverse events, near misses and systematic errors.
4. Endocrine Tumor boards to discuss management to improve patient safety and quality of care
5. Pituitary gland Tumor Board with Neurosurgery to improve patient safety and quality of care
6. HbA1c for all patients - in clinic Point of Care machines to improve quality of care
7. All fellows have at least one QI project during training and many have more than one
8. Fellows are always involved in protocol review and revision. They have helped revise protocols both at UNMC and at the VA, including the dynamic endocrine testing protocols and insulin:carb ratio protocols.

9. The GME Office holds a dedicated annual Patient Safety and Quality Improvement Orientation Day

Teaming

1. Fellows immersed in team-based clinical care regularly in the inpatient and outpatient setting, with Interprofessional interactions with APPs, nursing, diabetes education, pharmacy, social work, and others.
2. 360 degree evaluations of fellows
3. Multidisciplinary clinics, encompassing other departments/divisions and Interprofessional teams
4. Patient satisfaction surveys of the ambulatory team and clinical processes. Results reviewed and addressed as a clinical team, encompassing division chief, clinic medical director, faculty, fellows, clinic manager, nursing, diabetes educators, medical assistants, and medical receptionists.
5. Institutional IT support for EMR effectiveness and efficiency. Division also has an "IT Super User" to further support the division in streamlining processes, building effective templates, highlighting gaps of care, and utilizing the EMR to support and enhance team-based care.
6. EPIC hand-off - done face- to-face or verbally with EPIC hand-off tool
7. Face-to-face or verbal between attending physicians
8. Attendings periodically watch hand-off of fellows

Supervision

1. Clinic – Attending always present
2. Wards – Attending always present for rounds
3. Procedures – Attending always present

Well-being

1. Work hours monitored on New Innovations
2. Wellness programs through GME office
3. Wellness half-day each quarter for each fellow
4. House Officer Assistance Program (HOAP) through Office of Graduate Medical Education offers 24/7 assistance
5. Taxi ride home for house officers too fatigued to drive safely
6. SAFER curriculum
7. Maternal and paternal leave

8. Across the campus, there are multiple program/divisional/departmental activities such as welcome picnics, holiday season parties, graduation banquets/dinners, interview socials, etc.
9. Free on campus gym access
10. Central House Officer lounge with complimentary food on the weekends

Professionalism

1. Role modeling - with real-time addressing of any professionalism issues by PD - such as punctuality in administrative tasks/ addressing any complaints from any health care provider, etc.

Epilepsy Fellowship Program



Shelley Lee, DO
Program Director

Kyra Gause
Program Coordinator

Approved Trainee Complement: 2

Patient Safety

1. Monthly Mortality and Morbidity meeting to focus exclusively on QI- new projects are generated at each meeting
2. Time-outs before procedures
3. Checklists for procedures
4. IHI modules from 2015-2016 onwards
5. The GME Office holds a dedicated annual Patient Safety and Quality Improvement Orientation Day
6. Patient care protocols for status epilepticus including specialized order sets.
7. Face-to-face transitions of care using EPIC

Health Care Quality

1. Quality Improvement Officer, Dr. Scott Diesing, oversees all QI projects in the department for faculty and house officers
2. All fellows are encouraged to present a poster at the annual research meeting
3. Example of QI project - analyzing outcomes after discharge for all Neurology in-patient discharges over 6 months to determine the rate of re-admissions/ED visits or death and factors associated with poor outcomes
4. Monthly Mortality and Morbidity meeting to focus exclusively on QI- new projects are generated at each meeting
5. The GME Office holds a dedicated annual Patient Safety and Quality Improvement Orientation Day
6. Fellows' QI projects integrated with departmental QI project
7. Fellows are encouraged to attend risk management training with COPIC

Teaming

1. There is an APP on each inpatient service
2. Rounds are interprofessional with APPs, Pharmacy, and nursing (neurosurgery, and neuropsychology)
3. Fellows communicate regularly with all care team members including nurses, PT, OT, ST, nutrition, pharmacy, social work, and case management
4. Fellows regularly participate in multidisciplinary family meetings to update on patient status, discuss treatment options and prognosis, and clarify patient care goals
5. All patient care protocols and EPIC modifications including order sets are developed with Fellows and other staff to support high-performance teaming
6. EHR allows patients to access notes and test results and to send questions to healthcare providers
7. Fellows work with nurse case managers to communicate patient care plans and coordinate outpatient follow-up
8. IT systems support teaming by optimizing communication (Voalte, PerfectServe)
9. Face-to-face transitions of care using EPIC

Supervision

1. Clinic – Attending present
2. Ward rounds – Attending present
3. Progressive autonomy monitored throughout rotations; senior rotation designed specifically to bridge to autonomous and independent leadership practice in Epilepsy
4. Attending supervision contact information available all OR members for request for additional supervision needed.

Well-being

1. Work hours monitored through New Innovations
2. Wellness programs through the GME office and department
3. House Officer Assistance Program (HOAP) through Office of Graduate Medical Education offers 24/7 assistance
4. Taxi ride home for house officers too fatigued to drive safely
5. SAFER curriculum
6. Maternal and paternal leave
7. Across the campus, there are multiple program/divisional/departmental activities such as welcome picnics, holiday season parties, graduation banquets/dinners, interview socials, etc.
8. Free on-campus gym access
9. Central House Officer lounge with complimentary food on the weekends

Professionalism

1. CITI training
2. Invited speakers for Journal Club
3. Professionalism and interpersonal communication expectations discussed in orientation
4. Work hours monitored and discussed the importance of accuracy at orientation
5. Lapses in professionalism immediately addressed by PD

Gastroenterology Fellowship Program



Kathryn Hutchins, MD
Program Director

Terah Riddle
Program Coordinator

Approved Trainee Complement: 15

Patient Safety

1. FELLOW DRIVEN - Developing EPIC sets for capturing data on various metrics to improve Patient safety and Quality of care
2. FELLOW DRIVEN - Developing Colonoscopy Smart sets to help with improving bowel preparation for in-hospital patients. This is a collaborative project with Nursing.
3. Development of Guidelines for screening for colorectal cancer for the entire state of Nebraska
4. Development of Guidelines for management of gastroesophageal reflux disease and screening for Barrett's disease for entire state of Nebraska
5. Development of guidelines for management of Inflammatory Bowel Disease - appropriateness of investigation and drug interventions with cost control.
6. Performance of "Time-out" prior to all procedures
7. Performance of "Fire risk assessment" prior to all procedures

8. Endoscopy Executive Committee -to help with improving quality, safety, efficacy of Endoscopy for entire campus-guidelines are disseminated to all specialists such as gastroenterologist/ surgeons etc.
9. The GME Office holds a dedicated annual Patient Safety and Quality Improvement Orientation Day
10. Participation in Nebraska Medicine RCA's when involved
11. Participation in Nebraska Medicine safety modules
12. Participation in Mock RCA Series

Health Care Quality

1. FELLOW DRIVEN - Developing EPIC sets for capturing data on various metrics to improve Patient safety and Quality of care
2. FELLOW DRIVEN - Developing Colonoscopy Smart sets to help with improving bowel preparation for in-hospital patients. This is a collaborative project with Nursing.
3. Development of Guidelines for screening for colorectal cancer for the entire state of Nebraska
4. Development of Guidelines for management of gastroesophageal reflux disease and screening for Barrett's disease for entire state of Nebraska
5. Development of guidelines for management of Inflammatory Bowel Disease - appropriateness of investigation and drug interventions with cost control.
6. Endoscopy Executive Committee -to help with improving quality, safety, efficacy of Endoscopy for entire campus-guidelines are disseminated to all specialists such as gastroenterologist/ surgeons etc.
7. IHI modules from 2015-2016 onwards
8. The GME Office holds a dedicated annual Patient Safety and Quality Improvement Orientation Day
9. CREW Resource Management
10. Participation in Nebraska Medicine RCA's when involved
11. Can attend Copic Risk Management Sessions
12. Participation in discussion on health care disparities in colorectal cancer screening and liver transplantation allocation
13. Fellow involvement in diversity and inclusion (DIVERSE) task force

14. FELLOW DRIVEN – Developing QI IBD project focusing on universal documentation of endoscopy findings in Crohn's and Ulcerative Colitis patients

Teaming

1. Interprofessional patient management in IBD and IRP clinics include collaboration of physician team with dietitians, psychologists, pharmacists, nurse case managers, and others
2. Fellow involvement in interprofessional transplant evaluation meetings
3. Fellow participation in monthly Endoscopy Executive Committee meetings, including nursing staff, administrative staff, physicians, and endoscopy technicians
4. Nebraska Medicine provides support for ambulatory interprofessional team (access to dietitians, pharmacists, wound nurses, social work, PT, etc.)

Supervision

1. Standard sign-off forms in Epic for transitions of care
2. Direct observation of fellow hand-offs by faculty
3. Procedure room – always supervised by attending
4. Clinic – always supervised by attending
5. Ward rounds – always supervised by attending
6. Supervision of telehealth visits in clinic

Well-being

1. Work hours monitored on New Innovations
2. Wellness programs through GME office
3. House Officer Assistance Program (HOAP) through Office of Graduate Medical Education offers 24/7 assistance
4. Taxi ride home for house officers too fatigued to drive safely
5. SAFER curriculum
6. Maternal and paternal leave
7. Across the campus, there are multiple program/divisional/departmental activities such as welcome picnics, holiday season parties, graduation banquets/dinners, interview socials, etc.
8. Free on campus gym access

9. Central House Officer lounge with complimentary food on the weekends
10. American College of Gastroenterology Lecture 2018 series on burnout and well-being
11. Free lunch at Grand Rounds on Fridays and snacks at Education Day session
12. Lactation room available
13. Graduation dinner
14. Fellow off-campus wellness activities include movie nights, pumpkin carving, fellow-faculty Zoom chats, outside field day
15. Faculty lecture on sleep deprivation and wellness

Professionalism

1. Professional speakers to discuss topics such as, professionalism and burnout
2. CITI training

Geriatric Medicine Fellowship Program



Elizabeth Harlow, MD
Program Director

Joseph Hejkal, MD
Associate Program Director

Travis Weyant
Program Coordinator

Approved Trainee Complement: 4

Patient Safety

1. Required modules with dedicated time for completion through the Institute for Healthcare Improvement (IHI) modules to learn principles of improvement on patient safety and quality of care (from 2015-2016 onwards)
2. Faculty-led education sessions dedicated to patient safety and quality improvement occur on a quarterly basis. These education sessions include a review of basic patient safety and quality improvement principles, with additional time for brainstorming project ideas and the development of action plans for future implementation.
3. The GME Office holds a dedicated annual Patient Safety and Quality Improvement Orientation Day

Health Care Quality

1. Faculty-led education sessions dedicated to patient safety and quality improvement occur on a quarterly basis. These education sessions include a review of basic patient safety and quality improvement principles, with additional time for brainstorming project ideas and the development of action plans for future implementation.
2. Select QI project and work with IHI tools to implement on the project
3. Fellow driven Nursing home or outpatient quality improvement project
4. Fellow driven project on use of robotic technology to deliver care to nursing home patients during the COVID pandemic. Project data and outcomes were published and presented at the American Geriatrics Society national meeting.

Teaming

1. Fellows rotating in the Geriatric Assessment Clinic work alongside nurses, pharmacists, social workers, psychologists, and geriatric psychiatrists in initial patient evaluations and interprofessional team conferences. Families, patients, and caregivers are also included in the meetings, which are, in effect, facilitated family meetings.
2. Teaching conferences are generally interprofessional. For example, the Nebraska Geriatric Workforce Enhancement Program (NGWEP) conferences consistently involve expert case discussions from Pharmacy, Social Work, and Geriatric Psychiatry.
3. Fellows receive 360-degree evaluations, including feedback from non-physician team members and review data from patients/families/caregivers.
4. Teaming is physically built into the program architecture, with geriatricians physically housed in the same space as Pharmacy, Nursing, and Social Work.
5. The EMR allows easy and close communication between fellows, nurse care coordinators, and social workers, and there is abundant support for the EMR through the Department of Internal Medicine.

Supervision

1. Fellow to fellow or resident sign-off
2. Clinic – Attending present
3. Rounds – Attending present

Well-being

1. Work hours monitored on New Innovations
2. Wellness programs through GME office
3. House Officer Assistance Program (HOAP) through Office of Graduate Medical Education offers 24/7 assistance
4. Taxi ride home for house officers too fatigued to drive safely
5. SAFER curriculum
6. Maternal and paternal leave
7. Across the campus, there are multiple program/divisional/departmental activities such as welcome picnics, holiday season parties, graduation banquets/dinners, interview socials, etc.
8. Free on campus gym access
9. Central House Officer lounge with complimentary food on the weekends
10. The Division of Geriatrics and Palliative Medicine recently started an employee engagement committee designed to connect faculty, staff, and trainees throughout the year. The activities range from, “Monday Motivation” emails with funny and inspirational quotes, pumpkin carving contests, virtual museum tours, game nights, cooking classes and much more.
11. Optional longitudinal sessions with integrative medicine specialist and executive coach on practices for neurological regulation when experiencing a stress response. Sessions hold double confidentiality, are fellows only, and allow debriefing on difficult patient cases as well. Sessions are held in conjunction with the Hospice and Palliative Medicine program.

Professionalism

1. Expectations discussed during orientation and review meetings
2. Geriatric Review Syllabus Curriculum

Hematology and Medical Oncology Fellowship Program



Alissa Marr, MD
Program Director

Jeanne Badura
Program Coordinator

Approved Trainee Complement: 12

Patient Safety

1. IHI modules from 2015-2016 onwards
2. The GME Office holds a dedicated annual Patient Safety and Quality Improvement Orientation Day
3. Do No Harm training for all fellows
4. Use EPIC hand-off tool
5. Able to attend institutional RCAs (Root Cause Analysis)
6. Monthly morbidity and mortality review conferences
7. COPIC educational courses offered

Health Care Quality

1. Quality Improvement projects that involve the fellows. Some examples include:
 - a. Analysis of incidence of febrile neutropenia in patients receiving chemotherapy and use of hematopoietic growth factors as per guidelines
 - b. FELLOW DRIVEN project on DVT prophylaxis in inpatients
 - c. FELLOW DRIVEN project to develop tool to assess risk of bleeding in patients with ITP and attempt to standardize treatment practices
 - d. FELLOW DRIVEN project to standardize treatment practices on how to reverse the several new anticoagulant drugs- this is expected to end up in guidelines that are hospital wide
 - e. FELLOW DRIVEN project to determine value of CXR/urine cultures in febrile neutropenic patients during bone marrow transplant
 - f. To assess 100 day mortality for auto and allo transplants
 - g. To assess time to administration of antibiotics in patients with fever
 - h. To enhance use of bisphosphonates in patients with bone metastases
2. The GME Office holds a dedicated annual Patient Safety and Quality Improvement Orientation Day
3. ASCO QI project
4. COPIC risk management/medical malpractice seminar for house officers

Teaming

1. Multidisciplinary rounds, including Pharmacy, Social Work, and Nutrition
2. Patient satisfaction surveys from house officer throughout continuity clinics
3. M&M monthly conferences
4. Part of their 6 month milestone evaluations
5. Communication simulations
6. Use of EPIC hand-off tool
7. Involvement in multidisciplinary clinics

Supervision

1. All bone marrow biopsies are supervised
2. Clinic – Attending present
3. Rounds – Attending present

Well-being

1. Work hours monitored on New Innovations
2. Wellness programs through GME office
3. House Officer Assistance Program (HOAP) through Office of Graduate Medical Education offers 24/7 assistance
4. Taxi ride home for house officers too fatigued to drive safely
5. SAFER curriculum
6. Maternal and paternal leave
7. Across the campus, there are multiple program/divisional/departmental activities such as welcome picnics, holiday season parties, graduation banquets/dinners, interview socials, etc.
8. Free on campus gym access
9. Central House Officer lounge with complimentary food on the weekends
10. Faculty-led lecture on substance abuse and sleep deprivation
11. Regular check-ins with program leadership
12. Career development advisor, who also monitors fellows' wellbeing

Professionalism

1. Remediation based on any issues with professionalism on Milestone evaluation
2. Faculty-led lecture on professionalism
3. Expectations discussed during orientation

Hematopathology Fellowship Program



Timothy Greiner, MD
Program Director

Kim Martin
Program Coordinator

Dani Blum
Program Coordinator

Approved Trainee Complement: 3

Patient Safety

1. The GME Office holds a dedicated annual Patient Safety and Quality Improvement Orientation Day
2. Periodic safety presentations are provided for the fellows and staff. Attendance at these sessions is mandatory and will be documented

Health Care Quality

1. ALL fellows participate in the Root Cause Analysis training experience
2. All fellows participate in a quality improvement project
3. The GME Office holds a dedicated annual Patient Safety and Quality Improvement Orientation Day

Teaming

1. Departing fellows MUST meet face-to-face to discuss incomplete cases and what each case needs to be signed out
2. Fellows need to be available for questions as needed during the first week of the following rotation

Supervision

1. Fellows will always have a faculty member present

Well-being

1. Work hours monitored on New Innovations
2. House Officer Assistance Program (HOAP) through Office of Graduate Medical Education offers 24/7 assistance
3. Taxi ride home for trainees too fatigued to drive safely
4. SAFER curriculum
5. Maternal and paternal leave
6. Department-sponsored wellness programs (i.e., annual bowling event, quarterly advocacy journal clubs)
7. Across the campus, there are multiple program/divisional/departmental activities such as welcome picnics, holiday season parties, graduation banquets/dinners, interview socials, etc.
8. Free on campus gym access
9. Central House Officer lounge with complimentary food on the weekends

Professionalism

1. PD discusses professionalism expectations at department orientation, including:
 - a. Showing respect, compassion, and integrity during performance of bone marrow aspirations and biopsies on patients
 - b. Demonstrating commitment to excellence and ongoing professional development by completing directed and independent reading from pathology textbooks and journal articles during hematopathology rotations, designing, and completing at least one research project per year, undertaking literature searches on various pathology topics, and attending

in-house and off-site pathology lectures and conferences

- c. Demonstrating a commitment to ethical principles pertaining to the confidentiality of patient information
- d. Demonstrating commitment to ethical principles pertaining to business practices, including utilization of ancillary techniques in a cost-effective manner and by helping ensure accurate billing
- e. Being punctual and well-prepared for all appointments and work sessions
- f. Maintaining a professional appearance
- g. Completing assigned duties with diligence
- h. Being cooperative, following advice, and accepting feedback positively

Hospice and Palliative Medicine Fellowship Program



Melissa Teply, MD
Program Director

Shelby Hopp, MD
Associate Program Director

Travis Weyant
Program Coordinator

Approved Trainee Complement: 3

Patient Safety

1. Required modules with dedicated time for completion through the Institute for Healthcare Improvement (IHI) modules to learn principles of improvement on patient safety and quality of care
2. Faculty-led education sessions dedicated to patient safety and quality improvement occur on a quarterly basis. These education sessions include a review of basic patient safety and quality improvement principles, with additional time for brainstorming project ideas and the development of action plans for future implementation.
3. GME office dedicated patient safety and quality improvement lectures during orientation

Health Care Quality

1. Required modules with dedicated time for completion through the Institute for Healthcare Improvement (IHI) modules to learn principles of improvement on patient safety and quality of care
2. Faculty-led education sessions dedicated to patient safety and quality improvement occur on a quarterly basis. These education sessions include a review of basic patient safety and quality improvement principles, with additional time for brainstorming project ideas and the development of action plans for future implementation.
3. GME office dedicated patient safety and quality improvement lectures during orientation

Teaming

1. Multiple lectures provided by experts from other disciplines: pharmacy, social work, advanced practice providers, ethicist, chaplaincy, grief counselors, communication researcher, attorney in legal aid
2. Several lectures by physicians from other specialties to improved shared understanding: oncology, nephrology, geriatrics, addiction medicine
3. Hospice rotation involves frequent shadowing and generation of care plans with nursing, social work, chaplaincy
4. Inpatient palliative medicine rotation involves frequent communication with other team members from other disciplines to generate a care plan: social work, care transitions, physical therapy, occupational therapy, speech therapy
5. Outpatient clinic experience involves frequent communication with oncology case managers, social work

Supervision

1. Clinic – direct supervision by attending
2. Inpatient consults – direct supervision by attending
3. Long term care – direct and indirect supervision by attending
4. Hospice – direct and indirect supervision by attending, shadowing with hospice team members

5. Electives – direct and indirect supervision by attending, shadowing with APPs when attending not available
6. Fellows assist with communication to outpatient providers for patients seen in the hospital nearing discharge
7. Fellow to fellow sign-off when transitioning to a different rotation

Well-being

1. Work hours monitored by New Innovations
2. House Officer Assistance Program (HOAP) through Office of Graduate Medical Education offers 24/7 assistance
3. Taxi ride home for house officers too fatigued to drive safely
4. SAFER curriculum
5. Maternal and parental leave
6. Free on campus gym access
7. Longitudinal sessions with integrative medicine specialist and executive coach on practices for neurobiological regulation when experiencing a stress response. Sessions hold double confidentiality, are fellows only, and allow debriefing on difficult patient cases as well.

Professionalism

1. Expectations discussed during orientation and review meetings
2. Didactic content on working as a consultant
3. Didactic content on building relationships with consulting teams

Infectious Disease Fellowship Program



Trevor VanSchooneveld, MD
Program Director

Anna Nordhagen
Program Coordinator

Approved Trainee Complement: 6

Patient Safety

1. ALL FELLOWS participate in a dedicated one month block of Infection Control and Antimicrobial Stewardship with set goals and objectives. In this program, multiple FELLOW DRIVEN Patient safety and Quality improvement projects have been undertaken such as:
 - a. Hospital acquired infection (HAI} surveillance validation
 - b. Evaluation and feedback on antibiotic use to clinicians
 - c. Outbreak investigation
 - d. Creation of institutional guidance resulting in changes in hospital practice in areas such as upper respiratory tract infection and diabetic foot infections
2. ID case conferences: biweekly conferences - FELLOW driven cases presented
3. IHI modules from 2015-2016 onwards
4. The GME Office holds a dedicated annual Patient Safety and Quality Improvement Orientation Day

5. Transitions of care on all five ID services: Face-to-face sign-off with fellow supervision/sometime faculty supervision

Health Care Quality

1. ALL FELLOWS participate in a dedicated one month block of Infection Control and Antimicrobial Stewardship with set goals and objectives. In this program, multiple FELLOW DRIVEN Patient safety and Quality improvement projects have been undertaken such as:
 - a. Hospital acquired infection (HAI) surveillance validation
 - b. Evaluation and feedback on antibiotic use to clinicians
 - c. Outbreak investigation
 - d. Creation of institutional guidance resulting in changes in hospital practice in areas such as upper respiratory tract infection and diabetic foot infections
2. ID case conferences: biweekly conferences - FELLOW driven cases presented
3. The GME Office holds a dedicated annual Patient Safety and Quality Improvement Orientation Day
4. CREW Resource Management

Teaming

1. Transitions of care on all five ID services: Face-to-face sign-off with fellow supervision/sometime faculty supervision

Supervision

1. Rounds – faculty
2. Clinic – faculty
3. No in-house call
4. All patients are seen as consults/no primary patients

Well-being

1. Work hours monitored on New Innovations
2. Wellness programs through GME office
3. House Officer Assistance Program (HOAP) through Office of Graduate Medical Education offers 24/7 assistance
4. Taxi ride home for house officers too fatigued to drive safely
5. SAFER curriculum

6. Maternal and paternal leave
7. Across the campus, there are multiple program/divisional/departmental activities such as welcome picnics, holiday season parties, graduation banquets/dinners, interview socials, etc.
8. Free on campus gym access
9. Central House Officer lounge with complimentary food on the weekends

Professionalism

1. COPIC- session on risk management and professionalism to prevent malpractice, etc.

Interventional Cardiology Fellowship Program



Edward O'Leary, MD, MBA
Program Director

Shahbaz Malik, MD
Associate Program Director

Tuwanda Mayberry
Program Coordinator

Approved Trainee Complement: 2

Patient Safety

1. Time-outs prior to all procedures
2. Multi-disciplinary catheterization conference to review cases -fellow involved and presents cases with CT surgery, interventional cardiology, non-invasive cardiology
3. Valve conference to review cases
4. IHI modules from 2015-2016 onwards
5. The GME Office holds a dedicated annual Patient Safety and Quality Improvement Orientation Day
6. Fellow to fellow sign-off
7. Attending to attending sign-off

Health Care Quality

1. Multi-disciplinary catheterization conference to review cases -fellow involved and presents cases with CT surgery, interventional cardiology, non-invasive cardiology
2. Valve conference to review cases
3. Quality Improvement project: PCI-STEMI -to assess and improve "door to dilatation" times - reviewed monthly at chest pain meeting.
4. The GME Office holds a dedicated annual Patient Safety and Quality Improvement Orientation Day
5. CREW Resource Management

Teaming

1. *Pathway 1:* Trainee – Faculty and resident annual 360 evals include technologist and nursing input for review of team performance
2. *Pathway 2:* Annual resident led faculty supervised quality and improvement project within the residency (usually involves input and surveys from radiology business managers as well as CT/MR/US technologists)
3. *Pathway 3:* Multidisciplinary departmental practice and quality improvement committee team deals with SOS reports, patient complaints (meets quarterly)
4. *Pathway 4:* IT maintains communication system for systemic image quality control messaging between radiologists and technologists/nurses

Supervision

1. Procedures – Attending present
2. Clinic – Attending present
3. Ward rounds – Attending present

Well-being

1. Work hours monitored on New Innovations
2. Wellness programs through GME office
3. House Officer Assistance Program (HOAP) through Office of Graduate Medical Education offers 24/7 assistance
4. Taxi ride home for house officers too fatigued to drive safely
5. SAFER curriculum
6. Maternal and paternal leave

7. Across the campus, there are multiple program/divisional/departmental activities such as welcome picnics, holiday season parties, graduation banquets/dinners, interview socials, etc.
8. Free on campus gym access
9. Central House Officer lounge with complimentary food and snacks

Professionalism

1. CITI training
2. Evaluated and discussed during mid-year and year-end evaluations
3. Professionalism and interpersonal communication expectations discussed in division orientation with PD
4. Role modeling

Molecular Genetic Pathology Fellowship Program



**Allison Cushman-Vokoun,
MD, PhD**
Program Director

Kim Martin
Program Coordinator

Dani Blum
Program Coordinator

Approved Trainee Complement: 1

Patient Safety

1. Weekly case conference - review of difficult cases, fellow involved
2. Multiple tumor boards - molecular, leukemia, etc.
3. Genetics case conference
4. Validation of new test for lymphoma testing- changed hospital practice
5. IHI modules from 2015-2016 onwards
6. The GME Office holds a dedicated annual Patient Safety and Quality Improvement Orientation Day

Health Care Quality

1. Fellow-driven review of proficiency testing
2. The GME Office holds a dedicated annual Patient Safety and Quality Improvement Orientation Day
3. CREW Resource Management

Teaming

1. Consult service with no inpatients, no applicable transitions of care

Supervision

1. Faculty members always present and perform sign-off on all clinical work

Well-being

1. Work hours monitored on New Innovations
2. Wellness programs through GME office
3. House Officer Assistance Program (HOAP) through Office of Graduate Medical Education offers 24/7 assistance
4. Taxi ride home for house officers too fatigued to drive safely
5. SAFER curriculum
6. Department sponsored wellness programs (i.e., annual bowling event, quarterly advocacy journal clubs)
7. Maternal and paternal leave
8. Across the campus, there are multiple program/divisional/departmental activities such as welcome picnics, holiday season parties, graduation banquets/dinners, interview socials, etc.
9. Free on campus gym access
10. Central House Officer lounge with complimentary food on the weekends

Professionalism

1. PD discusses at orientation
2. Semiannual 360-degree evaluations sent to medical technologists and ancillary staff
3. Expectations are reviewed at orientation

Neonatal-Perinatal Medicine Fellowship Program



Courtney McLean, MD
Program Director

Ann Anderson Berry, MD
Associate Program Director

Miranda Downing, C-TAGME
Program Coordinator

Approved Trainee Complement: 3

Patient Safety

1. The GME Office holds a dedicated annual Patient Safety and Quality Improvement Orientation Day
2. Fellows receive training in disclosing adverse events, incident reporting, and efforts to improve patient experience

Health Care Quality

1. Morbidity and Mortality Conference at both sites

Teaming

1. Participation in and present at several multidisciplinary conferences including Journal Club,

- Perinatology/Neonatology/Surgery, NICU Multidisciplinary, and Cardiac Cath Conferences
- 2. Life Support Courses (NRP) are taught in multidisciplinary groups where nurses, APP's, faculty physicians, residents, and respiratory therapists learn together and practice skills in a team setting.
- 3. Family centered rounds allow families to engage and participate with the multi-disciplinary team in patient care decisions and plans
- 4. Hospital- wide case reviews conducted at a regular, quarterly interval as a grand rounds presentation with resident, fellow, faculty, staff and family input
- 5. NICU patient hand offs occur in teams of residents, fellows, APP's, and faculty

Supervision

- 1. Face to face sign out with an attending present, with increasing fellow responsibility throughout fellowship
- 2. Procedures – attending present or available, NP present
- 3. Ward rounds – attending present either in person or virtually

Well-being

- 1. Work hours monitored in New Innovations
- 2. Wellness activities provided through the GME Office and Children's
- 3. House Officer Assistance Program (HOAP) through Office of Graduate Medical Education offers 24/7 assistance
- 4. SAFER curriculum
- 5. Taxi ride home at no cost when residents are too fatigued to drive
- 6. Maternal and paternal leave
- 7. Free on campus gym access
- 8. Central House officer lounge with complimentary food on weekends
- 9. Meal money provided during the week
- 10. Multiple program/division/departamental activities including welcome picnics, holiday gatherings, and graduation banquets
- 11. Monthly fellows' meeting with the PD and coordinator

Professionalism

1. Evaluated and discussed at mid-year and year-end evaluations
2. Fellow's Academy curriculum includes topics on professionalism

Neuroradiology Fellowship Program



Jason Helvey, MD
Program Director

Tina Hunter
Program Coordinator

Approved Trainee Complement: 1

Patient Safety

1. PACS driven quality improvement software
2. Bi-monthly interesting case conference
3. Mortality and Morbidity Conferences
4. Quality improvement projects
5. IHI Modules
6. The GME Office holds a dedicated annual Patient Safety and Quality Improvement Orientation Day

Health Care Quality

1. Department Quality Improvement meetings - monthly with new Director - Dr. Jason Helvey
2. Bi-annual neuroradiology journal club

Teaming

1. Face to face sign-offs

Supervision

1. On Call Attending – every night
2. 24 hours Tele call

Well-being

1. Work hours monitored on New Innovations
2. Wellness programs through GME office
3. House Officer Assistance Program (HOAP) through Office of Graduate Medical Education offers 24/7 assistance
4. Taxi ride home for house officers too fatigued to drive safely
5. SAFER curriculum
6. Maternal and paternal leave
7. Across the campus, there are multiple program/divisional/departmental activities such as welcome picnics, holiday season parties, graduation banquets/dinners, interview socials, etc.
8. Free on campus gym access
9. Central House Officer lounge with complimentary food on the weekends

Professionalism

1. Expectations discussed during orientation
2. Quarterly evaluations
3. Process for dealing with professionalism issues
4. Departmental lectures

Pain Medicine Fellowship Program



Michael Lankhorst, MD
Program Director

Kimberly Haynes-Henson, MD
Associate Program Director

Michelle Rooney
Program Coordinator

Approved Trainee Complement: 3

Patient Safety

1. Fellows participate in a multi-institutional case conference series with focus on treatment, patient, safety, and quality of care between the following institutions:
 - a. University of Nebraska Medical Center
 - b. MD Anderson Cancer Center, Houston
 - c. University of California Davis
 - d. University of California – San Francisco
2. Journal club – Once a month
3. Zero Harm Training
4. IHI modules from 2015-2016 onward
5. Electronic sign-out on One Chart (EPIC) or face-to-face sign-out for transitions of care –mostly consult service with very few primary patients.

Health Care Quality

1. Fellows participate in a multi-institutional case conference series with focus on treatment, patient, safety, and quality of care between the following institutions:
 - a. University of Nebraska Medical Center
 - b. MD Anderson Cancer Center, Houston
 - c. University of California Davis
 - d. University of California – San Francisco
2. QI Case Conference Meeting – Once a month
3. The GME Office holds a dedicated annual Patient Safety and Quality Improvement Orientation Day

Teaming

1. Interprofessional educational programming via Anesthesiology Grand Rounds
2. Attendance of faculty and fellows in leadership development courses at Society of Education in Anesthesia and ACGME courses
3. 360-degree evaluations

Supervision

1. OR – Attending always present
2. Clinic – Attending present

Well-being

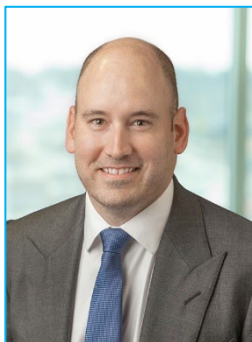
1. Work hours monitored on New Innovations – Fellows stay within work hour limits
2. Wellness programs through GME office
3. House Officer Assistance Program (HOAP) through Office of Graduate Medical Education offers 24/7 assistance
4. Taxi ride home for house officers too fatigued to drive safely
5. SAFER curriculum
6. Maternal and paternal leave
7. Across the campus, there are multiple program/divisional/departmental activities such as welcome picnics, holiday season parties, graduation banquets/dinners, interview socials, etc.
8. Free on campus gym access
9. Central House Officer lounge with complimentary food on the weekends

10. Fellow-specific social/educational program
11. Program Director presents educational articles to faculty at staff meetings

Professionalism

1. Invited speakers for department Grand Rounds
2. Fellows are able to attend one conference per year with opportunities to attend others

Pediatric Anesthesiology Fellowship Program



Thomas Lockhart, MD
Program Director

Kaitlyn Pellegrino, MD
Associate Program Director

Michelle Rooney
Program Coordinator

Approved Trainee Complement: 2

Patient Safety

1. Quality Improvement and Mortality and Morbidity meeting – monthly which includes a SAFETY MOMENT – Fellows attend
2. Fellows present cases at divisional quality meetings including assessment of quality metrics and review of literature and any relevant guidelines
3. Fellows participate in simulation of adverse event scenario events (cardiac arrest, laryngospasms, etc.) and teach at simulation events for perioperative staff and resident education
4. Fellows participate in Operating room time-out
5. Fellows participate in Operating room fire risk assessment

6. Fellows participate in Antibiotic reference protocol
7. Fellows participate in temperature control protocol in operating room
8. Fellows participate in a quality improvement project
9. IHI modules from 2015-2016 onwards
10. The GME Office holds a dedicated annual Patient Safety and Quality Improvement Orientation Day
11. Zero Harm training
12. Standardized sign outs for healthcare transitions (provided as laminated sheets at bedside):
 - a. From OR to PACU
 - b. From OR to ICU for cardiac patients
 - c. From OR to NICU/PICU, etc.
13. Fellows perform healthcare transition hand-offs
14. Laminated sheets for healthcare transitions have been used as models for others
15. Access to hospital-wide support system (THRIVE) when in need of second victim support

Health Care Quality

1. Quality Improvement and Mortality and Morbidity meeting – monthly which includes a SAFETY MOMENT – Fellows attend
2. Fellows present cases in detail with assessment of quality metrics and go over guidelines that are used for entire department
3. Fellows undertake longitudinal QI projects
4. Fellows attend a lecture on QI methodology with relevant articles and access to the Society for Pediatric Anesthesiology's Wake Up Safe recommendations on patient safety issues
5. Fellows participate in mock adverse scenario events (cardiac arrest, etc.) and educate nursing staff
6. Fellows participate in Operating room time-out
7. Fellows participate in Operating room fire risk assessment
8. Fellows participate in Antibiotic reference protocol
9. Fellows participate in temperature control protocol in operating room
10. Fellows participate in/attend Children's Nebraska Error Prevention Program
11. The GME Office holds a dedicated annual Patient Safety and Quality Improvement Orientation Day

Teaming

1. Fellows participate in hospital mock codes which teach interprofessional skills in multidisciplinary settings
2. Fellows participate in Pediatric Advanced Life Support trainings taught in multidisciplinary settings, including nurses, APPs, faculty physicians, RTs, and residents, where they learn together and practice skills in a team setting
3. There are standardized hand-offs for NICU, PICU, and CICU which fellows lead in teams of APPs, intensivists, surgeons, bedside nursing, OR nursing, and respiratory therapists
4. Fellows participate in family-centered rounds in the PICU, CICU, and NICU and when rounding with the acute pain service to involve families in decision making and planning
5. Children's Nebraska has a family advisory council that meets periodically and provides feedback about the patient/family experience. Input is highly valued and stimulates improvement plans
6. Patient satisfaction survey asks about communication between nurses and physicians (including fellows)
7. Continual upgrading of the IT system to support interprofessional teaming and effective communication (e.g., Voalte)
8. Intraoperative family messaging throughout the perioperative time frame provides live updates to families
9. Fellow 360-degree evaluation includes input from the entire perioperative team including scrub techs, perioperative nurses, APPs, and physicians
10. Fellows participate in cardiology case conferences when on their cardiac and CICU rotations, in the context of multidisciplinary teams including interventional cardiologists, cardiologists, cardiothoracic surgeons, perfusionists, intensivists and anesthesiologists
11. Annual fellow-led faculty-supervised QI project involving various surgical specialties and perioperative nursing
12. Milestone evaluations and goal setting are performed every 6 months and includes teaming elements
13. Fellows participate in surgical time-outs which include surgeons, scrub techs, circulating nurses, and the anesthesia team which include review of the post-operative discharge and pain plan

14. Fellows participate in department M&M
15. An anesthesiologist IT superuser is available to help with efficiency, streamlining, and troubleshooting
16. When developmentally appropriate, patients are involved in preoperative surgical preparation. Post-operative patients/families are evaluated by fellows and engaged for feedback related to anesthesia.

Supervision

1. OR – fellows initially start the year with one-on-one supervision and achieve progressive autonomy as the year advances. One-on-one supervision is maintained for high acuity cases.
2. ICU – full supervision

Well-being

1. Work hours monitored in New Innovations
2. Wellness programs through GME office
3. House Officer Assistance Program (HOAP) through Office of Graduate Medical Education offers 24/7 assistance
4. Taxi ride home provided at no cost for house officers too fatigued to drive safely
5. SAFER curriculum
6. Maternal and paternal leave
7. Across the campus, there are multiple program/divisional/departmental activities such as welcome picnics, holiday season parties, graduation banquets/dinners, interview socials, etc.
8. Free on campus gym access
9. Central House Officer lounge with complimentary food on the weekends
10. New private call rooms dedicated to pediatric anesthesiology residents and fellows
11. Yoga mats and light weights available
12. Designated academic time throughout the year
13. Home call with post-call day off
14. Journal clubs and speakers have also covered topics on mindfulness, burnout, etc.

Professionalism

1. The program invites national speakers on DEI, culture transformation, in order to learn best practices from other successful institutions
2. Fellow lectures dedicated to professionalism topics
3. Daily keyword lectures include > 25 individual professionalism topics
4. Department Professionalism committee with dedicated department meetings on professionalism topics which fellows attend
5. Journal club dedicated to professionalism papers/topics which fellows present
6. Journal clubs and speakers have also covered topics on mindfulness, burnout, etc.

Pediatric Cardiology Fellowship Program



Christopher Curzon, DO
Program Director

Kristi Graybill
Program Coordinator

Approved Trainee Complement: 6

Patient Safety

1. First-year fellow “boot camp” to improve patient safety
2. Clearly defined, standardized procedural time-outs performed in all operative and procedural learning environments
3. IHI modules from 2015-2016 onward
4. The GME Office holds a dedicated annual Patient Safety and Quality Improvement Orientation Day
5. Fellows participate in monthly Cardiac Case Review (Morbidity and Mortality) including presenting cases within the conference
6. The GME Office holds a dedicated annual Patient Safety and Quality Improvement Orientation Day
7. Face-to-face sign out with attending always present

Health Care Quality

1. Each Fellow participates in a Quality Improvement project:
 - a. Fellow-driven QI project to improve consistency and quality of echocardiogram studies in the echo lab
 - b. Fellow-driven QI project to improve efficiency and communication in and from Cardiac Care Conference (multidisciplinary cardiovascular surgical conference)
 - c. Fellow-driven QI project to improve inpatient clinical notes for effective and appropriate documentation and communication
 - d. Fellow-driven QI project to assess and improve adolescent mental health screening and wellbeing for patients admitted to CCU/CICU
2. The GME Office holds a dedicated annual Patient Safety and Quality Improvement Orientation Day

Teaming

1. Face-to-face sign out with attending always present
2. Participation of sonographers in weekly echo conferences with fellows

Supervision

1. Procedures: Attending present with direct supervision for all procedures
2. Clinic: Attending present in clinic, providing appropriate oversight with increasing autonomy throughout training
3. Ward Rounds: Attending present, providing appropriate oversight, supervision, and direction

Well-being

1. Work hours monitored on New Innovations
2. Wellness programs through GME office
3. House Officer Assistance Program (HOAP) through Office of Graduate Medical Education offers 24/7 assistance
4. Taxi ride home for house officers too fatigued to drive safely
5. SAFER curriculum
6. Maternal and paternal leave
7. Across the campus, there are multiple program/divisional/departmental activities such as welcome picnics, holiday

season parties, graduation banquets/dinners, interview socials, etc.

8. Free on campus gym access
9. Central House Officer lounge with complimentary food on the weekends

Professionalism

1. Monthly Fellows Academy training sessions
2. Role modeling of professionalism from faculty
3. Evaluated and discussed at mid-year and year-end evaluations

Pediatric Critical Care Medicine Fellowship Program



Kelly Kadlec, MD, MEd
Program Director

Kristi Graybill
Program Coordinator

Approved Trainee Complement: 3

Patient Safety

1. Required participation at PICU, CICU, Transport and ECMO case reviews, as well as cardiac arrest prevention (CAP) reviews
2. Time-outs prior to all procedures, including urgent/emergent intubations utilizing NEAR4KIDS forms
3. The GME Office holds a dedicated annual Patient Safety and Quality Improvement Orientation Day
4. Participation in organization-wide efforts to reduce rate of verbal orders
5. Participation in divisional meetings, including quarterly PCCM interdisciplinary meetings with other divisions, to review clinical performance data
6. Development and implementation of standardized hand-offs for various shifts

Health Care Quality

1. Required participation at PICU, CICU, Transport and ECMO case reviews, as well as cardiac arrest prevention (CAP) reviews
2. Required participation in multidisciplinary and multi-professional simulations
3. Participation in divisional meetings, including quarterly PCCM interdisciplinary meetings with other divisions, to review clinical performance data
4. Mandatory daily team rounding review of every ICU patient who has invasive lines/tubes to determine current necessity
5. Required preparation and participation in case reviews and journal clubs
6. Participation in divisional QI initiatives:
 - a. NEAR4KIDS: Reducing peri-intubation adverse events
 - b. CAP: Reducing cardiac arrests in the CICU
7. The GME Office holds a dedicated annual Patient Safety and Quality Improvement Orientation Day
8. Quarterly fellow book clubs. Some chosen books focus on DEI issues to increase awareness of healthcare inequities and issues of certain populations

Teaming

1. Required participation in multidisciplinary and multi-professional simulations
2. Required participation in multidisciplinary and multi-professional case reviews
3. Participation in divisional meetings, including quarterly PCCM interdisciplinary meetings with other divisions, to review clinical performance data
4. Participation in reviewing annual ACGME program evaluations and developing improvement plans
5. All incoming fellows spend the first month of fellowship rotating with various professions and disciplines to develop understanding/appreciation of each area's roles and impact, which also fosters relationships in the fellow's new environment

Supervision

1. Procedures – Graduated attending presence, direct to indirect, based on fellow's demonstrated competence through the course of training
2. Difficult Conversations – Graduated attending involvement, from primary to supportive, based on fellow's demonstrated competence through the course of training
3. Rounds – Consistent attending presence always. Graduated fellow involvement, from attending supporting to essentially independent, based on fellow's demonstrated competence through the course of training

Well-being

1. Work hours monitored through New Innovations
2. Wellness programs through Office of Graduate Medical Education
3. House Officer Assistance Program (HOAP) through Office of Graduate Medical Education offers 24/7 assistance
4. Taxi ride home for house officers too fatigued to drive safely
5. SAFER curriculum
6. Maternal and paternal leave
7. Across the campus, there are multiple program/divisional/departmental activities such as welcome picnics, holiday season parties, graduation banquets/dinners, interview socials, etc.
8. Free on campus gym access
9. Central House Officer lounge with complimentary food on weekends
10. Monthly to bi-monthly meetings between program director, fellows, and program coordinator to identify any issues or concerns, whether professional or personal

Professionalism

1. Discussed at orientation and reviewed during evaluation meetings
2. Monthly evaluation of fellows, with professionalism section/questions mirroring current Milestones. These are reviewed by the program director with each fellow at least semiannually, or immediately if any significant concerns have been identified.

3. Annual evaluations of faculty by house officers, with questions assessing professionalism
4. House officers are trained in organizational safety reporting system, including triggers related to professional concerns

Pediatric Emergency Medicine Fellowship Program



Donna Moro-Sutherland, MD
Program Director

James Buscher, MD
Associate Program Director

Laura Holmberg
Program Coordinator

Approved Trainee Complement: 6

Patient Safety

1. Fellows participate in simulation scenarios involving the management of sick and injured children throughout their years of training. Examples include:
 - a. Management of diabetic ketoacidosis
 - b. Management of status epilepticus
 - c. Precipitous delivery of neonate in extremis
 - d. Delivery of bad news
 - e. Conflict resolution
 - f. Chest tube/intubation labs
 - g. Ultrasound sessions

2. Fellows receive training in disclosing adverse events, incident reporting and efforts to improve patient experience
3. Protected case review meetings monthly, fellows personally present bi-annually
4. GME (Graduate Medical Education) office dedicated Patient Safety and Quality Improvement Orientation Day
5. IHI modules assigned by GME, UNMC (University of Nebraska Medical Center) and program
6. Quarterly Safety updates sent out to faculty and fellows by GME office
7. Annual Compliance Training
8. Use of EPIC hand-off tool for patient care transitions between fellows and faculty
9. All fellows participate in Patient Safety reporting system

Health Care Quality

1. Fellows participate in Quality improvement projects. Examples include the following:
 - a. 72-hr returns
 - b. Unplanned transfer to ICU in <12hrs from admit
 - c. Blood Culture contamination
 - d. Time to antibiotics in sepsis and febrile Hem/Onc patients
 - e. Time to pain medication in sickle cell vaso-occlusive crisis
 - f. Time to steroids in asthma
 - g. Prescription of controller meds in eligible asthma patients
 - h. Door to doc times, admit to floor times, door to discharge times
2. QI pathway/protocols. Examples:
 - a. Reduced use of CT in appendicitis
 - b. Reduced X-ray in constipation
 - c. First line anti-epileptic drug in status epilepticus
 - d. Neonatal fever management
3. Participate and contribute to multidisciplinary protected case reviews (M&M) in the Division of Pediatric Emergency Medicine (PEM) monthly and joint Pediatric Intensive Care/PEM PCRs quarterly
4. Journal Club and literature review – discussion of best practice in Pediatric Emergency Medicine

5. Annual Compliance Training
6. The GME Office holds a dedicated annual Patient Safety and Quality Improvement Orientation Day
7. Semiannual focused clinical performance reports with individual fellows regarding patient safety, quality, and performance metrics

Teaming

1. Participation in multidisciplinary conferences including journal club, literature review, Protected Case Review (PCR), didactic lectures, and emergency medicine resident simulation scenarios
2. Multidisciplinary simulation sessions with nursing, advance practice providers, paramedics and peers
3. Rotation evaluations include elements of team-based care and 360-degree evaluations completed by faculty, nursing, advance practice providers, peers, and self
4. Department supports team-based quality conferences to foster development and maintenance of interprofessional communications
5. Standardized hand-offs
6. Survey of patient experiences in emergency department environment
7. IT personnel available to department to optimize teaming/communication
8. Technology integration to optimize teaming

Supervision

1. Face to face sign out with an attending physician present, with increasing fellow responsibility throughout training
2. Procedures – attending present or available
3. Faculty present always during pediatric emergency medicine clinical rotations

Well-being

1. Associate program director review of schedules and stringent Work Hours monitoring
2. Regular lectures from multidisciplinary sources on wellness resilience, stress and fatigue
3. Wellness programs provided through GME office and Children's Nebraska

4. House Officer Assistance Program (HOAP) through Office of Graduate Medical Education offers 24/7 assistance
5. Taxi ride home for house officers too fatigued to drive safely
6. SAFER curriculum
7. Maternal and paternal leave
8. Across the campus, there are multiple program/divisional/departmental activities such as welcome picnics, holiday season parties, graduation banquets/dinners, interview socials, etc.
9. Free on campus gym access
10. Central House Officer lounge with complimentary food and beverages
11. Meal money provided every month
12. Wellness days implemented throughout the year for a day off in fellowship and a day to do team building activities
13. PGY4 and PGY6 PEM fellows attend national simulation conference in the fall hosted by Cornell Medical Center in New York City
14. National Pediatric Emergency Medicine Conference in the spring of each year of training assisting in advancement of research in the field of PEM
15. Opportunity to participate in wellness committee in the pediatric emergency department for faculty, fellows, APPs, nursing, and ancillary staff

Professionalism

1. Role modeling with real-time addressing of any professionalism issues by the Program Director, such as punctuality in administrative tasks, addressing any complaints from health care providers, etc.
2. Evaluated and discussed at mid-year and year-end evaluations
3. CITI training
4. Work hours are documented monthly including any moonlighting that may occur
5. Procedure logs in New Innovation
6. Open door policy with the programs director, associate program director, and coordinator for fellows to talk and discuss concerns about professionalism

7. UNMC Ombuds program provides a reporting system for Fellows to utilize if they need a neutral facilitator of respectful dialogue and conflict resolution

Pediatric Gastroenterology Fellowship Program



Ruben Quiros, MD
Program Director

Jessica Coyer
Program Coordinator

Approved Trainee Complement: 5

Patient Safety

1. Time-out prior to all procedures
2. Fire risk assessment prior to all procedures
3. Case conference every Friday – Trainee-driven cases presented
4. Week-long Patient Safety/Quality Improvement Curriculum for trainees
5. IHI modules from 2019-2020 onward
6. The GME Office holds a dedicated annual Patient Safety and Quality Improvement Orientation Day
7. UNMC – face-to-face hand-offs
8. Children's hospital – face-to-face on weekend and e-mail sign out rest of week
9. Monthly Fellows Academy and monthly ResQ meeting that addresses patient safety/quality improvement curriculum for trainees

Health Care Quality

1. Case conference every Friday – Trainee-driven cases presents
2. Week-long Patient Safety/Quality Improvement Curriculum for trainees
3. Fellow-driven QI project: How to improve patient safety/ quality of care for Inflammatory bowel disease- multi-national project with approximately 75 centers
4. Fellow-driven QI project: Assessing efficacy of bowel prep
5. The GME Office holds a dedicated annual Patient Safety and Quality Improvement Orientation Day

Teaming

1. UNMC – face-to-face hand-offs
2. Children's Hospital – face-to-face on weekend and e-mail sign out rest of week

Supervision

1. Procedures – attending present
2. Clinic – attending present
3. Ward rounds – attending present

Well-being

1. Work hours monitored on New Innovations
2. Wellness programs through GME Office
3. House Officer Assistance Program (HOAP) through Office of Graduate Medical Education offers 24/7 assistance
4. Taxi ride home for house officers too fatigued to drive safely
5. SAFER curriculum
6. Maternal and paternal leave
7. Across the campus, there are multiple program/divisional/ departmental activities such as welcome picnics, holiday season parties, graduation banquets/dinners, interview socials, etc.
8. Free on campus gym access
9. Central House Officer lounge with complimentary food on the weekends

Professionalism

1. Evaluated and discussed on a semiannual basis

Pediatric Hematology/Oncology Fellowship Program



Melissa Acquazzino, MD
Program Director

Jenna Allison, MD
Associate Program Director

Miranda Downing, C-TAGME
Program Coordinator

Approved Trainee Complement: 3

Patient Safety

1. The GME Office holds a dedicated annual Patient Safety and Quality Improvement Orientation Day
2. Children's Nebraska website offers a monthly SPOT (summary, particulars, opportunity, think) for all faculty and staff, the Eye on Safety reporting system for adverse events, and No Harm training
3. Children's Nebraska web page with resources for patient safety and quality improvement is accessible by fellows

Health Care Quality

1. Fellows participate in QI project
2. Senior fellows lead Morbidity and Mortality Conference
3. Department orientation includes information on the Patient Safety/Quality Improvement/Disparities Research Collaborative

Teaming

1. Fellows lead multidisciplinary Tumor Boards, including collaboration from Oncology, Surgery, Radiology, Pathology, and Radiation Oncology
2. Fellows lead a multidisciplinary team of physicians, advanced practice providers, residents, medical students, nurses, pharmacists, and case managers to conduct inpatient rounds
3. Fellows participate in Neuro-Oncology, Survivorship, Sickle Cell Disease and Comprehensive Bleeding Disorder multiple disciplinary clinics, in which team approaches involve physicians, APPs, learners, case managers, social work, physical therapy, behavioral health, and genetic counselor
4. Fellows lead a joint Journal Club with the Immunocompromised Infectious Disease team
5. Fellows participate in the Hematology/Oncology Family Advisory Council meetings to periodically provide feedback about the patient experience
6. The third-year fellow is included in BEACON, the development of chemotherapy protocols in our electronic medical record

Supervision

1. Face to face sign out with an attending present
2. Clinic – attending present
3. Procedures – attending present
4. Ward rounds – attending present

Well-being

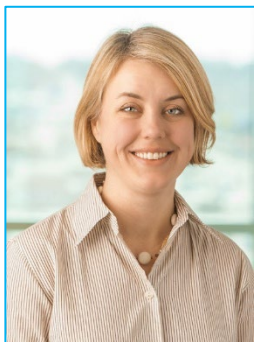
1. Work hours monitored in New Innovations
2. Wellness activities provided through the GME Office and Children's

3. House Officer Assistance Program (HOAP) through Office of Graduate Medical Education offers 24/7 assistance
4. SAFER curriculum
5. Taxi ride home at no cost when residents are too fatigued to drive
6. Maternal and paternal leave
7. Free on campus gym access
8. Central House officer lounge with complimentary food on weekends
9. Meal money provided during the week
10. Monthly coffee break with PD and APD
11. Multiple program/division, departmental activities include welcome picnics, holiday gatherings, and graduation banquet

Professionalism

1. Evaluated and discussed at mid-year and year-end evaluations
2. Fellow's Academy curriculum includes topics on professionalism

Pediatric Hospital Medicine Fellowship Program



Sheilah Snyder, MD
Program Director

Brooke Seaton
Program Coordinator

Approved Trainee Complement: 3

Patient Safety

1. Monthly hospital medicine case review and journal club
2. Weekly patient management conferences
3. Fellows receive training in disclosing adverse events, incident reporting, and efforts to improve patient experience
4. The GME Office holds a dedicated annual Patient Safety and Quality Improvement Orientation Day
5. IHI modules from 2019-2020 onward
6. Lectures on principles of safety programs and on health disparities

Health Care Quality

1. Monthly hospital medicine case review and journal club
2. All fellows present one case review

3. All fellows participate in a QI project
4. Fellows attend quarterly hospital-wide case reviews (optional presentation)
5. Formal quality improvement training x 1 month with additional training available in an elective month
6. Lectures on principles of safety programs and on health disparities

Teaming

1. Daily face-to-face or by phone on inpatient
2. Calling PCPs at discharge
3. Acting as triage for incoming admissions/transfers
4. Discharge summaries
5. Escalation of Care (handoffs to NICU/PICU)

Supervision

1. Procedures – Attending present
2. Clinic – Attending present (electives only)
3. Wards – Attending present

Well-being

1. Work hours monitored through New Innovations
2. Wellness programs through Office of Graduate Medical Education
3. Quarterly wellness/debriefing event with program
4. House Officer Assistance Program (HOAP) through the Office of Graduate Medical Education offers 24/7 assistance
5. Taxi ride home for house officers too fatigued to drive safely
6. SAFER curriculum
7. Maternal/paternal leave
8. Welcome picnics, holiday parties, graduation banquets
9. Free on campus gym access
10. Central House Officer wellness lounge with complimentary food on weekends
11. Pediatric Fellows academy

Professionalism

1. Discussed at orientation and reviewed during evaluation meetings
2. Canvas modules

Pediatric Infectious Diseases Fellowship Program



Andrea Green Hines, MD
Program Director

Laura Holmberg
Program Coordinator

Approved Trainee Complement: 3

Patient Safety

1. Fellow participates in hospital-wide infection control committee
2. Fellows receive training in disclosing adverse events, incident reporting and efforts to improve patient experience
3. Hospital-wide case review participation
4. The GME Office holds a dedicated annual Patient Safety and Quality Improvement Orientation Day
5. GME quarterly safety updates

Health Care Quality

1. Weekly interdisciplinary case conference with Microbiology, Pathology, Pharmacy, and Infection Prevention
2. All fellows participate in a QI project. Example: Fellow-driven QI project on urinary diagnostic stewardship in ED and Urgent Care
3. Quality Improvement training – writing workshop
4. Quality Improvement training through Pediatric Fellowship Academy
5. IHI modules from 2015-2016 onwards
6. The GME Office holds a dedicated annual Patient Safety and Quality Improvement Orientation Day

Teaming

1. Fellows attend a weekly city-wide ID case conference attended by Infectious Disease, Microbiology, Pharmacy, and Pathology clinicians. Fellows are expected to present a case and literature review monthly at this conference.
2. Fellows attend a weekly multidisciplinary division meeting that includes members from Microbiology, Pharmacy, Infection Control, and Pathology in which current inpatients are discussed
3. Hospital-wide case reviews conducted at regular, quarterly intervals as a Grand Rounds presentation with resident, fellow, faculty, staff, and family input
4. Epic/pathway modifications frequently involve fellows and other staff to support high-performance teaming.

Supervision

1. Face-to-face signout with attending present
2. Clinic – Attending present
3. Ward rounds – Attending present

Well-being

1. Work hours monitored on New Innovations
2. Wellness programs provided through GME office and Children's
3. House Officer Assistance Program (HOAP) through Office of Graduate Medical Education offers 24/7 assistance

4. Taxi ride home for house officers too fatigued to drive safely
5. SAFER curriculum
6. Maternal and paternal leave
7. Across the campus, there are multiple program/divisional/departmental activities such as welcome picnics, holiday season parties, graduation banquets/dinners, interview socials, etc.
8. Free on campus gym access
9. Central House Officer lounge with complimentary food on the weekends
10. Meal money provided by UNMC and Children's Hospital
11. Dedicated funds for fellow wellness activities

Professionalism

1. Evaluated and discussed at mid-year and year-end evaluations
2. Open door policy for fellows to discuss unprofessionalism with Coordinator and Program Director
3. UNMC Ombuds program provides a reporting system for fellows to utilize if they need a neutral facilitator of respectful dialogue and conflict resolution
4. Training in the Shout Out for Safety (SOS) program provided to trainees by UNMC.
5. Work hours are documented monthly, including any moonlighting that may occur

Pediatric Pulmonology Fellowship Program



Heather Thomas, MD
Program Director

Miranda Downing, C-TAGME
Program Coordinator

Approved Trainee Complement: 3

Patient Safety

1. Patient Safety Moment
2. Mortality and Morbidity meetings
3. Tracheostomy/Ventilator conference – to improve patient safety
4. Time-outs prior to bronchoscopy.
5. IHI modules from 2015-2016 onwards
6. The GME Office holds a dedicated annual Patient Safety and Quality Improvement Orientation Day
7. Face-to-face transitions of care or by phone
8. EPIC hand-off tool

Health Care Quality

1. Part of Learning and Leadership Collaborative (LLC) associated with Cystic Fibrosis – Faculty trained in QI and meet once a month. Several QI projects have been

- conducted, including projects in nutrition, respiratory therapy, and patient satisfaction.
2. Patient Management Conference to improve quality of care
 3. Cystic fibrosis conference to improve quality of care
 4. The GME Office holds a dedicated annual Patient Safety and Quality Improvement Orientation Day

Teaming

1. Face-to-face transitions of care or by phone
2. EPIC hand-off tool
3. Fellows participate in and present at several multidisciplinary conferences including Journal Club, Airway conference, and Sleep conference

Supervision

1. Procedures – Attending present
2. Clinic – Attending present
3. Ward rounds – Attending present

Well-being

1. Work hours monitored on New Innovations
2. Wellness programs through GME office
3. House Officer Assistance Program (HOAP) through Office of Graduate Medical Education offers 24/7 assistance
4. Taxi ride home for house officers too fatigued to drive safely
5. SAFER curriculum
6. Maternal and paternal leave
7. Off-site Journal Club to improve interactions
8. Across the campus, there are multiple program/divisional/departmental activities such as welcome picnics, holiday season parties, graduation banquets/dinners, interview socials, etc.
9. Free on campus gym access
10. Central House Officer lounge with complimentary food on the weekends

Professionalism

1. Reviewed during orientation and discussed during semiannual and annual meetings with program director

Pediatric Surgery Fellowship Program



Robert Cusick, MD
Program Director

Jolene Krueger
Program Coordinator

Approved Trainee Complement: 1

Patient Safety

1. Time-outs prior to procedures
2. Fire risk assessment prior to procedures
3. Divisional Mortality and Morbidity meetings
4. Departmental Mortality and Morbidity meetings
5. Patient Safety Moment
6. IHI modules from 2015-2016 onwards
7. The GME Office holds a dedicated annual Patient Safety and Quality Improvement Orientation Day
8. Face-to-face sign-off for healthcare transitions

Health Care Quality

1. NSQIP quality education
2. QI Project – Bundled pathways to reduce Surgical Site Infections (SSI)
3. The GME Office holds a dedicated annual Patient Safety and Quality Improvement Orientation Day
4. CREW Resource Management

Teaming

1. Face-to-face sign-off

Supervision

1. OR – Attending present
2. Clinic – Attending present
3. Ward rounds – Attending driven rounds

Well-being

1. Work hours monitored on New Innovations
2. Wellness programs through GME office
3. House Officer Assistance Program (HOAP) through Office of Graduate Medical Education offers 24/7 assistance
4. Taxi ride home for house officers too fatigued to drive safely
5. SAFER curriculum
6. Maternal and paternal leave
7. Across the campus, there are multiple program/divisional/departmental activities such as welcome picnics, holiday season parties, graduation banquets/dinners, interview socials, etc.
8. Free on campus gym access
9. Central House Officer lounge with complimentary food on the weekends

Professionalism

1. The program stresses the importance of honest and accurate reporting of information

Pediatric Transplant Hepatology Fellowship Program



Ruben Quiros, MD
Program Director

Jessica Coyer
Program Coordinator

Approved Trainee Complement: 1

Patient Safety

1. Time-out prior to all procedures
2. Fire risk assessment prior to all procedures
3. Case conference every Friday – Trainee driven cases presents
4. Week-long Patient Safety/Quality Improvement Curriculum for trainees
5. IHI modules from 2019-2020 onward
6. The GME Office holds a dedicated annual Patient Safety and Quality Improvement Orientation Day
7. UNMC – face-to-face hand-offs
8. Children's hospital – face-to-face on weekend and e-mail sign out rest of week

Health Care Quality

1. Week long Patient Safety/Quality Improvement Curriculum for trainees
2. Fellow-driven QI projects – Examples:
 - a. How to improve patient safety/ quality of care for Inflammatory bowel disease – multi- national project with approximately 75 centers
 - b. Assessing efficacy of bowel prep
3. The GME Office holds a dedicated annual Patient Safety and Quality Improvement Orientation Day

Teaming

1. UNMC – face-to-face hand-offs
2. Children's hospital – face-to-face on weekend and e-mail sign out rest of week

Supervision

1. Procedures – attending present
2. Clinic – attending present
3. Ward rounds – attending present

Well-being

1. Work hours monitored on New Innovations
2. Wellness programs through GME office
3. House Officer Assistance Program (HOAP) through Office of Graduate Medical Education offers 24/7 assistance
4. Taxi ride home for house officers too fatigued to drive safely
5. SAFER curriculum
6. Maternal and paternal leave
7. Across the campus, there are multiple program/divisional/ departmental activities such as welcome picnics, holiday season parties, graduation banquets/dinners, interview socials, etc.
8. Free on campus gym access
9. Central House Officer lounge with complimentary food on the weekends

Professionalism

1. Evaluated and discussed on a semiannual basis

Pulmonary Disease and Critical Care Medicine Fellowship Program



Craig Piquette, MD
Program Director

Kelly Robertson
Program Coordinator

Approved Trainee Complement: 15

Patient Safety

1. Case conference every Friday at 1:00 p.m. with faculty and fellows: Fellow-led conference where cases are presented and discussed to improve patient safety and the quality of care
2. Central line simulation curriculum for fellows at orientation
3. IHI modules from 2015-2016 onwards (modules PS101, 104, 105, 201, and 202)
4. The GME Office holds a dedicated annual Patient Safety and Quality Improvement Orientation Day
5. Out of OR Airway Management Training for all first-year fellows
6. Monthly simulation sessions for airway management
7. Simulation training courses at Mayo Clinic (bronch and chest tube skills) and Iowa City (ultrasound skills)

8. Quarterly M&M conference with completion of Ishikawa “fishbone” diagram
9. Weekly chest conference with faculty and fellows

Health Care Quality

1. Fellow-led QI projects – recent examples include:
 - a. Implementation of a phenobarbital protocol to prevent alcohol withdrawal
 - b. Ensuring pulmonary function testing is completed prior to clinic visits to expedite care
 - c. Evaluating the incidence of bleeding in patients requiring pleural lytic therapy while on anticoagulation
2. Case conference every Friday at 1:00 p.m. with faculty and fellows: Fellow-led conference where cases are presented and discussed to improve patient safety and the quality of care
3. Annual root cause analysis (RCA) training session with Dr. Qasimyar
4. First year fellows attend CREW resource management
5. The GME Office holds a dedicated annual Patient Safety and Quality Improvement Orientation Day. Fellows are assigned IHI QI modules 101-105 to complete prior to graduation.
6. Attending scorecards from clinic are shared with fellows
7. Quarterly M&M conference with completion of Fishbone diagram
8. Development of Status Epilepticus Protocol in Neuro ICU

Teaming

1. Face-to-face check out at 7:00 p.m. every day by fellow to fellow and supervised by faculty by using hand-off tool in One Chart
2. Face-to-face checkout at 7:00 a.m. every day by fellow to fellow with some attending presence
3. Transfer process in One Chart is not complete until receiving team has seen patient, written a note and orders for the patient
4. Supervised checkout in ICU at 7:00 p.m.
5. Triage fellow documents outside referrals in One Chart
6. ICU teams engage in daily multidisciplinary rounds (RT, Pharmacy, and Social Work sit in on table rounds, nurses meet at bedside)

7. A clinic nurse is assigned to each fellow for their continuity patients, and they work together to coordinate patient care

Supervision

1. CCM Attendings stay until 10:00 p.m. every night
2. Faculty in-house until 10:00 p.m.
3. Direct observation of procedural skills in the bronchoscopy suite and at the bedside

Well-being

1. Work hours monitored on New Innovations
2. Wellness programs through GME office
3. House Officer Assistance Program (HOAP) through Office of Graduate Medical Education offers 24/7 assistance
4. Taxi ride home for house officers too fatigued to drive safely
5. SAFER curriculum
6. Maternal and paternal leave
7. Designated Wellness hour – Noon hour on last Wednesday
8. Annual lecture on Fatigue management and mitigation by Dr. Summers, Sleep Medicine Faculty
9. Free on campus gym access
10. Central House Officer lounge with complimentary food on the weekends
11. The fellows have a private, secluded lounge that is close to their clinical duties. Snacks and soft drinks are provided in the fellows' lounge.
12. Fellows do five nights when on night shift and do either two or three 12-hour shifts during days on CCM rotations. These shifts are reviewed by program leadership and never cross 80 hours.
13. Pulmonary consult fellows do not take night call
14. Home call when at VA. schedule made by fellows, rarely need to come in at night – no work hour violations
15. Internal medicine Wellness Wednesdays (4th Wed. at 12:00 p.m.)
16. Fellow social events scheduled at least quarterly
17. Monthly fellow meetings to address workload
18. Nebraska Medicine Task Force to reduce nursing calls

Professionalism

1. Monitored by milestone evaluations
2. Multisource evaluations from nurses in ICU and clinic and from respiratory therapy

Regional Anesthesiology and Acute Pain Medicine Fellowship Program



Nicholas Heiser, MD
Program Director

Rafael Arsky Lombardi, MD
Associate Program Director

Michelle Rooney
Program Coordinator

Approved Trainee Complement: 1

Patient Safety

1. The GME Office holds a dedicated annual Patient Safety and Quality Improvement Orientation Day
2. In-person handoff from the overnight resident at 0630 for direct communication of pertinent patient care events from overnight
3. In-person fellow hand-off to the covering physician assistant or resident at the end of the day
4. In-person handoff and/or team rounding with on-call APS faculty before departing each day
5. The fellow is responsible for reporting adverse events in the SOS System

Health Care Quality

1. Acute Pain Service quarterly Morbidity and Mortality meetings are fellow-driven
2. The fellow is responsible for development of a patient safety/quality improvement project during their 1-year fellowship

Teaming

1. On rounds, the fellow will engage with a bedside RN, the patient and family, the consulting service, and other patient care providers which commonly includes respiratory therapists, occupational therapists, and physical therapists
2. 360-degree evaluations of fellows from RNs, residents, faculty, and other providers stress the importance of working well within a team environment
3. Multidisciplinary QA/M&M utilized to seek opportunities for improved collaboration among services
4. The fellow will create or revise a pain control pathway embedded in Epic
5. In-person hand-off from the overnight resident at 0630 for direct communication of pertinent patient care events from overnight
6. In-person fellow hand-off to the covering physician assistant or resident at the end of the day
7. In-person hand-off and/or team rounding with on-call APS faculty before departing each day

Supervision

1. The fellow transitions throughout the year from initially being largely directly supervised by an Acute Pain faculty member for all procedures to having the faculty being immediately available by the end of the training year. The fellow will also develop their teaching skills by directly supervising residents or medical students performing procedures with faculty backup immediately available.
2. For inpatient rounding and consults, the fellow will see the patient and round autonomously, report to on-call faculty who will then also see the patient or see again with the fellow.

Well-being

1. Work hours closely monitored in New Innovations
2. Wellness programs provided through the GME Office
3. House Officer Assistance Program (HOAP) through Office of Graduate Medical Education offers 24/7 assistance
4. SAFER curriculum
5. Taxi ride provided at no cost when residents are too fatigued to drive safely
6. Maternal and paternal leave
7. "Battle-buddy" system – fellow will be paired with another fellow within the department to provide an outlet/resource for any challenges they may face
8. Free on campus gym access
9. Central House Officer lounge with complimentary food on weekends

Professionalism

1. Invited speakers for department Grand Rounds
2. Didactics on professionalism

Rheumatology Fellowship Program



Amy Cannella, MD
Program Director

Karla Mace
Program Coordinator

Approved Trainee Complement: 6

Patient Safety

1. CNS vasculitis protocol: A multidisciplinary approach to reduce undue testing – (Radiology, Pathology, Neurology, Neurosurgery, Infectious Disease and Rheumatology} to standardize the diagnostic strategy
2. Standardized drug infusion protocols: UNMC and VA
3. Pre-Clinic Conferences: fellows and faculty meet prior to clinic to discuss the list and trouble shoot issues and determine plans of care
4. Fellows maintain a comprehensive, annually updated list of rheumatologic meds with the route, MOA, Indications, Side Effect, CI, Monitoring and Miscellaneous information
5. Standardized inpatient arthrocentesis protocols with pharmacy and nursing
6. Interpreter service and "blue" phone available for interpreter services
7. IHI modules from 2015-2016 onwards

8. The GME Office holds a dedicated annual Patient Safety and Quality Improvement Orientation Day
9. Fellow assuming care of the consult service rounds with the team on the day prior to transfer of care and a written policy developed
10. Faculty do face-to-face or verbal hand-off

Health Care Quality

1. Immunomodulatory Drug Education: Developed patient educational information on immunomodulatory drugs to be given at Point of Care on After Visit Summaries at check-out as well as templates/smart phrases for documentation of patient informed consent
2. Vaccination improvement: vaccination schedules were presented to faculty and fellows with subsequent evaluation of the rate of vaccinations across rheumatology clinics pre and post teaching. Vaccination cards were developed for providers to keep in their pockets to improve with our vaccination success rate.
3. Educational Patient Videos (IRB approved and grant funded): Developing of educational patient videos for common rheumatic disease
4. Pre Clinic Conferences: fellows and faculty meet prior to clinic to discuss the fellows' patients, update interim events, and troubleshoot issues and determine plans of care
5. Divisional drug safety project: we track drug side-effects in the division, with monthly reporting
6. The GME Office holds a dedicated annual Patient Safety and Quality Improvement Orientation Day

Teaming

1. *Pathway 1: Teaming as IPE learning and development*
 - a. QI multidisciplinary projects—GCA protocol (similar to CNS vasculitis protocol, inpatient joint injection kits)
 - b. 360 Evaluations and CCC Milestones reviewed with PD every 6 months
2. *Pathway 2: Demonstrates high performance teaming*
 - a. Interdisciplinary care: rounding with an emphasis on pathology, radiology and nursing
 - b. Weekly pre-clinic case conferences with nursing staff present

- c. VA assigned nurse coordinator and clinical pharmacist
- 3. *Pathway 3: Engages patients with high performance teaming*
 - a. Patient 360 evaluations of fellows
 - b. Press-Ganey scores
- 4. *Pathway 4: Necessary supports for high performance teaming*
 - a. EMR support with IT superusers
 - b. Weekly case conferences
 - c. DOC new clinic physician champions are aligning and working with rheumatology to improve clinic processes

Supervision

- 1. Clinic – Attending
- 2. Ward rounds – Attending
- 3. Didactics – Attending

Well-being

- 1. Work hours monitored on New Innovations
- 2. Sense of community is modeled and emphasized
- 3. Wellness programs through GME office
- 4. House Officer Assistance Program (HOAP) through Office of Graduate Medical Education offers 24/7 assistance. Susan Smith meets with fellows and faculty yearly to introduce herself and to discuss available resources.
- 5. Taxi ride home for house officers too fatigued to drive safely
- 6. SAFER curriculum
- 7. Maternal and paternal leave
- 8. Across the campus, there are multiple program/divisional/departmental activities such as welcome picnics, holiday season parties, graduation banquets/dinners, interview socials, etc.
- 9. Free on campus gym access
- 10. Central House Officer lounge with complimentary food on the weekends
- 11. New House Officer Wellness Lounge
- 12. Fellows have a divisional QI project on wellness
- 13. Annual program evaluation includes all faculty and fellow nursing with an emphasis on fellow wellness

Professionalism

1. Attendance at ACR annual and SOTA meeting every year
2. Teach to Teach module each year
3. City Wide Conferences to interact with private practice rheumatologists
4. 365 Evaluations include ancillary and nursing staff
5. COPIC curriculum

Sleep Medicine Fellowship Program



John Harrington, MD
Program Director

Kelly Robertson
Program Coordinator

Approved Trainee Complement: 2

Patient Safety

1. Lab protocols for sleep study – Consist of more than 20 protocols to improve patient safety and quality of care
2. Case conference – monthly
3. The GME Office holds a dedicated annual Patient Safety and Quality Improvement Orientation Day
4. IHI modules from 2015-2016 onward

Health Care Quality

1. Fellows attend COPIC risk management sessions
2. Fellow QI projects review clinical processes or laboratory procedures with follow up plan to enhance care provided by team members
3. Lab protocols for sleep study – Consist of more than 20 protocols to improve patient safety and quality of care
4. The GME Office holds a dedicated annual Patient Safety and Quality Improvement Orientation Day

Teaming

1. Journal clubs and didactic sessions include multiple members of the clinical and laboratory team, including respiratory therapists, physician assistants, fellows, and faculty physicians
2. Interdisciplinary clinic consultations involve nursing staff, sleep laboratory members, respiratory therapists, fellows, and physicians
3. Monthly rotation and semi-annual milestone evaluations include elements of team-based care
4. Clinic and sleep laboratory surveys provide feedback to team members regarding patient experiences and satisfaction during testing

Supervision

1. Face-to-face hand-off or by phone with Attending
2. Clinic – Faculty
3. Ward rounds – Attending

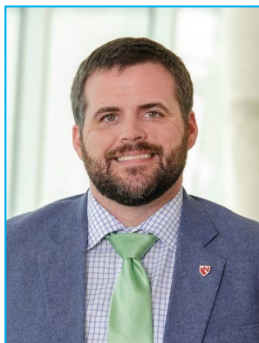
Well-being

1. Work hours monitored on New Innovations
2. Wellness programs through GME office
3. House Officer Assistance Program (HOAP) through Office of Graduate Medical Education offers 24/7 assistance
4. Taxi ride home for house officers too fatigued to drive safely
5. SAFER curriculum
6. Maternal and paternal leave
7. Across the campus, there are multiple program/divisional/departmental activities such as welcome picnics, holiday season parties, graduation banquets/dinners, interview socials, etc.
8. Free on campus gym access
9. Central House Officer lounge with complimentary food on the weekends

Professionalism

1. Expectations discussed at orientation and reviewed during evaluation meetings

Sports Medicine Fellowship Program



Jason Meredith, MD
Program Director

Kassidy Drazkowski
Program Coordinator

Approved Trainee Complement: 2

Patient Safety

1. GME office dedicated Patient Safety and Quality Improvement sessions
2. Time-outs prior to procedures
3. Check lists for procedures
4. Mortality and Morbidity review sessions contingent on occurrence

Health Care Quality

1. All fellows are required to take part in a QI project
2. Annual Omaha Pre-Hospital Management Strategies for Urgent and Emergent Conditions Conference
3. Annual University of Nebraska Omaha Athletic Training Program Fracture/Joint Reduction Workshop

4. Fellows provided formal feedback for program/rotation/curriculum improvement/faculty feedback throughout the year
5. All House Officers attend Risk Management sessions held by COPIC which as a physician liability company
6. House Officers/faculty involvement in SOS process and attendance at Root Cause Analysis (RCA) when involved in case
7. Fellows are provided quality data from the GME office quarterly
8. PI/QI sessions are presented at the American Medical Society of Sports Medicine National Meeting. Fellows are encouraged to attend
9. GME research symposium yearly as well where PI/QI projects are presented
10. Fellow has the opportunity to do the FM Research Symposium

Teaming

1. House officers are the subject of 360-degree evaluations from various members of the interprofessional care team
2. The fellow participates in multidisciplinary patient care conferences
3. Residents communicate regularly with all members of the health care and athletic organization, including nurses, physical therapists, coaches, orthopedic surgeons, etc.
4. Fellows participate in multidisciplinary family communication to update on patient status, discuss treatment options and clarify patient care goals

Supervision

1. Supervision policy in place
2. Outpatient continuity and PCSM clinics – always supervised by on-site attendings
3. Required Title IX and Bystander training for all fellows and faculty
4. All ultrasound and invasive procedures will be directly observed

5. All patients requiring emergency department transfer or hospital direct admission must be seen by the attending physician
6. Supervision of the fellow in the On-Site Sports Care (Sideline and Training Room Coverage)
7. Clinical Competency Committee meetings with intentional discussion regarding fellows ability to increase autonomy
8. Fellows follow the UNMC Family Medicine Academic Inpatient Team and serve as an extra inpatient team supervisor with direct supervision from attending

Well-being

1. Work hours monitoring in New Innovations
2. Personalized schedule created intentionally with well-being prioritized. Schedules created to ensure work hour rule compliance
3. UNMC Assistant Vice-Chancellor for well-being, Wellness Committee/Crisis Response Team
4. House Officer Assistance Program (HOAP) through Office of Graduate Medical Education offers 24/7 assistance
5. UNMC House Officer Wellness Lounge available 24/7 for house officers
6. Wellness programs through GME office – focus on reducing administrative burden, email and survey fatigue, daily food stipend, etc.
7. Individual problems/concerns identified are handled by Program Director
8. Frequent advisor meetings with core faculty check-ins
9. Meditation room and message chair in the Family Medicine department available to fellows
10. Taxi ride home program
11. Fellows are incorporated in the Family Medicine department wellness activities

Professionalism

1. Professional education for fellows and faculty members regarding professional responsibilities
2. Professionalism education, modeling, oversight and feedback rolled into daily practice

Surgical Critical Care Fellowship Program



Charity Evans, MD, FACS
Program Director

Andrew Kamien, MD
Associate Program Director

Jessica Bruno
Program Coordinator

Approved Trainee Complement: 2

Patient Safety

1. Didactic and clinical educational activities have priority in the allotment of fellow's time and energy
2. Work hour assignments recognize that faculty and fellows have collective responsibility for the safety and welfare of patients
3. Fellows have protected time for patient care
4. Zero Harm training
5. Annual compliance training

Health Care Quality

1. Fellows attend and participate in daily morning critical care sign-out
2. Fellows attend and participate in weekly trauma practice improvement

3. Fellows attend and participate in Acute Care Surgery divisional meetings as they relate to improvement in running the surgical critical care services
4. Fellows perform the SCCM self-test in Adult Critical Care and receive formative feedback from the teaching staff
5. Fellows attend education courses for continuing education, including ATLS, FCCS

Teaming

1. Handoff between the day and night teams occur at 0600 hours and 1800 hours on a daily basis
2. Fellows work closely with faculty and residents

Supervision

1. Overall goals and objectives are reviewed at the beginning of the program, and progress is tracked
2. Direct feedback on daily rounds from faculty supervisors
3. Established chain of command
4. The attending physician has both an ethical and a legal responsibility for the overall care of the individual patient and for the supervision of the fellow involved in the care of that patient
5. Intensive Care Unit: Fellows have direct supervision by the faculty member on daily rounds on the inpatient wards
6. Bedside Procedures: Fellow will have direct supervision by the overseeing faculty member for the first three of each major bedside procedure performed
7. Trauma Bay: during the first quarter, fellow will have Direct Supervision for their management of patients in trauma bay. Fellow may advance to indirect supervision or oversight if criteria has been met
8. Operating Room – fellow will have direct supervision of faculty for the first six months of the year. Readiness for indirect supervision or oversight levels of supervision will be assessed during the semi-annual review

Well-being

1. Minimize non-physician obligations
2. Provide administrative support
3. Work Hours monitored through New Innovations
4. Wellness programs through GME office

5. Attend to the scheduling, work intensity, and work compression that impacts physician well-being
6. Access to Confidential, Affordable Mental Health Assessment, Counseling, and Treatment 24/7
7. Maternal and paternal leave
8. Free on campus gym access
9. House Officer Assistance Program (HOAP) through Office of Graduate Medical Education offers 24/7 assistance
10. Taxi ride home for house officers too fatigued to drive safely
11. SAFER curriculum

Professionalism

1. Professionalism expectations are reviewed during orientation, including the following:
 - a. Maintain compliance with work hour restrictions and keep records in a timely manner
 - b. Be punctual with regard to clinical responsibilities and didactic schedules
 - c. Receive formative feedback from the teaching staff
 - d. Demonstrate a commitment to carrying out professional responsibilities and adherence to ethical principles, confidentiality, informed consent, and sensitivity to a diverse patient population
 - e. Demonstrate compassion, integrity, and respect for others
 - f. Be sensitive and responsive to a diverse patient population, without bias due to gender, age, culture, race, religion, disability, or sexual orientation
 - g. Commit to lifelong learning and ongoing development of humanistic and professional values
 - h. Be accountable to the patient, other members of the healthcare team, and the profession

Thoracic Surgery Fellowship Program



Rudy Lackner, MD
Program Director

Savannah Benson
Program Coordinator

Approved Trainee Complement: 2

Patient Safety

1. Time-outs prior to all procedures in the operating room
2. Fire risk assessment prior to all procedures
3. Mortality and morbidity meetings
4. The GME Office holds a dedicated annual Patient Safety and Quality Improvement Orientation Day
5. Quarterly simulation training
6. Face-to-face sign out during transitions of care

Health Care Quality

1. Mortality and morbidity meetings
2. Fellow participation in QI project with Cardiology
3. Fellow participation in QI project in ECMO
4. IHI modules from 2015-2016 onwards
5. The GME Office holds a dedicated annual Patient Safety and Quality Improvement Orientation Day

Teaming

1. Face-to-face sign out during transitions of care

Supervision

1. Operating room – Attending present
2. Clinic – Attending present
3. Ward rounds – Attending present

Well-being

1. Work hours monitored on New Innovations
2. Wellness programs through GME office
3. House Officer Assistance Program (HOAP) through Office of Graduate Medical Education offers 24/7 assistance
4. Taxi ride home for house officers too fatigued to drive safely
5. SAFER curriculum
6. Maternal and paternal leave
7. Across the campus, there are multiple program/divisional/departmental activities such as welcome picnics, holiday season parties, graduation banquets/dinners, interview socials, etc.
8. Free on campus gym access
9. Central House Officer lounge with complimentary food on the weekends

Professionalism

1. 365-degree evaluations including feedback from ancillary and nursing staff
2. Role modeling from program director, with real-time address of any professionalism issues such as punctuality in administrative tasks, addressing complaints from healthcare providers, etc.

Transplant Hepatology Fellowship Program



Tim McCashland, MD
Program Director

Marco A. Olivera-Martinez, MD
Associate Program Director

Terah Riddle
Program Coordinator

Approved Trainee Complement: 2

Patient Safety

1. Time-outs prior to all procedures
2. Fire risk assessment prior to all procedures
3. Mortality and Morbidity meetings monthly
4. Patient selection committee meeting: Interdisciplinary hepatologists, gastroenterologist, surgeons, etc. – weekly
5. Multi-disciplinary patient care rounds – hepatologist/surgeons/nursing/social worker/dietitian etc.
6. IHI modules from 2015-2016 onwards
7. The GME Office holds a dedicated annual Patient Safety and Quality Improvement Orientation Day
8. Written face-to-face sign-off for healthcare transitions

9. Review all updates to pre- and post-liver transplant protocols from 2022 and onward
10. Participation in Mock RCA Series

Health Care Quality

1. QI project – Fellow Driven: Reducing the re-admission of hepatic encephalopathy
2. QI project – Fellow Driven: Outcome of Induction Immunosuppression for Liver Transplantation Comparing Corticosteroid with Antithymocyte Globulin, to Corticosteroid Alone: A Retrospective, Case-Control, Single-Center Study. Current phase of study is follow up of enrolled patients to analyze the factors included in recurrent encephalopathy episodes.
3. QI project – Fellow Driven: Impact of several psychosocial barriers to liver transplantation and their impact of post-transplantation outcomes. This work was published in World Journal of Hepatology. A new addition to this project is a collaboration with Addiction Psychiatry to implement changes in the clinical approach of addictions before liver transplant.
4. Mortality and Morbidity meetings monthly
5. The GME Office holds a dedicated annual Patient Safety and Quality Improvement Orientation Day

Teaming

1. Written face-to-face sign-off

Supervision

1. Procedures – Attending present
2. Rounds – Attending present
3. Clinic – Attending present

Well-being

1. Work hours monitored on New Innovations
2. Wellness programs through GME office
3. House Officer Assistance Program (HOAP) through Office of Graduate Medical Education offers 24/7 assistance
4. Taxi ride home for house officers too fatigued to drive safely
5. SAFER curriculum
6. Maternal and paternal leave

7. Across the campus, there are multiple program/divisional/departmental activities such as welcome picnics, holiday season parties, graduation banquets/dinners, interview socials, etc.
8. Free on campus gym access
9. Central House Officer lounge with complimentary food on the weekends
10. Off-campus wellness activities with faculty and trainees

Professionalism

1. Expectations discussed at orientation and reviewed during evaluation meetings

Vascular Neurology Fellowship Program



Marco Gonzalez-Castellon, MD
Program Director

Kyra Gause
Program Coordinator

Approved Trainee Complement: 2

Patient Safety

1. Time-outs before procedures
2. Checklists for procedures
3. IHI modules from 2015-2016 onwards
4. The GME Office holds a dedicated annual Patient Safety and Quality Improvement Orientation Day
5. Patient care protocols for stroke and status epilepticus including specialized order sets
6. Face-to-face transitions of care using EPIC
7. Stroke Code pager is physically transferred to incoming fellow

Health Care Quality

1. Quality Improvement Officer, Dr. Scott Diesing, oversees all QI projects in the department for faculty and house officers
2. All fellows are encouraged to present a poster at the annual research meeting
3. Example of QI project – analyzing outcomes after discharge for all Neurology inpatient discharges over 6 months to determine the rate of readmissions/ED visits or death and factors associated with poor outcomes
4. The GME Office holds a dedicated annual Patient Safety and Quality Improvement Orientation Day
5. Fellows' QI projects integrated with departmental QI project
6. Fellows are encouraged to attend risk management training with COPIC

Teaming

1. There is an APP on each inpatient service
2. Rounds are interprofessional with APPs, Pharmacy, and nursing (neurosurgery, and neuropsychology)
3. Fellows communicate regularly with all care team members including nurses, PT, OT, ST, nutrition, pharmacy, social work, and case management
4. Fellows regularly participate in multidisciplinary family meetings to update on patient status, discuss treatment options and prognosis, and clarify patient care goals
5. All patient care protocols and EPIC modifications including order sets are developed with Fellows and other staff to support high-performance teaming
6. EHR allows patients to access notes and test results and to send questions to healthcare providers
7. Fellows work with nurse case managers to communicate patient care plans and coordinate outpatient follow-up
8. IT systems support teaming by optimizing communication (Voalte, PerfectServe)
9. Face-to-face transitions of care using EPIC

Supervision

1. Clinic – Attending present
2. Ward rounds – Attending present
3. Progressive autonomy monitored throughout rotations; senior rotation designed specifically to bridge to autonomous and independent leadership practice in Epilepsy
4. Attending supervision contact information available to all OR members for request for additional supervision needed

Well-being

1. Work hours monitored through New Innovations
2. Wellness programs through the GME office and department
3. House Officer Assistance Program (HOAP) through Office of Graduate Medical Education offers 24/7 assistance
4. Taxi ride home for house officers too fatigued to drive safely
5. SAFER curriculum
6. Maternal and paternal leave
7. Across the campus, there are multiple program/divisional/departmental activities such as welcome picnics, holiday season parties, graduation banquets/dinners, interview socials, etc.
8. Free on-campus gym access
9. Central House Officer lounge with complimentary food on the weekends

Professionalism

1. CITI training
2. Invited speakers for Didactics
3. Professionalism and interpersonal communication expectations discussed in orientation
4. Work hours monitored and discussed the importance of accuracy at orientation
5. Lapses in professionalism immediately addressed by PD

Vascular Surgery Fellowship Program



Jonathan Thompson, MD
Program Director

Savannah Benson
Program Coordinator

Approved Trainee Complement: 2

Patient Safety

1. Time-outs prior to all procedures in the operating room
2. Fire risk management prior to all procedures
3. Mortality and morbidity meetings twice monthly
4. The GME Office holds a dedicated annual Patient Safety and Quality Improvement Orientation Day
5. Advanced Vascular Surgical Skills and Simulation Assessment Program, senior fellow attends spring of last year of training
6. Face-to-face sign out and use of Epic hand-off tool during care transitions

Health Care Quality

1. Mortality and morbidity meetings twice monthly
2. QI/Team Meetings – weekly
3. Fellow participation in QI projects
4. The GME Office holds a dedicated annual Patient Safety and Quality Improvement Orientation Day

Teaming

1. Face-to-face sign out and use of Epic hand-off tool during care transitions

Supervision

1. Operating room – attending present
2. Clinic – attending present
3. Ward rounds – attending present

Well-being

1. Work hours monitored in New Innovations
2. Wellness programs through GME office
3. House Officer Assistance Program (HOAP) through Office of Graduate Medical Education offers 24/7 assistance
4. Taxi ride home for house officers too fatigued to drive safely
5. SAFER curriculum
6. Maternal and paternal leave
7. Program/divisional/departamental activities such as Welcome picnics, Holiday season parties, Graduation banquets/dinners, Interview socials., etc.
8. Free on campus gym access
9. Central House Officer lounge with complimentary food on the weekends
10. House Officer Association campus wide resources, meetings., etc.

Professionalism

1. 365-degree evaluations including feedback from ancillary and nursing staff
2. Role modeling from program director, with real-time address of any professionalism issues such as punctuality in administrative tasks, addressing complaints from healthcare providers, etc.