Physicians Bulletin

JULY/AUGUST **2023**

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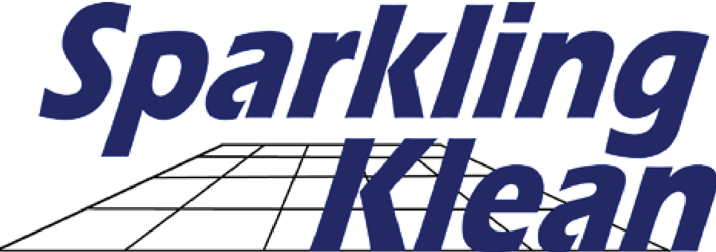

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COMING EVENTS

RETIRED PHYSICIANS MEETING

WEDNESDAY, AUG. 9 & SEPT. 13 | 10 - 11 A.M.
UNO Community Engagement Center
6400 University Drive South

2023 NMA ANNUAL MEETING

FRIDAY, AUG. 18 | 8 A.M. - 6 P.M.
Nebraska Innovation Campus Conference Center
2021 Transformation Drive, Lincoln

EARLY CAREER PHYSICIANS FOODIE NIGHT

THURSDAY, AUG. 24 | 6 P.M.
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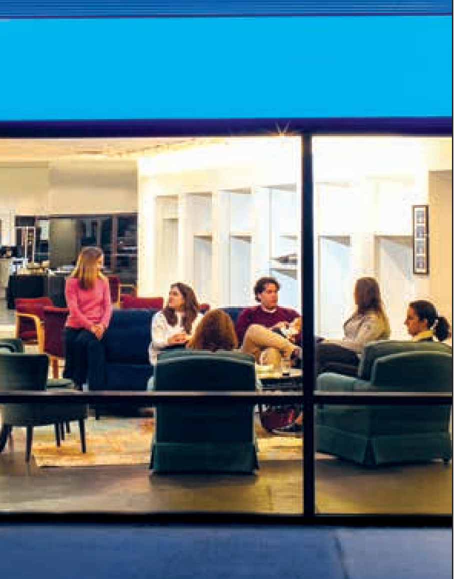

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HER TAKE ON ARTIFICIAL INTELLIGENCE

AUDREY PAULMAN, M.D.
Editor
Physicians Bulletin

At lunch, my grandsons, ages 14 and 16, began asking me questions about ChatGPT. I told them I knew nothing, except I was kind of afraid of the whole concept of artificial intelligence.

I don't think I was alone. Practicing colleagues consistently said, "I haven't checked it out yet."

I don't know why I was afraid of ChatGPT, an artificial intelligence chatbot, or language processor. It puzzled me, as usually I am a fairly early adopter of technology. My car partially drives itself, my doorbell shows who leaves a package, and my kitchen faucet sends me text messages. I routinely adjust my furnace thermostat via iphone. Technology is usually my friend.

So, what made ChatGPT different? And, would ChatGPT have a role in the practice of medicine?

Looking for an answer, I downloaded the ChatGPT app and asked it why physicians are hesitant to use artificial intelligence. Within 15 seconds, ChatGPT created a list of five main concerns physicians have about AI in electronic health records. As listed by ChatGPT, physicians have concerns about reliability and accuracy, and lack of context and understanding. There are legal and ethical considerations, loss of human touch, and limited scope and expertise of AI.

These all seem to be reasonable concerns to me.

Quoting ChatGPT's conclusion verbatim, "It's important to note that these concerns do not imply a fear of technology itself but rather a cautious approach to integrating AI into medical practice. As AI technology advances and addresses these concerns through improved accuracy, increased contextual understanding, and enhanced privacy protocols, physicians may become more open to embracing AI as a valuable tool in their practice."

I became more curious. As informal research, I asked ChatGPT to write a SOAP note about an uncomplicated URI encounter. Using the chief complaint, vitals, allergies, and medication list (all available data already in the EHR), AI generated a note, in SOAP format, which included the physical exam and treatment choices. All could be easily customized. The technology exists.

Several years ago, hospital systems and insurance companies became enamored with the EHR's concept of "big data." Maybe it is time to address the problems with the "little" data – those keyboard clicks done by physicians that allow the creation of "big data." It is time to focus on the physician user when making improvements in EHR.

AI technology already is in use in medical care. Artificial Intelligence in medical devices is being used for endoscopies, athletic motion analysis, and computer assisted surgeries. 3D modeling is being studied for planning of procedures. What is not yet developed is the full benefit of artificial intelligence for the hospital or office-based physician using the electronic health record.

As in any process change, I accept that care must be given to make sure that patient and physician safeguards remain in place and there are no unintentional consequences. I don't suggest that this will be easy.

But, as physicians, I believe we must require meaningful improvement of the electronic health record as it is actually used by physicians.

Put into simple words. Make it easy.

How easy? As easy as the technology that is used in every other aspect of our lives.

Why isn't the EHR that easy? Honestly, I don't know.

Continuing to learn, I asked ChatGPT why EHR use isn't made easier for physicians.

Quoting ChatGPT again, "Addressing these challenges requires continuous improvement and collaboration between EHR vendors, healthcare professionals, and regulatory bodies. Simplifying user interfaces, providing comprehensive training and support, enhancing interoperability, and optimizing workflows are critical steps toward making EHR systems more user-friendly and efficient in the healthcare setting."

I wonder when EHR-efficiency will become a competitive edge provided by hospitals when recruiting providers. Will providers in the near future choose system affiliation based upon the ease of use of their EHR?

Change only happens when people are talking.

While my grandsons didn't explain to me their interest in ChatGPT, I learned that high school students were using the technology to generate required term papers—with limited success.

Apparently, the elegant language and correct punctuation were telling signs that my grandson's term paper had been written by AI. Therefore, my grandson got an "F" for the paper and an "A" for adopting new technology.

I think he will do just fine.

I encourage you to look at, and talk about, what is being done nationally and locally to adopt AI to make the practice of medicine easier for physicians.

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CLOSED LOOP COMMUNICATION: GOOD FOR CODES AND FAMILY LIFE

MARIA MICHAELIS, M.D.
President
Metro Omaha Medical Society

As physicians, communication is an integral part of our day-to-day lives, regardless of specialty. We use it in both our professional and personal lives. In fact, the communication we use as part of a code can assist us in better relationships with our family members and friends. Recently, I realized that something needed to change in my family life. With three busy daughters who participate in multiple activities along with my full-time job as an anesthesiologist, my life depended on accurate and concise communication. However, this was the third time in a week that a ball had been dropped between me and my husband. This time, it resulted in my middle daughter, Laini, being left at a practice and the coach calling to figure out who was picking up this last straggler. It was enough to make me realize that something had to change.

The previous day I had run a code in the GI suite at the hospital where I work. Everything had gone smoothly with team members all understanding one another perfectly. If I could communicate effectively with a team of five health care members, why couldn't I use these strategies to communicate with my own family more effectively?

I lobbed the idea out that evening to my husband, Mark. Since his all-time favorite television show is "ER," he was fully onboard with using code-running techniques to communicate with me. Our three daughters all have names that start with the letter "L"s, so we decided to use that shorthand with both texting and talking.

L1=Lexi:18-year-old first-year student in college. Lexi comes home on breaks and in the summer and has no workable vehicle.

L2=Laini: 14-year-old ninth-grader. Laini cannot legally drive yet but has lots of places she "needs to go." She loves sports and has practice every night. Laini hates to be late.

L3=Leyton: 12-year-old sixth-grader. Leyton is also busy with a wide array of sporting activities and is less than patient.

We began our experiment the next day. Our text message exchange:

Me: After work, I will pick up L3 from school and take her home to get a snack since she has her tumbling class at 4:15 p.m. I will take her to that class. You will pick up L2 after track practice finishes at 5:15 p.m. Then you will take L2 to softball practice before going home. L2 has the clothes she needs with her already, but you will need to have her softball bag in your vehicle. You will then need to pick up L3 from tumbling class and take her to softball practice at 6:30. She will need to change at home and get her bag before practice. I will go to the gym but finish my workout in time to pick up L2 from softball at 7:30. Then L1 needs to borrow my vehicle to meet friends for dinner at 8 p.m.

Mark: I am picking up L2 after track practice finishes at 5:15 p.m. I will then take L2 to softball practice and will have her bag already in my vehicle. You will pick up L2, and I will pick up L3 from tumbling and take her to softball practice. You will be without your vehicle after 8 p.m because L1 is borrowing it. See, I can close the loop!

Besides using closed loop communication in that exchange, many of the other essential parts of code running are evident.

Clear Messages – information was conveyed with no extra lingo or details.

> **"My favorite part of the day has become the evening 'debriefs' that my husband and I have about how the day went and discussing anything that could have been communicated better."**
> — MARIA MICHAELIS, M.D.

Clear Roles and Responsibilities – there was no question about who was in charge of doing which pick up or dropoff.

Know your Limitations and Ask for Assistance Early – my husband knows that I tend to underestimate driving time and run late, so he just asks that I let him know as soon as possible when the plan must be changed.

Knowledge Sharing – no one is telepathic, so it is important to not assume that the other person should already know the details (for instance, if a certain item is needed for practice, make sure to include that in the exchange).

Constructive Intervention – if you see that a detail has been misunderstood, make sure to correct the information politely.

Summarizing and Re-evaluation – my favorite part of the day has become the evening "debriefs" that my husband and I have about how the day went and discussing anything that could have been communicated better.

Since instituting closed loop communication and other code running communication fundamentals into our family dynamic, we have had less bickering and more time to enjoy these years with our busy family!

BUILDING PHYSICIAN WORKFORCE THROUGH HEALTH CAREERS PIPELINE INITIATIVE

AMY REYNOLDSON
Executive Vice President
Nebraska Medical Association

It is no secret that Nebraska has a physician shortage. The physician workforce is a growing concern amplified over the past three years and, at times, it seemed impossible to get our arms around it until recently. To summarize the current shortages in the state, all but two counties have been designated by the State of Nebraska as shortage areas for at least one type of primary care specialty. Fifty-eight (62%) counties are designated shortage areas for family physicians.

In the fall of 2022, the NMA was approached about a workforce development initiative focusing on building a sustainable health care education and mentoring program in schools throughout the state. After learning about the program and other partners involved, it was very clear that the NMA must work collectively with other organizations to rebuild the health care workforce infrastructure.

The Health Careers Pipeline Initiative began as an idea and is led by the Nebraska Hospital Association (NHA). It is now endorsed and supported by the NHA, NMA, Nebraska Health Care Foundation and Medica. The goals of the initiative include:

- Design an appropriate and innovative approach to healthcare career exploration in K-12 and post-secondary education systems.
- Capitalize on partnerships with industry and nonprofit.
- Share resources to expand the reach to rural Nebraska.
- Build a sustainable Healthcare Talent Pipeline in Nebraska.

The initiative will be delivered via the community college service areas utilizing the strong Educational Service Units (ESU's) foundation by including age-appropriate education that aligns with the current health care team models seen in practice across the state. The programs in development currently include the following:

- After-school programming (grades 3-6) "Healthcare Heroes"
- Summer Camp (grades 3-6) "Healthcare Heroes Mini-Med School"
- Summer Boot Camps: (grades 7-9) "Healthcare Jr. Champions," (grades 10-11) "Healthcare Sr. Champions"
- Health Science Immersion (grades 9-12) "Healthcare Elites"

The Health Careers Pipeline Initiative is guided by an advisory council that includes representatives from the four endorsing organizations and representatives from K-12 public, private, and higher education, behavioral health, and federally qualified health centers (FQHC). The role of the advisory council is to:

- Lend their skills, guidance and expert knowledge to program development and implementation.
- Bridge the knowledge and resource gap.
- Support the goals and objectives of the initiative.
- Provide recommendations, advice, perspective, oversite, guidance and expertise.
- Serve as a mentor and trusted adviser.

All programs will have health care professionals incorporated in the learning opportunities to allow the students to become familiar with the different professions and get a hands-on experience. It will be important that the necessary supplies and equipment for the programs are available in the different regions across the state to make this a successful opportunity. If you have or know of underutilized supplies and other resources (that are in working condition) that could benefit this initiative, we will gladly take them off your hands and put them to good use.

The NMA is excited to be part of this initiative. We know that multiple efforts are being made across the state to address healthcare workforce, but the need for standardized curriculum and resources to effectively implement the programming exists to quantify the reach and growth in the talent pipeline. We know that a student competent in health care leads to a committed and competent health care workforce. It is never too early to start exploration with fun and interactive engagement.

> **"We know that a student competent in health care leads to a committed and competent health care workforce."**
> —AMY REYNOLDSON

We know that the physician shortage is problematic and will only worsen if we do not prioritize efforts to retain the current physician workforce, attract new physicians and residents and, most importantly, retain current medical students and young Nebraskans to stay in the state and practice medicine. Currently, Nebraska is only retaining about one-fourth of its medical students for residency and many talented high school students are leaving the state to pursue a health care career.

The Nebraska Medical Association is committed to improving the physician workforce in Nebraska and is excited to be part of the Health Careers Pipeline Initiative.

DOCUMENTATION MATTERS—THE ATTORNEY'S PERSPECTIVE

ALAN LEMBITZ, M.D.
COPIC Department of Patient Safety And Risk Management

WHAT TO DOCUMENT: THE REASONABLENESS STANDARD

The general standard for documentation in the modern era is to include information that a peer would agree should be included. There is no hard science as to what documentation should contain, so the "reasonableness" standard is what providers are held to in all specialties. A common question that arises is, "What must I look at, and how do I document that?" This is especially true when EHRs, portals and health information exchanges provide copious amounts of potentially relevant data. It is important that you specifically describe the context of your encounter and what was reviewed.

When you didn't review or know previous imaging, lab or historical information that is subsequently shown to have details about contributing factors in an adverse outcome, your defense will be the reasonableness of the depth of your review based on the level of visit or consultation that you provided. This reasonableness will be established by your peers. Defense for a reasonable review relies on the given level of clinical encounter aligning with the detail of your review. If you don't state what you reviewed, plaintiff attorneys may try to assert that you reviewed everything available to you, and your actions fell below the standard by not acting on that information. Even more problematic is to state "old records were reviewed," which would then imply that you reviewed everything and were responsible for it.

> **" A common question that arises is, 'What must I look at, and how do I document that?'"**
> — ALAN LEMBITZ, M.D.

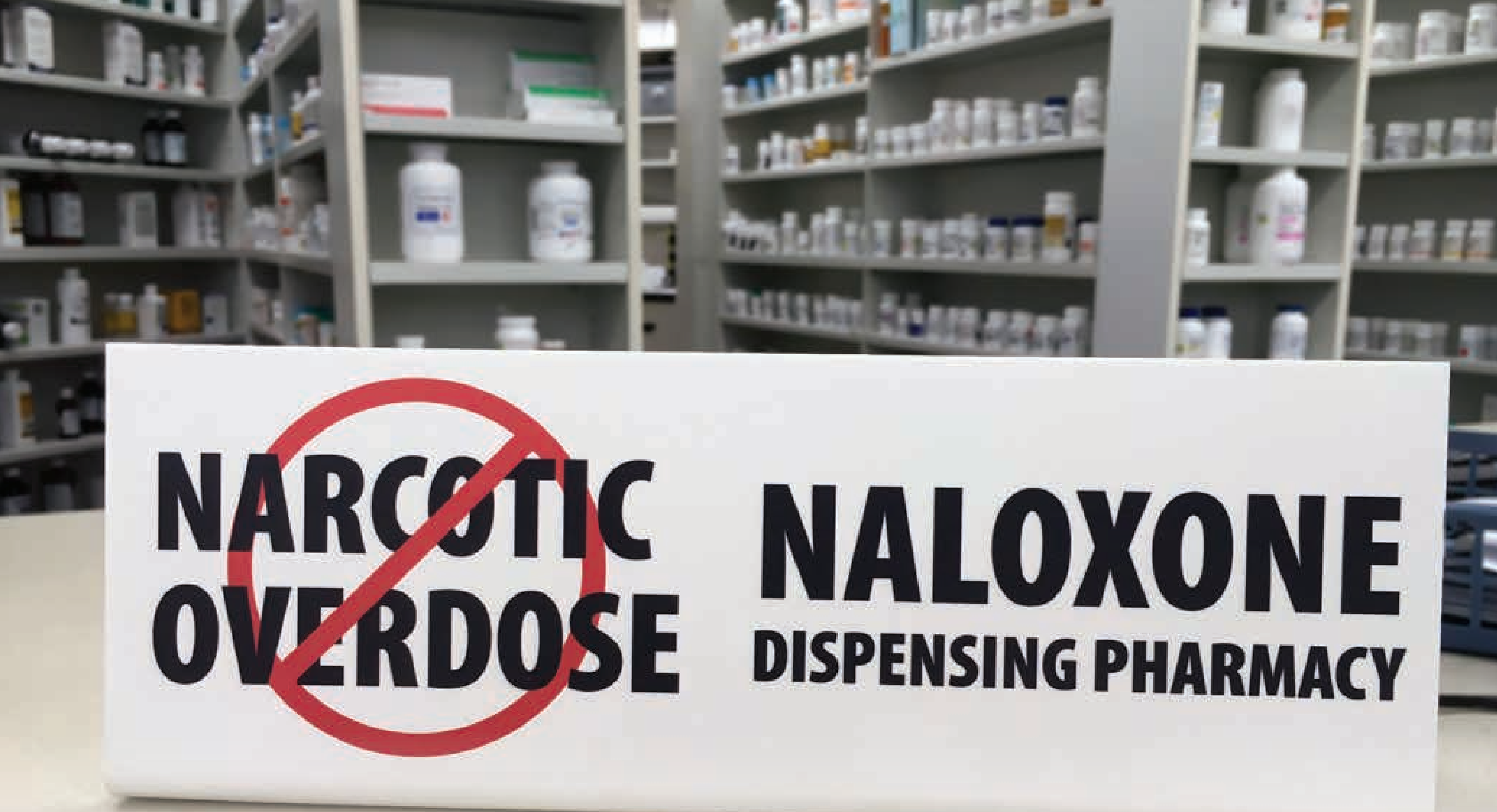
WHEN TO DOCUMENT: THE CREDIBILITY ISSUE

Defense attorneys have noted that documentation notes that are clear, timely, outline a thought process at a crucial moment, and generally reflect a "tight ship" are favorable for defensibility. Alternatively, defense attorneys have noted that documentation that is inaccurate or template-based, or includes speculation or jousting about the care of others can unfavorably affect defensibility. Late entries are especially problematic because they are likely to be factually inaccurate and may not reflect what you knew at the time of your clinical encounter.

The defense of patient care is prospective, based on what you know and when you knew it. Plaintiff attorneys will try to apply a retrospective standard – what you should have known, or ultimately, did know. This becomes especially problematic when you later learn of an adverse outcome and then are challenged with whether to add an addendum to your note, or a new note.

In the event of an adverse outcome, defense attorneys have opined that there are several priorities:

- Foremost, care for the patient. If the new information is critical to the patient's care, document what you did: communication with the patient, communication with a subsequent treater, revision of your plan, etc.
- Document in a contemporaneous fashion your thought process as best as you are able. This often reveals that a provider is engaged, caring, and following through. EHRs capture and time/date stamp all entries, so describing why you are entering new information, what it is based on, why it's important, and what you did about it are the critical elements.
- Ensure that if you are using a template, it is both appropriate to the clinical scenario and accurate. Critical to your defense is the reasonableness of your thought process, your decision making, and the timely implementation of your plan. Templates generally do not capture this well.
- If listing a differential diagnosis, make it clear in the note that you understand there are many potential alternatives, that the care process is fluid, and the care plan may be adjusted as more information becomes available over time. Simply listing serious diagnoses in the differential, with no discussion as to why you think them unlikely or need further follow-up information, can be extremely challenging to the defense when that serious diagnosis leads to an adverse outcome. For some diagnoses, predictive tools such as HEART scores, Wells criteria, etc. can greatly assist your defense.
- Document key conversations around important treatment decisions. Who you talked with, what information was shared, who was going to implement what plan, and a general consistency among the team is also crucial to your defense.



NARCAN: Keep it Close By

Alex Dworak, M.D., often passes on the analogy told to him by the semi-tractor trailer driver about the importance of keeping Narcan close by.

Dr. Dworak was explaining to the man – who was taking pain medication for the injuries he suffered in a semi accident – about the importance of Narcan, a life-saving medication that can reverse an opioid overdose.

"He said, 'Wait Doc. Do I understand that this (Narcan) is like a fire extinguisher? If you need it, it better be here and not down the street at a hardware store."

Dr. Dworak, associate medical director for family medicine for OneWorld Community Health Centers, said the truck driver's rhetorical question drives home the importance of having Narcan nearby.

"You hope you don't need it, but if you do – situations move fast."

So, Dr. Dworak, assistant professor of family medicine at UNMC, practices what he preaches to his patients, his peers, his colleagues and anyone else who asks:

> **"You hope you don't need it, but if you do – situations move fast."**
> — ALEX DWORAK, M.D.

He keeps Narcan nasal spray in his backpack and it can be found on his kitchen counter in his home. Follow his example, he tells them, because what have you to lose – except maybe a life.

His recommendation as to who should keep Narcan nearby extends beyond physicians in their clinic offices. "This is something you should have around." You, he said, means everyone, including, but especially, physicians.

Conversations about the value of keeping Narcan nearby are overdue, Dr. Dworak said, even though Nebraska ranks among states with the lowest cases of opioid addictions and overdoses. While addiction to alcohol, nicotine and methamphetamines are more prevalent in Nebraska, he said, statistics don't mater when someone has overdosed on his or her pain prescriptions.

"Even though there's not as much of a market here, it's still here. It's just less prevalent. And all that doesn't mater if it's your loved one who has overdosed."

SOME BACKGROUND:

Narcan, or Naloxone, is a life-saving medication that can reverse an opioid overdose and should be carried by anyone at risk of an overdose and by those who know someone at risk. It cannot harm someone if he or she has not suffered an opioid overdose or is overdosing on drugs other than opioids.

In March 2023, the Food and Drug Administration approved Narcan for over-the-counter use. Most recently in Nebraska, a program offered through the Nebraska DHHS Division of Behavioral Health, the Nebraska Pharmacists Association and Behavioral Health Region Systems provide Narcan to Nebraska residents for free. Nebraskans can get Narcan without a prescription at nearly four-dozen participating pharmacies throughout the state.

“We know that kids experiment, and we know that opioid addiction and overdose transcends income, religion and geography. Substance abuse disorders don’t discriminate.”

— ALEX DWORAK, M.D.

Dr. Dworak said he was first introduced to Naloxone nearly a decade ago while attending an HIV conference in Denver. Colorado, along with other states, was more progressive in creating awareness about Naloxone and making it readily available.

Creating awareness about how Narcan can save lives begins with conversation, such as the one Dr. Dworak had with his 16-year-old son about the potential dangers of opioids. Dr. Dworak said he talks about his work when at home and spoke to his daughter’s class for Tar Wars. “My wife and I have also spoken openly about substance use coming from a belief, backed by evidence, that failing to teach young adults about risks does not prevent them from engaging in risky behavior, but rather leaves them unprepared or even vulnerable to manipulation.” He brought Narcan back from Denver years ago when his son was younger and, Dr. Dworak said, he didn’t think his son noticed – until he replaced it. “He said ‘I know what Narcan is, Dad.’ It became clear to me that he had paid more attention than I realized.”

Any family home, but especially ones with pre-teens, teenagers or young adults living in it, should have Narcan on hand. The national news, Dr. Dworak said, routinely carries stories of children who, intentionally or unintentionally, overdose at home.

“We know that kids experiment,” he said, “and we know that opioid addiction and overdose transcends income, religion and geography. Substance abuse disorders don’t discriminate.”

Dr. Dworak encouraged his fellow physicians to share this information with their patients. And also this scenario: Someone in your home experiences an overdose from his or her pain medication. The initial reaction is to call 911 and perform rescue breathing. With Narcan on-hand, he said, call 911, administer Narcan and watch closely how he or she reacts.

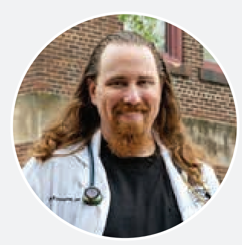
The response can be immediate or delayed – or the person can experience another reaction, which means constant monitoring is critical until rescue personnel arrive. Be ready to administer another dose, if warranted, Dr. Dworak said. The process is similar, for example, to using an Epi-pen for someone who has an allergic reaction to the bee sting.

“The person could lose consciousness again. Remember, the drug or medicine we are reversing will last longer in the body than Narcan.”

And don’t hesitate to administer Narcan even if you are not completely sure the person is experiencing the reactions to an opioid overdose. Narcan has no negative outcomes, he said.

Dr. Dworak said he has prescribed and now recommended Narcan to dozens of his patients – including those who are taking medication for pain management. He discounts assertions that making Narcan readily available will actually promote opioid use – because those with opioid addictions will think they have a safety net should they overdose.

Dr. Dworak shared some information about Narcan: It’s good for several years. The supply he keeps in his backpack carries an expiration of 2025. Avoid keeping Narcan in extreme temperatures – above freezing and below 77 degrees. “Never keep it in your car.”



The **Dworak** File

Hometown
Papillion, NE

Undergraduate Degree
Creighton University in Spanish and justice and peace studies

Medical Degree
University of Nebraska Medical Center

Residency
UNMC in internal medicine and family medicine

Specialty
Family medicine

Institution
UNMC

Title
Associate medical director for family medicine

Hobbies
Training for strongman competitions, miniature modeling and cooking

Why He Joined MOMS
“I have come to value my MOMS membership because it has stood up and provided support for me as a physician, particularly during COVID.”

DR. MAY'S CHALLENGE: Question Patient Allergies to Penicillin

Sara May, M.D., wants her colleagues – especially primary care physicians and specialists – to feel empowered to question and remove a label of an allergy to penicillin from a patient's record. In some cases, those allergy labels have remained in a patient's records for years and can restrict a physician from offering the best in care, she said.

Prior to the last 10 to 15 years, it was presumed the safest thing for a patient with any concerns was to avoid the drug, said Dr. May, who specializes in allergy and immunology.

Ninety to 95 percent of patients with a noted allergy to penicillin will tolerate the antibiotic when tested, she said. "You don't have to be allergy trained to remove an allergy from a patient's chart," said Dr. May, program director and associate professor in UNMC's Division of Allergy and Immunology. "I want to empower my colleagues to take this step on their own."

According to the U.S. Centers for Disease Control and Prevention, while an estimated 10% of U.S. patients report having a penicillin allergy, fewer than 1% of the population is truly allergic to penicillin, and 80% of those who have had an allergic reaction to penicillin will lose their sensitivity within 10 years.

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While an estimated 10% of U.S. patients report having a penicillin allergy, fewer than 1% of the population is truly allergic to penicillin.

> **"Take time on the front end to save time on the back end to figure out what drugs to prescribe that are most effective for treatment and generally most cost-effective for the patient."**
>
> — SARA MAY, M.D.

FROM PAGE 16

Why the push to remove the allergy labels? Patients have notations in their medical records of adverse reactions to penicillin from long ago – which requires their physicians to look to other prescription options – ones that may come with a higher cost and a lesser chance for better results. Basically, this push, she said, is spurred for two reasons:

- Making penicillin as a treatment option, in most cases, provides patients access to one of the most effective antibiotics available to treat their current infection.
- Making penicillin available again as a treatment option for those with mislabeled allergies will help to combat antibiotic resistance, especially VRE and C. difficile.

Physicians began noting reactions to penicillin almost immediately after its emergence in the 1940s, Dr. May said. "This was a time when patient allergies were much higher rates than today," she said, "partially due to use."

First, some backstory. The first of two common reactions to any drug is an immediate allergic reaction within one to two hours where a patient may experience a rash, vomiting, diarrhea and even a sense of impending doom. "I felt like I was going to die." This is the typical Type 1 hypersensitivity reaction.

The second reaction is a delayed one. This typical maculopapular drug rash generally appears several days after the penicillin treatment is initiated. This rash is symptomatic to the patient, but benign. Patients can remain on the drug for this typical Type IV hypersensitivity reaction as long as blood work has been confirmed to be normal and no fevers or other symptoms, Dr. May said.

Now, a disclaimer: An anaphylactic reaction to penicillin can occur and can be life-threatening. "It's a real thing and it can cause death." Her point isn't to misrepresent the potential for a serious reaction to penicillin, she said, but to point out that patients may not be considered candidates for penicillin depending on their history.

The first step in removing an allergy to penicillin, she said, is to talk to the patient about it. Why was it included? What do you remember about the incident? "It may be it was somehow added to the chart and the patient has no idea. 'I don't remember having the reaction.' If it was an error, just remove it from the record." Another common mislabeled allergy is clear side effect to the drug or because of family history, not an allergic reaction in the patient.

This result is the first of three actions a physician may take when reviewing a noted allergy to an apparent allergy to penicillin: Remove the allergy and update the patient.

The second option is to conduct a standard challenge, which takes about 60 minutes. This is the most common outcome when assessing a penicillin allergy. The two most classic allergy reaction histories are 'I had an itchy rash years ago' or 'my mom told me I was allergic to it since I was a young child.' These patients that have rashes, even including urticaria, can proceed to a 2-step direct challenge. This is generally conducted with 25 mg and then 250 mg of amoxicillin 30 minutes apart, monitored for symptoms every 15 minutes for a total of 60 minutes (30 minutes after 250 mg dose).

"If the patient does fine," she said, "let them know and update the patient's allergy section in their chart" but also make them aware that the chance of developing an allergic reaction in the future is still possible. This is rare but can occur in 1-2% of the general population.

The third option, she said, is for patients who have a history of anaphylactic reactions and the symptoms that come with them – including hives and problems breathing – within the past five years. For this option, patient should be referred to an allergist to conduct a skin test first, then the challenge.

Dr. May has been treating patients since 2015 and has kept an allergy on a patient's record less than a dozen times. "I do this frequently."

Conducting the challenge or the skin test and challenge requires clinic time, Dr. May said, but that investment brings returns in the added options for prescribing that removing an allergy to penicillin may generate.

"Take time on the front end to save time on the back end," she said, "to figure out what drugs to prescribe that are most effective for treatment and generally most cost-effective for the patient."

Dr. May encouraged her colleagues throughout the medical profession to resource UNMC's Antimicrobial Stewardship Program (www.unmc.edu/intmed/divisions/id/asp/), which is a joint effort of Nebraska Medicine's Pharmacy, Infection Control and Epidemiology Departments, and the University of Nebraska Medical Centers Division of Infectious Diseases with the aid of the Division of Allergy and Immunology too. The Antimicrobial Stewardship Program's mission is to optimize the use of antimicrobial agents to realize improved patient outcomes, a positive effect on antimicrobial resistance, and an economic benefit.

"It's available for anyone in Nebraska who takes care of patients and is a great resource for correct antibiotic use" she said. It provides algorithms for allergy assessments in patients that she helped develop.

The **May** File

Hometown
Waverly, Nebraska

Undergraduate Degree
Nebraska Wesleyan in biology

Medical Degree
University of Nebraska Medical Center

Residency
UNMC in internal medicine

Fellowship
May Clinic in Rochester, Minnesota, in allergy and immunology

Specialty
Allergy and immunology

Title
Program director and associat professor, Division of Allergy and Immunology, Department of Internal Medicine

Institution
UNMC

Hobbies
Jazzercise, watching Husker football and volleyball, and spending time with her family

Family
Husband, Jel Michalski, M.D., Ph.D.; three sons, Henry, Ethan and William

Why She Joined MOMS
"To network with other physicians."

TENNIS AND MEDICINE: A Perfect Combination

Sheeva Parbhu, M.D., still has his moments when he steps on the tennis court. He sees glimpses in his play that take him back to his days competing for Notre Dame University and playing on a professional tour.

"I feel I can recreate some of the old skills. Now, if it's 90 degrees, I have a solid hour in me where I used to be out there forever. It can be frustrating because you are never as good as you were."

These days, Dr. Parbhu plays tennis when he can – in between his work as a gastroenterologist at Midwest GI and time spent with his wife and two children. "I still have fun playing. I enjoy it."

And he still reaps the benefits that playing competitive sports carry over into one's professional life – and vice-versa.

How playing competitive tennis has made him a better physician: "All the life lessons I learned playing tennis – from my father, my coaches and from being in a competitive environment – first and foremost, made me a better person. They taught me all sorts of values – hard work, respect, dedication, commitment. Even teamwork. Tennis can be an individual sport. In college, it's a team sport. I learned a lot about the value of being part of a team from playing tennis. All those things made me a better person, which, in turn, has made me a better physician."

How being a physician helps his tennis: "In later life, my tennis has kept me humble. Practicing medicine can be humbling. There's always a degree of uncertainty."

Let's step back to when Dr. Parbhu was just a toddler. His father, Kaushik Patel, Ph.D., was a tennis fanatic and a competitive player. As a child, Dr. Parbhu would drag a tennis racquet wherever he went. He started playing with his father at age 5, clinics and lessons followed a few years later. At age 8, he started competing in local tournaments – and won his share. By age 11, he was competing in regional tournaments and qualifying for national ones.

About that time, he reached another milestone: He defeated his father in tennis. "I could legitimately beat him without him letting me win a game or set."

For a time right before he started high school, he said, tennis became less fun and more work. His friends were having fun, while he was practicing tennis three or four hours at a time. Once he started high school and started competing for Millard North, tennis became fun again. "That's when the dial flipped."

And the success kept coming. He was a state champion his sophomore and senior seasons. During that time, the thought of playing tennis in college started to form. "My freshman year, it was a hope. My sophomore season, winning state and doing better in national tournaments during the summer, it became an exciting reality."

All the while, academics were just as important to him and his parents. His mother Rekha Patel, is an X-ray technician at Boys Town and his father, who immigrated to Toronto, Canada, at age 17, is a professor in UNMC's Department of Physiology. "Science, medicine and even mathematics were a big part of their passion, which they passed on to me and my sister (an endocrinologist who practices in Salt Lake City). Which meant pursuing a career in medicine," he said, "was always as important to them as becoming an elite tennis player."

He started visiting colleges and looked for a university strong in the sciences and in tennis. He didn't grow up a Notre Dame fan, but quickly became one after his first visit. The campus sold itself; Notre Dame's tennis coach, Bobby Bayliss, reassured his parents that their son would be in good hands in South Bend. He visited three different universities but admitted the decision was already made after his first visit.

Dr. Parbhu experienced immediate success playing for the Fighting Irish.

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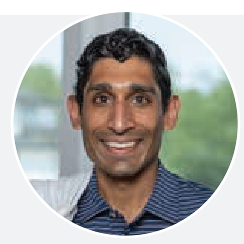

The **Parbhu** File

Hometown
Omaha, Nebraska

Undergraduate Degree
Notre Dame University in South Bend, Indiana in biology

Medical Degree
University of Nebraska Medical Center

Residency
University of Utah Health Center in Salt Lake City in internal medicine

Fellowship
University of Utah Health Center in gastroenterology and hepatology

Specialty
Gastroenterology and hepatology

Institution
Midwest Gastrointestinal Associates, PC

Hobbies
Watching Notre Dame football, running, spending time with family, and, of course, playing tennis

Family
Wife, Rachel Parbhu, M.D.; and his children, Stella, and Leo, and his golden doodle, Roger (named for Federer)

Why He Joined MOMS
"I joined to be able to connect with other providers in the Omaha area."

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In 2006, he became the first Notre Dame men's player to reach the quarterfinals of the NCAA singles championship in nearly 50 years. He was, at the time, the 16th Fighting Irish player to earn All-America status.

As a junior, he was named to the Big East All-Tournament team in singles and doubles. He opened that season ranked 21st in the Intercollegiate Tennis Association national singles poll, and went 2-0 at No. 1 singles and 17-5 at No. 2 singles.

"Without school and academic demands, I could focus on my game. It was a lot of fun, but the biggest grind of my life."

— SHEEVA PARBHU, M.D.

Degree in hand and MCAT score on record, Dr. Parbhu decided medical school could wait. He wanted to try professional tennis so when he did turn his attention to medicine, he would never have to wonder what might have been. His parents agreed with his decision.

He competed for 18 months in Futures and Challengers tournaments – often in the middle of nowhere with a dozen fans in the stands. He compared the tennis circuit to the minor leagues in baseball (think the Omaha Storm Chasers) and the Korn Ferry Tour in golf (Omaha is a tour stop). He loved every moment of his time playing professionally. "Without school and academic demands, I could focus on my game. It was a lot of fun, but the biggest grind of my life."

At one point he was ranked in the top 600 in singles worldwide. He competed against players with much higher rankings – and could defeat them. This is how he described his status: "I had some of the tools to get into the top 200 or 300 in the world. I felt I could beat anyone on a given day, but I couldn't beat them 8 out of 10 times."

So, he headed to medical school without regrets, still playing tennis when he could and occasionally teaching high-level high school players to earn cash. During his residency in Salt Lake City, he practiced with the University of Utah team. Reality was cruel, he said. "Playing against them reminded me how dramatically my skills were atrophying."

These days, Dr. Parbhu competes against a group of former college players from their mid-20s to their early 40s, and also continues to enjoy playing the game with his father. He tries to play weekly, but sometimes falls short. And all the while, he is waiting patiently for his children (ages 3 and 1) to get a little bit older and bigger. The television in their home often is turned to tennis tournaments and Dr. Parbhu will point out what the people on television are doing.

"We'll get them out playing as soon as we can."

THE INS AND OUTS FOR CHILD CARE OPTIONS

Hana Niebur, M.D., says there are lessons to be learned when choosing the best approach to child care. The key, she said, is to never rush the process and always be comfortable with your choices.

During the past 11 years, Dr. Niebur and her husband have used four of the traditional methods (day care, nannies, au pairs and family) for providing care for their children. All have their strengths, she said, and all come with potential challenges. For the Nieburs, staying at home – either Dr. Niebur or her husband – wasn't an option they considered. Most critical was finding the right option for the right time in their children's lives – which also allowed the Nieburs to continue working in their professions.

> **"Life situations. Job situations. Kids needs change over time so child care sometimes has to adapt with that."**
>
> **— HANA NIEBUR, M.D.**

Life situations. Job situations. Kids needs change over time so child care sometimes has to adapt with that," she said.

Dr. Niebur discussed her family's experiences with each option and offered advice for making child care decisions in general.

Day Care: The Nieburs turned to the UNMC day care upon their return to Omaha following Dr. Niebur's fellowship in Florida. The center had an opening and they enrolled Penny and put Rose on its wait list before she was born. Dr. Niebur stayed home with Rose for four months, her father then cared for his granddaughter until a spot opened. The child care program – being situated at UNMC – adopted its hours of operations to fit schedules of health care workers. The UNMC program offered a pre-school curriculum, which helped prepare Penny for kindergarten.

A challenge with day care centers is what to do with your children when they are sick. Back-up options include relying on a family member or friend who do not work or using a drop-in "under the weather" care centers. Dr. Niebur, when Penny was ill, stayed home or took her daughter with her. The Nieburs appreciated knowing that two teachers were always present with their children. "Your child is never one-on-one with an adult you don't know well. That knowledge gives you a bit of security" Some child care center close for holidays – UNMC's only did for a university holiday.

NANNIES: The Nieburs' first full-time nanny was excellent – she came from the UNMC day care center. "She was ready for a change in her career, and the girls loved her. The UNMC daycare was probably not happy that she left, but we were grateful to work with her." The nanny stayed with the family for about 30 months before she had an opportunity to start her own day care center. If it hadn't been situated in Council Bluffs and was somewhere close to the Nieburs' home, they would have considered enrolling their children there. Instead, they hired a second nanny – one who was referred by a friend of a friend. She left after several months to accept a management position with her other employer. They let their third nanny go after just several months after she displayed some concerning behavior. The Nieburs also used a very part-time nanny during part of their time in Florida. This nanny helped with breakfast and transportation – working for the family about five hours a week.

Dr. Niebur said their experience with nannies was a mixed bag. Cost-effectiveness, she said, depends on the number of children under the nanny's care. With three children, using a nanny became more cost-effective than day care.

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She pointed out that adding responsibilities – home management duties – adds to the cost.

AU PAIRS: The Nieburs are awaiting the arrival in Omaha of their third au pair. They decided to go this route after their previous two nannies didn't work out as well as the first. Au pairs typically stay with a family anywhere from three months to two years. The Nieburs look for 12-month contracts with those they hire through an au pair agency. They have hired au pairs from Germany, France and now Austria. They provide room and board, a weekly stipend and tuition for their au pair to take college courses while living in the United States. They have invited their au pairs to vacation with them – one did, the other declined. When looking for au pairs, the Nieburs have looked to hire from cold-weather countries. Yes, they want their au pairs to have experienced cold temperatures, but being experienced at driving in snow and ice is critical.

The overall cost of employing an au pair is likely less than a nanny because you are providing room and board, "but you have someone living with you. It was an adjustment at first, but I would say it has worked out for us."

FAMILY: Dr. Niebur's father, William Gomes, cared for Penny during a portion of the family's time in Florida. He had helped Dr. Niebur's sisters by caring for their children and wanted to helped Dr. Niebur. "He loved babies. It was good for him and it was great for Penny." But he had extra motivation. "He hated winter and I happened to be in Florida. He was extra excited to stay with us to avoid winter." And he was ready to leave by summer when Florida's temperatures turned heated.

Dr. Niebur's mother, Agnes Gomes, helped care for Rose after the family's return to Omaha. COVID hit, their third nanny didn't work out and Dr. Niebur considered taking a leave of absence. Her mother convinced her that a leave of absence would not be a good career move and offered to care for her granddaughter (At this point, Dr. Niebur's father had died). "She said she would stay and help for six months so we could figure out what we would do. Her help gave us time." Dr. Niebur noted that her husband's parents, who live in Lincoln, often care for their grandchildren when needed since they retired.

We're fortunate because we have grandparents who are excited to be grandparents. Not everyone has parents who are. Our children are lucky to have three grandparents who are an active part of their lives."

Dr. Niebur provided three suggestions for physicians investigating their child care options for their families:

- Check all references provided. Checking one is not good enough. Don't hesitate to seek outside references (ones not provided by the day care center or potential caregiver). There's too much at stake.
- Don't rush the process to sacrifice being comfortable with your choices. "Okay isn't good enough. Make sure you free great about your choice."
- Trust your gut. If it doesn't feel right, then there probably is something wrong.

The **Niebur** File

Hometown
Grand Island, Nebraska

Undergraduate Degree
SLU in music studies and microbiology

Medical Degree
University of Nebraska Medical Center

Residency
Advocate Christ Medical Center in Oak Lawn, Illinois, in pediatrics

Fellowship
University of South Florida in Saint Petersburg, Florida, in allergy and immunology

Specialty
Allergy and Immunology

Hobbies
Taking her children to their many activities

Family
Husband, Platt Niebur; children Penny, Rose and Sam

Why She Joined MOMS
"I wanted to be part of the Omaha medical community."

MOMS EVENTS RECAP

RETIRED PHYSICIANS HEAR 'LITTLE POISON' AUTHOR

The MOMS Retired Physicians group held its second meeting of the year in June at the UNO Community Engagement Center. President of Legacy Preservation and author of "Little Poison," John Dechant, was the guest speaker.

1. MOMS Retired Physicians Chair, Dr. Robert Cochran with author, John Dechant.

EARLY CAREER PHYSICIANS TRY THEIR HAND AT PICKELBALL

Blue Sky Patio & Pickleball hosted the MOMS Early Career Physicians group on May 24 for an evening of food, beverages and pickleball.

1. From Left: Jason Lizalek, MD; Michael Visenio, MD – ECP Committee member; Valerie Verdun, MD; and Maria Moreno Escobar, MD
2. From left Valerie Verdun, MD; Michael Visenio, MD – ECP Committee member; Jason Lizalek, MD; and Brandon Souba, representing Gold Strategic Partner Core Bank.
3. From left: Juan Santamaria, MD – ECP Committee member; Matthew Kelly, MD; Andrea Jones, MD; Maria Moreno Escobar, MD and Alena Balasanova, MD – ECP Committee Chair.
4. Valerie Verdun, MD and Andrea Jones, MD

DOCBUILD DRAWS MORE THAN 20 PARTICIPANTS

MOMS' annual DocBuild event with Habitat for Humanity was held on a Saturday in May with over 20 participants volunteering to build healthy homes for a Habitat for Humanity family.

MOMS EVENTS RECAP

2023 WOMEN IN MEDICINE ATTEND SPRING PLANTING EVENT

Christina Mainelli from The Green House led a spring planting class at the R+R Wellness Center in May for the Women in Medicine group. Attendees enjoyed food and beverages and networking while planting terrariums.

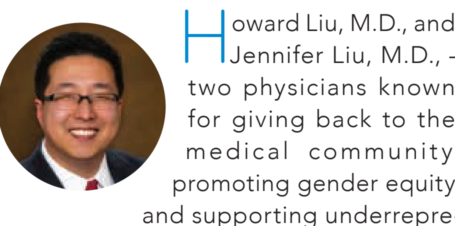
MEDICAL LEGAL DINNER

The Metro Omaha Medical Society and Omaha Bar Association hosted their annual Medical Legal Dinner in June at Champions Run. This year's topic was "Misinformation and Media."

1. Dr. Janet Grange and panelist Matt Wynn
2. Drs. Marvin Bittner and George Hemstreet
3. Drs. Jane Carnazzo and Maria Michaelis (MOMS President)
4. Panel and facilitator for the event were, from left, Matt Wynn, Flatwater Free Press; Cate Folsom, Nebraska Examiner; Patrick Borchers, J.D.; Tom O'Connor; and Andrea Jones, M.D.

MEMBER NEWS

DRS. LIU RECEIVE LIFE SAVERS AWARD



Howard Liu, M.D., and Jennifer Liu, M.D., – two physicians known for giving back to the medical community, promoting gender equity and supporting underrepresented and disadvantaged populations – were honored with the Life Savers Award from Nebraska Cures during its Spring Tribute Reception in April.

Over the past 20 years, Nebraska Cures has annually presented the Life Saver Award to philanthropists, scientists, clinicians and educators who exemplify the organization's mission to promote, support and advocate for scientific research and education to advance both quality of life and the economy.

Nebraska Cures recently has focused on health disparities revealed by the pandemic, as well as the spread of health science misinformation, taking an expanded role in health science communication and advocacy.

Dr. Howard Liu is a champion for gender equity in leadership and a leader in Asian American Pacific Islander inclusion in health care leadership.

"This year we are excited to recognize Drs. Howard and Jennifer Liu (who are married), who have made a consistent and focused effort to promote gender and underrepresented population equity in education and delivery of health care," said Nebraska Cures Board President David Crouse, Ph.D.

Said Nebraska Cures Executive Director Amanda McGill Johnson, "Dr. Howard Liu's work to increase access and effectiveness of mental and behavioral health services is making a profound impact on Nebraska."

Dr. Howard Liu is chair of the UNMC Department of Psychiatry and a professor in the UNMC College of Medicine. He is chair of the American Psychiatric Association's Council on Communications and an innovator on the professional use of social media in health care. He is a past president of the Nebraska Regional Council of the American Academy of Child & Adolescent Psychiatry.

NEW MEMBERS

MARY ANDERSON, M.D.*
UNMC Internal Medicine

KAYLEE DYKSTAL, M.D.*
Creighton University
Obstetrics and Gynecology

KRISTEN GERJEVIC, M.D.
CHI Health Clinic Creighton University Medical Center Bergan
Obstetrics and Gynecology - Female Pelvic Medicine and Reconstructive Surgery Medicine

RICHARD HOLCOMB, M.D.
UNMC
Anesthesiology

CANDACE HUEBERT, M.D.
UNMC/Nebraska Medicine
Pulmonary Critical Care

MATTHEW KELLY, M.D.* UNMC
Psychiatry

JASON LIZALEK, M.D.*
UNMC
General Surgery

NATALIE MANLEY, M.D.
Immanuel Pathways PACE
Internal Medicine/Medical Genetics

LAUREN MASKIN, M.D.
Children's Hospital & Medical Center
Pediatric Hospitalist

JENNIFER PATE, D.O.
CHI Health Immanuel
Emergency Medicine

CORBIN REDLI, D.O.
Emergentology LLC
Emergency Medicine

MEAGHAN SHANAHAN, M.D.
CHI Health/Creighton
Obstetrics & Gynecology

ELISE TIDWELL, M.D.*
Creighton University
Obstetrics & Gynecology

**Resident*

EXPERTS RECOGNIZED FOR THEIR RESEARCH

Boys Town recognized research scientists, Monita Chatterjee, Ph.D., and Kaylah Lalonde, Ph.D., who recently received awards during the 50th Annual Scientific and Technology Conference of the American Auditory Society (AAS) in Scottsdale, Ariz.

Both Drs. Chatterjee and Lalonde work at the Boys Town National Research Hospital Center for Hearing and Speech Perception Research where they often collaborate closely with audiologists and clinical colleagues to directly contribute to patient care. The goal is to improve diagnosis and treatment for children who are deaf or hard of hearing.

Dr. Chatterjee is the director of the Auditory Prostheses and Perception Laboratory. Her recent research has revolved around the challenges people with cochlear implants (CI) face when trying to determine how people are feeling from their speech.

Dr. Chatterjee was honored with the Carhart Memorial Award and delivered the Carhart Memorial Lecture. Annually, the award recognizes a researcher whose current research is impacting auditory science and clinical applications.

Dr. Lalonde is director of the Audiovisual Speech Processing Laboratory. Her primary line of study is audiovisual speech enhancement and the way that listeners use visual cues on a speaker's face to help understand speech and how that changes over development from infancy to young adulthood. Dr. Lalonde received the American Auditory Society's Early Career Research Award.

EQUIPPING PRIMARY CARE PROVIDERS TO STRENGTHEN PEDIATRIC MENTAL HEALTH CARE

One-third of Nebraska counties lack a behavioral health provider. To address this shortage and the pediatric mental health crisis nationwide, Children's Hospital & Medical Center recently launched a new multi-year effort to educate Nebraska providers through Children's Outreach for Provider Education (COPE) program.

Forty-five Nebraska primary care providers gathered in Omaha in May for a three-day intensive training opportunity to become better equipped to identify, treat and manage pediatric mental health conditions seen in their practices. COPE will also provide clinical participants with ongoing rapid consultation and referral and linkage services to provide the best care for pediatric patients and families.

Children's partnered with The REACH Institute for the first COPE training weekend. Providers learned how to assess and manage conditions like depression, anxiety, bipolar disorder, ADHD and suicidality in the pediatric population through lectures, table activities and role playing. COPE staff will continue to support them with access to child and teen psychiatry consults, helping provider participants make clinical decisions that follow best practice. The program is led by Jennifer McWilliams, M.D., Children's division chief of pediatric psychiatry and medical director for COPE.

The training was the first of two offered in Nebraska in 2023, with a second planned this fall. American Rescue Plan Act (ARPA) funding from the Nebraska State Legislature helped make the May training and start-up possible. That funding and a workforce grant from the Behavioral Health Education Center of Nebraska (BHECN) will allow 200 primary care providers to be trained in COPE's first three years.

DEMENTIA PROGRAM TO HELP PATIENTS AND CAREVIGERS

In an effort to meet a growing demand for individualized dementia care in the earliest stages of disease and maximize quality of life for patients and caregivers, Methodist Hospital has established the Specialized Dementia and Memory Support Program.

"We understand how scary and overwhelming a dementia diagnosis can feel, but early intervention can make all the difference – especially in delaying disease progression," said Samantha Pichler, cofounder of Methodist's Specialized Dementia and Memory Support Program. "Many people don't realize that there's help available well before the later stages of disease, when therapy isn't always as effective. Regardless, we're here to educate and empower individuals and families with a personalized, compassionate approach – no matter the stage they're in."

As part of this specialized outpatient program – which operates on the second floor of Methodist Hospital – dementia care may include speech, physical and occupational therapy along with other providers, specialties and support services.

"Our multidisciplinary approach allows us to assess and treat multiple aspects of dementia at the same time while bridging the gap in care that's often seen between diagnosis and the start of around-the-clock memory or skilled nursing care," said Jamie Curtis, program cofounder.

With no set number of appointments and no requirements to "complete" the program, patients and caregivers can drive their experience. Specially trained therapists work to help patients preserve their confidence, dignity and independence when it comes to things such as meal-time challenges, daily living tasks and activities, and use of adaptive equipment and assistive devices. A team of experts also works closely with caregivers to help them manage changes, minimize stress and frustration, and provide a supportive environment for their loved one.

NEW FACILITY OPENS AT VILLAGE POINTE

Options for patient care continue to grow across the Omaha metro area with the opening today of a new facility on our Village Pointe Health Center campus in West Omaha.

The newest building is on the east side of the campus at 17405 Burke St. It is the fourth building at this site.

The addition of the new facility adds several new services to the Village Pointe Health Center, including heart and vascular, orthopaedics, pre-surgical screening, pulmonology and an on-site pharmacy. There are also expanded dermatology offerings.

"The opening of this facility provides even greater access to our highly sought-after specialists in another convenient location," said Michael Ash, M.D., executive vice president and Nebraska Medicine chief operating officer. "While patients have come to recognize this location for its ease of access and comprehensive list of services, this completed expansion will improve even more upon the full spectrum of care being provided there."

The outpatient pharmacy opened July 5. The Orthopaedics Clinicl opened July 10 and the Heart and Vascular Clinic opened July 17.

Expansion of existing specialties and additional clinic moves will be taking place over the next several weeks.

EXHIBIT EXPLORES BIOPREPAREDNESS EFFORTS

As initial plans for the University of Nebraska Medical Center's Wigton Heritage Center came together, the concept always envisioned an exhibit to highlight the medical center's biopreparedness expertise.

Now, the concept for that display has become a reality – having been shaped by the trials of the COVID pandemic and a history that is as fresh as yesterday.

The "Biopreparedness in Nebraska" exhibit opened for public viewing in June at the Wigton Heritage Center. In a museum-level display, the exhibit shows and tells visitors the story of how an academic medical center and its clinical partner in middle America became global leaders in biopreparedness and biosecurity response.

It tells of UNMC and Nebraska Medicine offering care for Ebola patients and providing guidance through the COVID pandemic. It recognizes the originator of the vision – Phil Smith, M.D., the founding medical director of the Nebraska Biocontainment Unit upon its establishment in 2005. And it highlights the personal stories of the providers on the unit's team who stepped forward to the most dangerous of health care's front lines.

The exhibit provides an array of artifacts, photos and informational panels to document UNMC's biopreparedness history. On display are two different sets of Ebola personal protective equipment, including a powered air-purifying respirator, or PAPR, mask that could be pulled out of the exhibit if needed.

Different panels walk visitors through creation of the Nebraska Biocontainment Unit; the Nebraska Public Health Laboratory; the Global Center for Health Security; the National Training, Simulation and Quarantine Center; the National Emerging Special Pathogen Training and Education Center; and the Center for Preparedness Education.

APPLICATION FOR MEMBERSHIP

This application serves as my request for membership in the Metro Omaha Medical Society (MOMS) and the Nebraska Medical Association (NMA). I understand that my membership will not be activated until this application is approved by the MOMS Membership Committee and I have submitted my membership dues.

PERSONAL INFORMATION

Last Name:________________________ First Name:____________________ Middle Initial:________

Birthdate:____ Gender: ☐ Male ☐ Female

Clinic/Group:____

Office Address:____ Zip:__________

Office Phone:________________ Office Fax:________________ Email:________________________

Office Manager:_________________________________ Office Mgr. Email:____________________

Home Address:____ Zip:____________________

Home Phone:____________________________________ Name of Spouse:_____________________

Preferred Mailing Address:

Annual Dues Invoice: ☐ Office ☐ Home ☐ Other:_____________________________________

Event Notices & Bulletin Magazine: ☐ Office ☐ Home ☐ Other:____________________________

EDUCATIONAL AND PROFESSIONAL INFORMATION

Medical School Graduated From:____

Medical School Graduation Date:______________ Official Medical Degree: (*M.D., D.O., M.B.B.S, etc.*)________

Residency Location:____ Inclusive Dates:______________

Fellowship Location:____ Inclusive Dates:______________

Primary Specialty:____

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

____ ______________

Signature *Date*

FAX APPLICATION TO:
402-393-3216

MAIL APPLICATION TO:
Metro Omaha Medical Society
7906 Davenport Street
Omaha, NE 68114

APPLY ONLINE:
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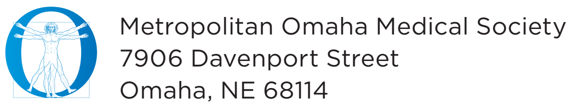

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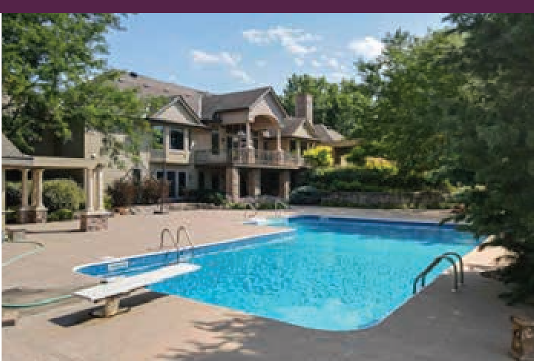

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