Physicians Bulletin

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Take a Bow, Dr. Bittner

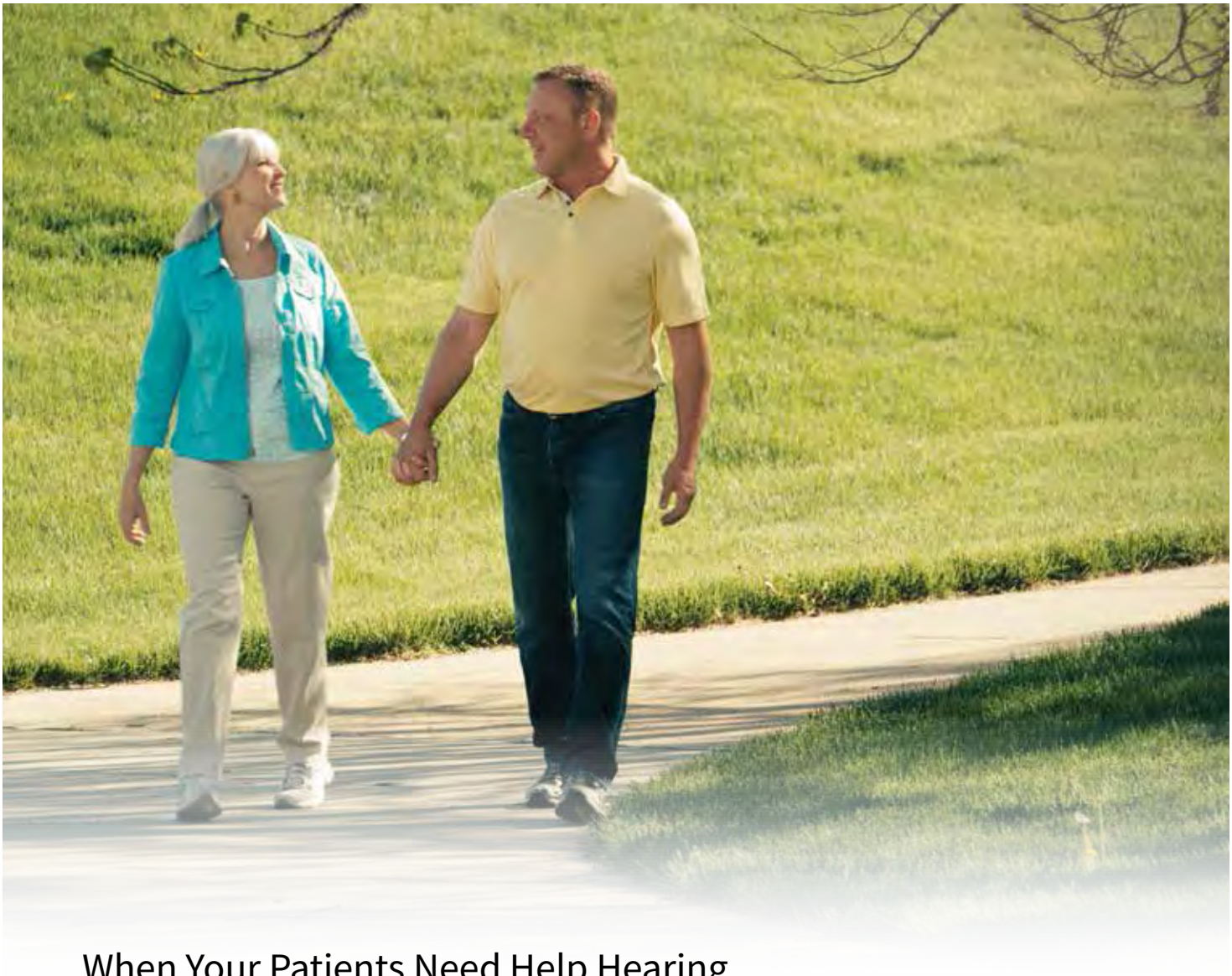
Dr. Audrey Paulman
A Change in Editor, but Many Similarities

Curriculum Reform
Moving Away from the 50-minute Lecture

Keeping Medical School Debt in Check

With guest editor Karen Carlson, M.D

A Publication of the Metro Omaha Medical Society • OmahaMedical.com



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Karen Carlson, M.D
Guest Editor
Physicians Bulletin

Helping Students
'Learn to Learn'

LONG HOURS OF MEMORIZATION and cramming in the library, the odiferous task of working with a medical cadaver, and hours upon hours of lectures on basic science are all memories of medical school that anyone who has been practicing for more than a decade or two can recall all too well. These and many other memories were an almost revered rite of passage for everyone attending medical school but produced generations of excellent physicians.

Society has seen dramatic changes in many traditional ways, like how people communicate with cell phones, instant messaging, Facebook, and Snapchat, and how people get and use information. There is a vast amount of knowledge and experience available on the Internet that is immediately at one's fingertips via cell phone, iPad, or laptop. Paralleling these traditional changes, medical school education is in the process of changing as well. We are in the midst of health-care reform in the United States, and this won't be successful without first changing the way we educate our physicians. For the past 100 years, medical schools have had two years of classroom teaching in the basic sciences, followed by two years of clinical rotations. Many schools throughout the United States have already implemented a new curriculum, including less formal lectures and more learner-centered teaching.

The first major evaluation and recommendation for improvement in health-care education came in 1910, with the publication of the Flexner Report. More recently, there again has been a move toward medical curriculum reform, not because the curriculum is broken, but because it may be time to revisit the process. The demands of practicing medicine have changed, including an emphasis on safety, quality, waste, and patient satisfaction. The environment of health care and the changing technologies have called for the health care environment to change, in order to keep up with these unified areas.

Biomedical science, the practice of medicine, the financing of health-care costs, and the attention to preventative medicine are all changes we are seeing in the health-care realm. Medical care is moving toward outpatient settings, and the population being cared for is aging. Several leading institutions have integrated classroom learning of basic science with clinical training and knowledge, as the start of health care education reform, to keep up with these changes in the health care environment.

Part of the incentive to change the method of teaching has been from the students themselves. They have been learning differently over the years, and the learning process is being rethought and directed toward a more engaging and interactive style. There is more online content delivery using technology. The student-faculty contact time can then be spent to build on things that students have learned on-line. For example, collaborative learning, involving case-based, team-based, and problem based styles has been advocated.

The proposed new integrated curriculum promises to be more engaging and interactive, using more of this case-based collaborative learning versus rote memorization. There will be integration of clinical opportunities into the basic science years. Students will "learn to learn" instead of memorizing facts. Moving forward, students will have individualized tracks, depending on their passions, talents, and career goals. Along with the new curriculum comes both positive and negative matters.

Several benefits of this new style of educating physicians include allowing students exposure to more specialty areas of medicine earlier on in their training. The workload is decreased. There are increased choices of courses for students to pick from. Additionally, there is increasing use of technology in learning, including simulation, virtual learning, and standardized patients. There is less hierarchy, autonomous learning, and competition, which is replaced by team-based, service-based, and patient-centered models.

The curriculum changes are not without challenges, however. Administrative challenges are abundant. Transitioning to the new curriculum is a task. Assessments and improvements will need to continue, but instead of routine testing of students, a competency-based analysis system has been proposed. The length of time that it may take students to finish this proposed integrated training may increase from 4 years to 5 years, which causes additional financial burden to most, if not all students.

Many prominent schools, including about 75 percent of all medical schools, have already implemented or are undergoing changes to a new curriculum. The outcomes have been initially studied. Advantages noted include more accurate diagnoses and better understanding of biomedical principles. Some additional indicators of the success of the curriculum reform have been measured, including an increase in board scores and an increase in the success of students during residency match day. There are measurements in place to continuously improve patient experience and outcomes, both of which are measurements of the quality of care given.

One might argue that medical student education is not broken now, so why do we need to fix it? There will be a loss of the tradition that goes into the training of physicians. Whether that is good or bad remains to be seen.

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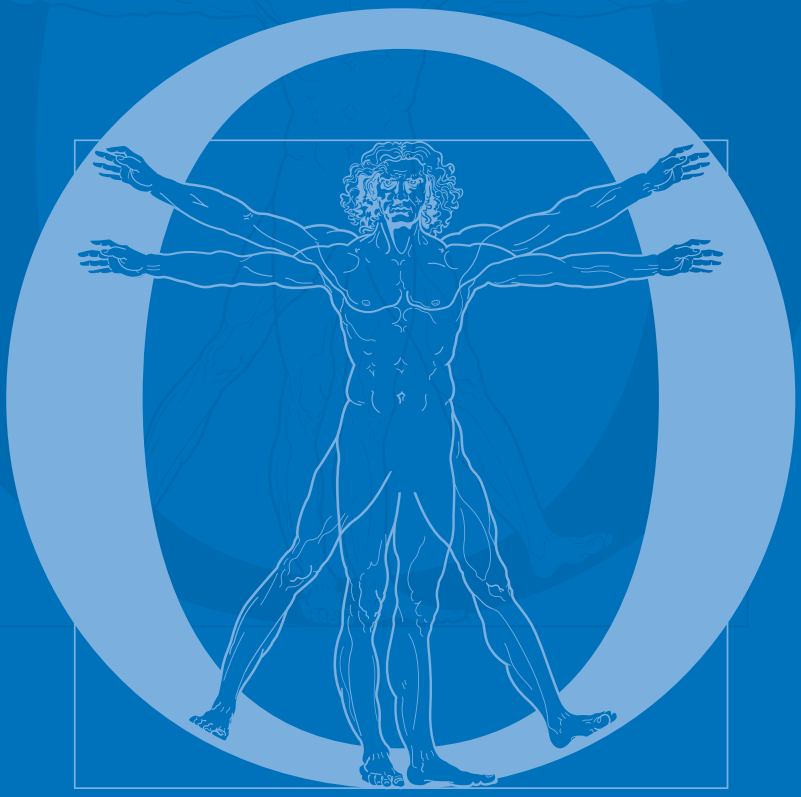

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David Ingvoldstad, M.D.
President
Metro Omaha Medical Society

Setting the Stage
for the Next 150 Years

MY GRANDMOTHER ONCE TOLD ME that as you get older time passes more quickly. She said, "Before you know it you will have your own family." At the time, I rolled my eyes and I didn't believe her, as I was too busy counting the days before summer break. Of course, now I see that her words were absolutely true. From time to time, my own children must endure my recitation of this pearl of wisdom (some would say cliché), and other such sayings I have learned from grandmothers and grandfathers along the way.

Why is it then that the days, weeks and years tick by more quickly as we delve further into life? There are theories about this phenomenon. One theory is that it is because we establish a monotonous routine as we mature and, like the movie "Groundhog Day," our recollection of each day blends into the next, shortening our perception of time. This is a cynical view, and I prefer to take a more optimistic approach. Perhaps another explanation is that as we have more and more experiences in life and we become more comfortable with our situation more fascinated with life. It is not monotonous, but like a lazy Saturday, comfortable and mostly enjoyable. Thus, our time spent in a rewarding career, with family or in this world may seem fleeting. It is those good things that we perceive as ending more quickly than we may want. Before you know it a week has passed, a month, a year, ten years. This is how I feel about my time as president of MOMS: It has gone too quickly. What an honor it has been.

So it is with bittersweet sentiment that I recall some of the events of this past year. It is hard to imagine that the Metro Omaha Medical Society was established 150 years ago. This was before Nebraska was officially a state. From its first days as an organization, MOMS has maintained a forward thinking vision. Today, we still strive to perfect that vision and improve upon our mission. Over this past year, you may have noticed a shift toward activities that focus on physician leadership, physician health and community engagement. I will say it again as I did in my inaugural speech, promoting a healthy community at large will ultimately improve the success of our practices. MOMS has prioritized the well-being of our community, physicians and our patients.

The past year has been full of activities that fill the mission of MOMS. All of this has been made possible because of our dedicated staff, board members and membership. I hope you have had the chance to take part in some of the opportunities along the way, such as the Habitat for Humanity Build, volunteer teaching at the Omaha Street School, the grand opening of the Children's museum exhibit, our physician burnout seminars, speed dating for medical subspecialties, the community internship or the medical legal dinner, just to name a few. Going forward I encourage each of you to be as involved as you can. As physicians, we must work actively each day in order to create a supportive community for our colleagues and fellow citizens. While the practice of medicine is indeed a noble endeavor, it alone is not enough. We must do more to play a positive role in the creation and maintenance of healthy communities.

Dale Mahlman
Executive Vice President
Nebraska Medical Association

Breaking the
'Sound of Silence'

"**HELLO DARKNESS MY OLD FRIEND**, I've come to talk with you again," the lyrics of the 1964 Simon and Garfunkel song, focused on the inability of people to communicate with each other. After just witnessing and surviving the most exhausting campaign season I can remember, the "sound of silence" will be welcomed and well received by all of us.

The communication process was tested often during campaigns at the national and state level, and differences in political perspectives were more noticeable this year at least in my opinion.

For some time now, the Nebraska Medical Association has encouraged our membership to be active and break the "sound of silence," whether during the campaign season or as a resource of expertise to a winning candidate after the elections. A number of our members were active with fundraisers, hosting and attending, and those activities will pay dividends down the road from a relationship standpoint. NMA staff also participated in legislative candidate forums across the state to meet the candidates and learn their positions. As a result of these interactions, our Nebraska Medical Political Action Committee (NMPAC) offered financial support to those likeminded candidates.

We have had some interesting exchanges during this campaign season from all political perspectives: conservative Democrats, moderate Republicans, traditional Republicans, Democrats, Libertarians, and so on. What we continue to hear are promises of better days ahead. The profession of medicine continues to lead by example offering to be a trusted resource on public health and public safety issues, scope of practice related issues, Medicaid policy and regulation changes among others. "Advocating for Physicians and the Health of All Nebraskans" is our tagline and road map for success.

This issue of the MOMS Bulletin also focuses on our medical schools and related issues. We are fortunate in Nebraska to have two outstanding medical schools providing us with a very talented group of future physicians. The leadership of each school are members of the NMA Board of Directors, as are their student chapter leaders. As a result of that representation, our board is aware of the current and future activities of each school and remains extremely impressed with the quality of education being provided and the diversity of the student population. Showing my age a bit, many of our former student board members are now board members as practicing physicians. That makes you feel "experienced," if you know what I mean. Our medical schools' activity in the community remains impressive and their continued involvement with the Nebraska Medical Associated is appreciated.

Our Nebraska Medical Foundation continues to provide scholarships to student chapter members at Creighton and UNMC. Each year, we recognize the student and community involvement leaders at our inaugural dinner and remain impressed with the accomplishments of those recognized. Understanding the rising cost of medical school education, the Nebraska Medical Foundation is pleased to be able to play a part in lessening the cost for those selected.

We look forward to the challenges and opportunities 2017 will provide us. As with any membership organization, we are only as good as those of you that continue to support us financially and with your time and effort. We hope you will break the "sound of silence" in 2017 and continue your much appreciated support of your Nebraska Medical Association.

LEADERSHIP OPPORTUNITIES

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Task Force on Physician Burnout

Women in Medicine Planning Committee

**Requires at least one year of prior service on a MOMS board or committee.*

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Jason Yungtum
Attorney
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Hospital Employment vs. Independent Practice:

The Devil You Know or the Devil You Don't Know?

"**DAMNED IF YOU DO** damned if you don't." "Out of the frying pan and into the fire." "Between a rock and a hard place." Or, "Better the devil you know." Whichever idiom you prefer, they all arguably fit the situation when it comes to a provider's choice of hospital employment or independent practice. The one I like the most is better the devil you know, which is the shortened version of "Better the devil you know than the devil you don't." Perhaps it's a bit exaggerated in this context, but it does conjure certain visceral emotions that many providers feel when wrestling with the hospital employment or independent practice dilemma.

Mental images of devils, eternal damnation and pitchforks aside, this article will identify some of the key pros and cons of hospital employment versus independent practice, and provide a framework for providers to analyze the issues.

Hospital Employment:

The list is perhaps endless, but the following are a few points in favor of hospital employment:

- The check will always clear.
- Administrative headaches disappear – management will handle it.
- Employed physicians don't wrestle with payor contracts/insurance concerns.
- Employed physicians don't have to worry about coding/billing, payment/ reimbursement, or uninsured patient issues.
- Employed physicians don't have to deal with capital outlays, marketing/PR, regulatory/legal/ compliance, HR, or patient recruitment concerns.
- Compensation packages/perks are better.
- Employed physicians have an immediate patient base.
- Employed physicians and hospitals provide better integrated care.

Independent Practice:

Like the "pro" hospital employment list, the points in favor of independent practice are seemingly endless:

- Control, control, control – you're the boss.
- Independent physicians get to make the operational decisions regarding revenue, overhead costs and expenses, patient care, staff size, and the hiring/firing of staff.
- Independent physicians receive higher compensation because they are deciding and revenues aren't being shared with countless others and/or used to fund other initiatives.
- Independent physicians avoid the financial downturns, political snafus, public criticism, and/or payor disputes that plague hospitals.
- Independent physicians avoid being treated as just another horse in the proverbial stable and being lassoed into one size fits all compensation models, quality metrics, work standards, etc.
- The cost of care is less for independent practices because they avoid the increasing facility and overhead costs.
- Independent practice offers the ability to avoid the fragmented patient care experience that has been the bane of healthcare's existence.

How Do I Decide?

There are no easy answers and one size does not fit all. Every provider, hospital and market is different, and every provider must decide what's best for him or her based upon their personal preferences, tolerances, views, etc. However, the following serves to identify some critical questions that need to be asked, and when answered will ease the decision-making process.

First, if I were a provider and had to make this decision, I would consult with other providers in the community who are engaged in the same clinical practice. If, for instance, I were a cardiologist, I would discuss the topic with other cardiologists in the community whom I know, trust and respect. This will afford valuable insight as to what my colleagues think/know about independent practice versus hospital employment as it pertains to my particular clinical practice. Do they love or hate one versus the other (and why), or is it simply a mixed bag depending upon whom I am talking to about the subject.

Second, as part of this collegial conversation, I would attempt to gain some insight regarding whether "my view of world" on important topics is in agreement with hospital administration. Is the CEO a reasonable person who has the vision and ability to lead the organization? Is the C-Suite up to the challenges that lie ahead? Do physicians hold key leadership positions? Is the local executive team and board in control? Are there hidden agendas? Is the hospital lagging behind regarding technology, EHR, payment models, etc.? Is the hospital understaffed or mismanaged? Is a RIF on the horizon? What is the financial picture and capital budget? What is the hospital's view of the lists above? Many of these same questions can also be asked relative to practice group leadership.

Third, there are also the practical legal considerations that one must always consider. Is there an offer actually pending or is the hospital CEO or head of the group just "talking?" Is the compensation competitive and fair market value? Are there reasonable termination rights? Are there onerous non-competition or non-solicitation provisions involved? Are the other contractual terms and conditions fair and reasonable? For these sorts of issues, providers would be well-advised to consult with an accountant and experienced health-care counsel. These experts may also have some insight regarding your other questions. In sum, any provider who is considering making a change needs to consider the realities and complexities of the offer before signing the deal.

Finally, one must also consider in what stage his or her career lies. Are you a new graduate who has no patients and needs the ostensible stability and predictability of a hospital system? Or are you an older provider who is looking to retire soon and glide into the golden years? Or perhaps you're mid-career and want to make a change from one to the other?

The Devil is in the details.

As a provider, you most likely don't view the situation as grimly as the introduction to this article. Nevertheless, none of the questions or answers are easy, nor should the decision be made lightly. And above all, the devil is in the details and, before any decisions are made, all of the issues, angles, perspectives and opinions need to be considered. Otherwise, in the end, you may well end up feeling like the devil you now know is in fact worse than the devil you once knew.

Kelly Caverzagie, M.D
Associate Dean for
Educational Strategy
UNMC College of Medicine

Preparing our Next Generation
of Physicians to Become Leaders

THE HEALTH-CARE ENVIRONMENT CONTINUES to rapidly change and evolve. Technology, patient expectations and new regulations are impacting how doctors provide care.

As the associate dean for educational strategy at the UNMC College of Medicine, I am charged with the task of leading the redesign of the curriculum for the College of Medicine to reflect this changing health-care environment.

How we train the next generation of doctors to practice medicine cannot be based on how we practiced 10 years ago. Instead, we need to look toward the future and how we anticipate medicine will be practiced in the next 10 years and beyond.

In this new emerging model of care, it will be essential that we teach our new generation of physicians how to become more effective communicators and leaders, how to deliver more personal and integrated care, to more effectively integrate technology into their practice, and how to continually keep an eye on patient safety and continuous quality improvement.

The following expands on some of these primary skill sets that I believe need to be incorporated into today's curriculum to better prepare the next generation to be successful leaders in the medical field.

Enhanced leadership and communication skills to lead a team of health-care providers: Physicians in the future cannot practice medicine in a vacuum. They need to become the leaders of a medical team that may include nurses, social workers, nutritionists, psychologists, pharmacists, subspecialists, home health-care workers and public health officials. By working collaboratively with other providers in the health-care system and larger health-care community, our new physicians can help patients successfully navigate our increasingly complex healthcare system.

Providing a continuum of care that goes beyond the care provided in the hospital: As the leader of the health-care team, our new physicians need to learn to be aware of other variables that can impact their patients' health once they leave the hospital or clinic such as their home and socioeconomic conditions. It is critical that we arm them with the skills to be effective communicators so they can collaborate with team members to make sure proper resources are being mobilized and ensure the full continuum of care is being met.

Emphasis on patient safety and continuous quality improvement: Health care is increasingly emphasizing standardization, patient safety, quality improvement, cost reduction and efficiency to increase overall customer value. This will require our future physicians to be leaders in defining quality and safety standards. As such, it is essential that we educate them on how to analyze data related to patient outcomes, research and quality indicators, eliminate inappropriate variations and continuously improve by applying best practices to their own patients.

A focus on more personal and integrated care: The health-care model of the future is moving toward a more patient-centered approach to care that is focused on teamwork, communication, quality care, chronic disease management and prevention. Instead of treating a person only when he or she is sick or injured, physician-led health-care teams will seek to promote preventive care through education and by prompting patients to seek important screenings and follow-up care. It is vital that our physician leaders learn to work with others on the team to ensure these important aspects of a patient's care are being met.

An emphasis on population-based care: There is a fundamental change in the way medicine is being practiced with a shift from managing disease and acute care problems to managing a patient's overall health and wellness. This also entails addressing the need to treat common health problems that occur in populations as a whole. Physicians must be savvy about the use of electronic health records, which can give them the ability to analyze data in population groups. This will allow them to address and mitigate these common health problems that may be caused by behavioral or environmental factors.

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A Shift
in Curriculum Focus

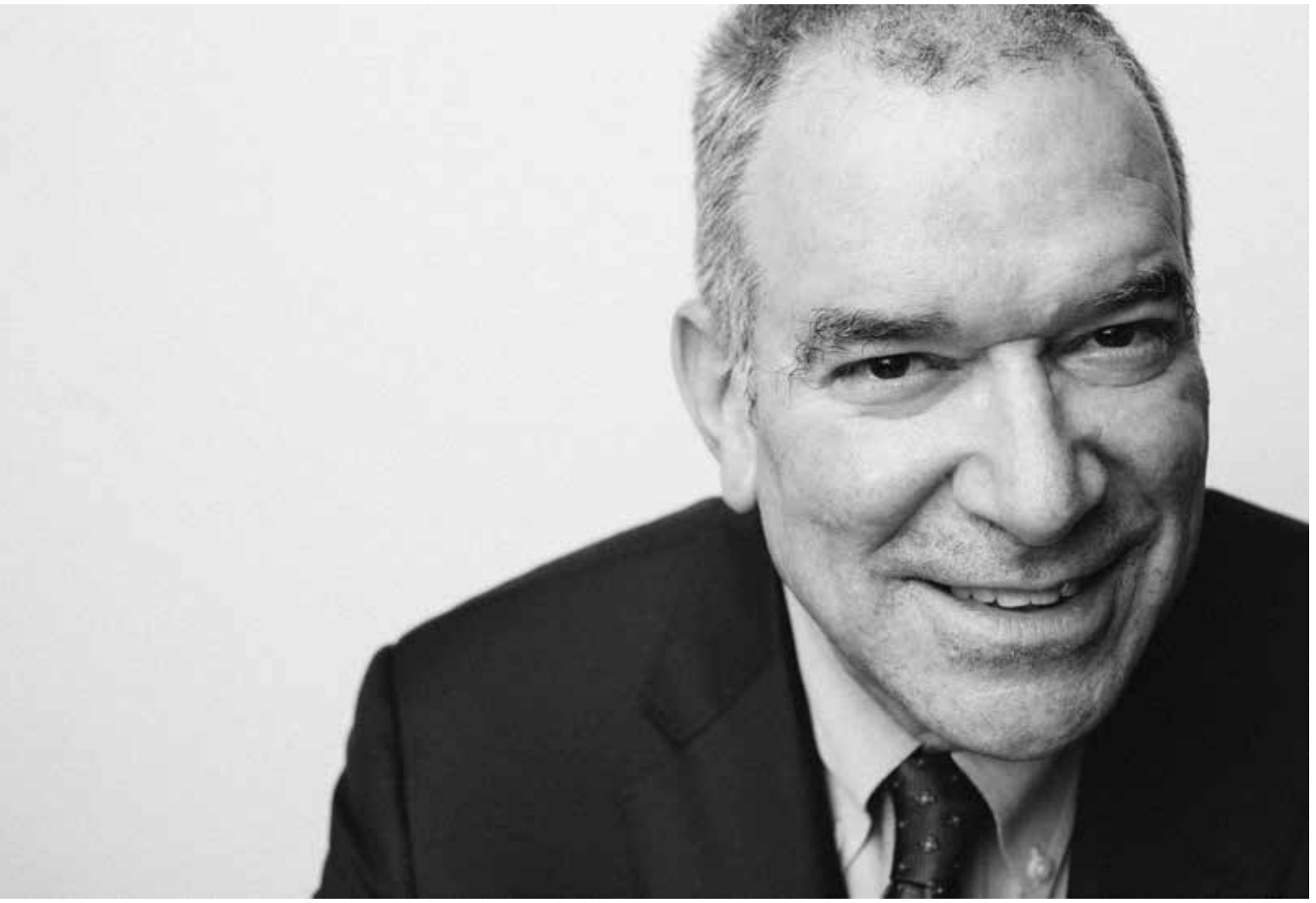
Jessica McKeown
First-year Medical Student
University of Nebraska Medical Center

MANY OF YOU PROBABLY remember your time as a medical student. For all of you University of Nebraska Medical Center graduates out there, simple words such as "anatomy core" might bring back memories of the gross lab in the basement of Wittson Hall. Or maybe "anatomy core" brings back memories of Dr. Robert Binhammer, who, after 60 years, is still teaching the structure of the human body to first-year medical students as well as to the physical therapy and physician assistant students. The truth is the UNMC College of Medicine's curriculum has not seen any significant changes over the last 24 years until now. Starting in August 2017, your memories of medical school will differ than what future physicians experience during their time here at UNMC.

The future curriculum will shift its focus to organ system-based learning rather than separating anatomy and physiology from pathology. When investigating our current curriculum, the Curriculum Innovations Workgroup noticed lots of time was wasted reviewing information that had already been learned when transitioning between cores. Moving to the organ system based learning removes the excess review time and shortens the first two years of medical school to just 18 months with each system core lasting about five to six weeks. This integration allows students to make deeper connections and encourages students to think critically about where processes could go wrong to cause pathology. The third and fourth years of medical school will largely stay the same with the addition of more time being devoted to clinical training, specialty choice, and mentoring.

You might think that all these changes will make the stress of medical school even greater for these new students, but that is not the case. Along with free counseling for students, residents, and their spouses, the College of Medicine is taking additional steps to ensure the well-being of its students. According to Dr. Regan Taylor, an assistant professor at UNMC who is the chairman of the new curriculum committee, topics such as burnout prevention, stress management, and building resiliency will be integrated. These topics are to be taught and expanded upon throughout all four years of medical school.

Depression is a common problem among medical students across the world. There are many factors that play into this such as the increased amount of stress one experiences during their time as a medical student, and the fact that the many future doctors are perfectionists with Type A personalities. UNMC is being proactive in its approach to mental health issues. Specific curriculum content on the topic of recognizing depression will be added. In addition to being able to recognize depression and its symptoms, an emphasis on greater peer support and academic advising will be implemented. UNMC wants students to know that depression is more than just sadness; it is nothing to be embarrassed or ashamed of and there are places available to get help.



Take a *Bow,* Dr. Bittner

By Audrey Paulman, M.D.

THANK YOU, MARVIN BITTNER, M.D., for your years of service to the Metro Omaha Medical Society, specifically as its editor of Physicians Bulletin. This issue is Dr. Bittner's last as editor of this magazine.

Dr. Bittner, looking back on his involvement, said his goal in joining MOMS was to show the he was respectable – as he saw his peers were respected because of their membership. He followed the same path taken by his peers who established practices in Omaha and worked at hospitals that are our health systems today.

At first his involvement meant writing a check and little else.

When Sandy Johnson was the MOMS executive director, she recruited him to get involved in the magazine, serving as its editor for the next 15 years.

At first his involvement was limited – with his main function to write editorials.

Dr. Bittner did get more active in other MOMS programs. He attended state senator breakfasts. He participated in the community internship program. He recalled his involvement in discussions on helmet safety and establishing smoke-free buildings. Another issue has been medical malpractice reform, he said. "Premiums are favorable, morale is better in Nebraska, and frivolous malpractice suits that lead to burnout are less of a problem," he said.

As time passed and the society was under the direction of other executive directors, his involvement with the magazine increased to the point where he was responsible for helping to direct content.

Over the years, he said, he saw the magazine evolve. One of the earlier editions during his involvement was 18 pages. Physicians Bulletin now averages 40 pages.

"That means extra work for many people, including the staff at Omaha Magazine. More ads to sell. More pages to lay out." And more writing.

Dr. Bittner said writing for Physicians Bulletin allowed him to start with an opinion, write about it and see how people reacted. "Spend any time with physicians, and you'll find they have no shortage of opinions. I could express my opinion and do it in a way that would attract interest. I often had people say they enjoyed reading one of the pieces."

Carol Wang, MOMS executive director, thanked Dr. Bittner for his service to the society and the magazine: "We have been so lucky to have Dr. Bittner's leadership and passion for The Bulletin for the last 15 years. He has always kept the magazine focused on issues facing physicians, with stories that you can't read anywhere else, while highlighting the work of MOMS members. He leaves a legacy of excellence."

Dr. Bittner said two editions during his time as editor stand out:

--The edition earlier this year to mark MOMS' 150th anniversary. The content was unusual in that its focus was on the past. "That's a contrast in a number of ways – an important, but subtle contrast. The magazine tries to focus on the present and the future. What are we doing now? What information is helpful to people in the future? This edition, on the other hand, let us celebrate our past."

--The April Fools' edition in 2012. The concept started several years previously when Dr. Bittner wrote an April Fools' editorial. Why not prepare an entire edition that poked fun at the profession and the people and institutions physicians encounter? He recalled the beauty was some readers took the edition seriously. One story in the April Fools' edition grew out of the problem physicians face when they seek authorization for a prescription or procedure from health insurance companies. Too often, these attempts to obtain authorization require long calls to 800 numbers with long waits to speak to a representative. The story began with an allusion to that real problem, and the story (as part of the April Fools' edition) described a service available to MOMS members: MOMS had contracted with a call center in India employing physicians there who would telephone the insurance companies to make authorization requests on behalf of member physicians. In reality, no such service was available to MOMS members. Yet the MOMS office received an inquiry from a member who was eager to sign up for the service.

Throughout this time, Dr. Bittner said his love for practicing medicine as remained as strong as ever.

After leaving Nebraska for his medical education (twice), Omaha has remained his home and place of practice. An infectious disease specialist, Dr. Bittner has taught at Creighton throughout his career. "I teach my students to use time wisely. I encourage them to look for what will have the most impact. Take the hard things and learn them well – to make them easy."

He recalled a time when he was instructing second-year medical students in how to take a history from a patient. He focused on the things that don't come easy. For example, he said, he spent more time teaching how to ask about suicidal thoughts, which can be challenging, than teaching how to take a family history, which is an easier conversation.

He called infectious disease specialists "frustrated detectives – There is a joy in solving the puzzles and seeing the problem clarified."

He also has enjoyed participating in a service trip to Nicaragua with students from UNMC. Seeing how medicine is practiced in a low-income country can be invaluable, he said.

Although he is scaling back his involvement with Physicians Bulletin, Dr. Bittner said he has no plans to retire. "It's hard to think about it because there is nothing I would enjoy doing more than what I am doing now."

Well-said coming from a man who has a way with – and a love for – words.

Dr. Audrey Paulman

A change in Editor, but Many Similarities

By Marvin Bittner, M.D.

Change is in store for readers of this magazine.

Fifteen years ago, I started to write for the magazine in the role of editor. Now the magazine is changing editors. The new editor is Audrey Paulman, M.D.

In some respects, though, there's no change. Audrey and I have many things in common.

Like me, she was born in Nebraska.

Like me, she has had an academic career. My base has been Creighton and the VA Medical Center. Hers has been UNMC and its Family Medicine clinic.

Like me, she earned a master's degree years after receiving her medical degree. In my case, I moved into my old medical school dorm 22 years after med school graduation to start the course work for a master of science in clinical epidemiology from the Harvard Chan School of Public Health. In her case, it was a master of medical management from Carnegie Mellon University. She began working on her degree when her son started college, and was awarded her degree within a day of his graduation. Her outlook on family medicine sees the increasing importance of such degrees. She sees a growing role for physicians in supervising medical assistants and in drawing on skills they can learn from the MBA curriculum.

Both of us had our initial involvement with the Metro Omaha Medical Society a bit more than 30 years ago. Mine was a decision to join because I perceived that all respectable physicians did so. Hers was a response to a complaint lodged against her. It goes back to the time her practice was inaugurated at Lutheran Hospital. To announce her practice, a postcard mailing went out. That mailing generated a criticism of being unethical! It reached MOMS." Times have changed a lot," she told me.

Both of us became much more involved with MOMS through writing. In my case, it was writing for this magazine as editor. In hers, it was writing for MESS Club.

Both of us have had extensive backgrounds in writing. If you can find copies of my high school newspaper, you can read the articles I wrote as sports editor. If you can dig up copies of the Peoria Journal Star from the late 1960s,

you'll find my byline on sports stories written by me as a part-time staff writer. Go to the Amazon website today and search for material with "Audrey Paulman" as author. You'll find a handful of books on family medicine. That includes Taylor's textbook, of which she is a co-editor. She was an associate editor for the Journal of Family Practice. She wrote a column on CIMRO for the NMA publication.

Both of us have committed ourselves to service projects over the years. I've supervised medical students on 19 service trips to Latin America. She has worked with student clinics for the underserved for 15 years. She founded The Good Life clinic. The impetus was an encounter with a 45-year-old African-American woman forced to choose between paying for medicines or buying shoes for her grandchildren.

Both of us enjoy travel. I've made over two dozen trips to Latin America and the Caribbean, eight to Europe, and two to Israel. She's been to seven continents.

Both of us have an interest in family history. I carry with me a French newspaper article about my visit to a school named for two third cousins killed in the Holocaust. She showed me an image from Scotland tied to an ancestor there.

Both of us are baby boomers, but neither of us is giving much thought to retiring soon. "Is there life after medicine?" she mused. "What does life after medicine look like?" She recounted experiencing "the same joy in taking care of patients that everyone has had." That means going from undifferentiated to differentiated, from symptoms to syndrome. Her commitment to medical education goes beyond simply working with students, which she does enjoy. She's involved in the simulation trucks program and is working to see that the program is sustained.

Unlike me, her education took place almost entirely within the Omaha city limits: Central High School, an undergraduate degree in biology from UNO, and her medical degree from UNMC.

I see two critically important functions of MOMS: policy and camaraderie. She is a delegate to the Nebraska Medical Association. She sees the NMA as a place where good topics are discussed and where it's a good place to be involved. However, she puts special emphasis on camaraderie.

Look back to 1996. That's when she started working on MESS Club with Sandy Johnson, Linda Ford, and Rick Collins. They "made sure each hospital was represented." Bringing the medical community together was important. Singing ability was not a criterion.

It's not much of a secret that I see a key role of the magazine as a means of promoting membership in MOMS. On the other hand, she told me: "I don't have a big agenda." She did observe: "Now I'm at a point in my life when I can write what I want to write."

She does see the magazine as a way to build a sense of community among physicians. "We don't celebrate things enough," she noted. An article in the magazine, she observed, can give recognition to something like Hope outreach and help people understand the program. "When you write," she added, "you help people in the community." The magazine, she pointed out, is a "leave behind" of what the organizations does and who is involved in it.

I told her of my gratitude to our partners at Omaha Publications. From writing much of the content to laying out the dozens of pages, from selling the ads to paying the postage, from getting it printed to keeping up the mailing list, they do so much. She agreed with me. The forte of MOMS is not magazine publishing. Instead, the task for MOMS and those of us who contribute to the magazine is sharply focused. We identify material of interest. We contribute our experiences and our insights.

Welcome, Audrey, to the editor's position.

Curriculum Reform:

Moving Away from the 50-minute Lecture

GARRETT SOUKUP, PH.D., AND Kelly Caverzagie, M.D., agree: medical school curriculum must reflect the changing face of medicine.

Each is leading the process at his respective academic institution to revise its medical school curriculum. The impetus for this effort, they say, partly is to ensure that students are introduced to clinical settings earlier in their studies.

"Our students do very well right now," said Dr. Soukup, associate dean for medical education for

Creighton University School of Medicine. "What's the impetus for change? Looking at national trends, there has been such an expansion and explosion of basic sciences and pre-clinical materials. It's time to take a good look at how to educate more efficiently."

"Why are we doing this?" asked Dr. Caverzagie, associate dean for educational strategy for the UNMC College of Medicine. "What we know is that health delivery is changing. The role of the physician is changing. Curriculum must evolve to reflect how we are training physicians for tomorrow."

Drs. Soukup and Caverzagie provided a progress report for their respective institutions (see also Dr. Caverzagie's Physician Leadership Column on page 16 in this edition).

UNMC began its work in October 2014 and plans to implement a significant portion of its new curriculum at the beginning of the next academic year. An overarching goal is to expose students to clinical settings earlier in their medical training.

"We're looking to more active and interactive learning," Dr. Caverzagie said. "We need to move away from the 50-minute lecture."

Dr. Caverzagie is leading the 12-member Curriculum Transitions Group. Members first evaluated UNMC's current curriculum and outlined potential changes and outcomes. Then, the group looked to other institutions throughout the country and reviewed their best practices. "There are a lot of medical schools in various stages of redesigning their curriculum. We're learning from other institutions along the way while we focus on our goals for our curriculum."

The group especially looked at the curriculum reform processes at the University of North Carolina and the University of California-San Francisco.

continued on page 27 ❱

continued from page 25

"It's recognizing that if we are responsible for training medical students for the 21st century, our curriculum must evolve.

Creighton started in autumn 2015 to revise its curriculum for third- and fourth-year students, which was implemented at the beginning of the current academic year. One change was to add a neurology clerkship to the six clerkships already in place. Three clerkships (obstetrics, pediatrics and psychiatry) were shortened from eight to six weeks to allow students to take classes in two-week elective periods. The elective classes feature primary care residency areas, including emergency medicine, radiology and anesthesiology. "The students are handling the changes well," Dr. Soukup said. "They like the addition of the neurology clerkship. They appreciate the addition of the electives."

Medical school faculty, including those from Creighton's Phoenix campus, gathered in September 2015 for a two-day retreat to "hammer out a feasible set of changes," Dr. Soukup said. Various committees took the recommendations and finalized the revised curriculum. They used their own analyses of outcomes and resources from the Association of American Medical Colleges to inform the process.

A steering committee is forming to take on the school's next task: revising its curriculum for its first- and second-year students. The goal will be to introduce students earlier to clinical settings.

"This will be more of an arduous process to revise two years of pre-clinical curriculum," Dr. Soukup said, while noting that the Liaison Committee on Medical Education requires a review process.

As a Catholic and Jesuit institution, Dr. Soukup said, the revised curriculum must continue to reflect Creighton's mission of service and care for the whole person. "Our students recognize that there's a different atmosphere that is part of who and what we are."

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Keeping Medical School Debt in Check

TEN YEARS FROM NOW, Andrea Jones, M.D., expects to be debt-free.

She left the University of Nebraska Medical Center in 2012 with her medical degree in hand and $175,000 in debt. "I knew I would have debt," she said. "I knew it would be a lot, but…"

Four years later with her residency finished and her debt growing, Dr. Jones is ready to tackle her student loans. The assistant professor in UNMC's Department of Family Medicine and medical director for Girls Inc. (a new partnership with Nebraska Medicine) has a plan.

Gerald Moore, M.D., senior associate dean for academic affairs at UNMC's College of Medicine, doesn't apologize when he states the obvious: "Medical school is expensive. It's a significant amount of money."

Dr. Moore and Michael Kavan, Ph.D., associate dean for student affairs at Creighton University School of Medicine, track student debt and ensure their students have the necessary resources to manage it the best they can while in school.

Both medical schools ensure that their students meet with counselors who advise them about their reality: They will likely have debt. It will likely be reach six figures and beyond. And, they can take measures to minimize it during medical school and after.

Nationally, according to 2015 LCME Part 1B student financial aid questionnaire, the average medical school debt was $157,795 for all medical schools, and $166,587 for private medical schools. The self-reported student debt average, according to the 2016 AAMC Graduation Questionnaire, was $190,000 (those figures most likely include reported undergraduate debt and accumulated interest).

Dr. Moore said UNMC medical school graduates, on average the past three years, have left school with slightly more than $150,000 in debt. The figures have held steady the past three years, after increases in several previous years, Dr. Moore said.

Scholarships cover, collectively, about 10 percent of UNMC's medical students' costs, Dr. Moore said. "We need to convince donors that investing in people is just as important as donating for a new building. Building are more permanent, but much good can be done by investing in people."

Other options include UNMC's accelerated residency program, in which top students start their residency during their fourth years of school. "The intent is to reward top students who excel, but the added benefit is these students have one year less of tuition costs." (Dr. Jones participated in the program).

UNMC also offers its Rural Health Opportunities Program (RHOP), which provides undergraduate tuition waivers for students who agree to practice in rural areas after graduation from medical school.

Dr. Moore said UNMC academic counselors are available to medical students throughout their tenure to help them manage their debt. "We find students are aware that debt will occur. To me it's a horrendous problem. We help them understand the ramifications of the debt they incur."

Dr. Kavan said Creighton medical student debt, on average, decreased from $211,699 in 2014 to $205,066 the following year. Those results, he said, are part of a concerted effort to minimize tuition increases and enhance scholarship support. Creighton has improved from being ranked 7th nationally for student debt in 2012 to 15th in 2015.

Debt management counseling is incorporated into a mandatory Physician Lifestyle Management course taken by first-, second- and third-year students, where the wide range of topics discussed include wellness, specialty counseling and debt management.

Dr. Kavan said Creighton ensures that medical students are aware of government loan forgiveness programs. With these programs, he said, a student's remaining debt is eliminated after 120 monthly payments provided he or she works in a qualified public service position (501.c.3 organization). Working for most hospitals qualify, he added. "We advertise it to them and say it's something you should look at."

Apparently, Creighton students like what they hear. Dr. Kavan said 56 percent of Creighton's 2016 graduating medical students indicated they plan to enter into a loan forgiveness program.

As for Dr. Jones, with her residency complete and practicing medicine, she said she's ready to tackle her debt. She is participating in the Public Service Loan Forgiveness program and will make monthly payments for 10 years, with her remaining debt then eliminated.

"My only concern, given that I am participating in a government-sponsored program, is what might happen given the uncertainty surrounding our current political climate in this election year," she said.

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Dr. Zetterman

Named chair of ACGME board

UNMC'S ROWEN ZETTERMAN, M.D., has been appointed the chair of the governing board of the Accreditation Council for Graduate Medical Education (ACGME).

Dr. Zetterman, who has been on the ACGME board for five years, was nominated by the Association of American Medical Colleges, one of several nominating institutions, for his position on the board. He has previously served as vice chair and chair-elect, and before that was a member of the ACGME board's executive committee. He will serve two additional years as the chair.

UNMC Chancellor Jeffrey P. Gold, M.D., praised Dr. Zetterman for his "extremely prestigious" appointment.

"I am proud to see Dr. Zetterman, who has accomplished so much for his UNMC family, named to this key national leadership role," Dr. Gold said. "He deserves our congratulations."

As the chair, Dr. Zetterman will lead several initiatives that the ACGME is exploring. One of the most important is the drive to create a single accreditation system for both allopathic and osteopathic residencies.

"Until two years ago, there were no osteopathic residencies only accredited by the ACGME," he said. "To this point, the osteopathic residencies have been accredited by the American Osteopathic Association (AOA)."

But from 2015 to 2020, AOA representatives will be added to the ACGME board and, after 2020, both allopathic and osteopathic residencies will be accredited just by the ACGME.

Another initiative is to review the common program requirements for residencies. The common program requirements cover issues such as how many hours residents can work in succession, resident wellness issues and educational requirements.

"Then in addition, there's a set of review committees that report to the board that can add additional responsibilities, so in gastroenterology, they have other requirements besides the common program requirements. So we're reviewing those." Finally, the board is exploring its international component, in which the ACGME is beginning to accredit training in other countries.

Dr. Zetterman said he is pleased to accept the position. "I think it also reflects well on the University of Nebraska. But for me personally, it's also a great opportunity to have an influence in something that I've worked at for the last 42 years. Education has been a crucial component of my job wherever I was . . . So it is an opportunity for me hopefully to make things better in all those residencies and make the life of the resident better along the way."

Dr. Herbek

Honored as CAP Pathologist of the Year

THE COLLEGE OF AMERICAN PATHOLOGISTS (CAP), has the world's largest association of board-certified pathologists, honored Dr. Gene Herbek for his tireless efforts in advancing the specialty of pathology through work with the organization, clinical partners, patients, and the public at large. Dr. Herbek received CAP's highest honor when he was named Pathologist of the Year by his colleagues from across the nation. Dr. Herbek serves as medical director of the Methodist Women's Hospital laboratory and medical director of the Transfusion and Coagulation Services for The Pathology Center at Methodist Hospital.

The CAP Pathologist of the Year Award honors a CAP leader for outstanding contributions to the field of pathology and to the programs and activities of the College of American Pathologists.

All honorees are nominated by fellow CAP members (there are over 18,000 board-certified pathologists who comprise the membership). Nominations are evaluated by representatives from CAP councils and are finally approved by the CAP Board of Governors.

Having recently served as the CAP president from 2013-2015, Dr. Herbek also has served on numerous committees within the organization, including the Finance Committee, Practice Management Committee, and New in Practice Committee, and has served in the CAP House of Delegates and on the Board of Governors.

Dr. Herbek was also the driving force for the CAP Foundation's See, Test & Treat® program, which is the CAP's flagship philanthropy effort. The program provides cancer screening to underserved and at-risk patients across the United States. Dr. Herbek brought the first See, Test & Treat program to Native American women in South Dakota.

He is board-certified in anatomic and clinical pathology and is a graduate of the University of Nebraska Medical Center and its Residency Training Program. Among his professional honors and awards, Dr. Herbek has received the CAP Outstanding Communicator Award and the St. Luke's Regional Medical Center, Sioux City, Iowa, Physician Hero Award.

IN Memoriam

Richard J. Fangman, M.D.
May 21, 1920 – Sept. 25, 2016

Steve Hoody, M.D.
Sept. 21, 1927 – Sept. 24, 2016

Metro Omaha Medical Society

MOMS ANNUAL MEETING & INAUGURAL DINNER

THURSDAY, JAN. 26
OMAHA FIELD CLUB

Join your fellow members as we recap 2016, look ahead to 2017 and bid farewell to outgoing president, Dr. David Ingvoldstad. Celebrate with us as we inaugurate Dr. David Watts as 2017 president.

MEDICAL LEGAL DINNER

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Enjoy dinner and an evening with both your fellow physicians and members of the Omaha Bar Association. Omaha World-Herald Columnist Mike Kelly will be the featured speaker.

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MOMS Leadership Institute Survive & Thrive

Crafted by the MOMS Task Force on Physician Burnout, this year's Leadership Institute for Healthcare Professionals focused on provider burnout. The half-day event was held in late October at the Omaha Marriott and featured sessions for providers and administration.

1. Nationally renowned burnout expert Dr. Dike Drummond engaged attendees while helping them to better identify and understand burnout in themselves and their peers.
2. Dr. Steven Wengel, chair of psychiatry at UNMC, provided a look at the neuroscience of burnout in his session "The Shrinking of the Hippocampus.
3. Attendees ranged from physicians and other health-care providers, to team leaders and administration.

Speed Dating for Your Medical Specialty

Now in its seventh year, this MOMS event once again brought to together MOMS-member physicians and medical students from Creighton and UNMC. Students were able to explore six different specialties in a one-hour period providing them food for thought as they work toward choosing a specialty. The event was held in mid-September at the Omaha Field Club.

4. Drs. Christopher Anderson and Samuel Bierner spoke to medical students about Physical Medicine and Rehabilitation.
5. Dr. Jeremy Howe with OneWorld Community Health Centers answered questions about family medicine in a federal health center environment"

Retired Physicians Meeting

Dr. Robert Penn spoke to the MOMS Retired Physicians in mid-September and presented "The Zika Virus: What you want your granddaughter to know."

6. Dr. Bill Orr (right) introduces the speaker, Dr. Robert Penn.
7. Dr. Orlyn Wingert and Dr. Judy Stern catch up before the presentation.

MOMS 150th Anniversary Exhibit Ribbon-Cutting– Omaha Children's Museum

The Omaha Children's Museum held a ribbon-cutting ceremony in mid-October for its 40th Anniversary ImagiNation exhibit – bringing back and updating many favorite exhibits. In this area, the Metro Omaha Medical Society Foundation and a planning committee, including Drs. Helen Merritt-Genore, Maria Michaelis, and Ruben Quiros, developed an interactive medical exhibit that is now open through April 2017.

1. A video kiosk allows children to select from 10 health-related videos featuring MOMS member physicians. These videos cover topics such as nutrition, exercise, immunizations, eyes, bones and what to expect during a primary care visit.

2. A larger, more medically accurate version of the popular Operation game allows children to role-play as physicians and place ear tubes, stitch a cut, remove the appendix and give an immunization, and more. From left are some of the physicians who appeared in the kiosk videos including Drs. Helen Merritt-Genore (and son), Judy Wolpert (husband Dr. Joseph Wolpert and daughter), Gina DiRenzo-Coffey, Laura Wilwerding, along with MOMS Foundation President Dr. Deb Esser.

3. To make surgery a little less scary, a pre-op area allows children to role-play as either a patient preparing for surgery or an anesthesiologist.

Dr. Teetor Named NMA Young Physician of the Year

TRAVIS TEETOR, M.D., an anesthesiologist at Boys Town National Research Hospital, was named the 2016 Nebraska Medical Association's Young Physician of the Year. He was nominated by the Metro Omaha Medical Society and awarded for his contributions to the practice of medicine in Nebraska communities.

Since his early training years, Dr. Teetor has taken an active role in sharing his knowledge of medicine and public health with patients, peers and community health organizations. He regularly meets with senators and state legislative members to review regulatory and legislative health-care issues, and has worked on the implementation of dental anesthesia training protocols. These training protocols are instrumental in setting examples on how to work as a team in an interdisciplinary fashion with other health-care providers. He attends medical events in the community, recently attending MOMS' Early Career Physicians group. He has authored an article about advocating and advancing the medical profession in Physician's Bulletin.

In the past, he has served as the president of the University of Nebraska Medical Center's (UNMC) House Officer Association. Currently, Dr. Teetor serves on the Nebraska State Board of Health. He also serves on the NMA Legislative Committee, NMA Specialty and Subspecialty Societies Committee and Board of Directors of the Metro Omaha Medical Society. He is president-elect for the Nebraska Society of Anesthesiologists and serves as a volunteer mentor for MOMS' student mentoring event.

Dr. Teetor obtained his bachelor's of science degree in education with degrees in both exercise science and athletic training from the University of Nebraska-Lincoln. He graduated medical school and completed his residency training at UNMC and is board certified in anesthesiology and pediatric anesthesiology.

Children's Launches New Sports Physical Therapy Clinic

CHILDREN'S HOSPITAL & Medical Center has opened a new Sports Physical Therapy Clinic at Spring Ridge, 17819 Pierce Plaza (180th and Pacific streets), in west Omaha. In partnership with Children's Pediatric Sports Medicine program, it is the area's first clinic committed to providing physical therapy services for children, teens and college-aged athletes.

The program is led by two pediatric physical therapists dedicated to providing comprehensive, performance-driven rehabilitation services, including:

- rehab following a sports-related injury.
- running and throwing programs.
- advanced return-to-sport assessment.
- injury prevention.
- biomechanical analysis and research.
- concussion management and follow-up

The Spring Ridge facility features a large rehabilitation gym, sensory room and several assessment and treatment rooms for sports physical therapy. It also serves as a second location for Children's rehabilitation services and select outpatient specialty clinics, with additional physical therapy treatment rooms and exam rooms.

Goeser Receives ACHE Regent's Award

STEVE GOESER, PRESIDENT and chief executive officer of Methodist Hospital, received the American College of Healthcare Executives (ACHE) Senior-Level Healthcare Executive Regent's Award at the Nebraska Hospital Association's annual meeting.

The Senior-Level Healthcare Executive Regent's Award recognizes ACHE members who are experienced in the field and have made significant contributions to the advancement of healthcare management excellence and the achievement of ACHE's goals.

"To be nominated and recognized by my peers is a tremendous honor," Goeser said of the award. "The leaders that laid the foundation for Methodist Health System provided us all with the framework for our organization's success. During my tenure I have worked diligently to build upon those past accomplishments, while also guiding us through today's challenging health-care environment. I'm proud of our past, but am focused on our future and the successes yet to come."

Goeser has served as president and CEO of Methodist Hospital since 2008. He has led the transformation of the Methodist Hospital campus, implementing a sequence of construction projects to expand busy cardiovascular, oncology, orthopedic and birth services. Methodist Hospital, the region's surgical leader, opened 15 new state-of-the-art operating rooms in August 2016, part of a $90 million renovation and expansion of its surgical suites.

Under Goeser's leadership, Methodist Women's Hospital opened at 192 Dodge, the region's first medical campus devoted to women's health care, in 2010.

University of Nebraska Medical Center

UNMC Lands Largest Grant

A **TEAM OF UNIVERSITY OF** Nebraska Medical Center researchers headed by Matthew Rizzo, M.D., professor and chair of the department of neurological sciences, has landed the largest grant ever for UNMC – a five-year research grant from the National Institutes of Health totaling nearly $20 million.

Funding is provided through the Institutional Development Award (IDeA) program and the NIH's National Institute of General Medical Studies. It will focus on developing early career researchers into independent scientists and increasing the infrastructure and other resources needed to support clinical/translational research (CTR) around the region.

The grant will create the Great Plains IDeA-CTR Network, a collaboration involving nine institutions in four states: Nebraska, North Dakota, South Dakota and Kansas.

In addition to UNMC, the Nebraska institutions include the University of Nebraska-Lincoln, University of Nebraska at Omaha, University of Nebraska at Kearney and Boys Town National Research Hospital. Other participants include the University of South Dakota, University of North Dakota, North Dakota State University and the University of Kansas Medical Center.

"This is a huge accomplishment for our institution," said Chancellor Jeffrey P. Gold, M.D. "It's never easy to compete for a research grant of this magnitude. It represents years of hard work by lots of dedicated individuals. We couldn't be more proud. This is truly a great day for UNMC and for our research partners."

"We've been building clinical/translational research resources steadily for almost a decade to prepare us to compete for this or other large clinical/translational grant awards," said Jennifer Larsen, M.D., vice chancellor for research. "Receiving this award shows we 'have arrived,' and the award itself will further expand the resources available for our faculty to continue to successfully compete on a national level."

The grant will be particularly focused on expanding knowledge about approaches needed to address diseases of aging and brain health, Dr. Rizzo said.

Metro Omaha Medical Society

Application for Membership

Nebraska Medical Association

This application serves as my request for membership in the Metro Omaha Medical Society (MOMS) and the Nebraska Medical Association (NMA). I hereby consent and authorize MOMS to use my application information that has been provided to the MOMS credentialing program, referred to as the Nebraska Credentials Verification Organization (NCVO), in order to complete the MOMS membership process.

Personal Information

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Clinic/Group: _____

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Medical School Graduated From: _____

Medical School Graduation Date: _____ Official Medical Degree: (*MD, DO, MBBS, etc.*) _____

Residency Location: _____ Inclusive Dates: _____

Fellowship Location: _____ Inclusive Dates: _____

Primary Specialty: _____

Membership Eligibility Questions

YES	NO	*(If you answer "Yes" to any of these questions, please attach a letter giving full details for each.)*
❒	❒	Have you ever been convicted of a fraud or felony?
❒	❒	Have you ever been the subject of any disciplinary action by any medical society, hospital medical staff or a State Board of Medical Examiners?
❒	❒	Has any action, in any jurisdiction, ever been taken regarding your license to practice medicine? *(Including revocation, suspension, limitation, probation or any other imposed sanctions or conditions.)*
❒	❒	Have judgments been made or settlements required in professional liability cases against you?

I certify that the information provided in this application is accurate and complete to the best of my knowledge.

_____ _____

Signature *Date*

B

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