HAPPY NEW YEAR and what a year it is going to be. We are embarking together on many new exciting changes as we prepare to launch our New Hospital Pavilion in January 2013 and continue to evolve our clinical programs. As a leader in medicine and its discoveries, we understand that the forefront is not a static place; we continue to evolve our organization and shape its modern identity.

We have an opportunity at this unique point in our history to better position ourselves locally, regionally and nationally. That is why we are pleased to announce our new clinical brand: the University of Chicago Medicine.

In our journey to understand how to better position our medical center and our clinical programs, we embarked on a brand development process. This included an audit of our external and internal stakeholders. We conducted extensive market research of consumers, patients, referring physicians, faculty and staff. Our listening and discussion sessions included faculty leadership from the clinical and basic sciences, as well as management and staff. We involved our University colleagues as it became clear how important it is to strengthen our connection between the Medical Center and the prestigious, world-renowned University from which we draw much of our identity.

Our findings were many: Our stakeholders told us they believe our tagline is genuine. We are at the forefront of medicine. But we have many brands that are not unified under this single umbrella brand, which makes our identity unclear in a competitive marketplace. We need a simple, unifying name to represent our clinical care mission and to make clear to our patients the relationship we have with the University.

We believe our new brand name achieves these goals. We will capitalize on this umbrella identity for our faculty practice and clinical programs, as well as the signage attached to our facilities. This brand allows us to signal to our patients, referring physicians, donors and community the dramatic and exciting changes happening at the University of Chicago and its new modern medical facility.

From left to right: Kenneth Polonsky, MD, Sharon O’Keefe and Richard Baron, MD.
New Logos for a New Brand

BY MOLLY STRZElecki | STAFF WRITER

In the next few weeks, the University of Chicago Medicine will roll out its new brand and its new promises through internal communications, radio, newspapers, online and public advertisements and billboards along major expressways.

New logos, including a redesigned logo for the Division of Biological Sciences, will be available for use by University of Chicago Medicine employees. These logos are for use on printed materials such as posters, flyers, newsletters and PowerPoint presentations, and will soon be accessible on the intranet at home.uchospitals.edu. A new Web-based design system will also roll out in the near future, and offer employees templates and recommendations on how to best use the new logos for printed materials.

Additionally, the Marketing and Communications Department will hold "Lunch and Learns" this winter to educate staff on proper use of the new logos and brand for the most effective communication.

NEW BRAND LOGOS

Please note:

- The new brand and logos should replace old logos on all printed materials, including business cards and stationary
- Employees can use their current supply of materials with the old brand and logo until they run out or until June 30
- All new material orders should use the new brand and logo
- New materials will be available for order through the intranet

For more information, please review the brand and logo frequently asked questions at home.uchospitals.edu.

If you still have questions, please contact Natalie Zurfluh, director of marketing, at natalie.zurfluh@uchospitals.edu.
A New Hospital for a Renewed Commitment

One year from now, the University of Chicago Medicine will admit its first patient to the New Hospital Pavilion (NHP). Heading into the final countdown, the coming year will be a busy one as the New Hospital Pavilion comes to the forefront of medicine. Here’s a look at some of the milestones to expect in 2012:

### 2012 Q1
- Employees and medical staff continue lean transformation work to ensure operations—with processes designed by our staff—are at peak performance.
- Major components of the new hospital’s 240 inpatient rooms, all single occupancy and spacious enough to accommodate overnight visitors, are finished.
- The fifth floor, housing an integrated diagnostic and interventional platform including cardiac, gastrointestinal, neurological and vascular services, is the first floor to be completed.

### 2012 Q2
- The Sky Lobby, with floor-to-ceiling glass walls providing panoramic views, is completed.
- The tenth floor is the final floor to be completed; housing hematology/oncology, the floor will include two exercise rooms for patients and their families to use.
- The majority of construction is completed, and the University of Chicago Medicine officially takes ownership of the new hospital, following what is termed substantial completion.

### 2012 Q3
- Orientation sessions to familiarize all employees with the new hospital begin.
- Construction crews make their final touches on the building.
- Major equipment, including high-speed MRI and CT scanners, is installed.
- Customer service trainings on the patient experience begin.

### 2012 Q4
- Employee receptions and tours offer a sneak peek of all the building will have to offer.
- Practice runs through the course of a patient’s care are executed.
- The new hospital is introduced to neighbors, legislators, media and the University community through open houses and tours.

---

**January 2013**

The New Hospital Pavilion, the University of Chicago Medicine’s commitment to collaboration, discovery, and compassionate care opens to patients!

---

1) The New Hospital Pavilion will accept patients one year from now  
2) NHP Chapel under construction  
3) Patient room in the NHP  
4) Exterior of the Sky Lobby on seventh floor of the NHP. Photos by Geoff Story.
Forensic Training Gives Emergency Nurses Tools to Better Care for Sexual Assault Victims

BY TRACY LOOPE | STAFF WRITER

Sexual assault cases stay on the mind of emergency nurse Jeofrey Bangayan, RN, BSN, long after his shift ends. In his 18 years working the nightshift at the University of Chicago Medicine Emergency Department, he has seen rape victims ranging from young children to nursing home residents.

To provide more comprehensive care for these patients, 27 percent of University of Chicago Medicine emergency nurses—Bangayan included—are in the process of becoming sexual assault nurse examiners (SANE)—specially trained nurses who independently conduct forensic examinations and testify in court.

In Illinois, 3,003 rapes were reported to law enforcement in 2010, but only 434 arrests were made for these crimes, according to the FBI Uniform Crime Report. The University of Chicago Medicine treats one of the highest volumes of sexual assault patients in the state, with 106 child and adult victims seen in its emergency rooms during fiscal year 2011.

Sexual Assault Nurse Examiners have been associated with improving evidence collection and documentation, as well as increasing the likelihood that victims file charges and offenders are successfully prosecuted, says Illinois Attorney General Lisa Madigan. Yet, only two Illinois hospitals have them on call around the clock—Advocate South Suburban Hospital in Hazel Crest and Carle Foundation Hospital in Urbana. At a joint task force meeting that Emergency Department representatives attended this summer, Madigan’s staff stressed the importance of having Sexual Assault Nurse Examiners present in all 11 trauma regions of Illinois.

The University of Chicago Medicine aims to have at least one sexual assault nurse examiner on every shift in the adult Emergency Department by the end of 2012, says Vikas Ghoyal, director of emergency services.

“SANE training will give our staff the tools they need to provide the best possible care for these patients,” Ghoyal said.

The sexual assault forensic training consists of 16 hours of online, 24 hours of classroom and 35 hours of clinical training. Currently, one adult emergency nurse is certified as a SANE, and Bangayan and a fellow nurse are completing training. Ten more nurses will begin this winter, and eight other nurses will train later this year.

Right now, residents and nurses complete sexual assault evidence collection kits together. Once they are certified, sexual assault nurse examiners can carry out kits independently. Having one person complete the kit improves the patient’s experience, decreases the chance of evidence contamination and reduces the time and cost of the examination.

“SANE training teaches the finer points of collecting evidence,” Bangayan said. A forensic evidence kit, which takes about three hours to complete, must be done within seven days of the assault. It includes a forensic-medical examination, documenting any signs of trauma, collecting DNA evidence to include the victim’s hair samples, drawing blood samples and obtaining vaginal swabs to test for sexually transmitted infections. Then, the clinician must seal the kit and transfer it to police custody.

It’s easy to mix your DNA with the evidence collected, Bangayan explained. The simplest mistake, such as moving a piece of clothing to an unsterilized table, may determine whether a kit is accepted or rejected as evidence in court.

In addition to patient care and evidence collection, sexual assault nurse examiners support patients emotionally by listening to their stories and offering community resources. For example, YWCA victim advocates from the Laura Parks and Mildred Francis Center provide counseling and medical and legal advocacy as well as community education and prevention. These advocates also help arrange follow-up appointments with doctors and therapists after patients leave the Emergency Department.

Emergency staff nurse Dawn Swantko, RN, BSN, is pursuing a master’s degree in forensic nursing and plans to complete the sexual assault training in 2012. “It’s going to hurt sometimes to hear these patients’ stories,” Swantko said. “But if I were me or my family member, I would want someone kind and caring to be well trained in collecting these kits.”
Mannequins Emulate Patient Needs Before They Arise

BY MAGGIE HIGGINS | STAFF WRITER

Cynthia LaFond, RN, BSN, CCRN, often used simulation devices like mannequin CPR torsos and intravenous therapy arms to train nurses. Yet, six years ago, a visit to the University of Chicago Medicine Simulation Center changed the way she thought about simulation.

“The Simulation Center had a child mannequin that could breathe, talk, and it even had a pulse,” LaFond said. Its chest rose and its pulse quickened, and the numbers on the monitor reflected these changes exactly as would happen with a human patient. This gave staff an opportunity to experience emergency and rare case situations in a controlled environment.

Intrigued by the possible uses of simulation in her field, LaFond, a clinical nurse educator in the Pediatric Intensive Care Unit (PICU), partnered with the Simulation Center to expand its role within the nursing practice.

“The only way to find the little kinks is to actually live it. Why not work with mannequins first?”

The University of Chicago Medicine designated the Simulation Center as a core facility in January 2010, centralizing simulation efforts that previously existed in pockets throughout the medical campus.

“Simulation provides a real-life scenario on demand,” said Stephen Small, MD, associate professor of anesthesiology and critical care and director of the Simulation Center. Cameras and microphones capture every activity during a simulated scenario. After each exercise, participants review the video and discuss their clinical response.

bedside manner, teamwork mechanics and elements of patient safety.

In 2010, LaFond, who is also pursuing a doctorate in nursing, became one of 20 nurses—and the only clinical nurse—selected by the National League for Nursing Leadership Development Program for Simulation to participate in its yearlong fellowship, designed for nurse educators interested in taking on leadership roles in the field of simulation.

With the knowledge and skills developed through this fellowship, LaFond hopes to make simulation training more accessible to nurses. In partnership with the Simulation Center, LaFond created a two-day instructors’ course designed to teach nurses how to create and run simulated scenarios.

The design and flow of a scenario are essential elements to a successful simulation, but LaFond stresses that simulation training can only go so far.

“You can create a detailed plan and mannequin algorithm, but human behavior is unpredictable,” she said. “There are times when someone acts in a way you didn’t plan for, and you’re left responding to their actions in real time.”

The realism and stress of a scenario are what make simulation a powerful teaching instrument. “It’s hands-on, involved, nerve-racking and unpredictable,” LaFond said. “This unstructured format is why I love using simulation.”
Nurses Take Compassionate Care Abroad

BY MEGAN E. DOHERTY | STAFF WRITER

Anna “Apple” Umali, RN, a staff nurse in the Medical Intensive Care Unit, remembers the moment she realized “earth angels” existed. Born in the Philippines, Umali grew up living with various aunts and uncles after her parents left, but she spent most of her time on the streets. When she was around six years old, a couple came up to her and gave her a quarter, thinking she was homeless. This experience changed her life, she said, and she knew she wanted to be giving just like that.

In October 2009, Umali spent a month in a Kenyan orphanage performing basic assessments of infants. For the older children, Umali and volunteers planned trips to the zoo and the elephant orphanage in Nairobi and treated them to their first pizza and ice cream party.

Back on the medical campus, Umali doesn’t leave those experiences behind. “My patients love my stories, and I give them trip ideas,” she said. But more than that, giving of herself outside of the medical campus has only increased her desire to care for others. “Caring makes a difference in someone’s life and is the essence of humanity,” Umali added.

Empowering Local Nurses

Over the past three years of volunteering in the Dominican Republic, pediatric clinical nurse specialist Monica Gonzalez, MS, APN, PCNS-BC, CCRN, has focused her efforts in a different way: empowering and educating local nurses to voice their opinions and concerns in patient care. Gonzalez and fellow volunteers worked one-on-one with nurses to increase their clinical knowledge and help them build confidence in their abilities.

Gonzalez recalled working the nightshift with one Dominican nurse toward the end of her two-week spring 2009 trip when a child exhibited worrying signs of decreased cardiac output, or lower volumes of blood pumped by the heart. “The local nurse picked up on it right away and said that something wasn’t right,” Gonzalez said. “We talked through it, and I asked her, ‘What would you do? What do you think is going on?’” As the nurse explained her thought process of what was going on with the patient, Gonzalez realized she was thinking critically and grasping the importance of speaking up.

Voicing their concerns and questioning why treatments are being done makes local nurses into better advocates for their patients, Gonzalez says. Empowering them affirms for Gonzalez the importance of being a patient advocate back home.

Where have you volunteered?

We want to hear about your volunteer experiences. Please send Tracy Loope, editor, At the Forefront Nursing Edition, your stories and photos.
Residency Program Supports New Nurses

BY MEGAN E. DOHERTY | STAFF WRITER

Over the past six years, 375 nurses have made a smoother transition from professional student to professional nurse, thanks to the University of Chicago Medicine’s Nurse Residency Program, said the program’s coordinator, Margaret Gleason, RN, MSN, OCN.

Current nurse resident and 6 NE staff nurse Aimee Tarr, RN, BSN, said, “The program is like having a tour guide when you move to a new neighborhood.” As one of eight nurse residency programs in Illinois, it is an example of how the University of Chicago Medicine invests in its staff, Tarr added.

Nurse residents meet monthly in small cohorts throughout the yearlong program. Former resident and Emergency Department staff nurse Kathleen Fischer, RN, BSN, says she valued the camaraderie and comfortable discussion environment and still spots members of her cohort around the medical campus.

A group of nurse residents visit the Smart Museum of Art at the University of Chicago to examine artwork in a “discerning eye” session. Unique events, like this one, help nurses learn the importance of even the smallest details when caring for patients. Photo by Megan E. Doherty.

“One of the reasons nurse residency programs nationwide were started six years ago was to improve retention rates of nurses in their first year,” Gleason said. At the time, a startling 35 percent of new nurses left either their hospital or the field of nursing altogether. In a profession where people with many differing ages, backgrounds and expertise levels work side by side, new nurses often had trouble adapting to the nursing culture. Consequently, the residency program covers topics such as communication techniques, coping mechanisms, stress management, time management, cultural competence, bullying and ethics.

Residents also conduct evidence-based research projects, which have resulted in poster presentations at national conferences and policy changes across the medical campus. In one such project, “What’s Growing in My Basin?”, nurses swabbed the basins patients wash in and discovered they were not as clean as they should be. This spurred the University of Chicago Medicine to begin changing the basins every 24 hours.

Conducting research reminds the nurse residents that they are all part of the larger medical community, Fischer said. “Your involvement does not necessarily have to be limited to just your job, your unit, your position,” she added.

Upcoming Nursing Grand Rounds

FEBRUARY 21, 2012
NATIONAL HIV/AIDS STRATEGY: IMPACT ON NURSING
Linda Walsh, NP

MARCH 20, 2012
ENHANCING THE ORIENTATION EXPERIENCE OF NEW GRADUATE NURSES
Margaret Gleason, RN, MSN, OCN

APRIL 17, 2012
DESIGNING A CANCER TREATMENT FOR THE PATIENTS: WHAT’S GOING ON INSIDE THE CELL THAT DETERMINES THE PRESCRIPTION
Janice Beschomer, APN/CNS

Nursing Grand Rounds links important academic research and breakthrough knowledge in nursing to local practice. For more information about nursing research, contact Suling Li, RN, PhD, chair of the Nursing Research Committee, suling.li@uchospitals.edu.

SAVE THE DATE:
APRIL 27, 2012

THE UNIVERSITY OF CHICAGO MEDICINE DEPARTMENT OF NURSING
2012 NURSING RESEARCH AND EVIDENCE-BASED PRACTICE SYMPOSIUM
Gwen and Jules Knapp Center for Biomedical Discovery at the University of Chicago Medicine 900 E. 57th St., Chicago, IL 60637

This symposium aims to improve the quality and safety of patient care and enhance health care delivery. Open to all medical campus nurses, students and other health care professionals, this event provides a forum to share research and evidence-based practice experiences, disseminate study findings and network with colleagues.

Watch for more information and registration details on your units and in your email.
Lean Initiatives Influence Nursing Across the Medical Campus

BY MOLLY STRZELECKI | STAFF WRITER

When Keriann Kordas, RN, staff nurse on 6NW and chair of the Nursing Practice Council, stepped into her first lean kaizen event in September, she was more than a little wary.

“I knew we would be talking about the New Hospital Pavilion (NHP),” Kordas said, “and we’d get to go in the building, but I didn’t know how lean could actually work.”

But as she and her fellow kaizen participants discussed the layout and walked the halls of the patient care floors in the New Hospital Pavilion, Kordas could see changes taking shape. After discussing the importance of communication flow, for example, the group tweaked the floor plan to combine the nurses’ conference room with a supply room, creating one large, multidisciplinary room where physicians, nurses, therapists and social workers will have daily sit downs.

Bill Huffman, vice president of Facilities, Design and Construction, who also participated in kaizen events, helped nurses improve the design of the patient care floors in the NHP.

One change included adding more pneumatic tube stations. Originally, the building’s design called for three stations on each patient care floor, but two stations per floor had been cut for budget reasons. Walking the floor during the kaizen event, however, Huffman was able to see firsthand the need to put the stations back in the plan.

“Whenever you walk through the space with the people who will work there, you can see that the additional steps and time taken away from caring for patients is not acceptable,” Huffman said.

Over the next 12 months, kaizen events will continue to help shape nursing practices throughout the medical campus.

Nurses Begin to Monitor Central Line Insertion

BY TRACY LOPE | STAFF WRITER

As the University of Chicago Medicine continues efforts to reduce central line associated bloodstream infections (CLABSI), nurses are assuming new roles as central line insertion observers.

With this practice, nurses or designated providers observe central line insertions, unless an emergency situation arises. Observers advise inserter edits and signs, helping to better track insertion of central lines throughout the medical campus.

“Research studies suggest that the presence of an observer decreases the number of CLABSI incidences,” explained Sylvia Garcia-Houchins, RN, MBA, CIC, director of the infection control program. “This is about collaboration and taking the best possible care of our patients. If, for some reason, the insertion doesn’t go as planned, the nurse or technician should feel comfortable speaking up.”

Thanks to these multidisciplinary efforts, only 18 CLABSI incidences have occurred since July. This metric is on track to achieve the fiscal year goal of less than 50 CLABSI incidences, based on the Centers for Disease Control and Prevention definition. More than 1,400 nurses have completed computer-based training on central line insertion and maintenance, and more than 1,100 nurses have completed one-on-one return demonstrations. Soon, all clinicians who insert central lines will be asked to complete training on insertion best practices and on using the Navigator.

If you have questions about central line practice or training, please talk with your manager or contact Sylvia Garcia-Houchins, sylvia.garcia-houchins@uchospitals.edu.
Nurse Practitioner Recognized for Excellent Patient Care

“I can’t imagine doing anything else. Patients inspire me every day. It’s amazing to see what the human spirit can overcome.”

Ima Garcia, RN, APN-NP, won the 2011 Leukemia Research Foundation Nurse of the Year Award. Photo by Megan E. Doherty.

BY TRACY LOOPE | STAFF WRITER

Ima Garcia, RN, APN-NP, cares for blood cancer patients who receive stem cell transplants. Some are in remission, taking every precaution so their cancer doesn’t return; others have relapsed, looking for a solution to eliminate their cancer once more.

These patients have endured many treatments, explained Garcia, a nurse practitioner in 6NW. Once patients receive their stem cells, they’re confined to the unit for an average of 30 days because their immune systems are so vulnerable.

The Leukemia Research Foundation recently recognized Garcia’s outstanding care for her patients with its Nurse of the Year Award. About 50 nurses from across Illinois and surrounding areas were nominated by patients and colleagues for the award. A selection committee made up of six foundation volunteers chose Garcia based on her nomination letter, experience, education and volunteer service.

“Coupled with her outstanding clinical expertise, Ima brings compassion and empathy to her role — not to mention humor and sports talk, especially for her younger patients,” wrote Carol White, RN, MSN, AOCN, in Garcia’s nomination letter. White won the award in 1997. Three past winners from the University of Chicago Medicine are: Kelly Kramer, RN, MSN, 2004; Jean Ridgeway, MSN, RN, AOCN, 2005; and Margaret Greene, RN, OCN, 2009.

Garcia’s award includes $500 for her continuing education and $500 for a gift for her unit. After talking with her colleagues, Garcia plans to buy a flat-screen TV for the unit’s recreation room, where patients spend a lot of their time. “The patients will love it,” she said.

BY TRACY LOOPE | STAFF WRITER

Women’s Care Center Staff Win Lotto

When the Circle K cashier handed Rosalind Seals, RN, a winning lottery ticket in November, she figured it was for $10 or $20 at most. Then, she looked again.

The Mega Millions ticket was worth $250,000. “I was frozen,” the Women’s Care Center staff nurse said, but it was time to start calling the group. “We won big,” Seals repeated as she called the 11 other winners.

Starting last summer, a group of 12 nursing, administration and Environmental Services staff members who work the nightshift in the Women’s Care Center have been contributing $16 a month to play the lottery.

“We decided one night when we were at work, and we saw some people who won, ‘You know what? We can do that,’” Seals said.

While the nurses missed a $15-million jackpot by one number, their win gave each $20,000. “I’m happy for what we did win,” said staff nurse, Melissa Cobb, RN.

The group said their unexpected bonuses made the holidays a bit brighter. Yet one thing is for sure: “They’ll still be coming to work every week,” Seals said.

Medical Center staff members won the November 8, 2011 Mega Millions Lottery drawing. They are pictured above with President Sharon O’Keefe. Front row from left: Maria Valenzuela, Debbie Dixon, Michelle Sanders, Rosalind Seals, Linda Brewer and Eden Bermundo. Back row from left: Stephanie Atwood, Anthony Batts and Melissa Cobb. Not pictured: Lillian Allen, Debra Hampton and Barbara Murrell. Photo by Bruce Powell.
Breast Cancer’s Silver Lining

BY MAGGIE HIGGINS | STAFF WRITER

Bernadette Hanson, RN, wrote the book on frequently asked questions about reconstructive plastic surgery. Literally.

In October 2011, Hanson's book "Breast Cancer's Silver Lining: What You Need to Know About Your Reconstructive Options," was published by McClure Publishing.

For six years, Hanson had been hearing the same questions from patients. What are my options? Will my insurance cover breast reconstruction? Does this decision mean I am vain? To answer these questions and more, Hanson began writing an informational book in January 2011.

Her book covers the gamut of reconstructive surgery topics including less talked about areas, such as nipple options: rebuild the nipple shape or get an illusion tattoo?

“I write the way I speak,” Hanson said. “I simply know that women need to be taken care of, and I address their needs with information and compassion.”

Part of the proceeds from Hanson's book go to Y-ME, a Chicago-based organization aimed at providing support for people affected by breast cancer. After Hanson attended a few of Y-ME's Saturday support groups at the University of Chicago Medicine as a curious listener, the organization asked her to present on reconstructive surgery. Amazed at the lack of reconstruction knowledge among the group, the event further proved to Hanson that she needed to share this information.

“Bernadette’s idea was to collate the important information together in a friendly, easy access, reliable source,” said David Song, MD, chief of the Section of Plastic and Reconstructive Surgery, who works with Hanson and gives every new patient a copy of her book. “Really, it’s an extension of our practice that the patient gets to take home,” Song added.

University of Chicago Medicine patient and breast cancer survivor Judy Kehler lauded the book’s accessible information. “I wish that this book had been available when I was in the process of researching my reconstruction options,” Kehler said.

For Hanson, the image on the cover of the book— the sun’s rays poking through a dark, cloudy sky— speaks volumes. “There is something that comes after cancer,” Hanson said. “Reconstruction can be that silver lining.”

To learn more about breast reconstruction surgery and Hanson’s book, visit her website, myreconoptions.com.

Phoenix 2012 Training Begins

BY TRACY LOOPE | STAFF WRITER

The University of Chicago Medicine’s electronic health record (EHR) implementation is nearly complete. This past fall, Pediatric Beacon went live, giving clinicians electronic treatment plan capabilities in the pediatric oncology practices and units at the Comer Children’s Hospital at the University of Chicago.

In spring 2012, additional Epic implementations will complete the ambulatory and anesthesia EHR systems, provide an upgrade for all Epic areas and integrate the use of scanned images.

New ambulatory tools, such as Computerized Provider Order Entry and InBasket messaging, will improve practice communications. In anesthesia, Epic will soon be able to document a patient's journey from the preoperative evaluation visit to discharge from anesthesia care following a procedure.

Also this spring, Epic systems already in place on the medical campus will be upgraded to support the New Hospital Pavilion, comply with new government regulations and achieve Meaningful Use, a set of government regulations requiring health care providers to demonstrate effective use of EHR technology.

The upgrade also will enhance specialty documentation for Beacon, OpTime, Stork and Transplant.

To prepare for the Phoenix 2012 go-live this May, ambulatory nurses should continue documenting patients' current medications and allergies in Epic and mark them as reviewed. All staff should be on the lookout for training opportunities this spring and contact their managers with any questions.