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 as vocation and ministry. He 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 --Vrbicky continued on page 9.

Whispering Roots grows

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.
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, nurses—practitioners—everyone in the list of training 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. “I 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 portrayed 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 heart scans in the past several months. Elisabeth Barrett, the Marketing and Production Coordinator for the program, described other scenarios, some of which may be video recorded for education and training proposes. In one case, the patient couldn’t speak after a stroke, and the medical-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. 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 educational objectives, “to make sure they understand what the faculty is wanting them to portray,” said Kriss.

UNMC is recruiting more standardized patients. “We need to ensure that we set them up for success.”

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.

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**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 (confidantes) in simulation.**

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