

THE NEXT GENERATION  
OF LEADERS

*Graduates*  
2017



# iLEAD

Interprofessional Leadership for Excellence  
and Academic Development





You are not born a  
**LEADER.**  
You become one through  
**CONTINUAL  
PRACTICE**  
..... and .....

**HONING  
YOUR SKILLS.**

Chancellor Jeffrey P. Gold, MD



## iLEAD accelerates the growth of our faculty's leadership talents

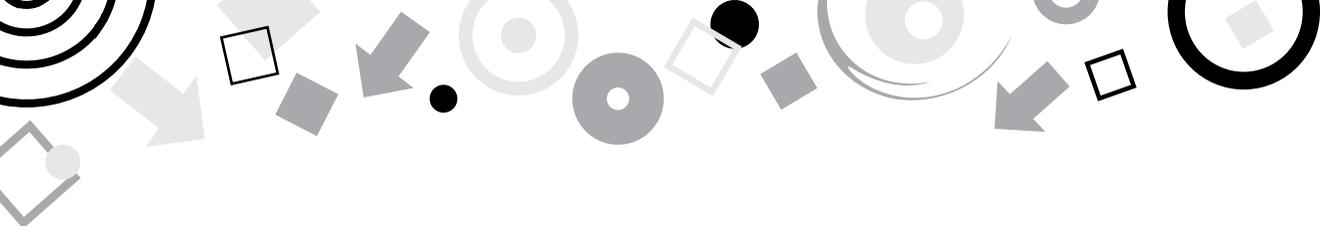
This intensive, one-year program takes the participant through a leadership journey, an excursion of personal and professional assessment and skill building while fostering individual accountability for leading.

We would like to congratulate all the 2017 iLEAD graduates for their hard work on their leadership journey!



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# A Legacy of Leadership: Previous Graduates

## Class of 2000

Ivan Abdouch  
Virginia Aita  
Jan Atwood  
Joel Bessmer  
Thomas Birk  
Diane Brage Hudson  
Lynne Buchanan  
Deborah Circo

David Crouse  
Melissa Diers  
Timothy Durham  
Cynthia Ellis  
Mary Helms  
Aurelio Matamoros  
Barbara McCabe  
Kyle Meyer

Marie Reidelbach  
Dennis Robinson  
James Somers  
Henry St. Germain  
Paula Termuhlen  
Roseann Vorce  
Gary Yee

## Class of 2001

Roxanne Alter  
Samuel Augustine  
Jeffrey Baldwin  
J. Bruce Bavitz  
Joyce Black  
Sheila Ellis  
Linda Fell

Kathryn Fiantd  
Katherine Finkelstein  
Gerald Groggel  
James Harper  
Carol Lacroix  
Pascale Lane  
Audrey Nelson

Audrey Paulman  
Jose Romero  
Paul Sammut  
Rose Schinker  
Randall Toothaker  
James Turpen

## Class of 2002

Leslie Bruch  
Lissa Clark  
Ellen Davis-Hall  
Brian Finley  
Howard Gendelman  
Jeffrey Harrison  
Barbara Heywood

Polly Hulme  
Andrew Jameton  
Joanne Johnson  
Ulrich Klein  
Udaya Kompella  
Naomi Lacy  
Richard MacDonald

Dennis McNeilly  
Keith Mueller  
Rosaline Olade  
William Roccaforte  
Marsha Sullivan  
Gordon Todd

## Class of 2003

Leonard Agneta  
Mary Froeschle  
Thomas Grothe  
Peter Gwilt

Simon Horslen  
Sreenivas Koka  
James Lynch  
Julie Moreno

Karen Nichols  
Samuel Pirruccello  
Toby Schonfeld  
Richard Walker

## Class of 2005

Ronald Attanasio  
John Benson  
Liliana Bronner  
William Chaney  
Mary Cramer  
Diana Curran-Galejs

Dominick Dimaio  
Karen Grigsby  
Alfred Grovas  
Kathryn Nickel  
Edward O'Leary  
Prasad Padala

U Rao  
Sanjay Singh  
Wallace Thoreson  
Thai Tran  
Shinobu Watanabe-Galloway  
Nizar Wehbi



## Class of 2007

Thomas Attard  
Pamela Bataillon  
Kerry Bernal  
Norman Cook  
John Davis

Shingairai Feresu  
Sharon Hammer  
Ruth Margalit  
James McClay  
Nagamani Narayana

Keith Olsen  
Jean Simonson  
Debra Sudan  
Janice Tompkins  
Susan Wilhelm

## Class of 2009

Ann Berger  
Mark Christiansen  
Jose Fernandes Filho  
Patti Fries  
David Hald  
Pamela Jones  
Gregory Karst

Rebecca Keating-Lefler  
Lina Lander  
Audrey Lazenby  
Kimberly McFarland  
Kathy Morris  
John Ohnoutka  
Mary Petersen

Ellen Roberts  
R. Brian Stevens  
Alvin Wee  
Rebecca Wester  
Matthew White

## Class of 2011

Nancy Basham  
Susan Boust  
Tara Brakke  
Matthew DeVries  
Amber Donnelly  
Edward Fehringer  
Janice Flegle

Toby Free  
Shawn Gibbs  
Teresa Hartman  
Curtis Hartman  
Teresa Hultquist  
Jeremy King  
Maria Michaelis

Connie Miller  
Kalpana Padala  
Babu Padanilam  
Linda Sather  
Russell Smith  
Chad Vokoun  
Rana Zabad

## Class of 2013

Michele R. Aizenberg  
Jeffrey S. Cooper  
Christopher C. Erickson  
Dee M. Ernesti  
Jenenne A. Geske  
Maurice Godfrey  
Channabasavaiah Gurumurthy  
Marnie A. Imhoff  
James F. Jenkins  
Heidi J. Keeler

Brent D. Khan  
Chad A. LaGrange  
Subodh M. Lele  
Howard Y. Liu  
Kevin C. Luczynski  
Oleg N. Militsakh  
Mohan R. Mysore  
Thomas E. Schulte  
Asia E. Sikora  
Laurey Steinke

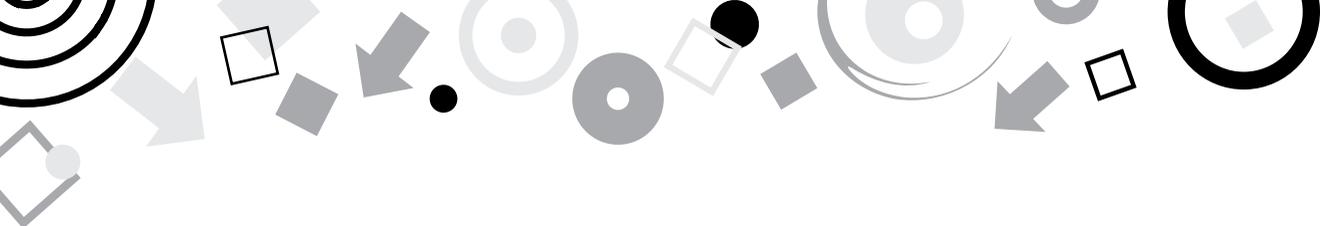
Jim P. Stimpson  
Thomas R. Strawmier  
Jayesh C. Thakker  
Carol B. Toris  
Michel R. Wagner  
Shirley A. Wiggins  
Ying Yan  
Su-Min Zhou

## Class of 2015

Shannon Boerner  
Shilpa Buch  
Joe Choquette  
Bethany DeCarolis  
Amy L. Duhachek-Stapelman  
Greta Duncan Wiebe  
Michelle E. Ellermeier  
Kai Fu  
Catherine Gebhart  
Corrine Hanson  
Kim Haynes-Henson

Marcia Hess Smith  
Daniel W. Johnson  
Katherine J. Jones  
Sarah Keim Janssen  
Suhasini Kotcherlakota  
Jessica A. Kozel  
Matthew Lunning  
Kaleb Michaud  
Ashok Mudgapalli  
Audrey E. Nelson  
Amol Patil

Nicole M. Rodriguez  
Eric Rush  
Cody Sasek  
Kari A. Simonsen  
Jennifer Swantek  
Geoffrey A. Talmon  
Austin Thompson  
Toby Warden  
Sylvia Ziegenbein



# Elizabeth Beam, PhD, RN

College of Nursing

## Developing a Scholarship Program for the UNMC Interprofessional Academy of Educators

The focus of my leadership journey in iLEAD was to develop a scholarship program for the UNMC Interprofessional Academy of Educators. Increasing educational research and scholarship is critical to the recognition of UNMC and Nebraska Medicine educational programs as the most learner-centered university in health professions education, which is the first strategy in the UNMC Strategic Plan. Methods used to investigate the educational research needs on campus included meeting with campus leaders, surveying current academy members, and discussions with the Academy Leadership Team. Academy members have a varied background in scholarship related to education and teaching.

The project has resulted in the development of course materials for new educators and establishing a website section for Academy Scholarship, which will provide one-stop shopping for busy Academy members who are clinicians, researchers, and teachers. Future plans include programming in the next academic year dedicated to grant writing

and publication. Writing groups are another planned intervention for the future with multiple formats that are accessible to faculty interested in educational scholarship.

The long-term impact of this journey will be to make the Interprofessional Academy of Educators known across campus as a key organization to develop and promote key leaders in education measured by awarded grants, presentations, and publications.

In my first 10 years working at UNMC, I have been able to work on small, rigorous teams with enthusiasm and creativity. With my recent job transitions, my eyes have been opened to several incredible, innovative teams on campus. As I consider the next step on my leadership journey, I think about the many individuals, groups, Colleges, and organizations that have connections to the UNMC Interprofessional Academy of Educators. There are many strategic initiatives on campus where we are stronger connected than divided into our silos. It has been interesting to learn about my strengths and traits as a part of this leadership journey. The classes on negotiation and difficult conversations were especially helpful to me. Times of transition often create situations which require these skills. I look forward to inspiring educational researchers and guiding the innovation on campus related to healthcare education and interprofessional learning in these exciting times of change.

*“No major change in the world was ever accomplished by a rational strategic plan. It was accomplished by completely unreasonable people who dared to be bolder than everybody else.”*

~ Al Etmanski

# Thomas Brooks, MD Christopher Gillis, MD

College of Medicine

## Developing a Back Pain Symposium to Highlight the Spine and Pain Program

Back pain is one of the leading problems facing the general population and has been repeatedly shown to be one of the top reasons for patients to present to a primary care physician. As a result, primary care physicians are bombarded with these patients and with attempting to wade through the various treatment options to help patients with back pain. Due to frequent advances in technology, it is difficult for these primary care providers to realize the variety of treatment options available, the evidence for these treatments and then how to access these treatments and resources. Additionally, patients can be demanding due to the severity of the pain and this can often result in issues with over-prescription of pain medications, especially opioids, when other options may be available.

Deloitte consultant group, in their review of UNMC and Nebraska Medicine, proposed the creation of a comprehensive Spine and Pain program. The plan is to leverage the expertise that exists throughout the Neurosurgery, Orthopedic Surgery, and Anesthesia-Pain departments within Nebraska Medicine to provide the highest value comprehensive Spine and Pain program in the region. The plan includes processes to streamline care for our patients as well as provide strategic growth and capture targeted market share while meeting the needs of the region.

Central to the premiere of this program, we felt an educational program for primary care physicians to disseminate information concerning our available options in patient care was required and would provide significant value to all stakeholders involved in the comprehensive Spine and Pain program.

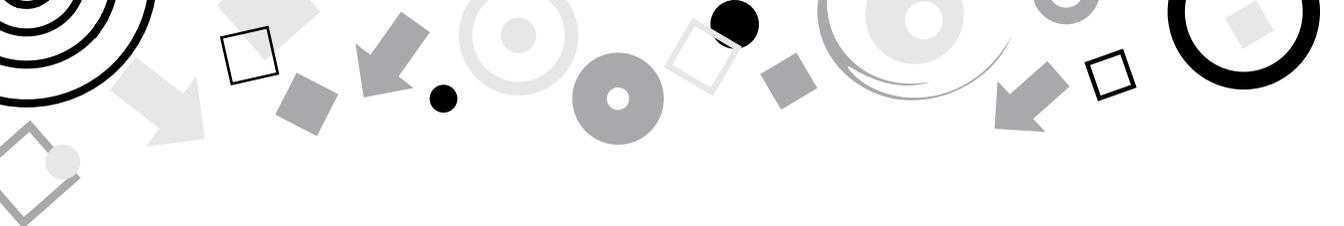
Our original thought was to develop this as a purely outreach program in the community, but along with marketing discussions, we decided to focus first on inreach for UNMC general practitioners and then, depending on its success, we could repeat the program as an outreach and even potentially a general public community program.

For our iLEAD project, we (Dr. Gillis and Dr. Brooks) decided to organize an initial inreach and outreach educational program, based at UNMC to reach out to primary care providers.

This would help to disseminate knowledge of the new Spine and Pain program and also provide teaching for the primary care providers on options available for the treatment of back pain ranging from medications and physical therapy to pain interventions and surgical options.

The beginning of our project involved reaching out to the administrators who were involved in the comprehensive Spine and Pain program and finding a contact point to help organize the program. This led us to the new marketing outreach team, where we had several meetings to outline the process.

To date, three physicians (one from the department of neurosurgery, one from pain medicine, and one from physical medicine and rehabilitation) have agreed to present at the symposium. The date and location are set. It is our hope that this will grow to an annual education event.



# Siddappa N. Byrareddy, PhD

College of Medicine

## Culture of Change

Culture of change is defined as alteration of an organization's norms by providing innovative management and leadership solutions. UNMC has a long history of producing successful graduates and providing the best clinical care. It is currently ranked amongst the top institutions in provision of primary healthcare in the US.

However, the basic/clinical science research component is not as highly ranked as other sectors of the institution. We have the best buildings, infrastructure and state-of-the-art equipment to carry out advanced research. However, in some units on campus there is lack of urgency to do things in real time/fast track our research commitments. This puts us at a disadvantage in this highly competitive world where often several competing groups race against one another to provide answers to cross-cutting scientific questions.

In this project, I would like to propose how to inculcate a culture of urgency for making our university's basic science/clinical research become a Top 10 research university.

To start this process I have spoken with a few faculty in my department; this will be followed by postdocs/students and staff, eventually extending to other departments and throughout the university.

My model for change is best exemplified by UNMC's response to incredibly successful treatment of Ebola patients two years back. UNMC clinicians and faculty were trendy and able to respond quickly and effectively to an emergency situation. This resulted in worldwide recognition of UNMC's excellence. I would like to see the same urgency and high quality work applied to everything we do. We need to strengthen our basic requirements at all the levels across the university and create an open-minded and competitive atmosphere.

I plan to come up with a blueprint to initiate this cultural of change university-wide.

I would do this using questionnaires, online surveys, etc. The other important change would be to involve young, talented, passionate clinicians/scientists at all levels in the university since they are next generation leaders. Finally, we will submit this document to our university president/chancellor's for their consideration.

*"Change is the law of life, and those who look only to the past or present are certain to miss the future."*

~ John F. Kennedy

# Martina A. Clarke, PhD

College of Medicine

## Impact of Age on User-Desired Preferences for the Personal Health Record

Personal health records (PHR) holds the promise to give patients greater access to health information. Despite mandates through meaningful use, adoption has been slow. A user's age at the time of exposure to technology influences adoption and use. We hypothesize the patient's age affects desired PHR preferences.

We performed a qualitative study of cardiology patient's preferences for care and analyzed the results based on the patients' age. Forty-six patients were recruited: 9 young adults (19-39 years), 12 middle-aged (40-64), and 25 seniors (65 and older). Three themes were identified:

### 1. Patient Engagement

Young adults favored mobile technologies and preferred text messaging while middle-aged patients preferred phone calls and seniors preferred direct interactions.

### 2. Patient Safety

Young adults preferred electronic summaries and medication reconciliation over a secure web service, middle-aged patients preferred paper-based or emailed summaries and medication reconciliation in person. Seniors preferred paper-based summaries and live reconciliation.

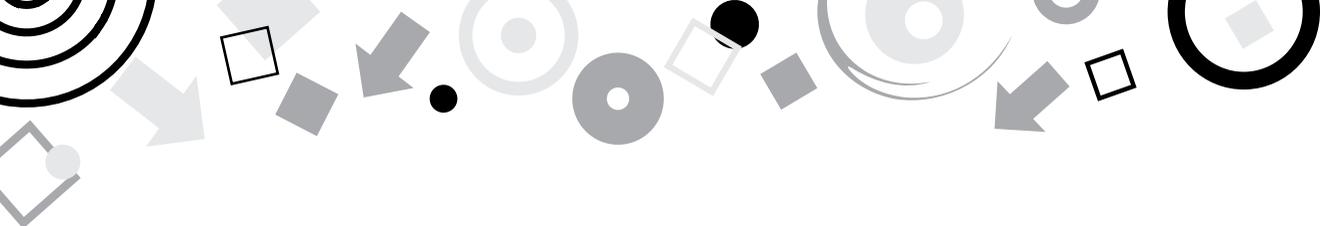
### 3. Technology

Young adults preferred smart phones, while middle-aged and seniors preferred tablets or PCs. Middle-aged were most concerned about computer security than any other group. A unique finding among seniors is the desire for caregivers to have access to their PHR.

My project is of significance to UNMC because it will increase patient access to their health information through the PHR. This project also satisfies one of the core requirements for Meaningful Use Stage 2.

On the next step of my journey, I would like to explore how to provide guideline-based care to rural Nebraska and black communities. Future leadership opportunities I am envisioning is to provide meaningful health education/information to black communities that will allow for better health decisions. My next stretch goal is to be principal investigator for implementing project ECHO in Nebraska to disseminate knowledge to primary care providers in rural and underserved areas so that they may care for patients in their communities. I would like to use my strengths in research to provide care for populations with health disparities.

Untapped skills I found in iLEAD is that I am better at coming up with strategic plans than I gave myself credit. I thought I lacked the ability to review a financial crisis and come up with feasible solutions. This focused development stimulated courage to reach out to colleagues from different departments with project ideas, which has been successful. I also feel more equipped to take the lead on projects and present confidently at national conferences.



# Martin Conda-Sheridan, PhD

College of Pharmacy

## Introducing Nanotechnology to the General Public

I believe the role of the educator goes beyond the covered material and/or the classroom. I think a broader teaching approach can be achieved on two main ways that can later be expanded:

1. Impart technical and scientific knowledge to the students coupled with high morals, ethics and social skills. In other words, help the students to become well rounded people.
2. Make knowledge accessible to science enthusiasts and the general public.

There is a large group of people eager to learn that may not have access to interesting scientific materials or need the scientific concepts to be delivered in a concise and simple way.

The goal of my iLEAD project is to make nanotechnology available to people everywhere. I want to build a short course composed of theoretical knowledge and multimedia tutorials.

This will allow a person with basic knowledge of science to understand nanotechnology and its potential applications. This course will explain what is nanotechnology, how do you make nanoparticles, how you can study them, etc. I will add a video tutorial where the different steps of the process (building a nanoparticle) are described with a detailed demonstration.

The tutorials will allow science teachers and researchers from other areas to start on this area of research. This project aligns very well with the Educational and Outreach vision of UNMC.

Eventually, I want to use this platform to build software that will allow people to design specific nanomaterials. The software will be simple enough that high school students will be able to use and should have visual features and theoretical insights that will encourage curiosity and frequent use. Thus, I hope it will help to introduce young people to nanotechnology while expanding the UNMC brand.

*I ponder about two quotes:*

- *“Whoever you are, Wherever you are, You only have to know one thing: you can learn anything.”*
- *“Everyone can Learn, Not just on the same day or Even in the same Way.”*

*These two phrases present enormous truths but they neglect a detail — you cannot learn if you do not have a “book” to read from or a teacher to teach you. **The goal of my project is to make sure every person can read the book and hear the teacher anytime and from everywhere.***

# Heather Cook-Mikkelsen, APRN, FNP-C

College of Nursing

## C<sup>3</sup> Enhanced Complex Care Management

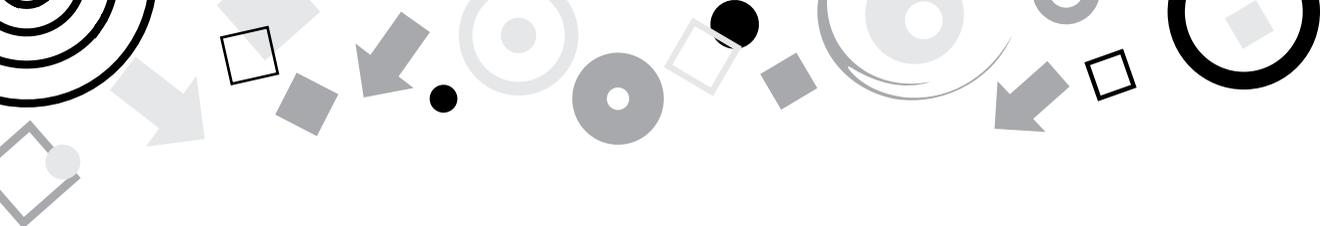
C3 is a practice initiative of UNMC College of Nursing composed of a statewide network of interdisciplinary teams with expertise in providing community-based services to complex high-cost, high-need patients, integrated either into or in collaboration with primary care practices.

This is an innovative approach to addressing the complex needs of a subset of patients that are frequently seen in the Emergency Room settings for primary care needs and are frequently readmitted to the in-house setting due to complications that may well be more social than medical in nature.

Healing is an important element in the strategic plan of UNMC. I see nursing innovations as uniquely poised to connect with this element as we address the needs of the whole person and the setting in which live, work and heal. New strategies for easing patient's transition back to home and life contribute not only to the well-being of the individual but the community as well.

*"Trust Thyself: Every heart vibrates to that iron string."*

~ Ralph Waldo Emerson



# Wael M. F. ElRayes, MB, BCh

College of Public Health

## Expanding the Role of the National Center for Health Security and Biopreparedness and the Global Center for Interprofessional Learning

UNMC was recognized, nationally and globally, as a center for excellence in preparedness and medical treatment during the latest Ebola epidemic. This culminated by being one of only three institutions in the U.S. that are the founding members of the unique project NETEC (National Ebola Training and Education Center).

This has fortified the position of UNMC as a leading national institute in training and preparedness and as a reference in best practices and guidelines. UNMC is pursuing a leading global position by collaborating with international partners. However, this is not enough.

UNMC is blessed with leadership envisioning the future. Two major projects, the **Global Center for Interprofessional Learning (iEXCEL)** and the **National Center for Health Security and Biopreparedness**, are projected to operate by late 2018.

These two projects have exceptional potentials to expand the role of UNMC in education, training, preparedness, quarantine, and treatment for some of the most complicated medical cases and public health emergencies.

Equipped with the most advanced technologies in simulation and training and coupled with unique expertise, these centers will affirm the leading position of the UNMC as an educational and training institute.

In order to maximize its benefits, UNMC should look beyond its geographic and political boundaries. UNMC can serve as a national and an international hub for training. Nationally, by offering these advanced trainings to a wide range of organizations including public health administrations, emergency teams, law enforcement, department of defense, department of agriculture, and much more. Internationally, UNMC can be the training center for organizations like WHO, UNICEF, MEDECINS SANS FRONTIERES, and other international NGOs, as well as ministries of health in other countries.

Many benefits can come with the proper marketing and utilization of those two centers including advancement in education, research, training, expertise, and finances.

# Alissa V. Fial, MA, MLIS

McGoogan Library of Medicine

## Development of a Mentorship for Academic Librarians

Mentoring at any stage in a faculty member's career is beneficial. In the initial stage of a career, it helps professionals orientate to the new organization or profession. As a faculty member, there are guidelines for promotion and tenure and career advancement. A formal mentorship program assists faculty in finding a network of individuals in which to collaborate and guide through the process. Individuals throughout their academic career need to be engaged and productive. Currently, there is no formal mentorship program for the librarians at UNMC. In the field of librarianship, mentor programs are available through professional organizations (e.g. American Library Association, Medical Library Association).

Reviewing the literature, I developed a proposal in which to develop a mentorship program for librarians through the NU system.

There are approximately 15 faculty members at the McGoogan Library of Medicine. Hoping to develop a small pool of librarians to serve as both mentors and mentees, I decided to expand the focus to librarians in the Omaha area, including working with UNO, NU with hopes to expand to the UNK.

Mentorship has been a significant need for me throughout my career. As a junior faculty member I am seeking opportunities for mentorship and, knowing I am not alone, I began interviewing other librarians from the NU system and working with the Mentoring Program at UNMC. A review of the literature has helped to establish guidelines for the proposal, including expectations for mentors

and mentees, how to establish partnerships between the mentor and mentee as well as an assessment.

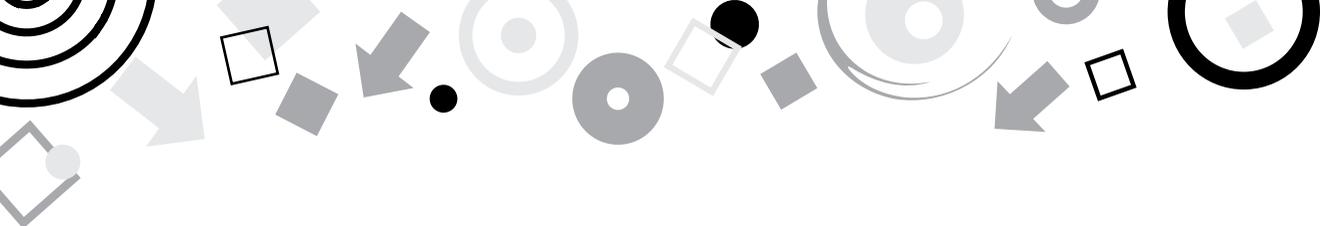
Working on this proposal has helped me expand my influence in the UNMC community and the NU system.

President Bounds notes we are one university and I want to look to colleagues who are going through similar experiences and help fulfill a need for individuals to advance their career and continued engagement across the career span. Utilizing Kotter's Model of Change and tools of negotiation, the project has begun to take shape.

In the next six months, I will be meeting with individuals at other sites to share the idea for the program in order to develop stakeholders and a number of individuals to act as supporters for negotiation and buy-in. In addition, this will help establish the pool of mentors and mentees, and a team of individuals to help facilitate the organization and maintenance of the program.

*"You gain strength, courage and confidence by every experience in which you really stop to look fear in the face. You must do the thing you think you cannot do."*

~ Eleanor Roosevelt



# Babu Guda, PhD

College of Medicine

## Approaches to Build a Precision Medicine Program at UNMC

Precision medicine is essentially a type of medical care that is designed to benefit a particular group of patients by using their genetic or clinical information. A number of diseases, particularly cancer, are genetically driven. So, by understanding the type and nature of gene mutations in a cohort of patients, medical care can be tailored to maximize therapeutic benefits for individual groups or even to individual patients.

Thus, my question is: Can we build a precision medicine program at UNMC?

The launching of a precision medicine program takes perfectly coordinated efforts by a large team of experts that includes oncologists, pathologists, coordinators, and personnel from tissue banks, patient registries, DNA extraction and sequencing facilities to generate genome sequencing data from patient samples. My group further analyzes these raw sequencing data using bioinformatics tools to identify the key mutations in the driver genes that dictate the neoplastic progression and response to therapies in cancer patients. As a researcher in Bioinformatics, I have been working on a breast cancer precision medicine project supported by the Fred and Pamela Buffett Cancer Center and various other groups on campus to explore the possibility of building a genomics-driven precision medicine program.

To date, my group has analyzed the tumor/normal matched whole exome sequencing

data from 420 breast cancer patients that have been treated at UNMC or its affiliated healthcare centers. I also lead the IBM-UNMC partnership at UNMC, which provides us access to IBM's 'Watson Genomics' software. We have analyzed the somatic variations observed in the 420 tumor samples using Watson Genomics and generated detailed reports on the actionable gene mutations with corresponding drug targets, recommended drugs and other important mutations without known drug targets. To date, we have fully streamlined the molecular profiling component of the precision medicine. Precision medicine requires the integration of different components that include collection of patient biopsies, molecular profiling using bioinformatics, integration of genomic and clinical data and Physician's report generation, review by tumor board and finally the treatment decision by the oncologist.

At UNMC, we have the infrastructure to perform most of these components independently. In the future, I would like to work with different leaders on the UNMC campus to streamline certain procedures and establish compliance with FDA regulations to develop a precision medicine program at UNMC.

# Nicholas Guenzel, PhD, APRN

College of Nursing

## Needs Assessment Tool for Homeless Individuals

Addressing health disparities is the first goal of the 2012-2017 UNMC strategic plan. Homeless individuals experience some of the greatest health disparities of any group. They have greater morbidity for most health conditions and experience a significantly shorter life expectancy than the general public. Services for individuals struggling with homelessness are almost universally overburdened and, as a result, staff have limited time to identify needs on either an individual or aggregate level. The lack of information impairs effective service referral and the establishment of the most needed service programs. Better information would allow individuals serving this population to help homeless people exit the cycle of homelessness more quickly.

For this project, I have adapted a Functional Assessment Rating Scale for homeless individuals in Lincoln. In contrast to existing versions, the adapted form has the advantage of being easily administered and tabulated in paper or electronic form.

I also developed training materials with video vignettes to provide the most realistic experience for trainees who will administer the tool.

Meetings with the People's City Mission director and management staff have resulted in their commitment to implement the project as they have seen the tool's potential value in

the services they provide. We are now in the process of scheduling the training.

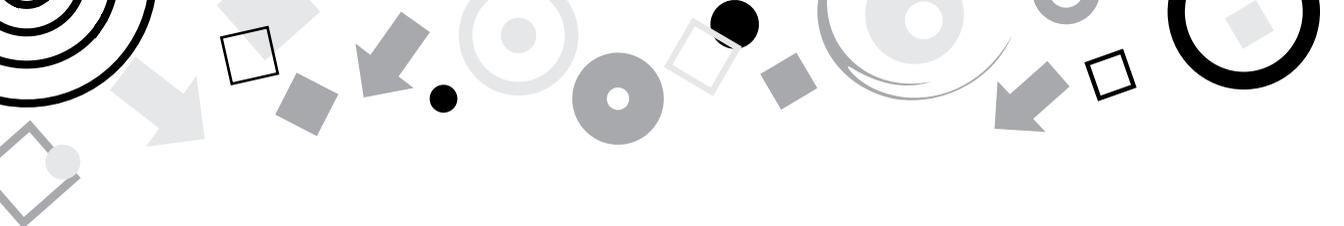
Once staff have started to administer the tool, they will be able to see its value on an individual level. In addition, I plan to work with them to analyze aggregate results for the shelter. This will highlight patterns of need that may not have been recognized during their work on an individual level. The People's City Mission is part of a regional association of homeless shelters which I believe would also benefit from this tool. I have told them I am willing to help with training and implementation at other sites also. This project has taken longer than I anticipated but I do not doubt that it will have a positive impact for homeless individuals.

My next steps in leadership will be somewhat different in that they will be focused on research. However, I will use the information I gained during iLEAD in recruiting research teams and help them progress through various projects.

In particular, iLEAD has taught me to pay more attention to each team member's interest in the project and their personal interaction styles.

*"Leadership is the art of giving people a platform for spreading ideas that work."*

~ Seth Godin



# Faye Haggar, EdS

College of Medicine

## Leadership in the Launch of the UNMC Digital Campus

### Question

Is UNMC prepared for the next generation of learning? How will the campus adapt to the changing needs of today's students and the high expectations for digital integration?

### Significance

In 2015, the Chancellor's Council agreed to roll out a program to develop and adopt digital curriculum delivery within the Colleges. This program would reinvent traditional learning on campus by leveraging interactive learning materials, a digital learning environment and emerging technologies for classroom and clinical training. The program became known as the UNMC Digital Campus.

My leadership role included creating, developing, and facilitating the Apple Initiative as part of the Digital Campus.

The initiative is designed to align with our values of innovation and excellence, is included in the 2015-2018 Strategic Plan, and enhances other UNMC programs, including iExcel and E-Learning.

### Methods

During the previous academic year (2015-2016), initial data was gathered through a student survey regarding technology use on campus. This provided information about preferred devices, how technology was being used in the curriculum, and the perceived needs of our digital learners. During this time, the Chancellor supported faculty training on Apple devices, which culminated with the Apple Cohort learning community.

As a member of the cohort, I was given the opportunity to attend the Apple Academy in Cupertino, California to become a trained Apple Learning Specialist for UNMC ... thus the start of my leadership journey.

As I moved into this academic year, my iLEAD year, I was able to build relationships with key stakeholders and have critical conversations with leaders across campus about the Apple Initiative. I attended a number of Deans & Directors Meetings, presented at the Chancellor's Council, worked with PR to publish stories in the UNMC Today, and filmed a segment of 'Under the Microscope' with Chancellor Gold.

### Results

With the support of the Education Council, I was able to publish the initial draft of the Apple Initiative Q&A document, which provides in-depth detail about the initiative. In January 2017, with the assistance of Faculty Development and the Apple program committee, we hosted a very successful Apple Digital Showcase, which highlighted the work of 16 innovative faculty and staff. Future developments include another round of faculty training on Apple devices and Colleges deploying devices to students.

### My Future Leadership Journey

As I transition into my new position with Anesthesiology, I'm excited for the leadership opportunities as I work with my colleagues to move the department's educational mission forward, which will include digital learning and leveraging mobile devices. The relationships I made and the foundation I helped develop during the launch of the Digital Campus are a tremendous asset to me and my future journey.

# Tanvir Hussain, MD, MSc, MHS

College of Medicine

## Quality, Value, and Population Health Transformation

While healthcare costs rise, gaps in the quality of care remain largely unchanged. Nearly half of patients in the U.S. still do not receive evidence-based chronic disease care. Driven by a mission to deliver extraordinary quality, safety and outstanding patient experiences, UNMC continues its own journey towards excellence. Recently named a five star Vizient organization, UNMC is now part of an accountable care organization (ACO), striving not only to deliver efficient, high volume care but also high value care to the population it serves.

Alongside a cadre of leaders driving this volume to value organization transformation, my deliverables as part of this journey have included:

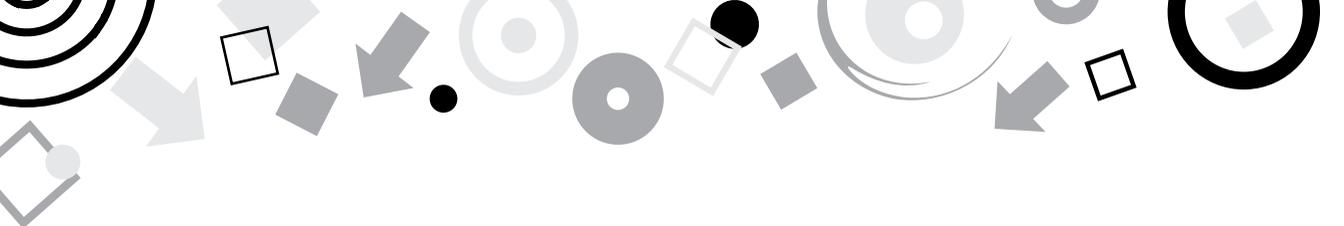
1. Provider education initiatives in quality, population health, and value. Over 450 employed physicians completed a minimum of five hours of education, and 90% of medical directors completed a twenty-hour quality & safety certificate, created in collaboration with the Hopkins Armstrong Institute. I have given over 50 grand rounds, led division and clinic meetings, and provided seminars to clinical and operational leaders on value-based care initiatives;
2. Collaborating with multiple stakeholders to align governing structures so that there is a single enterprise-wide ambulatory quality committee for Nebraska Medicine and a single clinical integration committee between

Nebraska Medicine and the ACO, which can prioritize and resource these population health initiatives. I co-chair both committees and serve as an executive sponsor for the ACO;

3. Engineering new tools to support clinical teams in this new care delivery paradigm, such as clinical quality dashboards, decision support, and clinical pathways, embedded within the electronic health records; these efforts have produced a two-decile improvement in our national performance across ACO quality measures over nine months;
4. Establishing diffusion of innovation networks to disseminate and encourage best practice. I have co-chaired the primary care network for nearly a year, and am actively building the medical specialties network.

As I grow as a leader, I seek to inspire colleagues not only to join in this transformation but also to help lead it within their individual divisions. I hope to surface how these changes are meaningfully impacting patients and our community.

Through these efforts, I strive towards emerging as a trusted leader in clinical integration, value-based care, and population health within the academic, clinical, and operational communities at UNMC and nationally.



# Perry Johnson, MD

College of Medicine

## Virtual Plastic Surgery Consult

### Purpose

Globalization, technology and a willingness of patients to travel have created a demand for the virtual consult. The goal of my project was to develop a mechanism for prospective patients to have an initial online consult with one of our plastic surgeons. Ultimately, my goal was to create new opportunities to connect with prospective patients and to expand our brand regionally, nationally and internationally.

### Methodology

I met and coordinated with our office manager, marketing, telehealth program manager, Patient Portal/One Chart team and IT to begin to develop a plan. Specifically, we needed a HIPPA compliant, private, secure and convenient mechanism.

Using the Vidyo software, a HIPPA/privacy compliant link can be established via the patient portal. Patient requests virtual consult. The provider signs into Vidyo to create a one-time meeting link. The link is then sent via the patient portal. An appointment is created in the provider schedule. At the time of schedule appointment provider clicks on Vidyo link to enter home consultation room. Patient will also have to click on the Vidyo link to enter

home consultation room. The results of the consultation are documented in the encounter.

The virtual consultation will be conducted in a quiet, closed exam room without distractions. There will be regular scheduled virtual consultation times built into provider schedules. Initial intake information will include topic of consultation, basic medical and demographic information and in many instances pictures. This information will be provided in advance of the virtual consultation for physician review.

### Results

Initial test run was successfully conducted on February 23, 2017. The program is projected to "go live" by April 1, 2017.

The virtual plastic surgery consult will allow us to expand our reach and brand in a progressive and tech savvy way.

*"A leader is one who knows the way,  
goes the way and shows the way."*

~ John C. Maxwell

# Susan Kelly, MD, MPH, FAAP

College of Medicine

## Creation of a Pediatric Emergency Medicine Fellowship Program

### Motivation and Purpose

Creation of a pediatric emergency medicine (PEM) fellowship program aligns with the UNMC strategic goal of enhancing and expanding excellent educational programs, as well as the Children's Hospital and Medical Center (CHMC) vision to be a global leader of children's health. PEM fellowships require collaboration between pediatric residency programs (UNMC-CUMC-CHMC) and emergency medicine residency programs (UNMC).

A PEM fellowship program has the potential to improve the quality of pediatric emergency care delivered at CHMC and UNMC and to enhance the education of pediatric and emergency medicine residents rotating through the pediatric emergency department.

### Process

At iLEAD's start, creation of a PEM fellowship program had already garnered CHMC support. The following stages are either underway or will need to be undertaken in the coming 12-24 months in order for a fellowship program to start in the 2019-2020 academic year:

#### Stage I: Dialogue with Stakeholders

During iLEAD, I met with the emergency medicine and pediatric residency directors, who are enthusiastic about developing a PEM fellowship. In the coming months, I plan to meet with division chiefs in pediatric anesthesia, pediatric intensive care, and trauma to discuss additional clinical educational needs for fellows.

#### Stage II: Educational Planning

Multiple regularly scheduled didactic sessions are required for PEM fellowship programs. Building on the currently scheduled PEM case reviews and lectures, I will apply to receive continuing medical education credit for a regularly scheduled morbidity and mortality conference. I also plan to collaborate with other pediatric fellowship program directors to determine the feasibility of a joint fellow research seminar that could meet the needs of all pediatric fellows at CHMC.

#### Stage III: ACGME Application

Once the groundwork for the program has been established, the formal ACGME application will be submitted.

#### Stage IV: Recruitment of Fellowship Applicants

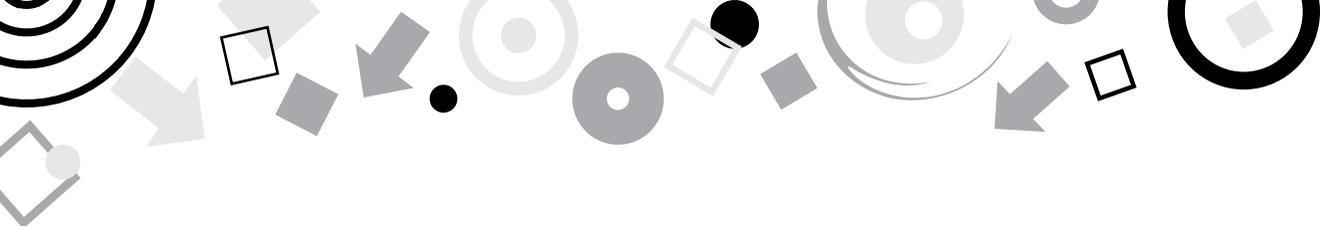
Ideally, fellow recruitment will begin in mid-2018 in order to match a fellow to start the 2019-2020 calendar year.

*"If your actions inspire others to dream more, learn more, do more and become more, you are a leader."*

~ John Quincy Adams

### Conclusion

Creation of a PEM fellowship program will benefit both UNMC and CHMC by expanding the PEM education of current pediatric and emergency medicine residents, which, in turn, will improve the quality of PEM patient care delivered at both institutions.



# Victoria Kennel, PhD

College of Allied Health Professions

## Promoting a Vision for Evidence-Based Interprofessional Healthcare Team Training

### Purpose and Background

Working in interdisciplinary teams is one of the Institute of Medicine's five core competencies that all healthcare professionals must possess to meet the needs of the 21st century healthcare system.

The purpose of my iLEAD project was to promote a vision for the integration of evidence-based approaches to improve interprofessional healthcare team performance and patient safety at UNMC and Nebraska Medicine.

I joined the UNMC Patient Safety Research Team as an Organizational Psychologist in 2015. This interdisciplinary research team has an extensive history of conducting TeamSTEPPS training in healthcare settings, supporting the implementation and integration of evidence-based strategies and tools into practice to improve team performance, and evaluating the impact of these efforts.

### Significance to UNMC

Teamwork is one of UNMC's six core ITEACH values. UNMC's proposed 2017-2020 strategic goals include preparing health science learners to deliver patient-centered care in team-based care models, and expansion of iEXCEL research funding to study human

factors—such as team performance—to improve healthcare quality and safety. We can support these values and strategic goals by integrating an evidence-based foundation for interprofessional healthcare team training, such as TeamSTEPPS, into interprofessional education and practice improvement efforts, and evaluating its impact.

### Approach and Initial Results

Kotter's eight stages of leading change guided our approach. Our team created a vision for the future of training students and professionals to work in high performing interprofessional healthcare teams. We identified and started to engage with key stakeholders across UNMC and Nebraska Medicine to promote our vision, share our expertise in TeamSTEPPS training and team performance evaluation, and discuss current examples of successful integration of evidence-based team performance tools and strategies in student educational experiences at UNMC and with professionals in healthcare organizations across the state. These initial efforts generated additional opportunities to explore the utility of a unified evidence-based framework to guide interprofessional healthcare team training.

### Next Steps in My Leadership Journey

I seek opportunities to leverage my expertise as an Organizational Psychologist to lead cutting-edge research and educational programs that prepare current and future healthcare professionals at UNMC and Nebraska Medicine to work in and lead interprofessional healthcare teams that provide high quality and safe patient care.

*"Where there is no vision,  
the people perish."*

~ Proverbs 29:18

# Shelby Kutty, MD, PhD, MHCM

College of Medicine

## Advanced Cardiac Imaging Fellowship

Currently there is no advanced training program available for cardiac imaging in Nebraska or adjoining states. My project was to develop a one-year training program in advanced cardiac imaging at UNMC that will provide comprehensive and balanced exposure to the most up-to-date clinical training, education and research in cardiac imaging. The goal of this one-year fellowship will be to provide advanced experience in all modes of cardiac imaging, including transthoracic, transesophageal and fetal echocardiography, magnetic resonance imaging, computed tomography, as well as clinical research.

### Key Deliverables

The key deliverables included (a) training curriculum, (b) guidelines for clinical competency, (c) specific guidelines and objectives for multiple modalities of cardiac imaging, (d) numerical benchmarks for each modality, (e) assessment of competency and level of independence in performing and interpreting, (f) imaging laboratory management training including staffing, scheduling, reporting, quality assurance procedures, and billing. This will not be an ACGME approved program.

We had discussions with the hospital administration with detailed census data and demonstrated competencies of the non-invasive imaging faculty. It was demonstrated a fellowship-training program was feasible and numerical benchmarks would be met. The financials for the fellowship were worked out with the hospital administration. Target completion dates were set by a steering committee. The curriculum, guidelines and objectives were also set. Subtasks of protocol

development and implementation were made, and competency guidelines were determined.

### Major Challenges

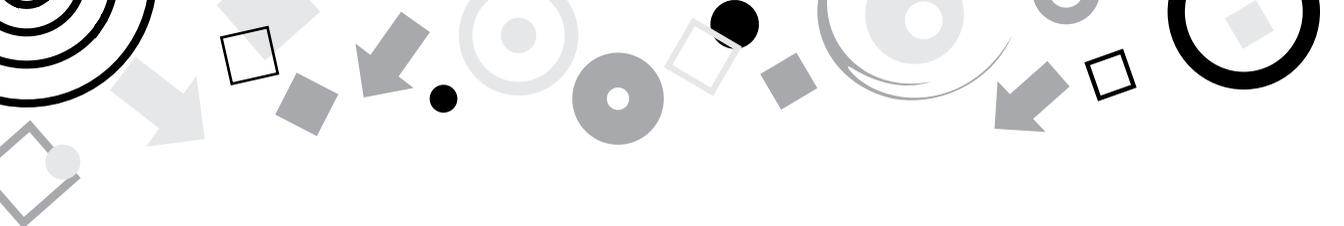
There were major challenges including obtaining approval and funding, negotiating a dedicated fetal echocardiography day for teaching, securing additional time during transesophageal echocardiography, and resistance from technologists in implementing modified imaging protocols. Each challenge provided an opportunity to test my leadership and negotiations skills.

### Lessons Learned

There were lessons learned in the process:

- Implementation of a new program in a hospital involves considerable dedication, time and patience.
- The value of the hospital hierarchical network needs to be recognized, and steps taken accordingly for every negotiation.
- Every stakeholder needs to feel valued; therefore an open line of communication is a must at all times.
- There will be resistance to change and it is important to mitigate these processes slowly and with patience.
- Be prepared to trouble shoot and modify plans should hurdles arise.
- Interdepartmental coordination requires sharp negotiation skills.

Goals have been achieved to commence the fellowship from Sept. 1, 2017.



# Robyn Mendenhall, MSN, RN

College of Nursing, Lincoln Division

## Developing a Teaching Mentorship for New Faculty

### Motivation and Purpose

The College of Nursing, Lincoln Division, currently does not have a structured and consistent new faculty orientation process or mentorship program. New faculty members do not have a mentor to go to for information, questions, or support.

Due to the inconsistency of information provided and lack of a structured support system, new faculty may not be fully aware of expectations, resources, and processes within the College of Nursing and UNMC.

The purpose of this project is to create a mentorship program for new faculty hires to the College of Nursing, Lincoln Division.

### Methods

I had discussions with both new and tenured faculty about the orientation process. I also conducted a needs assessment from faculty hired within the last three years. Leadership has been receptive to the idea of mentoring.

A pilot program was launched in fall 2016 but has not met consistently since November.

*"The greatest leader is not necessarily the one who does the greatest things. He is the one that gets the people to do the greatest things."*

~ Ronald Reagan

I met with the designated mentor for this program, and my involvement in structuring and guiding this process was welcomed. The intention is to keep the program and have more mentors involved. Expansion into specific areas such as classroom teaching and clinical education are important topics for mentors to discuss with new faculty. Mentors will also provide guidance and instruction on how to navigate educational challenges. An expectation of the mentor is to meet with the new faculty member on a weekly or bi-weekly basis the first semester of teaching and then as needed in subsequent semesters.

### Implementation and Results

The mentorship will start in fall 2017 for newly hired faculty. I hope to have a standardized and consistent mentorship model in place for all teaching areas by fall 2018.

The Lincoln Division will have faculty who are prepared and confident to handle and accept the challenges and rewards of teaching.

I look forward to seeing the power of mentorship in the development and success of new faculty.

My leadership journey involves developing and maintaining relationships. I believe in helping others be successful which is what drove me to select my project topic. I want to lead by example.

# Kimberly Michael, MA, RT(R), RDMS, RVT

College of Allied Health Professions

## Master of Healthcare Delivery Science Program Proposal

Allied Health professionals represent approximately 60% of all healthcare providers in the United States. As these professionals advance in their careers, many transition from their clinical areas of expertise to roles with increased responsibilities related to clinical teaching, management, and quality improvement. Roles that require additional knowledge and training.

In alignment with UNMC's mission to provide premier educational programs with access to all communities, the College of Allied Health Professions (CAHP) is finalizing the details on a new online degree program, Master of Healthcare Delivery Science (MHDS).

Working closely with the CAHP Assistant Dean for Academic Affairs, I had the opportunity to experience the process of taking a new degree proposal through the University and Nebraska's higher education systems.

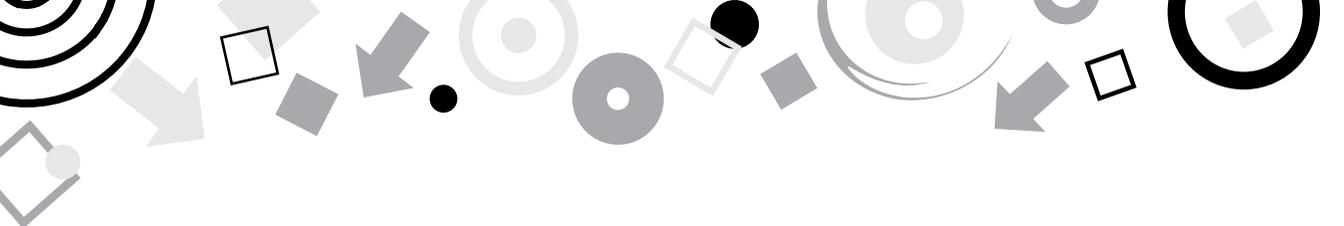
This project allowed me the opportunity to practice and refine many of the leadership skills addressed in iLEAD, particularly the importance of contacts and communication to leadership. Ideas and programs do not advance in a siloed environment. Guidance by an interprofessional advisory council introduced me to other leaders and faculty on campus, opening doors for future opportunities. Conflict and challenges are inherent when leading a group or project, but if managed effectively, contribute to an improved outcome. Education is becoming a business. The insight into budgetary

*"If your actions inspire others to dream more, learn more, do more and become more, you are a leader."*

~ John Quincy Adams

processes and UNMC's close ties to the State of Nebraska emphasized the importance of financial accountability and sustainability in a newly proposed program like the MHDS. Finally, the responsibility of a leader to recognize the diverse skills, talents, and behaviors of the individuals they manage and create opportunities for them to be successful as individuals while advancing the mission and goals of the organization.

As the iLEAD program concludes, I will continue to seek opportunities to practice, explore, and expand my leadership skills.



# DJ Murry, PharmD

College of Pharmacy

## Development of a Personalized Therapeutics and Translational Research Service

Personalized therapeutics and translational research involves utilizing pharmacokinetics (PK), pharmacodynamics (PD) and pharmacogenomics (PG) to enhance the optimal use of drugs. The UNMC strategic plan identifies the need for increased drug development, personalized therapeutics and additional new core resources. A clinical pharmacology laboratory that can develop, apply and extend PK, PD, and PG to the UNMC environment and beyond addresses this need.

My goal in developing this service is to help establish UNMC as a leader in drug discovery, development, translational research and personalized therapeutics in the community, nationally and internationally.

To start the process, I met individually with stakeholders to evaluate their needs, work load, and current processes. A group meeting was arranged to identify feasibility of first, establishing a smaller core focusing solely on PK and PD in drug development, i.e. a core for investigators performing animal studies who require bioanalytical, PK and PD expertise. The anticipated costs, resources and financial

plan for the proposal have been identified. My assessment is that a personalized therapeutics and translational research service should be implemented over a two- year period, with years 0-1 focusing on the development of a PK/PD bioanalytical core (i.e. translational research and animal studies PK/PD core), and years 0-2 to focus on precision medicine (i.e. strategies to individualize drug therapy using PK/PD/PG).

The implementation timeline focuses on three major areas: preclinical drug development (i.e. assay development, animal PK/PD service, interspecies scaling), translational research (i.e. first in human dosing, pediatric and adult dosing, optimal study design, PG) and precision medicine (i.e. PK/PD/PG relation, implementation of clinical pharmacogenetics implementation consortium drug (CPIC) guidelines, development of precision medicine guidelines for newly marketed compounds). Discussions are ongoing regarding the establishment and funding of the preclinical drug development core.

The iLEAD program has provided the opportunity for me to identify areas of strength and develop strategies to improve areas for continued growth.

Applying the skills I have acquired through the iLEAD program will help make me a better leader throughout my career. The focused development in iLEAD has motivated me to enhance my leadership skills and strengthened my desire to make a positive impact at UNMC.

*"A good leader gets people to follow him because they want to, not because he makes them."*

~ Tony Dungy

# Arwa Nasir, MBBS, MPH

College of Medicine

## Pediatric Primary Care Fellowship

The role of pediatric primary care has evolved over the past few decades to encompass a wide range of preventive and therapeutic roles. These include prevention, screening, early identification and treatment of an ever increasing range of clinical conditions.

Behavioral and mental health disorders are currently the most common category of chronic conditions in children and adolescents. One in five children in the U.S. has a diagnosable behavioral or mental health disorder. Accidental injuries (likely secondary to high-risk behavior) and suicide and the first and second most common cause of death in children and adolescents ages 10-24. Other emerging epidemics such as the obesity epidemic, which affects 17% of the U.S. children, have heavy behavioral components and constitute a growing population in primary care.

The pediatric primary care office is often the first line of contact with families of children with behavioral concerns and offers a unique opportunity for prevention, as well as early detection and intervention. Primary care pediatricians are the de-facto behavioral and mental health providers for children and their families.

Current pediatric residency training continues to focus largely on the inpatient management of severe disease, with disproportionately less attention to primary care issues, especially behavioral and mental health conditions.

The goal of this one-year fellowship is to fill this gap in training and produce primary care pediatricians with the

knowledge and skills necessary to address primary care morbidity including behavioral and mental health issues.

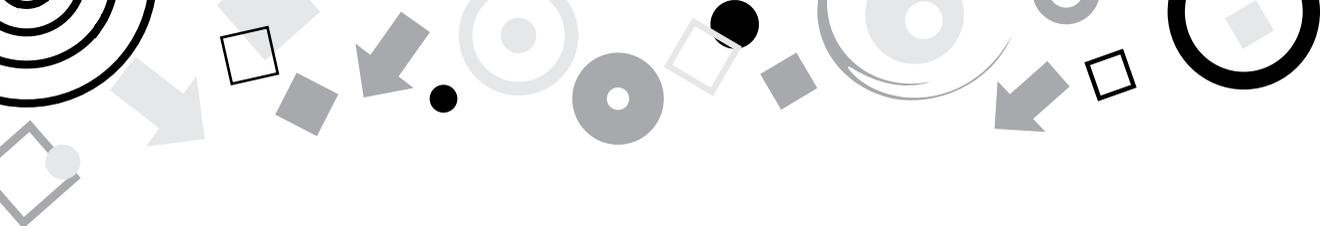
Additionally, the program aims to provide trainees with the skills necessary to lead future primary care research that can advance the practice of primary care pediatrics.

A multidisciplinary team participates in the planning and implementation of the fellowship. The disciplines involved are General Pediatrics, Pediatric Infectious Disease, Developmental Behavioral Pediatrics, Pediatric Clinical Psychology, Family Therapy, Child and Adolescent Psychiatry and Public Health.

The fellowship curriculum consists of clinical, didactic and research components. The goal is to promote a focused approach to primary care practice and to contribute to primary care research.

This fellowship is the first of its kind in the country and can serve as a model for other training programs in the field.

UNMC has always been a leader in primary care education and training. This project leverages the institution's strength and continues in the spirit and tradition of innovation in primary care.



# Amy Nordness, PhD, CCC-SLP

Munroe-Meyer Institute

## Future of RiteCare of Nebraska

Munroe-Meyer Institute (MMI) Department of Speech-Language Pathology has operated the RiteCare Clinics across Nebraska since the 1970s. The Scottish Rite Masons of Nebraska have dedicated their philanthropy to providing speech and language services to the children of Nebraska without regard for a family's ability to pay in order to lay the speech and language foundation to enable children to become lifelong learners. Despite the generosity from the endowment to provide services at no charge to families, and their desire to expand services, the financial structure does not allow for continued growth. In 2016, almost 400 children received a total of approximately 6,300 speech-language therapy sessions at no charge.

As the Scottish Rite Assistant Professor, and in support of UNMC and NM's strategic plan to develop and implement clinical program growth, I proposed a structural and financial change to RiteCare's clinics to allow for new growth.

I proposed to begin billing insurance companies for speech and language services, use RiteCare funds to cover non-reimbursable costs, and use the projected income of \$100,000-\$350,000/per year to reinvest in RiteCare for future growth. This would still allow families to receive services at no cost and ensure a revenue stream to allow for future growth.

Current RiteCare Clinics in Omaha, Lincoln, Hastings, and Kearney could be expanded or new clinics established.

I made this proposal to the Scottish Rite of Nebraska leadership team in Omaha. They agreed to allow the proposal to be presented at the Nebraska Scottish Rite Orient Council Meeting in Kearney. After my presentation and question and answer session, a vote was held and 100% of the members voted in favor of exploring the new funding proposal. This was an important step that needed to be in place before further development. I will continue to work with the leadership team in Omaha on rolling out the program in the next calendar year.

*"It is not the strongest of the species that survives, nor the most intelligent, but the one most responsive to change."*

~ Charles Darwin

I will continue with my goal of developing the Speech-Language Pathology Department into a nationally recognized clinical, educational, and research program, but I would like use this experience to explore a future leadership role beyond my department in leading all clinical programs for children with disabilities. I am not afraid to make difficult decisions and I have strengths in visioning, developing staff, and facilitating change. I would like to use these skills to support an innovative, comprehensive clinical program for children with disabilities.

## Kyle Ringenberg, MD

College of Medicine

### Initiation of Early Recovery After Surgery (ERAS) Program at Nebraska Medicine

Patients seek care at Nebraska Medicine expecting the best possible medical care and overall experience available. We strive to meet these standards every day using intellect, compassion, skills and a work ethic every Nebraskan would be proud of. At the same time, we are experiencing longer than expected wait times, patients receiving care in hallways and an overall shortage of resources. These issues are not unique to Nebraska Medicine, but they affect every patient cared for here, either directly or indirectly.

I am an anesthesiologist who views these issues from the lens of a perioperative physician. Mounting evidence in medical literature describes the idea that implementing ERAS programs can decrease average lengths of stay, decrease complications and improve patient and practitioner satisfaction — freeing up resources and beds for others. The key to successful implementation of ERAS programs is the development of a multidisciplinary team who seeks to employ up-to-date, evidence-based strategies to decrease surgical stress and optimize care.

In January, I led a team of three anesthesiologists and two surgeons to Miami to attend a seminar on ERAS implementation. We developed ideas and protocols that we felt would fit for Nebraska Medicine. Next week, I will present an overview of my vision for ERAS at our institution. I am continuing to seek ERAS champions in a variety of specialties and areas to grow our interdisciplinary team. We also are acquiring data to help quantify what

the potential benefits of ERAS could mean to the hospital, both financially and logistically.

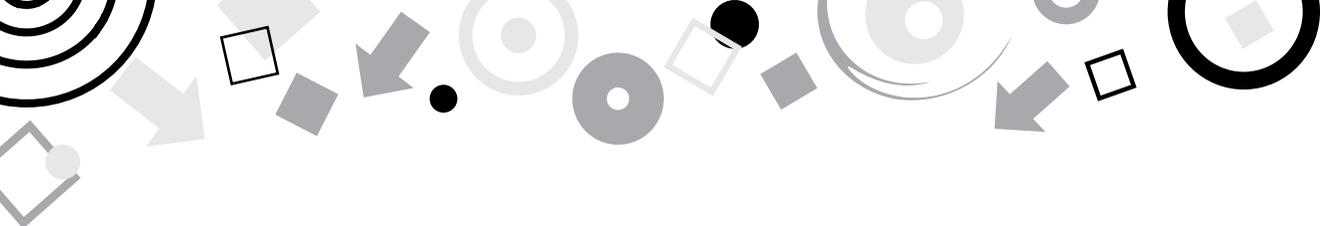
Soon, we will begin educating surgical services, nursing units, and ancillary staff about the change in mentality necessary for ERAS programs to truly succeed.

As a leader, I form connections with others easily and effectively. During iLEAD, as I sought to expand my influence, I have noted that others respond favorably when I voice opinions, something that I was somewhat reticent to do previously. This will be vital in developing the team aspect of ERAS.

The ERAS program will continue to evolve as it grows, and it will help Nebraska Medicine to provide the best possible care and overall patient experience.

*“One of the most important things you can learn in football and in life is to be comfortable in uncomfortable situations.”*

~ Tim Albin  
University of Nebraska  
Tight Ends Coach 2001



# P.J. Schenarts, MD, FACS

College of Medicine

## Successful Leadership on a Stage Larger than Nebraska

### Significance

Patients from all 50 states and around the globe travel to Nebraska Medicine for highly specialized care. While this builds our national and international reputation, it is also of only modest impact. A more effective method to expand our reputation is by leadership in national organizations. Organizations are larger, have members from many states and more influential than any single program, regardless of how successful.

In addition, by virtue of the fact that promotion and tenure requires establishment of a national reputation, Nebraska Medicine already has a large pool of people who are required to carry our flag in an unlimited number of areas. This is an opportunity of boundless potential. At present, however, Nebraska Medicine does not have a mechanism to maximize the effectiveness of leaders specifically focused on a national stage.

### Purpose

Produce a living and enduring leadership guide that our faculty could use as they advance in regional, national and international associations.

### Methods

Semi-structured interviews were performed in person or via telephone with a convenience sample of leaders of national associations. The

focus was on lessons learned and advice they would give to a person about to assume the leadership within a large professional medical association. The advice was then grouped by theme and summarized.

Interviews were conducted with 14 former, current or past presidents of national associations, including:

- Association for Surgical Education (3 past presidents, the current president, and the president elect)
- Association for Program Directors in Surgery (4 past presidents and the current president)
- Eastern Association for the Surgery of Trauma (2 past presidents)
- American Association for the Surgery of Trauma (president elect)
- Society of University Surgeons (past president)

### Outcome

The general themes were:

- Organizational advancement:
- Making a durable impact
- Required leadership skills and responsibilities
- Mistakes and unanticipated difficulties

The specific advice within each will be archived and shared with assistant and associate professors in the Department of Surgery.

*"When you're riding ahead of the herd, you have to look back now and then, to be sure they are still with you."*

~ Roy Rogers

# Lisa L. Schlitzkus, MD, FACS

College of Medicine

## TRAUMA IS 24/7: And There's an App for That!

I am developing a smartphone application (App) funded through my faculty diversity grant for our trauma service with an anticipated completion date of June 2017, allowing for editing prior to our American College of Surgeons (ACS) verification visit in September 2017.

This App formalizes a curriculum for our millennial learners in multiple medias they demand (video, radiographic images, illustrations, and photos).

We spend 30 minutes each morning teaching about the presentation, diagnosis, and treatment of traumatic injuries or patient care issues (e.g. hypoxia management) based on our current patients. Because of patient variability, each month's learners may not be exposed to the same topics. Recording these sessions and including the literature in the App ensures that each cohort will have equal access and more consistent exposure to the curriculum.

Currently, our protocols and policies are not readily accessible. No central repository exists for these documents, supporting literature, and practice management guidelines. The App will combine all of this information in one place available at our fingertips. The evidence-based medicine focus demonstrates for the learner how to critically evaluate the literature and question if it applies to their patient.

The App provides the foundation for numerous research opportunities.

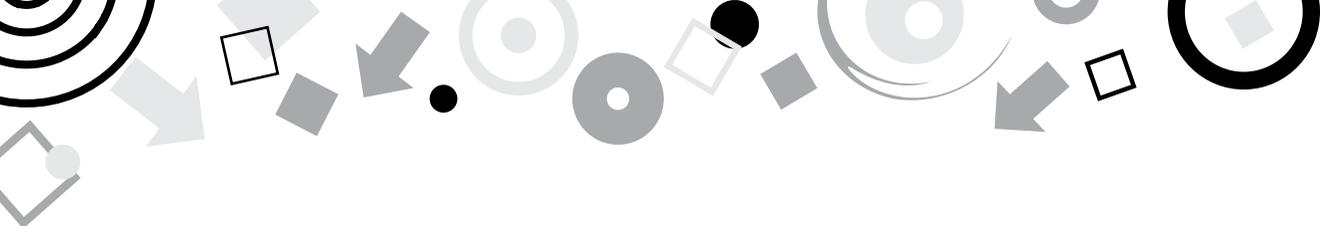
By including a mechanism to capture complications and measure the number of times a protocol has been viewed, we can track protocol compliance and complication incidence before and after implementation. These innovative mechanisms used to identify quality issues in our patient population and how we address them are sought after by the ACS. The ownership of complications helps the learners see themselves as the patient's physician and provides data for research opportunities.

The next phase of my leadership journey is to coordinate with Patient Experience to seek funding for the App's expansion to include a patient centered portal with a goal of greater patient satisfaction as they transition to their next phase of care.

This App represents my leadership journey as I seek to become the Trauma Medical Director. Prior to iLEAD, I had never created a storyboard, solicited development proposals, signed a non-disclosure agreement, or sought college administrators' approval of funding re-allocation. iLEAD honed my leadership and communication skills and gave me the confidence in my personal strengths to help me accomplish the above.

*"Leadership is the capacity to translate vision into reality."*

~ Warren Bennis



# Daniel Surdell, MD

College of Medicine

## Skull Base Surgery for the Medical Student

Nebraska Medicine and UNMC provide premier educational programs that impact our communities.

Specialty surgical services who traditionally attract some of the finest medical students in the country have a limited exposure to medical students.

I have worked to help design and build a state of the art skull base lab. This lab is currently used to educate residents primarily in Neurosurgery and ENT.

The next step is to introduce our medical students to skull base dissections in Neurosurgery.

This will allow them to participate in hands-on dissections thereby exposing them to this rewarding field.

Hopefully, it will encourage our students to further engage and explore specialty surgery fields as a possible career and attract more students at UNMC to Neurosurgery.

The exposure to the skull base lab will provide a more in-depth look at Neuroanatomy from a surgical viewpoint.

# Melonie S. Welsh, MS

Munroe-Meyer Institute

## Community Engagement

The Munroe-Meyer Institutes's (MMI) mission is to lead the world in transforming the lives of all individuals with disabilities and complex healthcare needs, their families and the community through outreach, engagement, premier educational programs, innovative research and extraordinary patient care.

MMI is in a unique position to leverage clinical, research, program, and educational expertise. To advance this mission, I was recruited to create and define the position of Director of Community Engagement.

Utilizing a unique set of experiences and skills developed at iLEAD, I am creating synergies between providers, agencies, and stakeholders to build ongoing, permanent relationships with MMI.

These relationships will result in the mutually beneficial exchange of knowledge and resources as well as partnerships and reciprocity, creating a collective vision to improve the lives of individuals with disabilities and complex healthcare needs.

Active listening skills will facilitate the identification of current and anticipated factors that impact our community engagement efforts.

### **Value, Develop and Maintain Strong and Authentic Partnerships with Community-Based Organizations and Agencies**

- Take and follow lead.
- Respect and utilize stakeholder expertise.
- Intentionally share leadership and strengthen relationships.

### **Engage Partners in the Full Range of MMI Processes**

- Initiate community engagement early in every activity, infusing it into the processes of assessment, planning, implementation and evaluation.

- Include culturally specific conversations.
- Collaborate with communities and share how programs have been impacted.

### **Visibly Support Authentic Community Engagement at All Levels of the Organization**

- Leadership visibly supports community engagement through communications and actions.
- Staff provides knowledge, skills and abilities to facilitate engagement efforts.
- Communicate clearly and honestly to build mutual trust and facilitate mutual accountability.

### **Direct Resources and Design Systems to Support Community Engagement**

- Provide resources to authentically engage community partners.
- Coordinate efforts across the institute and learn together from successes and challenges.
- Position descriptions, recruitment and hiring practices, recognition and reward programs reflect the value of community engagement.

### **Community Engagement Efforts Intentionally Advance Perceived Inequities in Focus on Specific Client Groups**

- Provide interaction with community groups across a variety of diagnoses, degree of impact, or other indicators or providers of service.

Looking forward, facilitating change will build stronger networks across diverse communities to advance the empowerment of this fragile population.



# GREAT LEADERS DRIVE CHANGE

by inspiring a shared vision

..... and .....

# EMPOWERING OTHERS

to willingly travel the journey with them.

Vice Chancellor H. Dele Davies, MD, MS, MHCM



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