



New Horizons

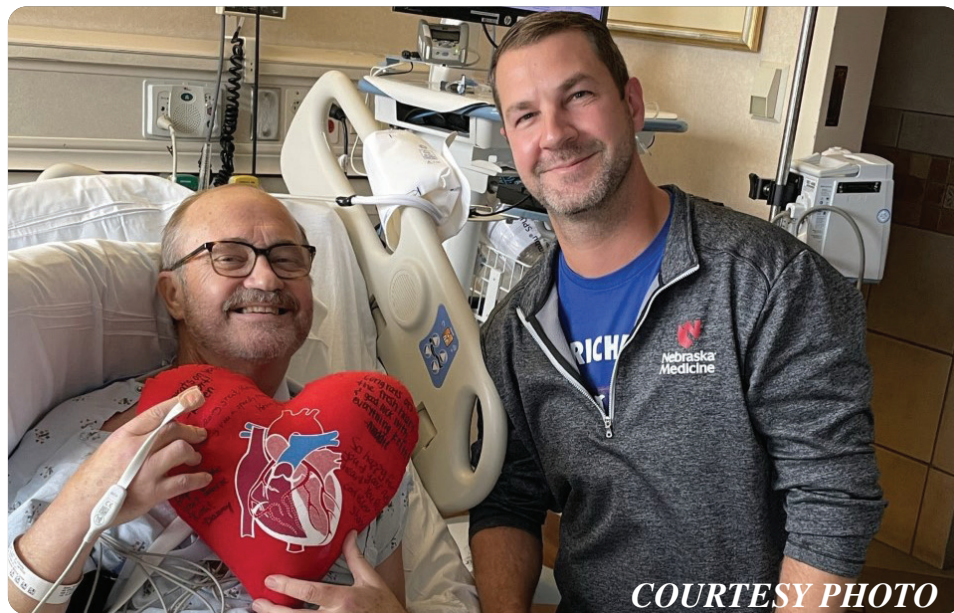
He's back practicing medicine, delivering babies, sharing his story

EDITOR'S NOTE: This story reported by New Horizons contributing writer Leo Adam Biga uses excerpts from a book he co-authored with its subject, Dr. Keith Vrbicky.

By Leo Adam Biga

Life was good for Dr. Keith Vrbicky as Labor Day 2021 approached. Little did he know the greatest trial of his life soon awaited. The board-certified Norfolk OB/GYN physician with 13,000-plus newborn deliveries and countless surgeries to his credit has been a beloved, trusted figure in that northeast part of the state. In a career dedicated to health and medical education, he's shared best practices with residents, interns and peers, advised patients, and connected colleagues over four decades.

The Creighton University and Creighton Medical School graduate was a Creighton faculty member and winner of that school's top teaching prize. He moved to Norfolk in 1984 to join a CU mentor, the late Dr. Patrick Heffron, in private practice. Vrbicky expanded services by creating an urgent-care and family clinic. Always on



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the cutting edge, he launched a telemedicine company, AET, with local, national and international clients. More recently, he added a mobile health clinic. Serving others stems from childhood, when he worked in his family's Clarkson, Nebraska general store. In choosing medicine he heeded the advice of town doctor, John O'Neill. Vrbicky, a devout Catholic who considered the priesthood, has long viewed his work as vocation and ministry. He

volunteers with his church and the Knights of Columbus.

Things could not have been better heading into fall 2021. Even the pandemic was easing. This husband and father of six enjoyed a thriving practice and business. He and his wife Karyn, a former registered nurse, were happy empty-nesters and doting grandparents. Their life together revolved around routines and traditions that gave them comfort, none more than their family

and faith. On the near horizon was the marriage of their youngest, Michaela, and the onboarding of Keith Jr. into his father's practice.

Then a personal health crisis that no one, least of all Vrbicky himself, saw coming turned his idyll into nightmare. In less than a month he went from seemingly perfect health to a diagnosis of acute congestive heart failure to getting placed on the transplant list to being matched with a new heart to undergoing a transplant at Nebraska Medical Center in Omaha. Being a transplant recipient is humbling. Vrbicky never forgets he's alive today only because someone registered as an organ donor and then died, their heart harvested and transplanted in place of his own within a critical span of time. His donor remains anonymous.

The sheer magnitude of it all has given him a deeper understanding for how precious life is and for how interconnected we all are. He shares his story in the new memoir, "Forever Grateful: The Gift of New Life from Organ Donation" (Graham Publishing Group), at

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Older adults help train fledgling medical pros

By Andy Bradley
Contributing Writer

These could be scenes right out of Doogie Howser, M.D., or St. Elsewhere. Maybe even Grey's Anatomy. Young medical students or junior residents tested to the max by overbearing and highly demanding attending physicians. Only, in the case of those pursuing a medical degree at the University of Nebraska Medical Center (UNMC), the most impactful teachers may not be professors at all. Instead, ordinary folk playing the role of patients and caregivers are employed to act life-like scenarios intended to test the knowledge, skills and bedside manner of those who aspire to the title of "Doctor."

A team of 75 amateur actors, called "Standardized Patients," are the keystone of The UNMC Human Simulation program. Standardized patients portray not just persons

seeking treatment, but family members and others involved with the care of the "patient." And because many real-life patients and caregivers are older, a comparable percentage of the part-time standardized patients employed are seniors, including several in their 80s.

Human simulation sessions take place in and around the new UNMC Davis Global Center on the northeast corner of 42nd and Leavenworth Streets.

The program offers learners a meaningful way to put book learning into practice before coming face-to-face with actual patients.

"If you think about all the classes someone has to take and then putting that into practice in front of a real patient – that is a big step," said Sarah Kriss, who has managed the Human Simulation program for five years. "So instead of learning on the

--Simulation continued on page 8.



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Whispering Roots, Inc. is an award winning, IRS certified 501(c)3 organization that is dedicated to bringing healthy fresh food, nutrition education and innovative agriculture techniques. Learn about how Whispering Roots makes an impact in the community on Page 16.

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job with actual patients, we give them the opportunity to learn with practice patients.”

The interactions with standardized patients start soon after the first class in medical school commences, and continues at all stages of their training, including possible residencies and fellowships.

“Within the first couple of weeks in medical school they’re meeting with a standardized patient,” said Kriss, “just to get used to talking with someone.”

These early encounters progress from simple procedures like checking a patient’s reflexes, to more challenging conversations such as confirming a cancer diagnosis.

Learners pursuing careers in every conceivable medical discipline are involved, from future family physicians, internists, obstetricians, psychiatrists and neurologists to physical, occupational and speech therapists, mental health professionals, pharmacists, physician assistants, nurse practitioners – even athletic trainers – the list is extensive. This means the standardized patient must be flexible and adaptable – prepared to mimic a patient with high blood pressure this week, then someone with advanced cancer the next.

The program supports advanced learners as well, including long-tenured professionals who are seeking

ways to enhance their skills and broaden their knowledge.

Think of it as spring training for doctors.

The case scenarios are diverse and often challenging for both the learner and standardized patient.

For example, Bill Rucker was asked to play a father who, for religious reasons, was reluctant to authorize a blood transfusion for his son. The med student practiced how to communicate with empathy and understanding while also stating firmly and under no uncertain terms that a court order could be issued if the father continued to block treatment.

Rucker, who is 83 (and is not the oldest participant) has also played an unconscious man who had fallen from a 35-foot scaffold. In this scenario, six actual trauma doctors engaged in continuing education from throughout the state were in the staged emergency room discussing approaches to the patient’s urgent care.

He has also portrayed a grandfather who just learned his 19-year-old grandson had died while his parents were out of town. How to break shattering news is part of the training and learning experience.

More typically however, Rucker portrays patients with common health conditions. He estimates, for example, that he has received 26 hearts scans in the past several months.

Elisabeth Barrett, the



COURTESY PHOTO

With the help of older adults, UNMC host, a Standardized Patient or Simulated Participant (SP), which is a person who has been trained to portray the roles of patients, family members, or professionals (confederates) in simulation.

Marketing and Production Coordinator for the program, described other scenarios, some of which may be videorecorded for education and training purposes. In one case, the patient couldn’t speak after a stroke, and the paramedics-in-training walked through stroke response protocols, which were then incorporated into a training video. The sequence took place in a fully-furnished and equipped apartment at the Davis Center, which is used for realistic training for physical and occupational therapists, home health aides, paramedics, and others.

Mannequins may be used in conjunction with standardized patients, too. They can simulate heart attacks, strokes, even give birth. In one scenario the life-like mannequin was a patient

experiencing a heart attack and medical students were administering CPR. Then, the spouse (a standardized patient) entered the room unexpectedly and descended into paralyzing fear and panic upon witnessing the life-threatening emergency. On the spot, learners had to calm and console the spouse while resuscitating her husband.

Perhaps the most stressful, fearful and realistic scenarios involve domestic violence and active shooters. Standardized patients don body suits, which ooze fake blood and reveal gapping wounds and bruises. The training may involve first responders, tactical response teams, peace officers, and trauma team members.

Since standardized patients are provided details of the case in advance, they can opt out of scenarios they deem too taxing or stressful.

“We need to ensure that they’re comfortable with it,” said Kriss. “A lot of cases we have can be really personal.”

Conversely, learners enter a scenario with a moment’s notice.

Opting out is not an option.

Regardless of the scenario, standardized patients will meet with faculty before the session, so they understand its education objectives, “to make sure they understand what the faculty is wanting them to portray,” said Kriss.

UNMC is recruiting more standardized patients.

“We really need people who care about education and want to have a positive impact on the future of healthcare,” said Kriss. “We look for people who can memorize information and portray that accurately.”

While acting is a part of the job, “we don’t necessarily need people with acting experience because it is not necessarily a performance,” said Kriss. “It’s just an ac-

curate portrayal of a patient or someone who cares about a patient, like their spouse, parents or grandparents.”

She added, “Generally here we are just looking for people who care and can actually put themselves in the shoes of the patient or caregiver.”

“It’s also a way to impact the future of healthcare. That one interaction that the student or learner has with you can potentially stay with them through the rest of their career,” Kriss said.

“It’s a great gig for retirement,” she concluded. Participants typically work a morning or afternoon session at least monthly. Many work considerably more often. “They sign up for whatever they’re interested in and available for.”

New hires shadow experienced standardized patients at least twice. “They just get to observe, to see how it works . . . We want to make sure we set them up for success. There are some people who go through that process and once they’ve seen it is action, decide it isn’t for them. And that’s fine.”

Rucker has participated for about a year.

“I enjoy it immensely. It’s a privilege, an opportunity and a challenge to be in the program,” he said.

He added, “It’s an opportunity to see these people at work and I marvel at what they do.”

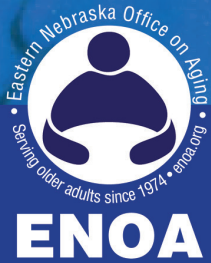
Rucker recommends the program for other retirees.

“It’s a way to work with a very well-organized program that is very supportive of the people involved,” he said.

He continued, “I don’t look at it as a job, although I do get paid. That’s the attitude the whole place has.”

To explore the program further, contact Sarah Kriss at (402) 559-8542, or sarah.kriss@unmc.edu. The program’s website is www.unmc.edu/iexcel.

Come join us as a Senior Companion and bring a smile to a fellow senior in your community!



For information to become a Senior Companion Volunteer, call 402-444-6536.