Medical practice has changed dramatically since the advent of the modern medical school in the early 1900s. One of those changes is the provision of health care by persons other than licensed physicians often referred to as mid-level providers. Previously, other terms such as “physician extenders” or “non-physician providers” have been used. But the nurse practitioners (NP) and physician assistants (PA) we talked to prefer the term mid-level provider.

The first PA program started in 1965 and the first Nurse Practitioner program started in 1972.

PA students have long been a feature of the pediatric clinic at UNMC. The first PA training program began in 1965 at Duke University Medical Center in North Carolina. Dr. Eugene Stead selected advanced trained Navy corpsmen returning from Viet Nam. The curriculum was based on the “fast-track training” of physicians (less than the traditional 4 years) used during WWII. There are now 134 PA programs. The typical program is 24–25 months, UNMCs is 28 months. It began in 1975 and the students complete 128 credit hours before they graduate with a Masters degree. The majority of students nationwide have an undergraduate science degree and average about 45 months of prior health care experience before enrollment. UNMC’s program requires a Bachelor’s degree. More than one-half the programs award a Masters degree.

The first NP program began in Colorado around 1972. Dr. Henry Silver and Loretta Smith identified a need for primary care for children in the area. There are 91 nurse practitioner programs in the US. Admission requirements are that the student must already have a Bachelor of Science degree in Nursing. The Pediatric nurse practitioner program at UNMC awards a Masters Degree at completion. All students must complete 49 credit hours and 600 physical hours in the actual practice of pediatrics under the supervision of both an NP and a Pediatrician. A full-time program is 24 months. The majority of students have had many years of experience as registered nurses.

After graduation from an approved program, a PA student must take and pass a national certifying examination. This is also true for the NP student. Neither profession has a post-graduate training requirement (e.g., residency). However, to maintain licensure, both must show evidence of continued competency in their profession. A PA must complete 100 hours of continuing medical education every 2 years. They also need to be recertified every 6 years. An NP must show evidence of 20 contact hours of continuing education credits yearly as well as at least eight hours of practice every week.

The supervising physician sets the activities and the limitations of practice for mid-levels.

A typical day for each of the mid-levels is also quite similar. Both practice under the supervision of a physician, but neither must be physically located with their supervising physician. In fact, for PAs the Nebraska State Law states that a PA may “practice medicine and surgery as an agent of the physician.” The exact...
The Buzz from Bruce . . .

By Bruce Buehler and John Walburn

Thirty years ago, clinicians provided direct service with very limited resources and minimal personnel. Today, the complexity of dealing with pediatric patients with multiple system involvement requires a team. This interdisciplinary/multi-disciplinary approach to children has become the norm and is required to solve the multifaceted issues of children’s health. Newborn hearing screening, metabolic disorders and early diagnostic procedures have identified children with many special needs early in their life, requiring multiple specialties to maximize their abilities. The role of the Nurse Practitioner, Social Work, Physical Therapist, Occupational Therapist, Psychologist, Nutritionist, and multiple physician inputs have required a multi-disciplinary clinic to deal with a significant number of pediatric patients. It is estimated that 15% of all children have significant special needs, and that as many as 20% of children require a multi-disciplinary approach, including educational support, transition, and chronic care.

The Pediatric medical student curriculum has become complex. It is clear that some students are overwhelmed by the idea of having so many disciplines involved with each child. It is not just direct care and diagnosis of something as simple as otitis media, but working with families, caregivers, school personnel, and obtaining funding for the child’s care. These are new concepts that were difficult to assimilate initially, but I believe the Department of Pediatrics has provided one of the excellent models for interdisciplinary/multi-disciplinary approaches to children. Over the next ten years, the practitioner will become more and more dependent on the multiple disciplines necessary to provide the best care for children with special needs, chronic illness, and life threatening illnesses. I am proud of all of the members of our department for being willing and able to work with all professionals, because the basic belief is that whatever is best for children is what must be provided.

The Department has provided one of the excellent models for interdisciplinary/multi-disciplinary approaches to children.

To quote Dr. John Walburn:

“I firmly believe that mid-level practitioners should be the primary care providers for children. We, as pediatricians, can see an infant one or two times, and if they are healthy, the odds are overwhelming that they will remain healthy, other than acute illnesses. After about six months of age, it is not the physical examination performed by a pediatrician that picks up abnormalities. It is the height, weight, head circumference, developmental surveillance, hemoglobin, lead screen, vision screens, hearing screens and the other routine tests performed by our nursing staffs that show problems.

We in urban areas should be practicing that secondary level care that is practiced outstate. What do the pediatric subspecialists have that general pediatricians don’t? They have the time to spend with a kid with complex problems. They don’t have to see three well babies and two earaches in the next hour. A competent general pediatrician should almost never have to refer kids with headaches, acne, eczema, asthma, allergies, chronic abdominal pain, recurrent urinary tract infections, febrile seizures and many more conditions that my subspecialist friends tell me that they see all the time. If mid-level practitioners are providing the primary care in our practices, in conjunction with us, we would have the time to spend evaluating, treating and educating families about these conditions.”

Nursing Changes over the Years

By Donna Kuntzelman, Administration

Today’s health environment is consumer driven, multicultural, and multigenerational. Nursing has been forced to compromise and work with the consumer. This is quite different from the past when nurses were there to assist the doctor and take orders from the doctor in caring for patients.

One of the main reasons for this trend is the Internet. Today the patient can go online and find answers to their medical questions, thus increasing their own knowledge base.

There is also the trend of services being migrated from the hospital to the community. Home care and other community-based services have grown to accommodate more elderly, more chronic illness and more primary care.

Today’s nurse needs to build on the trust that already exists between the patient and nurse. In addition nurses need to be flexible and be ready for changes as they come about.
PEDIATRIC INTENSIVE CARE UNIT RENOVATED

BY PASCALE LANE, UNMC PEDIATRIC NEPHROLOGY

In November 2002 the newly renovated north wing of the Pediatric Intensive Care Unit (PICU) opened for business. This former step-down unit had been closed for a year.

The area includes 6 new rooms for patients plus a central desk and other support areas. A treatment room was added that can be used for inpatient or outpatient procedures under anesthesia by mask or intravenous sedation. The treatment room now features an undersea theme with SpongeBob SquarePants and his pals. Recently, one oncology patient decided to change his scheduled spinal tap from the Post-Anesthesia Recovery Unit to the PICU. “Well, the SpongeBob room is pretty nice, and I think it’s really great that the nurses have a special room like that for kids like me. I’ll go there, and it’ll be fine.”

The room is also being used by gastroenterology, nephrology, and pulmonary doctors for special procedures. Tom Poulton, MD, a pediatric anesthesiologist and PICU specialist, works to make the area fun and kid-friendly. In addition to these clinical titles, Dr. Poulton is a clown who has presented papers on clowning for sick children and occupational safety issues for clowns.

The southern wing of the PICU was remodeled in 1997. It contains 8 beds and support areas. The two wings share a central reception area and parents’ waiting area.

HEALTH CARE (continued)

The word used to describe the role of the physician with a NP is “consultant”, but the role is the same for both.

NPs and PAs are practicing in both urban and rural settings.

The supervising physician sets the activities and the limitations of practice for mid-levels. The vast majority of mid-levels provide routine medical care for infants, children and adolescents in a fashion that is virtually indistinguishable from each other and from that of a physician. And, while there are major restrictions placed on mid-levels for certain prescriptions (i.e. mid-levels may prescribe narcotics for the relief of pain for only 72 hours without refills and they may not prescribe stimulant medications for the treatment of attention deficit disorder), all other routine prescriptions are written by mid-levels.

What a PA and a NP does every day varies with training, experience and state law. Both PA’s and NP’s scope of practice corresponds to that of the supervising physicians. In general, many of the same types of patients routinely seen by the physician are also seen by the mid-level practitioner. Where much of the differences currently exist in Nebraska is in the rural areas where mid-levels are now providing patient care that was, in the past, provided by the physician. In addition, mid-levels are now working along side physicians who were originally in solo practice, thus giving the physician the chance to take a day off or take a vacation. This has really improved the life style of many rural physicians and has also allowed communities to have a resident health care professional where one had not previously existed within the community.

The future looks bright for mid-level practitioners. NPs and PAs are practicing in both urban and rural settings. Across the nation, both are primarily involved in delivering primary care. However, within urban Nebraska (Omaha and Lincoln), mid-levels are beginning to provide specialty care under the supervision of specialty physicians. This is true in the case of diabetes, gastrointestinal disorders and neurosurgery.

In rural areas mid-levels are now providing patient care that was, in the past, provided by the physician.

Mid-levels are beginning to provide specialty care under the supervision of specialty physicians.

Another reason for this degree of optimism about the future of mid-level practitioners is that physicians are finding that the amount of time available to talk with their patients is quickly disappearing and that the mid-level practitioner is still able to spend that additional time talking with, examining or educating patients. This allows no diminution in the quality of medical care provided within the practice and insures that patients in Nebraska still have access to high quality medical care irrespective of whom they actually “see” for their care.
NEBRASKA REGIONAL CYSTIC FIBROSIS CENTER
BY PRISCILLA PHILLIPS, PEDIATRIC CARDIOLOGY

“65 Roses” reads a Nebraska license plate in the Omaha area. This is a phrase based on the mispronunciation by children of “cystic fibrosis”. Behind this subtle reminder to all who follow is the fact that over 30,000 children and adults in the United States are affected by the genetic disorder of cystic fibrosis. Patients and families in Nebraska are fortunate that one of the oldest centers in the United States, established in 1955 by Dr. Gordan Gibbs, is here at the University of Nebraska Medical Center.

Over 30,000 children and adults are affected by cystic fibrosis.

After Dr. Gibb’s retirement in 1981, Dr. John Colombo assumed the responsibilities as Director of the Nebraska Regional CF Center. With his training and expertise, the center has continued to grow with the addition of pediatric pulmonology. At that time, the average life expectancy for individuals diagnosed with CF was age 14. In 2002, due to great strides in research and care, that figure is 32 years of age and is lengthening annually. To keep in step with this progress, the Adult Cystic Fibrosis Program at the Regional Center was added in 2001 and is led by Dr. Peter J. Murphy. The Nebraska Center has one of the highest percentages of patients over 21 years of age.

The Nebraska Regional CF Center is one of 125 centers accredited by the governing body of the Cystic Fibrosis Foundation. The Nebraska Center is ranked at the highest level given. The core team consists of three CF trained pediatric pulmonary physicians: John Colombo, Paul Sammut, and Gerald Judy; three CF trained adult pulmonary physicians: Peter Murphy, Austin Thompson, and Anthony Floreani; nurse practitioners Toni Blazek and Jill Fliege; nurse specialist Barb Simaneck; respiratory therapists Pat Robshaw and Sandy Strzelke-Raven; a dietician Brigid Mordeson; social worker Laura Romero; and the program coordinator, Dee Acquazzino, who has been with the program for 25 years.

In 1981 the life expectancy for people with CF was 14 years. Today it is 32 years of age.

The team cares for over 250 pediatric and adult patients in Nebraska and Western Iowa with clinics in Holdrege, North Platte, Norfolk, Fremont, and Lincoln. It is one of the larger CF Centers in the nation. They also are active in multiple clinical trials and drug studies aggressively seeking answers and “adding tomorrows everyday.”

ISLANDS OF CODING BY JULIE MILLER-KLINE, PEDIATRIC CARDIOLOGY

Surrounded by the natural beauty of the island of Oahu, Diamond Head and Waikiki, the 11th annual American Academy of Professional Coders conference gave coders the opportunity to come together to share their knowledge, gain new skills and expand their professional network.

Dawn Goodsell, Julie Miller-Kline, Jan Smith and Lori Zielinski are the certified professional coders for the Department of Pediatrics.

Julie Miller-Kline, pediatric cardiology, attended the conference along with 14 other coders from the Omaha and greater Nebraska area. Over 1300 coders from around the United States as well as international coders from Singapore and the Bahamas gathered in Honolulu, HI to "Island Code".

Keynote topics included The Power of Vision, a Journey through Healthcare and Challenging Unfair Health Plan Business Practices. Medical coding teams are crucial to every medical practice bottom line. Coders are knowledgeable, accountable and aware of the importance of accurate procedural and diagnostic coding. Correct coding practices also optimize reimbursement.

The American Medical Association is actively involved in helping providers enforce prompt pay laws, access appropriate health plan complaint forms and combat unfair reimbursement practices. Interestingly, Nebraska is one of only three states that does not have a prompt payment law. Other topics presented at the conference included compliance issues, basic and advanced procedure coding, legislative issues, VA coding and HIPAA privacy laws.

The Greater Omaha chapter of professional coders was named Chapter of the Year in 2001 and second runner up in 2002. The Omaha chapter is the first chapter to broadcast monthly continuing education classes via the internet.
**PEDIATRIC PICKS**

**DIALYSIS SERVICES MAY**

BY PASCALE LANE, PEDIATRIC NEPHROLOGY

A unique clinical service at University of Nebraska Medical Center is Pediatric Nephrology. Children in Nebraska and surrounding states can access specialists in the diagnosis and treatment of kidney disorders and hypertension through clinics at UNMC and Children’s Hospital. Dialysis and transplants are currently provided through the Nebraska Health System Kidney Center. Currently, the NHS Dialysis Units provide chronic dialysis for most children in the region, as well as dialysis services for patients at Children’s Hospital. Changes may be coming up for these patients as NHS considers sale of its dialysis services to a private company.

Pediatric dialysis presents many special challenges for a kidney center. Because children vary so much in size, a wide variety of equipment must be kept on hand, and personnel must be kept up to date on its use. While most children with end-stage kidney failure are directed to home peritoneal dialysis, some are best served by hemodialysis. This requires approximately 12 hours each week in a treatment unit. Many units in the state of Nebraska will not do pediatric patients; many children must travel to Omaha for their treatments. Once transportation time is factored in, this may result in a good deal of absenteeism for school age children. Preschool children present other problems; they have to sit still for 3 to 4 hours at a time. Provision of tutoring and Child Life services is extremely important for maintenance of a high quality of life for these patients, even though these services are generally not covered by Medicare or other insurers.

**FRED MCCURDY LEAVING UNMC FOR TEXAS**

Dr. Fred McCurdy will be leaving in May to become the Regional Chair of Pediatrics at the Texas Tech Medical Center in Amarillo, Texas. The department provides General Pediatrics and subspecialty services for a 4 state region (Colorado, Oklahoma, New Mexico and Texas) due to the unique Texas geographic location of Amarillo.

The subspecialties that are represented by the faculty are currently Adolescent Medicine, Developmental and Behavioral Pediatrics, Cardiology, Critical Care, Gastroenterology, Genetics, Hematology/Oncology, Neonatology, and Pulmonology. Additional services are provided in Endocrinology including Diabetes, Nephrology, Neurology, and Infectious Disease either by sub-specialists that travel in from Fort Worth or Lubbock and/or by sub-specialists in private practice in Amarillo.

Northwest Texas Hospital is the major inpatient teaching facility and has a 30 bed neonatal intensive care unit and 10 bed pediatric intensive care unit. A forty bed “children’s hospital in a hospital” opening October 2003, will then be the final part of an integrated women, infant’s and children’s unit all occupying contiguous space within the hospital. A very busy pediatric clinic rounds out the clinical services portion of the department.

The Department also has teaching responsibility for third and fourth year students and maintains Pediatrics and Medicine/Pediatrics programs with a total of 6 house officers in each year of training.

When asked what he felt were his major accomplishments, Dr. McCurdy paused and said that he was recruited to Nebraska as an educator. He went on to say that he was “most proud of the work I did in redesigning the third year Pediatric clerkship”. This resulted in his being able to create very close relationships with almost every pediatrician in Nebraska and allowed for starting the eight-week out-state third year Pediatric Clerkship experience. It also afforded him the opportunity to become the department liaison for volunteer faculty in the appointment and promotion process.
NEW RESIDENTS TO BEGIN JULY 1, 2003
BY CINDY COLPITTS, RESIDENCY COORDINATOR

The following are the results of the residency match for the 2003–2004 year. The following will be first year residents starting July 1: Rosanne Bosch from the University of South Dakota School of Medicine, David Duensing from the Des Moines University Osteopathic Medical Center, Nathan Forbush from the New York Medical College, Fifth Pathway, Kamilla Lucht from the University of North Dakota School of Medicine, K.C. Marler from the University of Washington School of Medicine, Kelli Pauling from the University of Iowa Carver College of Medicine, Amanda Puentes from the University of South Florida College of Medicine, Randy Richardson from Brown University School of Medicine, John Schmidt from the University of Nebraska College of Medicine, Sara Tisdale from Creighton University School of Medicine; and Monica Toscano from the University of Texas Medical School at San Antonio. Jill McGee from the University of Nebraska College of Medicine will be the UNMC Med/Peds first year resident and Shannon Hoos, Creighton University School of Medicine; Kirti Gupta, Creighton University School of Medicine; Venkata Kondisetti, Gandhi Medical College, Hyderbad; and Savio Reddymasu, Kasturba Medical College of Medicine, Mangalore, India are the Creighton University Med/Peds first year residents. Our best of luck to these first years and we look forward to working with you for the next three years.

Dr. McCurdy is responsible for the departmental plans for volunteer faculty appointment/reappointment and promotion in the College of Medicine.

In fact, by his efforts the Department created one of the only comprehensive departmental plans for volunteer faculty appointment/reappointment and promotion in the College of Medicine. This has resulted in the promotion of many volunteer faculty as well as “long-deserved recognition for what our volunteer faculty members do to support the teaching mission of the university.”

After a bit more digging around to find out about Dr. McCurdy’s other accomplishments at UNMC, it was discovered that he has worn many “hats” during his nine-plus years here. This is a partial accounting of those “hats”. He was the primary author for the College of Medicine’s Quality Management Implementation Plan, he was a major force behind the College of Medicine being awarded two interdisciplinary teaching research grants totaling over $500,000, as the University Medical Associates (UMA) Associate Compliance Officer he re-engineered the UMA Compliance Program to be more “physician friendly”, and in his spare time he created two very visible and successful management/leadership programs for faculty and staff at UNMC – the highly regarded Administrative Colloquium and the less well-known UNMC-NHS Canedy Program.

And if that is not enough, he also helped resurrect the Junior Leadership Training Conference for the MidAmerica Council of the Boy Scouts of America, served on the boards of the Red Cross Regional Blood Services and Boy Scouts, completed Leadership Omaha, and got his MBA from the University of Nebraska at Omaha.

Dr. McCurdy has worn many “hats” while at UNMC.

Dr. McCurdy started his career in Medicine at the University of Nebraska Medical Center by earning both an MD and PhD in 1976. He then joined the US Air Force and completed his internship and residency at the Lackland Air Force Base in Texas.

He then completed a fellowship in pediatric nephrology at the University of Minnesota in Minneapolis. Upon completion of his fellowship, Dr. McCurdy returned to Lackland Air Force Base as Chief, Pediatric Nephrology in 1981. In 1986 he became Director of Medical Student Education in Pediatrics at the F. Edward Hebert School of Medicine in Bethesda, Maryland. Dr. McCurdy remained in this position until 1989 when he became Director, Educational Affairs, Department of Pediatrics Uniformed Services University of the Health Sciences at the F. Edward Hebert School of Medicine in Bethesda. In 1993 he retired from the service at the rank of Colonel and came to Nebraska as Associate Professor in the Department of Pediatrics, UNMC. In 1998 he became the Associate Chair for Pediatric Education in the Department and was promoted to Professor in 2002.
CLINICAL GENETICS

BY JENNIFER BAUCH, PEDIATRIC INHERITED METABOLIC DISEASE

The Munroe-Meyer Institute for Genetics and Rehabilitation (MMI), is at the heart of clinical genetics.

MMI specializes in working with persons with genetic disorders and developmental disabilities. Clinical services are provided in an interdisciplinary and collaborative environment to support individuals with special healthcare needs, as well as their families. Services are provided within MMI, at NHS, and in outreach clinics in the Omaha area and throughout Nebraska.

GENETICS CLINIC

At the genetics clinic, Brad Schaefer, Bruce Buehler, Richard Lutz, Ann Olney and others evaluate and diagnose congenital anomalies. Patients with complex needs receive genetic counseling for recurrence risks and family implications, identification of resources, advanced laboratory testing and coordination of care and treatment. Direct services such as diagnosis, interpretation of risks, supportive counseling and suggestions/referrals for further management are provided.

MMI staff, including staff from the Department of Pediatrics, participate in a variety of unique interdisciplinary clinics including neurogenetics, neurosensory genetics, Muscular Dystrophy, hereditary cancer, Fetal Alcohol syndrome, endo-genetics, cleft lip/palate, complex craniofacial, children with developmental anomalies, and helmet clinic. DEVELOPMENTAL MEDICINE CLINIC

At the developmental medicine clinic, you are likely to find Cindy Ellis or Howard Needelman, who are also part of the Department of Pediatrics. This interdisciplinary clinic provides comprehensive care to young children suspected of having disabilities or developmental delays.

When a physician suspects delays in a child’s development, the family may be sent to MMI’s developmental medicine clinic to see developmental pediatricians, nurses, physical and occupational therapists who provide family-centered care. Clinical services include the assessment, diagnosis, treatment and ongoing management for a variety of developmental, behavioral and emotional disorders in children and adolescents.

Clinics staffed by developmental and behavioral pediatricians include the Cerebral Palsy Clinic, Developmental Pediatrics Clinic, Neonatal Follow-Up Clinic, Neurobehavioral Clinic and Myelodysplasia Clinic. DIABETES AND ENDOCRINE CLINIC

Also working with the genetics and developmental medicine clinics is the diabetes and endocrine clinic which is staffed, in part, by Kevin Corley, Earline Edwards, Alice Jardee, Richard Lutz and Kathy O’Malley from the Department of Pediatrics. This clinic provides a comprehensive multidisciplinary approach to children and adolescents with diabetes and endocrine disorders. MMI provides inpatient and outpatient services for newborns through 18 years of age to evaluate and treat diabetes mellitus and other various disorders. These services include an age-appropriate education program for the newly diagnosed child with diabetes and the parent or guardian. This program includes follow-up education at quarterly clinic visits and by telephone.

The endocrine clinic diagnoses and treats thyroid, adrenal, growth problems, pubertal delays or advancement, and other various diseases. Outreach clinics are held in North Platte, Hastings, Lincoln, Norfolk and Kearney.

METABOLIC CLINIC

Drs. William Rizzo, Richard Lutz and Horacio Plotkin, from the Department of Pediatrics, among others, participate in the metabolic clinic. This clinic is provided in conjunction with MMI and Children’s Hospital for the diagnosis and treatment of children with inborn errors of metabolism and related genetic diseases such as PKU, Sjogren-Larsson syndrome, Osteogenesis Imperfecta, Hurler’s and Hunter’s syndromes.

HONORS, AWARDS AND RECOGNITION

Congratulations to the following people for their length of service at the University: Bhavana Dave, Pascale Lane, Paul Larsen and Sheryl Pitner for 5 years; Ameeta Martin, Jose Romero, Marsha Sullivan, Patty Davis, Marcia Pennington and Margaret Patterson for 10 years; Maureen Fitzgerald for 15 years; John Walburn for 20 years; Lynette McKenny and Dee Acquazzino for 25 years.

Tom Poulton received certification by the American Board of Hospice and Palliative Care Medicine. Palliative medicine is the specialty and model of care devoted to achieving the best possible quality of life for the patient and family throughout the course of a life-threatening illness through the skillful relief of symptoms.
INVITED PRESENTATIONS

BY PASCALE LANE AND DONNA KUNTZELMAN

Amin, Z. Hands on Workshop to Teach Other Physicians on How to Use Different Devices. Presented at the Combined Approach to Pediatric Cardiology Meeting, Vail, Colorado.
Amin, Z. Interesting Interventional Cases. Presented at the Combined Approach to Pediatric Cardiology Meeting, Vail, Colorado.
Amin, Z. Update on Current Devices and What the Future Might Hold. Presented at the Combined Approach to Pediatric Cardiology Meeting, Vail, Colorado.
Amin, Z. Modification of the Amplatzer Device and Delivery System to Improve Precise Placement of Amplatzer Ventricular Septal Defect Devices. Presented at the 4th International Workshop in Pediatric Interventional Cardiology, Milano, Italy.
Ellis, C.R. New Perspectives on ADHD Treatment. Presented at the Western Nebraska Child Health Symposium, Gering, Nebraska.
Plotkin, H. Abuse Allegations and Osteogenesis Imperfecta. Presented at the 16th Annual Conference of the Pediatric Endocrinology Nursing Society, Atlanta, Georgia.
Seifert, S.A. Pharmacy Prescription Filling Errors Reported to a Regional Poison Center. Presented at the Society for Academic Emergency Medicine, St. Louis, Missouri.
Seifert, S.A. To Chart or Not to Chart? What is the Question? Presented at the North American Congress of Clinical Toxicology Annual Meeting, Palm Springs, California.
Seifert, S.A. Pharmacy Compounding and Order-of-Magnitude Errors. Presented at the North American Congress of Clinical Toxicology Annual Meeting, Palm Springs, California.

GRANTS

Ellis, Cindy. Project Delivery of Chronic Care at Munroe-Meyer Institute. UNMC Educational Support Office Faculty Grant.
Larsen, Paul. Web-based Tutorial on the Pediatric Neurological Examination. UNMC Educational Support Office Faculty Grant.
Poulton, Tom. CPR and Emergency Procedures Teaching Lab Development. UNMC Educational Support Office Faculty Grant.
Seifert, Steven. Error in poison centers. Department of Health and Human Services, Maternal Child and Health Bureau, Health Resources and Services Administration.
Seifert, Steven. Participation in the Health Alert Network. Nebraska Health and Human Services System.
Seifert, Steven. Poison Center Enhancement and Stabilization. Department of Health and Human Services, Maternal Child and Health Bureau, Health Resources and Services Administration.
PUBLICATIONS


OMAHA DOCTOR SERVES COMMUNITY

Dr. José Romero, Associate Professor, Pediatric Infectious Disease was recently honored in the Omaha World Herald as a Newsmaker in the community. José, who has been at the University for nearly 10 years, serves as the interim director of the UNMC/Creighton University Combined Division of Pediatric Infectious Diseases and is also the Latino recruitment officer for UNMC.

At UNMC and Creighton University, José teaches as well as conducts research in enteroviral infections.

Mexican President Vicente Fox recently named José to a newly created advisory panel of US residents. José will represent Nebraska, Iowa and the Dakotas on a panel that will advise the Mexican government on economic relations and policies for Mexicans living in the US.

José sees strong parallels between his work in medicine and community volunteering.

“I think all of this is the same issue,” he said. “It’s improving health care, improving social conditions and improving those things for people of color, which is a primary emphasis of mine.”

In south Omaha, José is known for his volunteer work at One World, formerly the Indian-Chicano Health Center, where he has volunteered for the last 7 years. José leads One World’s tuberculosis control program and recently became a member of their board.

José is also known for his leadership of the Chicano Awareness Center board, where he has served for the last 4 years and became its president two years ago.

However, José is probably better known in the general public as the KETV-Channel 7 Health Watch Physician, where he appears regularly discussing various medical topics and providing medical information.