

Nebraska Internal - “Clinical Learning Environment Review” Report

(NI-CLER Report)
2019 – 2020





GLOBAL CENTER FOR ADVANCED INTERPR

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, fellows learn and in which all of our health care professionals perform miracles on a daily basis.

This booklet produced by our Graduate Medical Education Office takes a significant step forward in that it creates a clear definition 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 should allow for benchmarks and enhance 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 additions are collected and published, they will demonstrate significant innovation, building a truly remarkable learning and care environment for all.



Jeffrey P. Gold, M.D.
Chancellor, University of Nebraska Medical Center
Chancellor, University of Nebraska at Omaha
Board Chair, Nebraska Medicine



Message from the Dean, College of Medicine

Our graduate medical education programs are critical to the University of Nebraska Medical Center (UNMC) 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. In addition, to providing our residents and fellows with the knowledge and clinical experience that is needed to become highly effective clinicians, we also strive for them to



appreciate and understand the importance of quality and patient safety, as well as to participate in productive scholarly activity. In addition, in order for them to accomplish the above goals and utilize their acquired skills in the future, our trainees must be healthy, both physically and mentally. Thus, UNMC is promoting robust programs and an environment of health provider wellness and resiliency that we hope our trainees will take with them into practice as they complete their training at UNMC. None of the above is possible without an appropriate learning environment and the "internal" Clinical Learning Environment Review (CLER) process enhances our ability to assure that such an environment is present. All of the above require the DIO office and the programs that are under its auspices 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 DIO office is embarking in their goal 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.



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.

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



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 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 “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, Internal Medicine, UNMC
Director, Faculty Mentorship Programs
Associate Vice Chancellor for Strategic Planning
University of Nebraska Medical Center

Message from DIO Office



This publication outlines the findings of “our own internal” assessment of our Clinical Learning Environment (CLE) at the University of Nebraska Medical Center (UNMC) and Nebraska Medicine (NM). This internal assessment in real-time demonstrates our commitment to providing the ideal CLE for our trainees. We feel that this real-time assessment could be a more timely and comprehensive barometer of our efforts to optimize the CLE.

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. This in turn will stem from allowing our trainees to focus their time and efforts on patient care, education and personal activities. To achieve this the GME office at UNMC has initiated several other initiatives. These include, addressing e-mail fatigue and survey fatigue, reducing duplication in regulatory requirements, tailoring educational requirements to avoid curricular bloat and appointment of a full-time Wellness Manager. Finally, our GME office at UNMC is integrally involved with the Executive leadership of our hospital partner (NM).

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

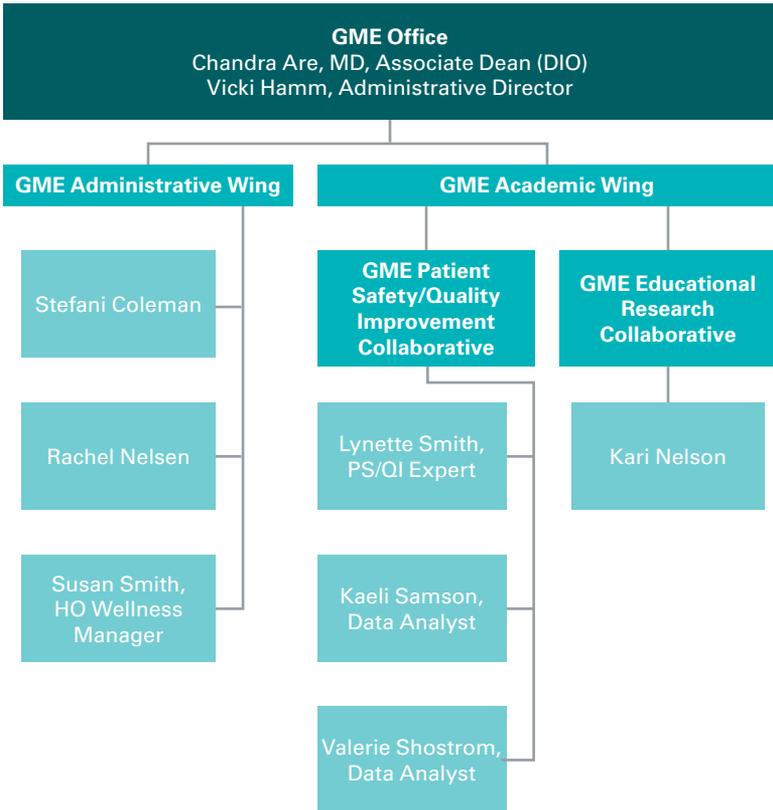
We strive to provide the ideal CLE through these efforts and our novel internal process to periodically assess our own CLE. It is our hope that these efforts will translate to training the physicians of tomorrow that are not only competent but well-balanced in their personal and professional lives.

Chandra Are, MD, MBA

Associate Dean Graduate Medical Education (DIO)

Jerald L. & Carolyn J. Varner Professor Surgical Oncology & Global Health

GME Organizational Chart



Graduate Medical Education Office



Vicki Hamm, C-TAGME
Administrative Director



Rachel Nelsen, C-TAGME
*Graduate Medical Education
Coordinator*



Stefani Coleman, C-TAGME
*Graduate Medical Education
Coordinator*

House Officers Assistance Program

College of Medicine Graduate Medical Education House Officer Assistance Program

Description of services:

The House Officer Assistance Program (HOAP) is a cost free, CONFIDENTIAL program available to all UNMC House Officers and their partners who are experiencing work and/or personal life stressors.

Activities to promote the HOAP:

- Have met with each Program Director individually or in a group setting
- Have met with all Program Coordinators individually or in a group setting
- Participated in new HO and Fellow orientation to increase awareness of the HOAP
- Posters, pocket cards, pens and business cards have been distributed as a marketing tool
- Have met with the HOA president regarding HOAP services
- Have met with multiple groups of residents to promote confidential HOAP services

Presentations to faculty and residents:

- Strengthening/Developing Personal and Professional Resilience
- Strategies to Recognize and Prevent Burnout
- Alcoholism/Addiction and Intervention Strategies
- Crucial Conversations and How to Have Them



Susan Smith, RN, BS, CEAP
*House Officer Assistance
Program Manager*



Health and Wellbeing Offerings for HOs:

- Sustaining the Call to Medicine: How to Achieve Work-life Balance and the Passion for Medicine
- Grapes, Greeting and Grub: A wine and painting event designed to promote fun, relaxation and an opportunity to network and develop relationships/support system
- Easy Meal Preparation for People on the Go
- Medical Marriages and How to Stay Resilient
- Game Night (an evening of relaxation, games and fellowship)

Utilization:

- For FY 2017-18 approximately 20 percent utilization rate (HOs seeking direct assistance for issues such as test anxiety, generalized anxiety, relationship stress, depression, burn out, challenges with work-life balance,, etc.)
- The utilization rate above does not include HOs who have participated in wellness events or departmental in-service/educational presentations

GME Education Research Collaborative



Kari Nelson, MA, PhD
*Graduate Medical Education
Research & Education
Program Manager*

The GME Education Research Collaborative fosters house officer-driven qualitative, quantitative, or mixed methods education research projects. The collaborative consists of the Associate Dean of Graduate Medical Education, an education research PhD, 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, instrument development, data collection, analysis, manuscript preparation, as well as oral and poster presentation development.

GME PS/QI/Disparities Research Collaborative

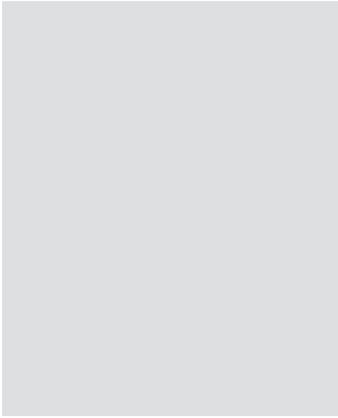
The GME Patient Safety, Quality Improvement, and Disparities Collaborative exists to provide resources to house officers to aid in their research or quality improvement projects. The collaborative consists of the Associate Dean of Graduate Medical Education, one biostatistics faculty member, and two masters 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. 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.



Lynette Smith, PhD
PS/QI Expert



Kaeli Samson, MA, MPH
Data Analyst



Valerie Shostrom, MS
Data Analyst

Addiction Medicine



Kenneth Zoucha, M.D.
Program Director

Ellie Rashid
Program Coordinator

Number of Trainees: 1

Addiction Medicine CLER

Patient safety/Quality/Disparities	<ol style="list-style-type: none"> 1. Mortality and morbidity meetings in department of psychiatry 2. Fellow driven QI projects Example: <ol style="list-style-type: none"> a. Fellow driven QI project on use of opioid pain medication 3. QI pathway/protocols Example: <ol style="list-style-type: none"> 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. IHI modules from 2015–2016 5. GME office dedicated Patient Safety and Quality Improvement Orientation day 6. CREW Resources Management
Transitions of care	<ol style="list-style-type: none"> 1. Face-to-face hand-off with PD present periodically for spot checks 2. Use EPIC hand-off tool
Supervision	<ol style="list-style-type: none"> 1. Clinic - attending present 2. Ward rounds - attending present
Well-being	<ol style="list-style-type: none"> 1. Duty hours monitored on New Innovations 2. Wellness programs through GME office 3. House Office Assistance Program through GME office – 24/7 assistance 4. Taxi ride home 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	<ol style="list-style-type: none"> 1. Canvas modules

Adult Infectious Disease



Trevor VanSchooneveld, M.D.
Program Director

Sandy Nelson
Program Coordinator

Number of Trainees: 4

Adult Infectious Disease CLER

Patient safety/Quality/Disparities	<ol style="list-style-type: none"> 1. ALL FELLOWS participate in a dedicated one month block of Infection Control and Antimicrobial Stewardship with set goals and objectives <p>In this program, multiple FELLOW DRIVEN Patient safety and Quality improvement projects have been undertaken such as:</p> <ol style="list-style-type: none"> a. Hospital acquired infection (HAI) surveillance validation b. Evaluation and improvement in use of microbiological testing c. Developing and instituting multiple guidelines that have changed hospital practices such as: <ul style="list-style-type: none"> • Urinary tract infection treatment protocol • Staph aureus bacteremia protocol • Peer chart review project of co-fellows notes of HIV patients 2. ID case conference – weekly city-wide conference – FELLOW driven cases presented 3. IHI modules from 2015–2016 onwards 4. GME office dedicated Patient Safety and Quality Improvement Orientation day 5. CREW Resource Management
Transitions of care	<ol style="list-style-type: none"> 1. All 4 ID services: Face-to-face sign-off with fellow supervision/sometime faculty supervision
Supervision	<ol style="list-style-type: none"> 1. Rounds - faculty 2. Clinic - faculty 3. No in-house call 4. All patients are seen as consults/no primary patients
Well-being	<ol style="list-style-type: none"> 1. Duty hours monitored on New Innovations 2. Wellness programs through GME office 3. House Office Assistance Program through GME office – 24/7 assistance 4. Taxi ride home 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.



Adult Infectious Disease CLER	
Well-being cont.	<ol style="list-style-type: none">Free on campus gym accessCentral House Officer lounge with complimentary food on the weekends
Professionalism	<ol style="list-style-type: none">Canvas modulesCOPIC – session on risk management and professionalism to prevent malpractice, etc.



Advanced Heart Failure and Transplantation



Ronald Zolty, M.D.

Program Director

Tuwanda Mayberry

Program Coordinator

Number of Trainees: 0

Advanced Heart Failure and Transplant CLER

Patient safety/Quality/Disparities	<ol style="list-style-type: none"> 1. Periodic conferences division-wide discussing our efficiency in procedures, clinic visits and inpatient volumes, discharge diagnoses correctness 2. Clinical Conference for Heart Failure & Cardiac transplantation discussing patient care and reviewing management of complications 3. Multidisciplinary conferences with CT surgery for LVAD & 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 form 2015–2016 onwards 6. GME office dedicated Patient Safeway and Quality Improvements Orientation day
Transition of care	<ol style="list-style-type: none"> 1. Fellow to fellow sign-off 2. Attending to attending sign-off
Supervision	<ol style="list-style-type: none"> 1. Procedures – Attending present 2. Clinic – Attending present 3. Ward rounds – Attending present
Well-being	<ol style="list-style-type: none"> 1. Duty hours monitored on New Innovations. 2. Wellness programs through GME office 3. House Office Assistance Program through GME office – 24/7 assistance 4. Taxi ride home 5. SAFWE 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	<ol style="list-style-type: none"> 1. Canvas modules 2. Ouch! That Stereotype Hurts Training

Anesthesia



Andrea Dutoit, M.D.

Program Director

Shelly McCaffrey

Program Coordinator

Number of Trainees: 46

Anesthesia CLER

Patient safety/Quality/
Disparities

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. RESIDENT DRIVEN Quality Improvement and Interesting Case Conference
6. Radiation safety project to address excess or inadvertent radiation exposure
7. Education in hand-off with hand-off cards
8. Didactics in patient safety and quality practices involving:
 - a. Positioning
 - b. Informed consent
 - c. Fire safety
 - d. Laser safety
9. OR time-out
10. OR Fire risk assessment and module
11. Journal Club – discussion of adverse events
12. 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
13. Resident submits a “Quality Analysis and Improvement Report” after case discussion to the Chief Quality Office of the hospital.
14. GME office dedicated Patient Safety and Quality Improvement Orientation day
15. All residents participate in Patient Safety reporting system: SOS system
16. Results of anesthesia resident submitted SOS reports is followed up and distributed to anesthesia trainees and faculty
17. Residents participate in root cause analysis related to safety events

Anesthesia CLER

Transitions of care	<ol style="list-style-type: none"> 1. OR to PACU hand-off cards to guide safe, effective hand-off 2. Every patient signed off by a resident or faculty when transferred from PACU 3. Multiple hand-off policies
Supervision	<ol style="list-style-type: none"> 1. OR/ICU – Attending present or immediately available 2. Codes – Attending present
Well-being	<ol style="list-style-type: none"> 1. Duty hours monitored on New Innovations 2. Wellness programs through GME office 3. House Office Assistance Program through GME office – 24/7 assistance 4. Taxi ride home 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 retreat 11. Resident appreciation day activities
Professionalism	<ol style="list-style-type: none"> 1. Professionalism curriculum keywords (Children's/Learning Portal) 2. CITI Training 3. Invited speakers for department Grand Rounds 4. Didactics on Professionalism – Dr. Sheila Ellis 5. Canvas courses



Cardiothoracic Anesthesia



Tara Brakke, M.D.
Program Director

Rebecca Aron, M.D.
Associate Program Director

Mary Bernhagen
Program Coordinator

Number of Trainees: 4

Cardiothoracic Anesthesia CLER

Patient safety/Quality/Disparities	<ol style="list-style-type: none"> 1. CREW Resource Management 2. Fellow-driven patient safety and quality projects 3. Cardiac Patient Follow Up Note-in Epic 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 10. IHI modules from 2015–2016 onwards 11. GME office dedicated Patient Safety and Quality Improvement Orientation day
Transitions of care	<ol style="list-style-type: none"> 1. OR to ICU: Face-to-face sign out with a structured template 2. OR to PACU-per department policy 3. OR to OR Face-to-face Hand-Off Policy
Supervision	<ol style="list-style-type: none"> 1. 1:1 Cardiac OR Supervision by Attending 2. ICU Attending Present 3. 2:1 Thoracic OR Supervision by Attending
Well-being	<ol style="list-style-type: none"> 1. Duty hours monitored on New Innovations 2. Wellness programs through GME office 3. House Officer Assistance Program through GME office – 24/7 assistance 4. Taxi ride home 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
Professionalism	<ol style="list-style-type: none"> 1. Canvas course 2. Role modeling – by Core Faculty 3. Citi Training 4. Ethics Lecture

Cardiothoracic Surgery



Rudy Lackner, M.D.
Program Director

Helen Merritt-Genore, D.O.
Associate Program Director

Toni Harris, BS, C-TAGME
Program Coordinator

Number of Trainees: 2

Cardiothoracic Surgery CLER

Patient safety/Quality/Disparities	<ol style="list-style-type: none"> 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. Fellow participation in QI project with Cardiology 5. Fellow participation in QI project in ECMO. 6. IHI modules from 2015–2016 onwards 7. GME office dedicated Patient Safety and Quality Improvement Orientation day 8. CREW Resource Management 9. Quarterly simulation training 10. Resident participation in GME PS/QI/Disparities Collaborative
Transitions of care	<ol style="list-style-type: none"> 1. Face-to-face sign out.
Supervision	<ol style="list-style-type: none"> 1. Operating room – Attending present 2. Clinic – Attending present 3. Ward rounds – Attending present.
Well-being	<ol style="list-style-type: none"> 1. Duty hours monitored on New Innovations 2. Wellness programs through GME office 3. House Office Assistance Program through GME office – 24/7 assistance 4. Taxi ride home 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	<ol style="list-style-type: none"> 1. Canvas module.

Cardiovascular Disease



Arthur Easley, M.D.
Program Director

Tuwanda Mayberry
Program Coordinator

Number of Trainees: 13

Cardiovascular Disease CLER

Patient safety/Quality/Disparities	<ol style="list-style-type: none"> 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 & 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. All procedures in the labs or related to cardiology have a time-out performed with standard inclusions 7. 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 8. 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 9. IHI modules from 2015–2016 onwards 10. GME office dedicated Patient Safety and Quality Improvement Orientation day 11. CREW Resource Management
Transitions of care	<ol style="list-style-type: none"> 1. Face-to-face sign outs by Fellows 2. Over weekend- sign-off list sent to all faculty or face-to-face
Supervision	<ol style="list-style-type: none"> 1. Catheterization/EP lab – faculty always present 2. Clinic- faculty always present 3. Rounds- faculty always present
Well-being	<ol style="list-style-type: none"> 1. Duty hours monitored on New Innovations 2. Wellness programs through GME office 3. House Office Assistance Program through GME office – 24/7 assistance 4. Taxi ride home 5. SAFER curriculum



Cardiovascular Disease CLER	
Well-being cont.	<ol style="list-style-type: none">6. Maternal and paternal leave7. Monitor monthly any moonlighting hours that need to be reported mandatorily8. 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 access10. Central House Officer lounge with complimentary food on the weekends
Professionalism	<ol style="list-style-type: none">1. Canvas modules



Clinical Cardiac Electrophysiology



Daniel Anderson, M.D.
Program Director

Tuwanda Mayberry
Program Coordinator

Number of Trainees: 0

Clinical Cardiac Electrophysiology CLER

Patient safety/Quality/Disparities	<ol style="list-style-type: none"> 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, times to ER,-Cath lab STWMI interventions as well as time for ECG diagnosis to Cath lab intervention 3. Multidisciplinary conferences with CT surgery for LVAD & 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 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. 6. 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 7. IHI modules form 2015–2016 onwards 8. GME office dedicated Patient Safeway and Quality Improvements Orientation day
Transitions of care	<ol style="list-style-type: none"> 1. Fellow to fellow sign-off 2. Attending to attending sign-off
Supervision	<ol style="list-style-type: none"> 1. Procedures – Attending present 2. Clinic – Attending present 3. Ward rounds – Attending present
Well-being	<ol style="list-style-type: none"> 1. Duty hours monitored on New Innovations. 2. Wellness programs through GME office 3. House Office Assistance Program through GME office – 24/7 assistance 4. Taxi ride home 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.



Clinical Cardiac Electrophysiology CLER

Well-being cont.	<ol style="list-style-type: none">Free on campus gym accessCentral house officer lounge with complimentary food on the weekends
Professionalism	<ol style="list-style-type: none">Blackboard modulesOuch! That Stereotype Hurts Training



Critical Care Anesthesiology



Daniel W. Johnson, M.D.
Program Director

Mary Bernhagen
Program Coordinator

Number of Trainees: 4

Critical Care Anesthesiology CLER

Patient safety/Quality/Disparities	<ol style="list-style-type: none"> 1. Cardiovascular ICU (CVICU) Mortality and Morbidity meeting: FELLOW DRIVEN Setting: Multidisciplinary – Attending Intensivist/Surgeon attending/Trainees/Nursing staff/Respiratory therapist 2. Frequency: Once a month Content: 3 to 4 cases are discussed in detail with 3 to 4 questions for each case. 3. Development of departmental protocol for subcutaneous insulin pumps – DEVELOPED BY FELLOW (Dr. Shawn Thompson) in conjunction with Endocrinologists and Nursing staff 4. Development of CVICU Nursing call algorithm with 40 potential scenarios that direct who Nursing should page- DEVELOPED BY FELLOW (Dr. Tal Sandler) 5. ALL FELLOWS need to log into the Hospital Safety Initiative Website to report at least one adverse incident. 6. All FELLOWS participate in Root Cause Analysis 7. Medical Director of CVICU does monthly orientation to each batch of residents (SEE attachment) rotating on the service 8. GME office dedicated Patient Safety and Quality Improvement Orientation day
Transitions of care	<ol style="list-style-type: none"> 1. In ICU: 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 practitioner's. 2. OR to ICU: Face-to-face sign out with a structured template (SEE attachment)
Supervision	<ol style="list-style-type: none"> 1. Current situation: Day time: attending present physically, Night time: two nights a week attending in-house. 2. As of July 1, 2017: Attending to be present 24/7 in-house, paired with a resident, NP of Fellow
Well-being	<ol style="list-style-type: none"> 1. Duty hours monitored on New Innovations 2. Wellness programs through GME office 3. House Office Assistance Program through GME office – 24/7 assistance 4. Taxi ride home 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



Critical Care Anesthesiology CLER	
Well-being cont.	<ol style="list-style-type: none">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 access10. Central House Officer lounge with complimentary food on the weekends11. Multidisciplinary Fellowship Support Group
Professionalism	<ol style="list-style-type: none">1. Canvas course2. Role modeling – Drs. Lisco/Patterson/Sullivan/Johnson3. Session in orientation that specifically addresses the essential nature of constant professionalism



Diabetes, Endocrinology and Metabolism



Brian Boerner, M.D.
Program Director

Vijay Shivaswamy, M.D.
Associate Program Director

Mary Monaghan
Program Coordinator

Number of Trainees: 6

Diabetes, Endocrinology and Metabolism CLER

Patient safety/Quality/Disparities	<ol style="list-style-type: none"> 1. FELLOW INVOLVED- Inpatient Glucose Management Team – to improve glucose management for inpatients. Work with Pharmacy and Nursing and report quality metrics to JCAHO 2. FELLOW INVOLVED- Project to improve Insulin dosing in TPN – to improve safety in insulin administration, development of SQ insulin pump protocol in the hospital, development of the pre-surgical insulin protocol. 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. Hb A1c for all patients – in clinic Point of Care machines to improve quality of care 8. All fellows have at least one QI project during training and many have more than one 9. 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 U 500 insulin protocols 10. IHI modules from 2015–2016 onwards 11. GME office dedicated Patient Safety and Quality Improvement Orientation day
Transitions of care	<ol style="list-style-type: none"> 1. EPIC hand-off – done face- to-face or verbally with EPIC hand-off tool 2. Face-to-face or verbal between attending physicians. 3. Attendings periodically watch hand-off of fellows.
Supervision	<ol style="list-style-type: none"> 1. Clinic- Attending always present 2. Wards- Attending always present for rounds 3. Procedures- Attending always present
Well-being	<ol style="list-style-type: none"> 1. Duty hours monitored on New Innovations 2. Wellness programs through GME office 3. House Office Assistance Program through GME office – 24/7 assistance 4. Taxi ride home



Diabetes, Endocrinology and Metabolism CLER	
Well-being cont.	<ol style="list-style-type: none">5. SAFER curriculum6. Maternal and paternal leave7. 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 access9. Central House Officer lounge with complimentary food on the weekends
Professionalism	<ol style="list-style-type: none">1. Canvas modules2. 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.



Diagnostic Radiology



Neil Hansen, M.D.
Program Director

Melissa Manzer, M.D.
Associate Program Director

Tina Hunter
Program Coordinator

Number of Trainees: 24

Diagnostic Radiology CLER	
Patient safety/Quality/Disparities	<ol style="list-style-type: none"> 1. Mortality and Morbidity meetings driven through the PACS systems to identify near misses 2. PACS driven Quality Improvement software 3. Department Quality Improvement meetings – monthly with new Director – Dr. Jason Helvey 4. Case review by residents – weekly 5. Body imaging “Near Miss” conference 6. Resident driven QI projects: some examples: <ol style="list-style-type: none"> a. Project to assess and improve fluoroscopy time b. Project to improve quality of on-call radiology department over – reads on “outside institutions exams” that has led to change in hospital policy c. Project to assess contrast density in PE protocol that has led to change in hospital practice. 7. IHI modules from 2015–2016 onwards 8. GME office dedicated Patient Safety and Quality Improvement Orientation day
Transitions of care	<ol style="list-style-type: none"> 1. Face-to-face sign-offs
Supervision	<ol style="list-style-type: none"> 1. Attending in-house every night 2. 24-hour Tele call as well
Well-being	<ol style="list-style-type: none"> 1. Duty hours monitored on New Innovations 2. Wellness programs through GME office 3. House Office Assistance Program through GME office – 24/7 assistance 4. Taxi ride home 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	<ol style="list-style-type: none"> 1. Canvas module.

Emergency Medicine



Chad Branecki, M.D.
Program Director

TJ Welniak, M.D.
Associate Program Director

Jason Langenfeld, M.D.
Assistant Program Director

Katie Willet, M.D.
Assistant Program Director

Angie Alberico
Program Coordinator

Number of Trainees: 31

Emergency Medicine CLER

Patient safety/Quality/Disparities	<ol style="list-style-type: none"> 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. HI modules assigned by GME, UNMC and program 4. Central line/chest tube/intubation labs 5. Resident driven Patient Safety/QI projects look at best practice EM guidelines 6. 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 7. Mortality and Morbidity meetings and case reviews done by all PGY2 and PGY3 residents yearly 8. Annual Compliance Training 9. Fix-it projects: 10. Yearly project done by each PGY 3 where a “problem” in the ED is identified and they work during their last year to “fix-it;” presented during January of their senior year 11. GME office dedicated Patient Safety and Quality Improvement Orientation day
Transitions of care	<ol style="list-style-type: none"> 1. Transition policy with specific education during intern orientation 2. Check out process is faculty supervised with specific documentation in EMR 3. Edcaretransition and edpsychturnovernote templates in EMR
Supervision	<ol style="list-style-type: none"> 1. Direct supervision for specific actions and for novice learners for any given procedure with all others indirect supervision, with immediate assistance available 2. Specific shifts with 1:1 attending/resident supervision during RAU/swing shifts.
Well-being	<ol style="list-style-type: none"> 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

Emergency Medicine CLER

Well-being

5. PD review of schedules and stringent Duty Hours monitoring
6. Group fitness day twice per year. Encourage participation in intramural activities
7. SAFER Training
8. Celebrated Emergency Medicine residents day with Curriculum Review
9. Regular lectures from multidisciplinary sources on wellness resilience and stress and fatigue
10. Implemented "Admin" shifts for residents to catch up on paperwork, logs, etc.
11. Resident wellness committee within department
12. Established resident team based advising/mentoring
13. Offer wellness elective with wellness shifts as part of curriculum
14. Improvements to resident lounge in new space
15. Sponsored resident to attend national wellness mini fellowship
16. Resident retreat (resident only team building retreat in the fall)
17. PGY2 resident trip to ACEP conference
18. Intern shifts to improve Circadian rhythms
19. Across the campus there are multiple program/divisional/departmental activities such as, Welcome picnics. Holiday season parties, Graduation banquets/dinners, Interview socials. etc.
20. Free on-campus gym access.
21. Central House Officer Lounge (HOWL) with complimentary food on the weekends
Resident wellness committee within department
22. Established resident team based advising:
Includes small group activities with Advising Teams
23. Improvements to resident lounge in new space
24. Sponsored resident to attend national wellness consortium
25. Resident retreat (resident only team building retreat in the fall)
26. PGY2 resident trip to ACEP conference
27. Intern shifts to improve Circadian rhythms

Emergency Medicine CLER	
Well-being cont.	28. Across the campus there are multiple program/divisional/departmental activities such as: Welcome picnics, Holiday season parties, Graduation banquets/dinners, Interview socials, etc. 29. Free on campus gym access 30. Central House Officer lounge with complimentary food on the weekends
Professionalism	1. CITI training 2. Lectures on professionalism during orientation and yearly boot camp for rising residents

Family Medicine



Kim Jarzynka, M.D.
Program Director

Ivan Abdouch, M.D.
Associate Program Director

Rita Smith
Program Coordinator

Number of Trainees: 48

Family Medicine CLER

Patient safety/Quality/
Disparities

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, Norfolk, North Platte and Scotts Bluff.
2. Pain medications contract program in continuity clinics.
3. High risk OB case conference
4. All residents during their required Transitions of Care/ Geriatrics rotation present two cases at the monthly Geriatric Case Conference focusing on patient safety, transitions of care, and quality of care.
5. All residents required to do Quality Improvement projects during training- based on American Board of Family Medicine metrics. Some QI projects include:
 - a. Hypertension management
 - b. Diabetes mellitus management
 - c. Autism screening form development
 - d. "rooming time" in clinics
6. All civilian residents attend Risk Management sessions held by COPIC which as a physician liability company
7. All interns do IHI Patient Safety and Quality Improvement modules from 2015–2016 onward.
8. SERPA (South Eastern 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.
9. Quarterly M&M focusing on inpatient, outpatient, OB, geriatric/nursing home, procedure cases.
10. Resident/faculty involvement in SOS process and attendance at Root Cause Analysis (RCA) when involved in case.
11. Nebraska Medicine safety modules – OR fire safety, blood borne pathogens, hazards in the workplace, etc.
12. Coding/documentation queries.
13. Use of standard order sets

Family Medicine CLER

Patient safety/Quality/Disparities cont.	<ol style="list-style-type: none"> 14. Required Practice Management rotation (one month) for all FM residents – curriculum includes multiple aspects of Patient Safety/Quality. 15. GME office dedicated Patient Safety and Quality Improvement Orientation day. 16. Inpatient quality metrics available quarterly 17. Resident quality dashboards and alerts in in Epic – includes resident-specific data on Nebraska Medicine and FM department quality metrics. 18. QI/Clinic Data/Patient Satisfaction sessions three times yearly during first Teaching Day 19. Unanticipated outcomes curriculum in HO-1 Orientation 20. Informed consent, hand-offs, unanticipated outcomes curriculum for HO-2&3's during first Teaching Day
Transitions of care	<ol style="list-style-type: none"> 1. Required hand-off education in orientation with refresher during supervisor training for all residents. 2. Hand-off tool on EPIC is utilized on inpatient and OB services 3. Resident hand-off assessment tool built in New Innovations 4. Direct observation of resident hand-offs by faculty. 5. All residents are required to complete a Transitions of Care/ Geriatrics rotation focusing on safe transitions between hospital, skilled nursing facilities, nursing home, home, etc. Each residents presents two cases at the monthly Geriatric Case Conference focusing on patient safety, transitions of care, and quality of care. 6. System in place for transitions of care visits in clinic after hospitalizations and ER visits.
Supervision	<ol style="list-style-type: none"> 1. Outpatient continuity clinic- always supervised by on-site attending 2. Inpatient – always supervised by attending or upper level resident. 3. All deliveries and procedures directly supervised by attending

Family Medicine CLER

Well-being	<ol style="list-style-type: none"> 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. Wellness programs through GME office - focus on reducing administrative burden, email and survey fatigue. 4. UNMC assistant vice-chancellor for Wellbeing, Wellness Committee/Crisis Response Team. 5. House Officer Assistance Program through GME office available 24/7. 6. UNMC House Officer Wellness Lounge available 24/7 7. UNMC Resident mindfulness group. 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 11. Two resident retreats yearly 12. Taxi ride home 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 for residents with faculty facilitators every other month 17. Semi-annual advisor/CCC review of each individual resident including academic progress, goals-setting and wellness check-in 18. Quarterly wellness screening by Behavioral Medicine faculty 19. Wellness half days scheduled for interns during challenging FM inpatient rotations. 20. Meditation room with massage chair and other wellness resources available in FM department. 21. Lactation room available in FM department. 22. Increased vacation available on certain rotations to ensure ability to maximize vacation utilization. 23. Kurig, OMT table, artwork, books in resident room 24. Monthly wellness challenges coordinated by Resident wellness committee
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Family Medicine CLER	
Well-being cont.	<ol style="list-style-type: none">25. Free lunch provided for FM Grand Rounds twice monthly.26. Free breakfast for teaching days twice monthly.
Professionalism	<ol style="list-style-type: none">1. Expectations discussed during orientation2. Monitoring EMR documentation practices/administrative punctuality such as duty hours logging, 3 day encounter closure, etc3. Canvas course4. Evaluated on monthly rotation evaluations5. Rolled into daily practice6. Practice Management curriculum includes multiple aspects of professionalism.7. Standard process for dealing with professionalism problems8. OUCH cultural sensitivity training for all residents and faculty9. Title IX and ADA training for Faculty Development



Rural Family Medicine



Jeffrey Harrison, M.D.
Program Director

Richard Fruehling, M.D.
*Associate Program Director
(Grand Island)*

Shawn Murdock, M.D.
*Associate Program Director
(North Platte)*

John Huscher, M.D.
*Associate Program Director
(Norfolk)*

Kent Lacey, M.D.
*Associate Program Director
(Scottsbluff)*

Robert Messbarger, M.D.
*Associate Program Director
(Kearney)*

Marlene Hawver
Program Coordinator

Number of Trainees: 26

Rural Family Medicine CLER

Patient safety/Quality/
Disparities

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, Norfolk, North Platte and Scotts Bluff.
2. Pain medications contract program in continuity clinics.
3. High risk OB case conference
4. All residents during their required Transitions of Care/ Geriatrics rotation present two cases at the monthly Geriatric Case Conference focusing on patient safety, transitions of care, and quality of care.
5. All residents required to do Quality Improvement projects during training- based on American Board of Family Medicine metrics. Some QI projects include:
 - a. Hypertension management
 - b. Diabetes mellitus management
 - c. Autism screening form development
 - d. "rooming time" in clinics
6. All civilian residents attend Risk Management sessions held by COPIC which as a physician liability company
7. All interns do IHI Patient Safety and Quality Improvement modules from 2015–2016 onward.
8. SERPA (South Eastern 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.
9. Quarterly M&M focusing on inpatient, outpatient, OB, geriatric/nursing home, procedure cases.
10. Resident/faculty involvement in SOS process and attendance at Root Cause Analysis (RCA) when involved in case.
11. Nebraska Medicine safety modules – OR fire safety, blood borne pathogens, hazards in the workplace, etc.
12. Coding/documentation queries.
13. Use of standard order sets



Rural Family Medicine CLER	
Patient safety/Quality/Disparities cont.	<ol style="list-style-type: none"> 14. Required Practice Management rotation (one month) for all FM residents – curriculum includes multiple aspects of Patient Safety/Quality. 15. GME office dedicated Patient Safety and Quality Improvement Orientation day. 16. Inpatient quality metrics available quarterly 17. Resident quality dashboards and alerts in in Epic – includes resident-specific data on Nebraska Medicine and FM department quality metrics. 18. QI/Clinic Data/Patient Satisfaction sessions three times yearly during first Teaching Day 19. Unanticipated outcomes curriculum in HO-1 Orientation 20. Informed consent, hand-offs, unanticipated outcomes curriculum for HO-2&3's during first Teaching Day
Transitions of care	<ol style="list-style-type: none"> 1. Required hand-off education in orientation with refresher during supervisor training for all residents. 2. Hand-off tool on EPIC is utilized on inpatient and OB services 3. Resident hand-off assessment tool built in New Innovations 4. Direct observation of resident hand-offs by faculty. 5. All residents are required to complete a Transitions of Care/ Geriatrics rotation focusing on safe transitions between hospital, skilled nursing facilities, nursing home, home, etc. Each residents presents two cases at the monthly Geriatric Case Conference focusing on patient safety, transitions of care, and quality of care. 6. System in place for transitions of care visits in clinic after hospitalizations and ER visits.
Supervision	<ol style="list-style-type: none"> 1. Outpatient continuity clinic- always supervised by on-site attending 2. Inpatient – always supervised by attending or upper level resident. 3. All deliveries and procedures directly supervised by attending

Rural Family Medicine CLER

Well-being	<ol style="list-style-type: none"> 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. Wellness programs through GME office - focus on reducing administrative burden, email and survey fatigue. 4. UNMC assistant vice-chancellor for Wellbeing, Wellness Committee/Crisis Response Team. 5. House Officer Assistance Program through GME office available 24/7. 6. UNMC House Officer Wellness Lounge available 24/7 7. UNMC Resident mindfulness group. 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 11. Two resident retreats yearly 12. Taxi ride home 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 for residents with faculty facilitators every other month 17. Semi-annual advisor/CCC review of each individual resident including academic progress, goals-setting and wellness check-in 18. Quarterly wellness screening by Behavioral Medicine faculty 19. Wellness half days scheduled for interns during challenging FM inpatient rotations. 20. Meditation room with massage chair and other wellness resources available in FM department. 21. Lactation room available in FM department. 22. Increased vacation available on certain rotations to ensure ability to maximize vacation utilization. 23. Kurig, OMT table, artwork, books in resident room 24. Monthly wellness challenges coordinated by Resident wellness committee
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Rural Family Medicine CLER	
Well-being cont.	<ol style="list-style-type: none">25. Free lunch provided for FM Grand Rounds twice monthly.26. Free breakfast for teaching days twice monthly.
Professionalism	<ol style="list-style-type: none">1. Expectations discussed during orientation2. Monitoring EMR documentation practices/administrative punctuality such as duty hours logging, 3 day encounter closure, etc3. Canvas course4. Evaluated on monthly rotation evaluations5. Rolled into daily practice6. Practice Management curriculum includes multiple aspects of professionalism.7. Standard process for dealing with professionalism problems8. OUCH cultural sensitivity training for all residents and faculty9. Title IX and ADA training for Faculty Development



Gastroenterology



Alexander Hewlett, M.D.
Program Director

Lynne Roh
Program Coordinator

Number of Trainees: 9

Gastroenterology CLER

Patient safety/Quality/Disparities	<ol style="list-style-type: none"> 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. IHI modules from 2015–2016 onwards 10. GME office dedicated Patient Safety and Quality Improvement Orientation day 11. CREW Resource Management 12. Participation in Nebraska Medicine RCA's when involved 13. Can attend Copic Risk Management Sessions 14. Participation in Nebraska Medicine safety modules 15. Participation in discussion on health care disparities in colorectal cancer screening and liver transplantation allocation
Transitions of care	<ol style="list-style-type: none"> 1. Standard sign-off forms in EPIC 2. Direct observation of fellow hand-offs by faculty
Supervision	<ol style="list-style-type: none"> 1. Procedure room – always supervised by attending 2. Clinic- always supervised by attending 3. Ward rounds – always supervised by attending



Gastroenterology CLER	
Well-being	<ol style="list-style-type: none">1. Duty hours monitored on New Innovations2. Wellness programs through GME office3. House Office Assistance Program through GME office – 24/7 assistance4. Taxi ride home5. SAFER curriculum6. Maternal and paternal leave7. 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 access9. Central House Officer lounge with complimentary food on the weekends10. American College of Gastroenterology Lecture 2018 series on burnout and well-being11. Free lunch at Grand Rounds on Fridays and snacks at Education Day session12. Lactation room available13. Graduation dinner
Professionalism	<ol style="list-style-type: none">1. Professional speakers to discuss topics such as, professionalism and burnout2. Canvas modules3. Citi training



General Surgery



Tiffany Tanner, M.D.
Program Director

Sean Langenfeld, M.D.
Associate Program Director

Katie Schroder
Program Coordinator

Number of Trainees: 33

General Surgery CLER

Patient safety/Quality/
Disparities

1. Time-outs prior to 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. NSQIP participation by the department which provides data on various quality metrics for resident education
7. Appointment of department-wide chief quality officer
8. Multiple resident driven clinical outcomes projects that help to improve patient safety and quality of care
9. 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
10. Improving Patient Safety and Quality of Care by Adverse scenario simulation in the Ryan Virtual Operating room
11. Multiple, multi-departmental tumor boards and other conferences to improve quality of care by adhering to latest evidence-based practices
12. Multiple lectures on OR adverse events (retained foreign bodies, wrong site surgery etc) by director of peri-operative safety, Dr. Timothy Kingston
13. Multi-departmental Patient Safety/Quality conferences to address quality metrics such as: CLABSI, etc.
14. Multi-departmental (surgery and anesthesia) Patient Safety and Quality initiatives to improve First Case On-Time Start (FCOTS) times in the operating room
15. 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.

General Surgery CLER

Patient safety/Quality/Disparities cont.	<ol style="list-style-type: none"> 16. GME office dedicated Patient Safety and Quality Improvement Orientation day 17. Zero Harm training
Transitions of care	<ol style="list-style-type: none"> 1. Face-to-face sign-off 2. Use EPIC hand-off tool
Supervision	<ol style="list-style-type: none"> 1. OR – Attending present 2. Clinic – Attending present 3. Ward rounds – Attending driven rounds
Well-being	<ol style="list-style-type: none"> 1. Duty hours monitored on New Innovations 2. Wellness programs through GME office 3. House Office Assistance Program through GME office – 24/7 assistance 4. Taxi ride home 5. SAFER curriculum 6. Maternal and paternal leave 7. Resident recognition program: Residents are recognized for any complimentary feedback from any hospital staff 8. Welcome picnic at chairman’s home 9. Resident get-together after in-service exam 10. Christmas/holiday parties 11. Interview socials – Four per year 12. Graduation banquet 13. Multiple other opportunities to facilitate social interactions with residents/faculty and other departmental staff. 14. Across the campus there are multiple program/divisional/departmental activities such as, Welcome picnics, Holiday season parties, Graduation banquets/dinners, Interview socials, etc. 15. Free on-campus gym access 16. Central House Officer lounge with complimentary food on the weekends
Professionalism	<ol style="list-style-type: none"> 1. Canvas modules 2. Multiple Grand rounds speakers on various topics related to the profession and professionalism



Geriatrics



Jane Potter, M.D.
Program Director

Travis Weyant
Program Coordinator

Number of Trainees: 3

Geriatrics CLER

Patient safety/Quality/Disparities	<ol style="list-style-type: none"> 1. 1. Half day a week for five weeks – Conference to go over Institute for Healthcare Improvement (IHI) modules to learn principles on improvement of patient safety and quality of care, Root cause analysis, and PDSA (Plan, Do, Study, Act) cycles for quality improvement. 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 Recurrent bleeding episodes in nursing home patients – Multi-disciplinary – worked with pharmacy and developed an algorithm that changed practice. Won top award at meeting. 5. IHI modules from 2015–2016 onwards 6. GME office dedicated Patient Safety and Quality Improvement Orientation day
Transitions of care	<ol style="list-style-type: none"> 1. Fellow to fellow or resident sign-off
Supervision	<ol style="list-style-type: none"> 1. Clinic – Attending present 2. Rounds – Attending present
Well-being	<ol style="list-style-type: none"> 1. Duty hours monitored on New Innovations 2. Wellness programs through GME office 3. House Office Assistance Program through GME office – 24/7 assistance 4. Taxi ride home 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	<ol style="list-style-type: none"> 1. Canvas curriculum

Hematology and Medical Oncology



Greg Bociek, M.D.
Program Director

Shaun Capurro
Program Coordinator

Number of Trainees: 6

Hematology and Medical Oncology CLER

Patient safety/Quality/Disparities	<ol style="list-style-type: none"> 1. Quality Improvement meeting with fellows where they go over a spreadsheet of projects. Some examples include: <ol style="list-style-type: none"> 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 2. IHI modules from 2015–2016 onwards 3. GME office dedicated Patient Safety and Quality Improvement Orientation day
Transitions of care	<ol style="list-style-type: none"> 1. Use EPIC hand-off tool 2. Face-to-face hand-off
Supervision	<ol style="list-style-type: none"> 1. All bone marrow biopsies are supervised 2. Clinic – Attending present 3. Rounds – Attending present
Well-being	<ol style="list-style-type: none"> 1. Duty hours monitored on New Innovations 2. Wellness programs through GME office 3. House Office Assistance Program through GME office – 24/7 assistance 4. Taxi ride home 5. SAFER curriculum 6. Maternal and paternal leave



Hematology and Medical Oncology CLER

Well-being cont.	<ol style="list-style-type: none">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 access9. Central House Officer lounge with complimentary food on the weekends
Professionalism	<ol style="list-style-type: none">1. Canvas modules.



Hematopathology



Timothy Greiner, M.D.
Program Director

Kim Martin
Program Coordinator

Number of Trainees: 2

Hematopathology CLER	
Patient safety/Quality/Disparities	<ol style="list-style-type: none"> 1. Should review the department Safety Manual (found online and in the office of Dr. Wisecarver) and should familiarize themselves with specific safety policies and procedures during each rotation 2. Periodic safety presentations are provided for the fellows and staff. Attendance at these sessions is mandatory and will be documented 3. ALL fellows participate in Root Cause Analysis training and it is a working document as a milestone 4. All fellows participate in a quality improvement project 5. GME office dedicated Patient Safety and Quality Improvement Orientation day
Transitions of care	<ol style="list-style-type: none"> 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	<ol style="list-style-type: none"> 1. Fellows will always have a faculty member present
Well-being	<ol style="list-style-type: none"> 1. Duty hours monitored on New Innovations 2. Wellness programs through GME office and departmentally sponsored 3. House Office Assistance Program through GME office – 24/7 assistance 4. Taxi ride home 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	<ol style="list-style-type: none"> 1. Canvas course 2. PD discusses at orientation

Internal Medicine



Tammy Wichman, M.D.
Program Director

Chad Vokoun, M.D.
Associate Program Director

Jasmine Marcelin, M.D.
Associate Program Director

Larry Mitchell, M.D.
Associate Program Director

Rae Witt, M.D.
Associate Program Director

Trek Langenhan, M.D.
Associate Program Director

Erin Maxwell
Program Administrator

Kristi Graybill
Program Coordinator

Number of Trainees: 73

Internal Medicine CLER

Patient safety/Quality/Disparities	<ol style="list-style-type: none"> 1. Quality & Patient Safety Conference – Multi-disciplinary conference with other departments and disciplines (nursing, pharmacy, etc.). These are QI based with resident creation of various modules 2. Quality Improvement Curricula – Resident driven with case presentations – Supervised by Drs. Gale Etherton and Mahliha Qasimyar 3. Simulation training for procedures in first six months 4. New Point of Care Ultrasound curriculum to improve safety of patient care – All current HOI-II-III have had some training 5. Ongoing participation in campus “Sepsis Early Warning System (SEWS)” to identify patients who are at an elevated risk for developing sepsis 3 / sepsis shock 6. All residents are required to participate in a resident driven QI project based on individual practice data from the Midtown Clinic 7. IHI modules from 2015–2016 onward 8. GME office dedicated Patient Safety and Quality Improvement Orientation day 9. Chief resident in quality and patient safety
Transitions of care	<ol style="list-style-type: none"> 1. Face-to-face sign-offs – supervision resident (or attending if supervisor is off) supervised 2. Required use of EPIC hand-off tool
Supervision	<ol style="list-style-type: none"> 1. Clinic and Rounds – Faculty present 2. Continuity clinic – 1:4 (often 1:3) Faculty to resident ratio 3. In-house call – Faculty (Mon. – Thur.) or senior resident in-house and faculty available on phone(F-Sn)
Well-being	<ol style="list-style-type: none"> 1. Duty hours monitored on New Innovations 2. Wellness curriculum through Jennifer Harsh (PhD Mental Health provider) and through GME office 3. House Officer Assistance Program through GME office – 24/7 assistance 4. Taxi ride home 5. Fatigue management presentation given at a Town Hall 6. Maternal and paternal leave



Internal Medicine CLER	
Well-being cont.	<ol style="list-style-type: none">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. Retreats fro each PGY class9. Formal mentorship program10. Health half-days offered for scheduling of personal appointments11. Program alumni offering off-site, same-day medical access to internal medicine residents12. Free on campus gym access13. Central House Officer lounge with complimentary food on the weekends14. Creation of Jarrod Dye Well-being Fund to sponsor resident wellness activities
Professionalism	<ol style="list-style-type: none">1. Professional Noon Conference2. Remediation based on any issues with professionalism on Milestone evaluation



Interventional Cardiology



Edward O'Leary, M.D.
Program Director

Tuwanda Mayberry
Program Coordinator

Number of Trainees: 2

Interventional Cardiology CLER	
Patient safety/Quality/Disparities	<ol style="list-style-type: none"> 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. Quality Improvement project: PCI-STEMI – to assess and improve “door to dilatation” times – reviewed monthly at chest pain meeting. 5. IHI modules from 2015–2016 onwards 6. GME office dedicated Patient Safety and Quality Improvement Orientation day 7. CREW Resource Management
Transitions of care	<ol style="list-style-type: none"> 1. Fellow to fellow sign-off 2. Attending to attending sign-off
Supervision	<ol style="list-style-type: none"> 1. Procedures – Attending present 2. Clinic – Attending present 3. Ward rounds – Attending present
Well-being	<ol style="list-style-type: none"> 1. Duty hours monitored on New Innovations 2. Wellness programs through GME office 3. House Office Assistance Program through GME office – 24/7 assistance 4. Taxi ride home 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	<ol style="list-style-type: none"> 1. Canvas modules

Interventional Radiology



Chris Vargo, M.D.
Program Director

Tina Hunter
Program Coordinator

Number of Trainees: 1

Interventional Radiology CLER	
Patient safety/Quality/Disparities	<ol style="list-style-type: none"> 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 project: Assess callback for patients who had Inferior Vena Cava filters placed 5. Quality Improvement project: Collaborative efforts to reduced CLABSI (Central Line Associated Blood Stream Infection) 6. Multiple patient care protocols: example – assessment for paracentesis and post procedure care. 7. IHI modules from 2015–2016 onwards 8. GME office dedicated Patient Safety and Quality Improvement Orientation day
Transitions of care	<ol style="list-style-type: none"> 1. Face-to-face hand-off.
Supervision	<ol style="list-style-type: none"> 1. Procedure- Attending present 2. Clinic- Attending present.
Well-being	<ol style="list-style-type: none"> 1. Duty hours monitored on New Innovations 2. Wellness programs through GME office 3. House Office Assistance Program through GME office – 24/7 assistance 4. Taxi ride home 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	<ol style="list-style-type: none"> 1. Canvas module.

Medical Genetics



Lois Starr, M.D., Ph.D.
Program Director

Brooke Seaton
Program Coordinator

Number of Trainees: 0

Medical Genetics CLER

Patient safety/Quality/Disparities	<ol style="list-style-type: none"> 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. Any opportunities for improvement for care or process of medical management will be reviewed by fellows and program director on an ongoing basis. 6. IHI modules from 2015–2016 onward 7. GME office dedicated Patient Safety and Quality Improvement Orientation day
Transitions of care	<ol style="list-style-type: none"> 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	<ol style="list-style-type: none"> 1. Clinic setting: Attending present physically 2. Consults: Attending present physically or reachable by phone
Well-being	<ol style="list-style-type: none"> 1. Duty hours monitored on New Innovations 2. Wellness programs through GME office 3. House Office Assistance Program through GME office – 24/7 assistance 4. Taxi ride home 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	<ol style="list-style-type: none"> 1. Canvas course 2. Role modeling: Drs. Lutz, Olney, Starr, Rahman, Velasco, Ronspies

Medicine/Pediatrics



Allison Ashford, M.D.
Program Director

Rachel Johnson
Associate Program Director

Catherine Hughes-Rose
Program Coordinator

Number of Trainees: 16

Medicine/Pediatrics CLER

Patient safety/Quality/Disparities	<ol style="list-style-type: none"> 1. Case presentation conference (CPC) – Multidisciplinary conference with other departments (Surgery) and other disciplines (Nursing, Pharmacy) 2. Quality Improvement Curricula – Resident driven with case presentations- Supervised by Drs. Qasimyar and Etherton 3. Mortality and Morbidity presentations – Pediatrics – every other month 4. Use Vanderbilt Matrix for Mortality and Morbidity presentations 5. Simulation training for procedures in first six months 6. Point of Care Ultrasound curriculum to improve safety of patient care 7. Participation in Central Line Associated Blood Stream Infections reduction initiatives 8. Sepsis card to help in proactively identifying patients with sepsis and improve safety of patient care 9. Multiple clinical protocols (Asthma, Sedation, Croup, Pneumonia etc) – to improve safety and quality of patient care. 10. All residents are required to have a QI project 11. IHI modules 12. GME office dedicated Patient Safety and Quality Improvement Orientation day
Transitions of care	<ol style="list-style-type: none"> 1. Face-to-face sign-offs – faculty or Chief resident supervised in Medicine 2. Face-to-face hand-offs with some faculty supervision in Pediatrics
Supervision	<ol style="list-style-type: none"> 1. Clinic and Rounds – Faculty present 2. Continuity clinic – 2:4 Faculty to resident ratio 3. In-home call – Senior resident in-house and faculty available on phone or in person
Well-being	<ol style="list-style-type: none"> 1. Duty hours monitored on New Innovations 2. Wellness programs through GME office/program 3. House Office Assistance Program through GME office – 24/7 assistance 4. Taxi ride home 5. SAFER curriculum



Medicine/Pediatrics CLER	
Well-being cont.	<ol style="list-style-type: none">6. Maternal and paternal leave7. 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 access9. Central House Officer lounge with complimentary food on the weekends10. Wellness curriculum IMED11. Frequent internal medicine and pediatric debriefing sessions monthly12. Pediatric wellness half days
Professionalism	<ol style="list-style-type: none">1. Canvas modules2. Remediation based on any issues with professionalism on Milestone evaluation



Molecular Genetic Pathology



**Allison Cushman-Vokoun, M.D.,
Ph.D.**

Program Director

Kim Martin

Program Coordinator

Number of Trainees: 1

Molecular Genetic Pathology CLER

Patient safety/Quality/Disparities	<ol style="list-style-type: none"> 1. Weekly case conference – review of difficult cases, fellow involved 2. Multiple tumor boards – molecular, Leukemia, etc 3. Genetics case conference 4. Lab utilization committee – Fellow involved 5. Fellow driven review of proficiency testing 6. Validation of new test for lymphoma testing – changed hospital practice 7. IHI modules from 2015–2016 onwards 8. GME office dedicated Patient Safety and Quality Improvement Orientation day 9. CREW Resource Management
Transitions of care	<ol style="list-style-type: none"> 1. Consult service with no inpatients, no applicable transitions of care
Supervision	<ol style="list-style-type: none"> 1. Faculty members always present and preform sign-off on all clinical work
Well-being	<ol style="list-style-type: none"> 1. Duty hours monitored on New Innovations 2. Wellness programs through GME office 3. House Office Assistance Program through GME office – 24/7 assistance 4. Taxi ride home 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	<ol style="list-style-type: none"> 1. Canvas modules 2. PD discusses at orientation

Nephrology



Troy Plumb, M.D.
Program Director

Catherine Hughes-Rose
Program Coordinator

Number of Trainees: 4

Nephrology CLER

Patient safety/Quality/Disparities	<ol style="list-style-type: none"> 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. QI project to develop fellow to RN communication tool to improve communication between fellows and RN for dialysis patients 4. QI project for veterans at the VA – to check Hepatitis B profile in patient with last stage chronic kidney disease 5. QI projects: <ol style="list-style-type: none"> a. Hyponatremia protocol b. Multiple protocols for transplant patients c. Hypertonic saline d. CWHD order set 6. IHI modules from 2015–2016 onward 7. GME office dedicated Patient Safety and Quality Improvement Orientation day 8. Transplant activity conference 9. Standardization of transplant discharge 10. Standardization of kidney biopsies
Transitions of care	<ol style="list-style-type: none"> 1. Mostly consult service Main sign-out on Friday 4:00 p.m. – where faculty and fellows of three services- VA/Transplant and consult service are present for face-to-face sign-off.
Supervision	<ol style="list-style-type: none"> 1. Attending and fellow paired for training 2. Dialysis – Attending present.
Well-being	<ol style="list-style-type: none"> 1. Duty hours monitored on New Innovations 2. Wellness programs through GME office 3. House Office Assistance Program through GME office – 24/7 assistance 4. Taxi ride home 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.



Nephrology CLER	
Well-being cont.	<ol style="list-style-type: none">8. Free on-campus gym access9. Central House Officer lounge with complimentary food on the weekends10. New House Officer Wellness Lounge
Professionalism	<ol style="list-style-type: none">1. Canvas modules2. GME sessions3. House Officer Handbook



Neurological Surgery



William Thorell, M.D.
Program Director

Daniel Surdell, M.D.
Associate Program Director

Kellie Devney
Program Coordinator

Number of Trainees: 13

Neurological Surgery CLER

Patient safety/Quality/Disparities	<ol style="list-style-type: none"> 1. Residents (with faculty supervision) developed narrative statement on management of intracranial hypertension-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. Quarterly research meeting with residents and driven by faculty member – Dr. Andrew Gard. 5. IHI modules from 2015–2016 onward 6. GME office dedicated Patient Safety and Quality Improvement Orientation day 7. CREW Resource Management
Transitions of care	<ol style="list-style-type: none"> 1. Hand-off cards developed by residents on EPIC – accessible by Haiku on mobile devices.
Supervision	<ol style="list-style-type: none"> 1. OR – All residents are supervised by Attendings. 2. Clinic – Attending present 3. Rounds – Attending present
Well-being	<ol style="list-style-type: none"> 1. Duty hours monitored on New Innovations 2. Wellness programs through GME office 3. House Office Assistance Program through GME office – 24/7 assistance 4. Taxi ride home 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, Sharp Run for Aneurysm Awareness and resident get-togethers 8. Across the campus there are multiple program/divisional/departmental activities such as, Welcome picnics, Holiday season parties, Graduation banquets/dinners, Interview socials, etc.



Neurological Surgery CLER	
Well-being cont.	9. Free on campus gym access 10. Central House Officer lounge with complimentary food on the weekends
Professionalism	1. Canvas modules



Neurology



Sachin Kedar, M.D.
Program Director

Amy Hellman, M.D.
Associate Program Director

Crystal Upshaw
Program Coordinator

Number of Trainees: 16

Neurology CLER

Patient safety/Quality/Disparities	<ol style="list-style-type: none"> 1. Quality Improvement Officer – Dr. Scott Diesing MD who oversees all QI projects in the department for faculty and house officers 2. QI meeting every other month- to oversee all QI projects – Chief resident and Assistant Chief resident participate 3. All residents are required to take part in an QI project 4. All residents are required to present a poster an Research meeting (see attachment) 5. Example of QI project – 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. 6. Alternate Mortality and Morbidity meeting to focus exclusively on QI- new projects are generated at each meeting 7. Time-outs prior to procedures 8. Check lists for procedures 9. IHI modules from 2015–2016 onwards 10. GME office dedicated Patient Safety and Quality Improvement Orientation day 11. Resident QI projects integrated with departmental QI project
Transitions of care	<ol style="list-style-type: none"> 1. Face-to-face using EPIC 2. Stroke Code pager is physically transferred to incoming resident
Supervision	<ol style="list-style-type: none"> 1. Clinic – Attending present 2. Ward rounds – Attending present 3. Bedside procedures (Lumbar puncture): 1: 1 supervision by senior residents till 15 procedures. After which supervised by Attending and certified.
Well-being	<ol style="list-style-type: none"> 1. Duty hours monitored on New Innovations 2. Wellness programs through GME office and department 3. House Office Assistance Program through GME office – 24/7 assistance 4. Taxi ride home 5. SAFER curriculum 6. Maternal and paternal leave



Neurology CLER

Well-being cont.	<ol style="list-style-type: none">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 access9. Central House Officer lounge with complimentary food on the weekends
Professionalism	<ol style="list-style-type: none">1. Canvas modules



Obstetrics and Gynecology



Jennifer Griffin, M.D.
Program Director

Ramzy Nakad, M.D.
Associate Program Director

Jessical Wilde
Program Coordinator

Number of Trainees: 16

Obstetrics and Gynecology CLER

Patient safety/Quality/Disparities	<ol style="list-style-type: none"> 1. All PGY III residents identify a QI project and present to Operations committee for implementation 2. Every resident has to do a research projects which is presented annually at local research meeting – all residents will present three posters during residency – guided by Dr. Jean Amoura, director of resident research 3. Risk management training with COPIC 4. Time-outs prior to all procedures in OR 5. Mortality and Morbidity meetings – monthly 6. New Patient Safety rounds at noon with nursing to assess ongoing patient safety issues 7. CREW training 8. New EPIC patient hand-off tool 9. Multiple patient care protocols to improve patient safety and quality of care 10. Simulation curriculum for surgical procedures 11. Simulation with standardized patients to address many other issues, with modules for: Breaking bad news/Obtaining consent etc, communication with other health care providers 12. Emergency drills on Labor and Delivery 13. IHI modules from 2015–2016 onward 14. GME office dedicated Patient Safety and Quality Improvement Orientation day 15. CREW Resource Management
Transitions of care	<ol style="list-style-type: none"> 1. EPIC hand-off tool
Supervision	<ol style="list-style-type: none"> 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	<ol style="list-style-type: none"> 1. Duty hours monitored on New Innovations 2. Wellness programs through GME office 3. House Office Assistance Program through GME office – 24/7 assistance 4. Taxi ride home 5. SAFER curriculum 6. Maternal and paternal leave



Obstetrics and Gynecology CLER	
Well-being cont.	<ol style="list-style-type: none">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 access9. Central House Officer lounge with complimentary food on the weekends
Professionalism	<ol style="list-style-type: none">1. Canvas modules2. Simulation curriculum to address professionalism



Ophthalmology



Shannon Lynch, M.D.
Program Director

Hope Barnes
Program Coordinator

Number of Trainees: 6

Ophthalmology CLER

Patient safety/Quality/Disparities	<ol style="list-style-type: none"> 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 2. Faculty Patient Safety Officer – Dr. Brent Timperly 3. Disparities research – Assessing differences in treatment and outcomes between university patients and VA patients, and how racial and socioeconomic factors affect treatment success. 4. Current/recent resident driven QI projects: <ol style="list-style-type: none"> a. Surgical simulation curriculum to improve patient safety and quality of care b. Assessment of intraocular OCT in evaluating tractional retinal detachment. Determining accuracy of measurement and patient outcomes c. Development of an eye trauma surgical tray for the ED. 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 the 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 subconcussive 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
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Ophthalmology CLER

Patient safety/Quality/Disparities cont.	<ol style="list-style-type: none"> 5. Smart lists to improve patient safety and quality of care for: <ol style="list-style-type: none"> a. Low pressure glaucoma b. Uveitis c. Mucormycosis d. Plaquenil Eye Screening – in editing e. Fungemia eye exam 6. Perform ophthalmology specific time-outs in the operating room – Double confirmation of IOL power 7. Intraocular lens selection/measurement reviewed with residents pre-operatively 8. Fire-risk assessment in the operating room 9. Residents encouraged to participate in COPIC retreats and conferences regarding patient safety and improving outcomes 10. IHI modules from 2015–2016 academic year onward 11. GME office dedicated Patient Safety and Quality Improvement Orientation day 12. CREW Resource Management
Transitions of care	<ol style="list-style-type: none"> 1. Face-to-face sign-off on Friday (as usually no inpatients) 2. Use Smart sets in EPIC for hand-off
Supervision	<ol style="list-style-type: none"> 1. Clinic – Attending always present 2. OR – Attending always present 3. Rounds – Attending rounds
Well-being	<ol style="list-style-type: none"> 1. Duty hours monitored on New Innovations 2. Wellness programs through GME office 3. House Office Assistance Program through GME office – 24/7 assistance 4. Taxi ride home 5. SAFER curriculum reviewed during introductory lecture series 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	<ol style="list-style-type: none"> 1. Canvas modules



Orthopedic Surgery



Matthew Mormino, M.D.
Program Director

Jolene Krueger
Program Coordinator

Number of Trainees: 25

Orthopedic Surgery CLER

Patient safety/Quality/ Disparities	<ol style="list-style-type: none"> 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. Multiple resident driven QI projects: Example: <ol style="list-style-type: none"> a. Resident driven QI project on timeliness of antibiotic administration in open fractures b. Resident driven QI project to analyze antibiotic administration in pre-surgical setting 5. Multiple QI pathways/protocols: Example: <ol style="list-style-type: none"> 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 6. QI project in management of Compartment Syndrome – Twice a year meeting to review metrics, outcomes and expected documentation. 7. IHI modules from 2015–2016 onward 8. GME office dedicated Patient Safety and Quality Improvement Orientation day 9. CREW Resource Management 10. Three residency-wide and resident-driven QI projects regarding opioid prescribing and utilization in our orthopaedic patients 11. Nebraska Medicine Quality Data shared quarterly 12. Resident driven – Hip Fracture Early Mobilization QI project 13. Resident driven – Hip Fracture Pain Management QI project 14. Zero Harm Training
Transitions of care	<ol style="list-style-type: none"> 1. Face-to-face hand-off with PD present periodically for spot checks 2. Use EPIC hand-off tool
Supervision	<ol style="list-style-type: none"> 1. OR – Attending present 2. Clinic – Attending present 3. Ward rounds – Attending present



Orthopedic Surgery CLER	
Well-being	<ol style="list-style-type: none">1. Duty hours monitored on New Innovations2. Wellness programs through GME office3. House Office Assistance Program through GME office – 24/7 assistance4. Taxi ride home5. SAFER curriculum6. Maternal and paternal leave7. 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 access9. Central House Officer lounge with complimentary food on the weekends
Professionalism	<ol style="list-style-type: none">1. Canvas module.2. CITI Training3. AAOS Ethics Curriculum



Otolaryngology



Christie Barnes, M.D.
Program Director

Jonathan Hatch, M.D.
Associate Program Director

Amy Freking
Program Coordinator

Number of Trainees: 14

Otolaryngology CLER

Patient safety/Quality/Disparities	<ol style="list-style-type: none"> 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 & Pediatric Airway, Facial Trauma, Sinus/Skull Base, Head and Neck Anatomy, Ultrasound, Temporal Bone 6. ResQ 7. IHI modules from 2015–2016 onwards 8. GME office dedicated Patient Safety and Quality Improvement Orientation day 9. CREW Resource Management 10. Neurotologist lead temporal bone drilling sessions 11. Grand Rounds with Patient Safety Specialists 12. Zero Harm Training for faculty and residents
Transitions of care	<ol style="list-style-type: none"> 1. eHand-off – Electronic hand-off used by residents
Supervision	<ol style="list-style-type: none"> 1. Operating room – Always supervised by attending 2. Clinic – Always supervised by attending
Well-being	<ol style="list-style-type: none"> 1. Open Door Policy 2. Duty hours monitored on New Innovations 3. Wellness programs through GME office 4. 24/7 House Office Assistance Program through GME office 5. Taxi ride home 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)



Otolaryngology CLER

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)



Pain Medicine



Kim Haynes-Henson, M.D.
Program Director

Amy Guziec
Program Coordinator

Number of Trainees: 2

Pain Medicine CLER	
Patient safety/Quality/Disparities	<ol style="list-style-type: none"> 1. Multi-institutional Case Conference presentation between (FELLOWS participate): <ul style="list-style-type: none"> • University of Nebraska Medical Center • MD Anderson Cancer Center, Houston • University of California Davis • University of Michigan <p>Cases are discussed with focus on treatment, patient safety and quality of care</p> 2. Journal club – Once a month 3. Mortality and Morbidity – Meeting once a month 4. IHI modules from 2015–2016 onward 5. GME office dedicated Patient Safety and Quality Improvement Orientation day
Transitions of care	<ol style="list-style-type: none"> 1. Electronic sign-out on One Chart (EPIC) or face-to-face sign-out – Mostly consult service with very few primary patients.
Supervision	<ol style="list-style-type: none"> 1. OR – Attending always present 2. Clinic – Attending present
Well-being	<ol style="list-style-type: none"> 1. Duty hours monitored on New Innovations – Fellows rarely cross duty hour limits 2. Wellness programs through GME office 3. House Office Assistance Program through GME office – 24/7 assistance 4. Taxi ride home 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 presenting educational articles to faculty at staff meetings
Professionalism	<ol style="list-style-type: none"> 1. Canvas modules

Pathology



Scott R. Lauer, M.D.
Program Director

Michael Punsoni, M.D.
Associate Program Director

Kim Martin
Program Coordinator

Number of Trainees: 12

Pathology CLER

Patient safety/Quality/Disparities	<ol style="list-style-type: none"> 1. Every clinical pathology rotation has a quality improvement project at some point in the curriculum. Example: Chemistry rotation – RESIDENTS need to do literature searches and cost benefit analyses for send out tests for specialties such as Neurology 2. Quality improvement projects in Blood Bank: <ol style="list-style-type: none"> a. Utilization trends in irradiated blood b. Assessment of coagulation parameters leading to new algorithm 3. Resident driven QI projects: <ol style="list-style-type: none"> 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 6. IHI modules from 2015–2016 onwards 7. GME office dedicated Patient Safety and Quality Improvement Orientation day
Transitions of care	<ol style="list-style-type: none"> 1. Policy for hand-offs present in Resident Policy Manual 2. Residents required to communicate to faculty and residents when handing off cases in gross room, surgical pathology services, apheresis and patient care activities while on-call
Supervision	<ol style="list-style-type: none"> 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	<ol style="list-style-type: none"> 1. Duty hours monitored on New Innovations 2. Wellness programs through GME office and departmentally sponsored 3. House Office Assistance Program through GME office – 24/7 assistance 4. Taxi ride home 5. SAFER curriculum 6. Maternal and paternal leave



Pathology CLER	
Well-being cont.	<ol style="list-style-type: none">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 access9. Central House Officer lounge with complimentary food on the weekends
Professionalism	<ol style="list-style-type: none">1. Canvas curriculum2. PD discusses at Orientation3. Communication curriculum for all residents



Pediatric Anesthesia



Michelle LeRiger, M.D.
Program Director

Miranda Downing
Program Coordinator

Number of Trainees: 2

Pediatric Anesthesia CLER

Patient safety/Quality/Disparities	<ol style="list-style-type: none"> 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 manual on QI – updated every year 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 Hospital Error Prevention Program 11. Children’s Hospital web page with resources regarding QI and patient safety that fellows have access to 12. IHI modules from 2015–2016 onwards 13. GME office dedicated Patient Safety and Quality Improvement Orientation day
Transitions of care	<ol style="list-style-type: none"> 1. Standardized sign outs: (Provided as Laminated sheets at bedside) <ol style="list-style-type: none"> a. From OR to PACU b. From OR to ICU for cardiac patients c. From OR to NICU/PICU, etc. 2. Fellows perform the hand-offs 3. Laminated sheets have been used as models for others
Supervision	<ol style="list-style-type: none"> 1. OR – one-on-one supervision 2. ICU – full supervision
Well-being	<ol style="list-style-type: none"> 1. Duty hours monitored on New Innovations 2. Wellness programs through GME office 3. House Office Assistance Program through GME office – 24/7 assistance 4. Taxi ride home 5. SAFER curriculum

Pediatric Anesthesia CLER

Well-being cont.	<ol style="list-style-type: none"> 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	<ol style="list-style-type: none"> 1. Invited speakers 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 at. 6. Fellows are required to complete Canvas courses on Professionalism 7. Also work on topics on mindfulness, burnout, etc.



Pediatric Cardiology



Robert L. Spicer, M.D.
Program Director

Priscilla Phillips
Program Coordinator

Number of Trainees: 4

Pediatric Cardiology CLER

Patient safety/Quality/Disparities	<ol style="list-style-type: none"> 1. Each Fellow participates in a Quality Improvement project 2. Fellow driven QI project – to assess readiness for adult in exercise lab 3. Fellow driven QI project – to assess neurodevelopmental monitoring in heart surgery patients 4. Fellow driven QI project – to improve outcomes in patients following Fontan procedure 5. Fellow driven QI project – to analyze unplanned re-admissions 6. Echocardiography course to improve patient safety 7. Time-outs prior to procedures 8. IHI modules from 2015–2016 onward 9. GME office dedicated Patient Safety and Quality Improvement Orientation day
Transitions of care	<ol style="list-style-type: none"> 1. Face-to-face sign out with attending always present
Supervision	<ol style="list-style-type: none"> 1. Procedures – Attending present 2. Clinic – Attending present 3. Ward rounds – Attending present.
Well-being	<ol style="list-style-type: none"> 1. Duty hours monitored on New Innovations 2. Wellness programs through GME office 3. House Office Assistance Program through GME office – 24/7 assistance 4. Taxi ride home 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	<ol style="list-style-type: none"> 1. Canvas module.

Pediatric Gastroenterology



Ruben Quiros, M.D.
Program Director

Jessica Coyer
Program Coordinator

Number of Trainees: 5

Pediatric Gastroenterology CLER

Patient safety/Quality/Disparities	<ol style="list-style-type: none"> 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. QI project: Fellow driven – How to improve patient safety/ quality of care for Inflammatory bowel disease- multi-national project with approximately 75 centers 6. QI project: Fellow driven – Assessing efficacy of bowel prep 7. IHI modules from 2019–2020 onward 8. GME office dedicated Patient Safety and Quality Improvement Orientation day
Transitions of care	<ol style="list-style-type: none"> 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	<ol style="list-style-type: none"> 1. Procedures – attending present 2. Clinic – attending present 3. Ward rounds – attending present
Well-being	<ol style="list-style-type: none"> 1. Duty hours monitored on New Innovations 2. Wellness programs through GME office 3. House Office Assistance Program through GME office – 24/7 assistance 4. Taxi ride home 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	<ol style="list-style-type: none"> 1. Canvas module.

Pediatric Infectious Disease



Andrea Green Hines, M.D.
Program Director

Raven VonBehren
Program Coordinator

Number of Trainees: 1

Pediatric Infectious Disease CLER	
Patient safety/Quality/Disparities	<ol style="list-style-type: none"> 1. Multi departmental case conference every Wednesday with Microbiology and Pathology 2. All fellows participate in a QI project 3. Fellow driven QI project – changing processes in monitoring antibiotic drug levels 4. Fellow driven QI project – assessing efficacy of utilization of various antibiotic pathways 5. Fellow participate in Hospital wide Infection control committee's 6. Fellows receive training in disclosing adverse events, incident reporting and efforts to improve patient experience 7. Mortality and Morbidity meetings 8. Formal Quality Improvement training – writing workshop. 9. IHI modules from 2015–2016 onwards 10. GME office dedicated Patient Safety and Quality Improvement Orientation day
Transitions of care	<ol style="list-style-type: none"> 1. Face-to-face with Attending present periodically to monitor.
Supervision	<ol style="list-style-type: none"> 1. Clinic- Attending present 2. Ward rounds- Attending present
Well-being	<ol style="list-style-type: none"> 1. Duty hours monitored on New Innovations 2. Wellness programs through GME office 3. House Office Assistance Program through GME office – 24/7 assistance 4. Taxi ride home 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	<ol style="list-style-type: none"> 1. Canvas module.

Pediatric Pulmonology



Heather Thomas, M.D.
Program Director

Carla Pospisal
Program Coordinator

Number of Trainees: 2

Pediatric Pulmonology CLER	
Patient safety/Quality/Disparities	<ol style="list-style-type: none"> 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: <ol style="list-style-type: none"> a. QI Nutrition project b. QI Respiratory Therapy project c. QI Patient satisfaction project 2. Patient Safety Moment 3. Mortality and Morbidity meetings 4. Tracheostomy/Ventilator conference – to improve Patient safety 5. Patient Management Conference to improve quality of care 6. Cystic fibrosis conference to improve quality of care 7. Time-outs prior to bronchoscopy. 8. IHI modules from 2015–2016 onwards 9. GME office dedicated Patient Safety and Quality Improvement Orientation day
Transitions of care	<ol style="list-style-type: none"> 1. Face-to-face or by phone 2. EPIC hand-off tool
Supervision	<ol style="list-style-type: none"> 1. Procedures – Attending present 2. Clinic – Attending present 3. Ward rounds – Attending present
Well-being	<ol style="list-style-type: none"> 1. Duty hours monitored on New Innovations 2. Wellness programs through GME office 3. House Office Assistance Program through GME office – 24/7 assistance 4. Taxi ride home 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	<ol style="list-style-type: none"> 1. Canvas modules

Pediatric Radiology



Mary Drake, M.D.
Program Director

Tina Hunter, C-TAGME
Program Coordinator

Number of Trainees: 0

Pediatric Radiology CLER

Patient safety/Quality/Disparities	<ol style="list-style-type: none"> 1. PEER Review with ACR 2. Use Quantros software to document a variance in reports or workflows 3. Track any discrepancy reports and call referring provider 4. All fellows need to log into the Hospital Safety Initiative website to report at least one adverse incident 5. All fellows participate in Root Cause Analysis 6. Fellow attends Child Abuse Conferences and discuss imaging related to the abuse case 7. Fellow attends the following conferences: Surgery, Neuro & Body Tumor Boards, GI. 8. IHI modules from 2015–2016 onward 9. GME office dedicated Patient Safety and Quality Improvement Orientation day
Transitions of care	<ol style="list-style-type: none"> 1. Always have an attending radiologist on call paired with fellow. 2. Pediatric radiologists are immediately available on site 3. Pediatric radiologists are available by phone when fellow takes call 4. Face-to-face case reviews with residents and fellow 5. Attend Grand Rounds weekly learning transition of care done in other departments
Supervision	<ol style="list-style-type: none"> 1. 1:1 with radiologists as rotating through each modality 2. Case reviews each day with attending
Well-being	<ol style="list-style-type: none"> 1. Duty hours monitored on New Innovations 2. Wellness programs through GME office 3. House Office Assistance Program through GME office 4. Taxi ride home 5. SAFER curriculum 6. Maternal and paternal leave 7. Didactics/lectures 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



Pediatric Radiology CLER	
Well-being cont.	10. Central House Officer lounge with complimentary food on the weekends
Professionalism	<ol style="list-style-type: none">1. Canvas course2. Stress the importance of honest and accurate reporting of information



Pediatric Surgery



Robert Cusick, M.D.
Program Director

Miranda Downing
Program Coordinator

Number of Trainees: 1

Pediatric Surgery CLER

Patient safety/Quality/Disparities	<ol style="list-style-type: none"> 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. NSQIP quality education 7. QI Project- Bundled pathways to reduce Surgical Site Infections (SSI) 8. IHI modules from 2015–2016 onwards 9. GME office dedicated Patient Safety and Quality Improvement Orientation day 10. CREW Resource Management
Transitions of care	<ol style="list-style-type: none"> 1. Face-to-face sign-off
Supervision	<ol style="list-style-type: none"> 1. OR- Attending present 2. Clinic- Attending present 3. Ward rounds- Attending driven rounds
Well-being	<ol style="list-style-type: none"> 1. Duty hours monitored on New Innovations 2. Wellness programs through GME office 3. House Office Assistance Program through GME office – 24/7 assistance 4. Taxi ride home 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	<ol style="list-style-type: none"> 1. Canvas modules

Pediatric Transplant Hepatology



Ruben Quiros, M.D.
Program Director

Jessica Coyer
Program Coordinator

Number of Trainees: 1

Pediatric Transplant CLER

Patient safety/Quality/Disparities	<ol style="list-style-type: none"> 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. QI project – Fellow driven: How to improve patient safety/ quality of care for Inflammatory bowel disease – multi-national project with approximately 75 centers 6. QI project – Fellow driven: Assessing efficacy of bowel prep 7. IHI modules from 2019–2020 onward 8. GME office dedicated Patient Safety and Quality Improvement Orientation day
Transitions of care	<ol style="list-style-type: none"> 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	<ol style="list-style-type: none"> 1. Procedures – attending present 2. Clinic – attending present 3. Ward rounds – attending present
Well-being	<ol style="list-style-type: none"> 1. Duty hours monitored on New Innovations 2. Wellness programs through GME office 3. House Office Assistance Program through GME office – 24/7 assistance 4. Taxi ride home 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	<ol style="list-style-type: none"> 1. Canvas module.

Pediatrics



Pat Doherty, M.D.
Program Director

Pat Doherty, M.D.
Program Director

Nathaniel Goodrich, M.D.
Associate Program Director

Lisa Sieczkowski, M.D.
Associate Program Director

Sheryl Pitner, M.D.
Associate Program Director

Cindy Colpitts
Program Administrator

Brook Seaton
Program Coordinator

Number of Trainees: 40

Pediatrics CLER

Patient safety/Quality/Disparities	<ol style="list-style-type: none"> 1. QI Change Concepts Course: Quick Tool kit – Nine-hour quality improvement course 2. Patient Safety Moment prior to the beginning of all conferences 3. Mortality and Morbidity Meetings – Chief resident driven 4. Patient Management Conference – Resident driven 5. Twenty-two QI protocols for patient care and eight in development, in outpatient, inpatient and ED settings such as: <ul style="list-style-type: none"> • Asthma • Sinusitis • Otitis • Osteomyelitis 6. Multiple QI projects – currently more than 150 projects underway at Children’s Hospital 7. All projects cover both inpatient and ambulatory setting 8. IHI modules from 2015–2016 onward 9. GME office dedicated Patient Safety and Quality Improvement Orientation day
Transitions of care	<ol style="list-style-type: none"> 1. Face-to-face with iPass
Supervision	<ol style="list-style-type: none"> 1. Clinic- attending present 2. At Children’s Hospital – Three night attendings (PICU intensivist and Peds ER) present 24/7. 3. UNMC – nights covered by 3rd years with intensivist and General Pediatrics available within 15 minutes.
Well-being	<ol style="list-style-type: none"> 1. Duty hours monitored on New Innovations 2. Wellness programs through GME office. IN addition to retreats for every year of training, wellness days monthly and monthly debriefing sessions. 3. House Office Assistance Program through GME office – 24/7 assistance 4. Taxi ride home 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.



Pediatrics CLER	
Well-being cont.	<ol style="list-style-type: none">Free on campus gym accessCentral House Officer lounge with complimentary food on the weekends
Professionalism	<ol style="list-style-type: none">Canvas modules



Physical Medicine & Rehabilitation



Michael D. Weaver, D.O.
Program Director

Carri Helmberger
Program Coordinator

Number of Trainees: 10

Full Compliment: 16

Physical Medicine & Rehabilitation CLER	
Patient safety/Quality/Disparities	<ol style="list-style-type: none"> 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. Multiple resident driven QI projects – Example: <ol style="list-style-type: none"> a. Resident driven QI project on improved efficiency using new EHR b. Resident driven QI projects encouraged as program and develops into full complement 5. IHI modules from 2017–2018 onward 6. GME office dedicated Patient Safety and Quality Improvement Orientation day
Transitions of care	<ol style="list-style-type: none"> 1. Face-to-face hand-off with attending present periodically for spot checks 2. Use EPIC/EHR hand-off tool
Supervision	<ol style="list-style-type: none"> 1. Procedures – Attending present 2. Clinic – Attending present 3. Inpatient rounds – Attending present
Well-being	<ol style="list-style-type: none"> 1. Duty hours monitored in New Innovations 2. Wellness programs through GME office 3. House Office Assistance Program through GME office – 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	<ol style="list-style-type: none"> 1. Canvas modules

Plastic Surgery



Jason J. Miller, M.D.
Program Director

Toni Harris, B.S., C-TAGME
Program Coordinator

Number of Trainees:

Plastic Surgery CLER	
Patient safety/Quality/Disparities	<ol style="list-style-type: none"> 1. Time-outs prior to all procedures in the operating room 2. Fire risk management prior to all procedures 3. Mortality and morbidity meetings, monthly 4. Resident participation in QI projects 5. Cadaver lab simulations – monthly 6. GME office dedicated Patient Safety and Quality Improvement Orientation day 7. CREW Resource Management 8. Resident participation in ResQ Committee
Transitions of care	<ol style="list-style-type: none"> 1. Face-to-face sign out.
Supervision	<ol style="list-style-type: none"> 1. Operating room – attending present 2. Clinic – attending present 3. Ward rounds – attending present
Well-being	<ol style="list-style-type: none"> 1. Duty hours monitored in New Innovations 2. Wellness programs through GME office 3. House Office Assistance Program through GME office – 24/7 assistance 4. Taxi ride home 5. SAFER curriculum 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. Central House Officer lounge with complimentary food on the weekends 10. House Officer Association campus wide resources, meetings, etc.
Professionalism	<ol style="list-style-type: none"> 1. Canvas modules

Pulmonary Disease and Critical Care Medicine



Craig Piquette, M.D.
Program Director

Sheryl Latenser
Program Coordinator

Number of Trainees: 12

Pulmonary Disease and Critical Care Medicine CLER

Patient safety/Quality/Disparities	<ol style="list-style-type: none"> 1. FELLOW LED QI project: Working with respiratory therapist to more efficiently utilize ventilator protocols to expedite extubation. Early observations suggest improvement in time to extubation once patient meets extubation criteria. 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. Fellows attend Root Cause Analyses 4. First year fellows attend CREW resource management 5. Fellows attend Team STEPPS 6. Central line simulation curriculum for Fellows at orientation 7. Attend GME directed Patient Safety and Quality Improvement Orientation day 8. IHI modules from 2015–2016 onwards 9. GME office dedicated Patient Safety and Quality Improvement Orientation day 10. Attending scorecards from clinic are shared with fellows 11. Out of OR Airway Management Training for all first year fellows 12. Simulation for airway management 13. Simulation during orientation for bronchs, pleural procedures, ultrasound vascula access 14. Quarterly M&M conference with completion of Fishbone diagram 15. Weekly chest conference with faculty and fellows 16. Development of Status Epilepticus Protocol in NeuroICU 17. Fellows volunteer montly at One Work TB Clinic
Transitions of care	<ol style="list-style-type: none"> 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

Pulmonary Disease and Critical Care Medicine CLER

Supervision	<ol style="list-style-type: none"> 1. CCM Attendings stay until 10:00 p.m. every night 2. Faculty in-house until 10:00 p.m. 3. Assessment of bronchoscopy and vascular access procedures
Well-being	<ol style="list-style-type: none"> 1. Duty hours monitored on New Innovations 2. Wellness programs through GME office 3. House Office Assistance Program through GME office – 24/7 assistance 4. Taxi ride home 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. Fellows do five nights when on night shift and do either two or three 12-hour shifts during days on CCM rotations – rarely cross 80 hours. 12. Pulmonary consult fellows do not take night call 13. Home call when at VA, schedule made by fellows, rarely need to come in at night – no duty hour violations 14. Internal medicine Wellness Wednesdays (4th Wed. at 12:00 p.m.) 15. Fellow social events 16. Monthly fellow meetings to address workload 17. Nebraska Medicine Task Force to reduce nursing calls
Professionalism	<ol style="list-style-type: none"> 1. Canvas modules 2. Monitored by milestone evaluations 3. Multisource evaluations from nurses in ICU and clinic and from respiratory therapy



Radiation Oncology



Andrew Wahl, M.D.
Program Director

Shaun Capurro
Program Coordinator

Number of Trainees: 4

Radiation Oncology CLER

Patient safety/Quality/Disparities	<ol style="list-style-type: none"> 1. Every trainee has to undertake a QI Project; Examples: <ol style="list-style-type: none"> 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. Formal (multi-disciplinary) Physics Teaching curriculum that works on improving patient safety 4. IHI modules from 2015–2016 onwards 5. GME office dedicated Patient Safety and Quality Improvement Orientation day
Transitions of care	<ol style="list-style-type: none"> 1. Resident to resident sign-off when residents on service
Supervision	<ol style="list-style-type: none"> 1. Treatment sessions – Attending present 2. Clinic – Attending present 3. Ward rounds – Attending present
Well-being	<ol style="list-style-type: none"> 1. Duty hours monitored on New Innovations 2. Wellness programs through GME office 3. House Office Assistance Program through GME office – 24/7 assistance 4. Taxi ride home 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
Professionalism	<ol style="list-style-type: none"> 1. Canvas modules

Rheumatology



Amy Cannella, M.D.
Program Director

Catherine Hughes-Rose
Program Coordinator

Number of Trainees: 6

Rheumatology CLER

Patient safety/Quality/
Disparities

QI and Patient Safety Projects:

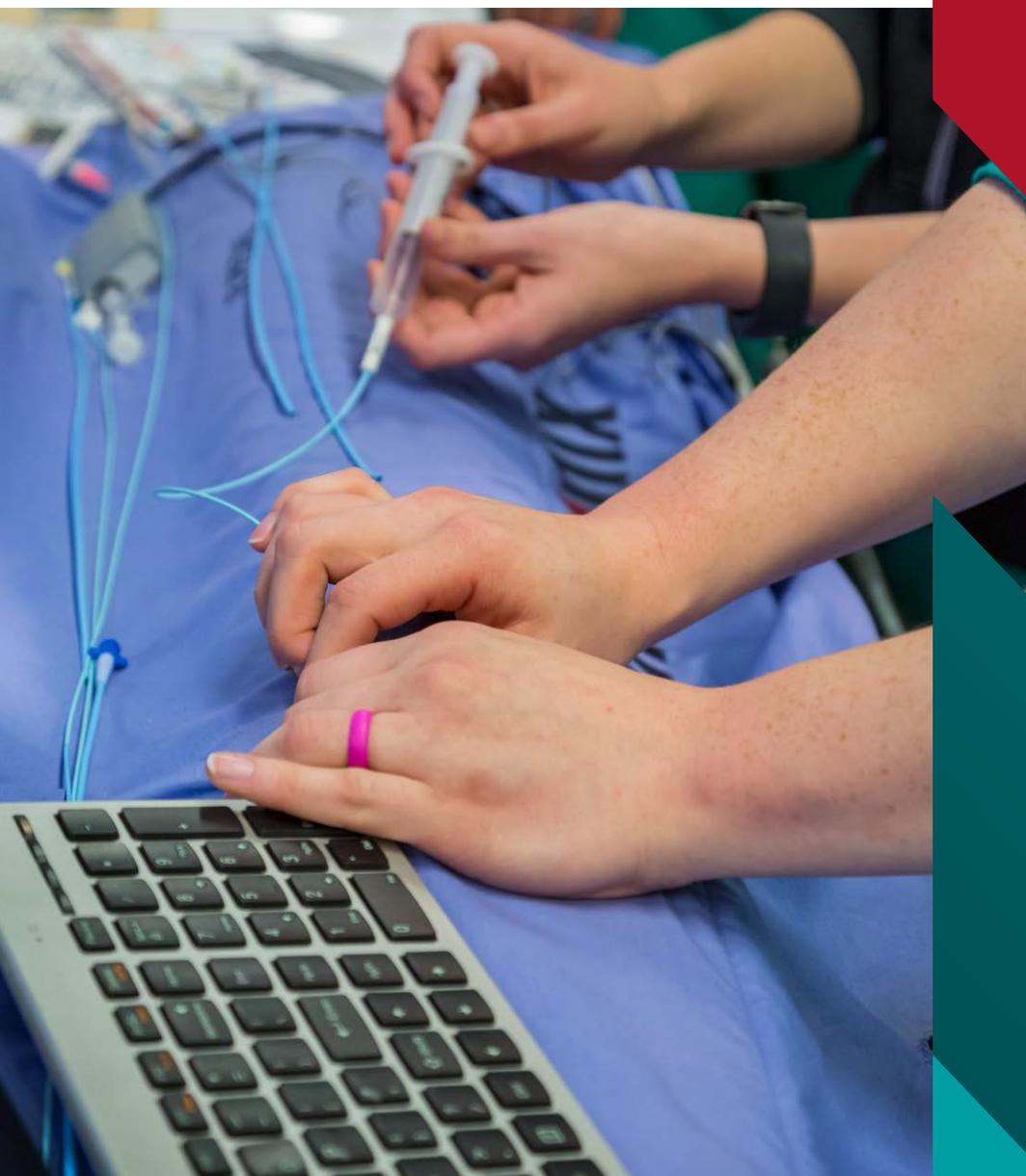
1. Immunomodulatory Drug Education: Developed patient educational information on immunomodulatory drugs to be given at Point of Care on After Visit Summaries at check-out as well as templates/smart phrases for documentation of patient informed consent
2. CNS vasculitis protocol: A multidisciplinary approach to reduce undue testing – (Radiology, Pathology, Neurology, Neurosurgery, Infectious Disease and Rheumatology) to standardized the diagnostic strategy
3. 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.
4. Standardized order sets: developed order sets for drug toxicity and monitoring for immunomodulatory agents and for gout treat to target
5. Standardized drug infusion protocols: UNMC and VA
6. Educational Patient Videos (IRB approved and grant funded): Developing of educational patient videos for common rheumatic disease
7. Pre Clinic Conferences: fellows and faculty meet prior to clinic to discuss the list and trouble shoot issues and determine plans of care.
8. Fellows maintain a comprehensive list of rheumatologic meds with the route, MOA, Indications, Side Effect, CI, Monitoring and Miscellaneous information.
9. Worked with pharmacy to standardize inpatient injection protocols to include the nurse at bedside
10. Divisional drug safety project: We track drug side-effects in the division, with monthly reporting

Disparities:

1. Translation service and “blue” phone available for translation services
2. Patient financial assistance for un- and under-insured patients
3. Pharmacy assistance for PA and also to help with biologic costs to the patient
4. IHI modules from 2015–2016 onwards
5. GME office dedicated Patient Safety and Quality Improvement Orientation day

Rheumatology CLER

Transitions of care	<ol style="list-style-type: none"> 1. Fellow assuming care of the consult service rounds with the team on the day prior to transfer of care and a written policy developed 2. Faculty do face-to-face or verbal hand-off
Supervision	<ol style="list-style-type: none"> 1. Clinic – Attending 2. Ward rounds – Attending 3. Didactics – Attending
Well-being	<ol style="list-style-type: none"> 1. Duty hours monitored on New Innovations 2. Sense of community is modeled and important 3. Wellness programs through GME office 4. House Office Assistance Program through GME office 24/7 assistance. Susan Smith meeting with fellows and faculty yearly to introduce herself and to discuss available resources 5. Taxi ride home 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
Professionalism	<ol style="list-style-type: none"> 1. Canvas modules 2. Attendance at ACR annual and SOTA meeting every year 3. Teach to Teach module each year 4. City Wide Conferences to interact with private practice rheumatologists 5. 365 Evaluations include ancillary and nursing staff 6. COPIC curriculum



Sleep Medicine



John Harrington, M.D.
Program Director

Dee Cunningham
Program Coordinator

Number of Trainees: 1

Sleep Medicine CLER	
Patient safety/Quality/ Disparities	<ol style="list-style-type: none"> 1. Fellows attend COPIC risk management sessions 2. Fellow QI project 3. Case conference – Monthly 4. Lab protocols for sleep study – Consist of more than 20 protocols to improve patient safety and quality of care 5. IHI modules from 2015–2016 onward 6. GME office dedicated Patient Safety and Quality Improvement Orientation day
Transitions of care	<ol style="list-style-type: none"> 1. Face-to-face hand-off or by phone with Attending 2. Primarily outpatient service
Supervision	<ol style="list-style-type: none"> 1. Clinic – Faculty 2. Ward rounds – Attending
Well-being	<ol style="list-style-type: none"> 1. Duty hours monitored on New Innovations 2. Wellness programs through GME office 3. House Office Assistance Program through GME office – 24/7 assistance 4. Taxi ride home 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	<ol style="list-style-type: none"> 1. Canvas modules

Transplant Hepatology



Tim McCashland, M.D.
Program Director

Marco A. Olivera-Martinez, M.D.
Associate Program Director

Lynne Roh
Program Coordinator

Number of Trainees: 2

Transplant Hepatology CLER

Patient safety/Quality/Disparities	<ol style="list-style-type: none"> 1. QI project – Fellow Driven: Main objective is reducing the re-admission of hepatic encephalopathy. Current phase of study is to identify factors associated with re-admission. Then we will try to do an interview to fix those factors. 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 3. QI project – Fellow Driven: We investigate the impact of several psychosocial barriers to liver transplantation and their impact of post-transplantation outcomes. This work was published in <i>World Journal of Hepatology</i> 4. Time-outs prior to all procedures 5. Fire risk assessment prior to all procedures 6. Mortality and Morbidity meetings monthly 7. Patient selection committee meeting: Interdisciplinary hepatologists, gastroenterologist, surgeons, etc. – weekly 8. Multi-disciplinary patient care rounds- hepatologist/surgeons/nursing/social worker/dietitian etc 9. IHI modules from 2015–2016 onwards 10. GME office dedicated Patient Safety and Quality Improvement Orientation day
Transitions of care	<ol style="list-style-type: none"> 1. Written face-to-face sign-off
Supervision	<ol style="list-style-type: none"> 1. Procedures- Attending present 2. Rounds- Attending present 3. Clinic- Attending present
Well-being	<ol style="list-style-type: none"> 1. Duty hours monitored on New Innovations 2. Wellness programs through GME office 3. House Office Assistance Program through GME office – 24/7 assistance 4. Taxi ride home 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.



Transplant Hepatology CLER

Well-being cont.	8. Free on campus gym access 9. Central House Officer lounge with complimentary food on the weekends
Professionalism	1. Canvas modules



Urologic Surgery



Chad LaGrange, M.D.
Program Director

Mary Monaghan
Program Coordinator

Number of Trainees: 8

Urologic Surgery CLER

Patient safety/Quality/Disparities	<ol style="list-style-type: none"> 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. Resident participation in Res Q committee (Quality Improvement Committee for residents) 5. Multiple established QI (Care pathways) protocols such as: Prostatectomy Cystectomy Pre-operative antibiotics 6. Resident driven QI project: Infection rates in TURP – led to new policy and changes in hospital practice. IHI modules from 2015–2016 onwards 7. GME office dedicated Patient Safety and Quality Improvement Orientation day 8. CREW Resource Management
Transitions of care	<ol style="list-style-type: none"> 1. EPIC hand-off tool
Supervision	<ol style="list-style-type: none"> 1. OR – attending present 2. Clinic – Attending present
Well-being	<ol style="list-style-type: none"> 1. Duty hours monitored on New Innovations 2. Wellness programs through GME office 3. House Office Assistance Program through GME office – 24/7 assistance 4. Taxi ride home 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	<ol style="list-style-type: none"> 1. Canvas modules 2. Lectures on professionalism/burnout/how to be good teacher

Vascular Surgery



G. Matthew Longo, M.D.
Program Director

Toni Harris, B.S., C-TAGME
Program Coordinator

Number of Trainees: 0

Vascular Surgery CLER

Patient safety/Quality/Disparities	<ol style="list-style-type: none"> 1. Time-outs prior to all procedures in the operating room 2. Fire risk management prior to all procedures 3. Mortality and morbidity meetings, monthly 4. QI/Team Meetings – weekly 5. Fellow participation in QI projects 6. GME office dedicated Patient Safety and Quality Improvement Orientation day 7. CREW Resource Management 8. Fellow participation in ResQ Committee 9. Advanced Vascular Surgical Skills and Simulation Assessment Program, senior fellow attends spring of last year of training
Transitions of care	<ol style="list-style-type: none"> 1. Face-to-face sign out.
Supervision	<ol style="list-style-type: none"> 1. Operating room – attending present 2. Clinic – attending present 3. Ward rounds – attending present
Well-being	<ol style="list-style-type: none"> 1. Duty hours monitored in New Innovations 2. Wellness programs through GME office 3. House Office Assistance Program through GME office – 24/7 assistance 4. Taxi ride home 5. SAFER curriculum 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. Central House Officer lounge with complimentary food on the weekends 10. House Officer Association campus wide resources, meetings,, etc.
Professionalism	<ol style="list-style-type: none"> 1. Canvas modules

PROFESSIONAL LEARNING





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