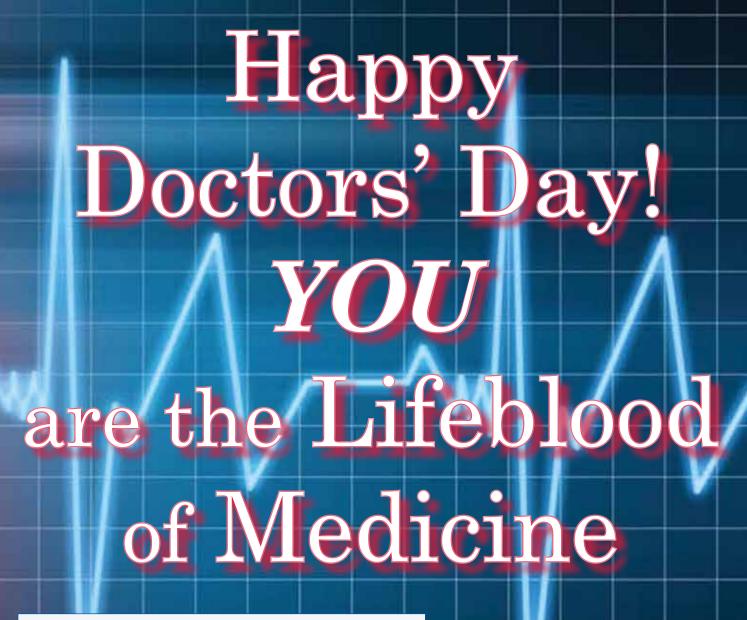
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Bulletin

Indianapolis Medical Society 1848



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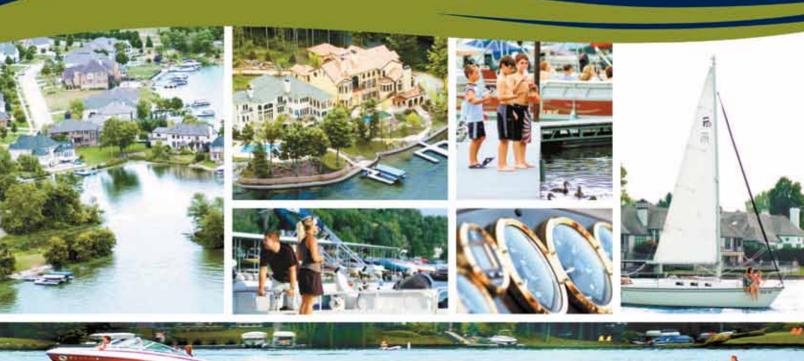
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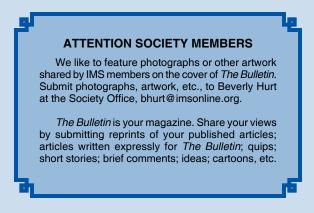
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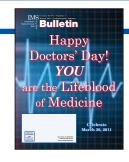
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## Random, Irrational, Aberrant Human Behavior

Psychiatry has once again recently found itself in the crosshairs of the news media with the Tucson tragedy and the need to explain aberrant human behavior. This is an old dilemma, not only for psychiatry, but for society generally. It raises issues of predictability of violence, prevention of violence, laws regarding violence, gun control and violence, and why psychiatry cannot identify and treat those who might have a proclivity towards bizarre thinking, bizarre behavior, and ultimately, a violent act.

Major catastrophic events such as Tucson occur randomly and crystallize the public attention. There are several such events from our recent memory, which have rightfully forced us to reflect about human behavior. In 1966, Charles Whitman positioned himself at the top of the University of Texas Tower and began firing at pedestrians thirty stories below him, shortly after he had murdered both his mother and his wife. The ensuing barrage of bullets left 17 lifeless victims and 32 wounded. In retrospect, this individual was found to have significant emotional turmoil in his personal life and bizarre psychotic thinking as well as neurological findings, including a glioblastoma upon autopsy, which may or may not have contributed to his psychosis.

From July 1976 to July 1977 New York City was terrorized by a series of murders, which were ultimately attributed to David Berkowitz, the notorious "Son of Sam." The entire city took on a different lifestyle as a result of these murders, which were ultimately determined to have been committed by a person who was psychotic and believed that he was demon possessed. Here, too, was a pre-murderous life characterized by emotional turmoil and psychosis.

More recently, in 1999, the country was stunned by events at Columbine High School where twelve students and one teacher were killed. The perpetrators were two high school students both of whom demonstrated marked signs of psychiatric instability and characterological pathology for months prior to the tragic event which eventually culminated in their own suicides. The rationale for the outrageous behavior ranged from dislike of bullies to psychopathy to depression.

And then there was Virginia Tech. In 2007 perpetrator Seung-Hui Cho killed 32 people and wounded multiple others in one of the deadliest shooting sprees in United States history before taking his own life. The killer had been recognized as psychiatrically challenged but rather than seeking professional help his mother encouraged him to turn to exorcism and had been told by a minister to seek "spiritual power."

Most recently, there was Tucson with Jared Lee Loughner becoming psychotically preoccupied with a state political figure and proceeding to indulge in a shooting rampage leaving six dead and thirteen wounded. Here, too, the pre-event signs of mental instability were obvious but unattended.

These are all heart wrenching occurrences that demonstrate all too well major deficiencies in identification, referral to treatment, openness of discussion, eradication of stigma, and education regarding mental illness and its impact on individuals, families, and society in general. The individual with mental illness many times does not identify a problem but family and friends may. However, reluctance to address an obvious issue frequently occurs. How will the identified patient react to family or friends who try to encourage treatment? Will treatment stigmatize the patient? Many who want to help do not know where to turn for guidance. Major psychiatric illnesses, such as the ones described in the events above are medical emergencies. We react quickly when a patient has stroked or experienced crushing chest pain. We should do likewise with individuals who are obviously expressing bizarre thinking or changes in reasonable behavior. In all the cases noted above there were notable signs of psychiatric pathology but those close to the persons involved did not know what to do or where to go for help or were simply reluctant to step forward and state "something is not normal here." If patients will go voluntarily, mental health centers provide 24-hour emergency assessment through local hospital emergency rooms. If voluntary assessment is not a possibility, a concerned family member or friend can initiate an Emergency Detention after discussing the case with an ER physician or family doctor. This allows a police officer to detain an individual and bring them to a site of assessment and treatment for up to 72 hours. That same police officer can initiate an Immediate Detention on their own if they encounter an individual who they determine to be behaving erratically or thinking irrationally.

Psychiatry is a well respected specialty that has matured and evolved into a science studying individual behavior, interpersonal dynamics, and neurochemistry. We encounter psychiatry in all aspects of life from the erratic bully driving recklessly on the highway, to the depressed individual contemplating suicide, to the psychotic paranoid person who feels fully justified gaining vengeance on society. In fact, twenty-five percent of adults will experience a major psychiatric illness at some point in their adult life. Family physicians will tell us that 50 to 75 percent of patients coming into their office are coming in because of psychiatrically-generated physical concerns. Do we identify and treat everyone who has a psychiatric illness? Not by a long shot. But the other specialties are no better in treating all those who have diabetes, heart disease, or pulmonary disease either. This is the same reason that psychiatry has those who fall between the cracks in terms of not receiving treatment. Most of these "misses" are just that, simply misses, and are unnoticed by society except for the personal agony the patient may suffer or the family disruption they may create. But then there are the situations that cause all of us to stop and examine how someone could become so ill mentally and behave so erratically that they were not noticed by someone and brought to treatment. Many factors come into play, including denial of illness on the part of the patient, acute onset of illness, and symptomatology. Consequently, there may not be sufficient time for others to recognize the gravity of one's illness and there is the tendency of many of these individuals to operate in their own little world so that recognition of pathology is difficult due to lack of exposure. Continued on page 12.

## Did You Ever Think We Could Practice Medicine This Way?

When did a trip to the family doctor become more like a visit to the DMV and less like popping in to see an old friend? Taking the entire medical industry into mind, Medefile.com, a web-based company that allows people everywhere to collect, organize and store their medical records online, predicts these are going to be new medical trends in 2011.

Traditional primary care is changing, but why are their far fewer family doctors and far more customers? There are roughly 400,000 primary care doctors working today in the United States – a number that's plummeting each year. By 2020, we'll be 40,000 doctors shy of what we need to operate efficiently, according to the American Academy of Family Physicians. It means there are far fewer family docs for far more customers (yes, population is still growing). And with waiting to schedule and actually see the doctor taking more and more time, Americans are being forced to look for other options. Here are top trending alternatives that we expect to pop in 2011.

#### **Drive-Thru Clinics**

Lump together retail clinics (see: Wal-Mart, Target and CVS) and walk-in urgent care chains (see: MD Now and Patient First). While some researchers purport that retail medical outlets only complement traditional primary care, Fierce Healthcare studies show that only 25 percent of those who patronize these locations have a PCP (primary care physician.) And an estimated 16 to 27 percent are uninsured.

#### **Concierge Doctors**

Concierge medicine certainly appeals to the upper crust, but has tweaked its model to become as familiar to the middle-class as a T.G.I. Fridays cocktail menu and Honda Civic. There are now more than 5,000 concierge physicians in the United States, charging on average \$1,500 to \$2,000 for an annual membership fee on top of insurance co-pays . You pay for access and time – same-day appointments, email and cell phone privileges and longer visits – and docs are usually limited to several hundred patients to support the model.

#### **Nurse Practitioners**

Remember when the nurse was the warm-up act for your annual physical? Nurse practitioners will be headlining healthcare 2.0. The reasons are common sense: they're more plentiful, require less training and run cheaper. The cost savings has several states looking to increase the functions and procedures nurse practitioners may oversee. But not everyone is happy. The term "physician extender," as nurse practitioners are dubbed by some, is far from flattery.

#### Virtual Docs

It's one thing to access your medical records with your mouse cursor and schedule a flu shot online, but it's another to virtually visit one-on-one with your doc while he's blowing off *Continued on page 19.* 



Center for EMG & Neurold	ogy	Larry R. Lett, MD
Gene	AG & NCV Testing ral Neurology aedic Neurology	
<ul> <li>* Carpal Tunnel Syndrome</li> <li>* Cubital Tunnel Syndrome</li> <li>* Nerve Entrapments</li> <li>* Diabetic Neuropathy</li> </ul>	<i>Patients have ?????</i> * Cervical Radiculopathy * Lumbosacral Radiculopathy * ALS suspect <i>neck, shoulder, back, or leg pain</i>	
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**Eric A. Yancy, MD,** is now serving as chief medical officer of Managed Health Services, a health maintenance organization that has contracts with the state of Indiana to administer parts of the Medicaid Hoosier Healthwise and the Healthy Indiana Plan health benefits programs. Dr. Yancy will maintain his private medical practice.

STAR Financial Bank has announced the appointment of **Jerry L**. **House, MD**, to its board of directors.

Dr. House specializes in Otology and Neurotology and is the ENT Section Chief at St. Vincent Hospital in Indianapolis. He also serves as a staff member at Methodist Hospital, Assistant Clinical Professor at Indiana University School of Medicine and Consulting Staff at Community Hospital, all in Indianapolis.

**Robert J. Goulet, Jr., MD,** has joined Community Health Network's breast-surgery team. His office will be on the campus of Community Health East.

**George H. Rawls, MD,** clinical professor emeritus of surgery at the IU School of Medicine presented at the Indiana University School of Medicine ninth annual Diversity Week.

**Douglass S. Hale, MD,** Urogynecology Associates, Director Female Pelvic Medicine and Reconstructive Surgery Fellowship, Associate Clinical Professor: Indiana University/Methodist Hospital was the invited guest speaker for the Colorado State ACOG meeting at the University of Denver. He presented a lecture entitled: "Surgery for Vaginal Prolapse: Indications and operations for mesh use." This was followed the next day by grand rounds lectures at the University of Colorado and at the Rose Medical Center with lectures entitled: "The Vaginal Apex: Abdominal and Vaginal approaches Using Native Tissue-Uterosacral Ligaments."

Jared R. Brosch, MD, neurology resident currently at St. Vincent Hospital, authored the paper "Subacute Onset of Abnormal Gait and Head Drop in a 3-Year-Old With History of Extreme Prematurity," published in the *Journal of Child Neurology*, January 21st, 2011.

Henry Feuer, MD, Methodist Sports Medicine/The Orthopedic Specialists and Goodman Campbell Brain and Spine was a guest lecturer for the Graduate Athletic Training Program at I.U. Bloomington, speaking on "Acute Management of Cervical Spine Injured Athletes." He was a panelist in the Concussion Series at the Prindle Institute Of Ethics at DePauw University. He is a member of an NFL Head, Neck, and Spine subcommittee, developing a sideline concussion assessment card to be used by all NFL teams.

Jeffrey A. Greenberg, MD, inducted into International Wrist Investigator's Workshop, American Society for Surgery of the Hand 65th Annual Meeting, Boston, Massachusetts, October 5-9, 2010. Dr. Greenberg made seven presentations at the meeting.

At Hand Care 2010, Indianapolis, October 2010, Dr. Greenberg presented: "Pin Fixation and Plating of Proximal Phalanx Fractures: Indications and Surgical Approaches" and was Moderator for Discussion Panel on Distal Radius Fractures – ORIF and Shoulder Anatomy – Splinting and Evaluation Lab.

Mark A. Jones, MD, a member of St. Francis Medical Group Indiana Heart Physicians is the latest recipient of the Healing Hands Award presented by Franciscan St. Francis Hospital & Health Centers.

Dr. Jones received the award January 13, 2011 at his southside office.

Board-certified in cardiovascular disease and internal medicine, Jones has been affiliated with St. Francis system since 2000. He's medical director of the St. Francis Heart Center and co-director of the Heart Failure Clinic.

Jones was elected as a Fellow to the American College of Cardiology in 2002. He holds memberships in the American Society Jared R.

Brosch, MD







Jeffrey A. Douglass S. Greenberg, MD Hale, MD



Feuer, MD

House, MD



Robert J. Goulet, Jr., MD

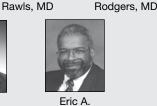


Mark A. Jones, MD



Thomas J. Leipzig, MD





Jason K. Sprunger, MD

Yancy, MD

of Echocardiography and the Heart Failure Society of America and is a past member of the board of directors for the American Heart Association.

George H.

The physicians of Urology of Indiana LLC announced February 9, 2011 that Urologist, **Jason K. Sprunger**, **MD**, is the leader in Indiana and currently number 4 in the world in total numbers of Partial Nephrectomy procedures performed utilizing the da Vinci Surgical System® by Intuitive Surgical.

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Dr. Sprunger is a member of the American Urologic Association, Vanderbilt Urologic Society, Endourology Society, and the American College of Surgeons. His areas of special interest include laparoscopic robotic and endoscopic techniques in percutaneous urologic surgery.

#### From Goodman Campbell Brain and Spine ...

**Aaron A. Cohen-Gadol, MD**, published the following journal articles during January 2011: "A method to map the visual cortex during an awake craniotomy" and "Persistent fetal intracranial arteries: a comprehensive review of anatomical and clinical significance" both in *Journal of Neurosurgery*.

**Thomas J. Leipzig, MD,** presented Grand Rounds at Union Hospital in Terre Haute in September 2010, speaking on current care considerations in ruptured and incidental intracranial aneurysms. In addition, he was invited faculty for the American Association of Neurological Surgeons Goodman Oral Board Preparation Course in Houston, Texas in November 2010. He spoke on aneurysms, AVMs and other cerebrovascular problems.

**Richard B. Rodgers, MD,** was named to the Indianapolis Business Journal's "Forty Under 40" Class of 2011. He was chosen among hundreds of nominations designed to recognize influential young professionals in the community.

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## President's Page (Continued from page 7)

So yes, there are those who are never identified as ill and who never come to attention and who do no harm. Then there are those who are not identified until retrospectively after they have captured the attention of an entire nation and sometimes an entire world with their display of illness in action.

With a nation boasting a population well over three hundred million, it is phenomenal that we do not experience more Columbines, Virginia Techs, and Tucsons than we have. The potential for acted-out behavioral pathology as a result of psychiatric illness is colossal. The fact that major events seem to occur only every so many years defies the statistics that document the prevalence of serious psychiatric illness. Of course, there are countless less publicized events that basically go unnoticed except in the local area of occurrence. Will there be more events such as these? Tragically and unequivocally, yes! We can only hope that with improved education, more research, and increased public awareness that the frequency of these aberrations of normal human behavior can be contained to a minimum.



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## Project Health - Carrie Jackson Logsdon, Director



## Thank you, Dr. Richard H. Rhodes



Richard H. Rhodes, MD, is Project Health's March Physician. He was born in Ft. Wayne, where his father worked for General Electric as a mechanical engineer. They moved a few times and eventually settled in Louisville. Dr. Rhodes graduated from the Georgia

Institute of Technology with Highest Honors in Mechanical Engineering, went to the University of Louisville School of Medicine, and did his residency and fellowship in Pulmonary Medicine there.

Dr. Rhodes' three brothers are all mechanical engineers, as were both grandfathers. "You could say it is just in the family, except my sister who became a critical care nurse." He also went to work for General Electric after graduation, but didn't like it. In 1979, a series of events inspired him to become a doctor. "My grandmother lived with us, had a stroke and died. I watched everything that went on involving her care. Then, my best friend came down with thyroid cancer, and I became interested in how they diagnosed and treated him. I had never taken a biology class even in high school." What cemented his decision was his experience with the fish in his salt water aquarium. "When a fish would die, I would take it to the pet shop and they would do an autopsy to find out why. I finally got a biology book and read it so I could figure out how to keep the fish healthy." He then took night classes in organic chemistry and biology. After that, he applied to medical school. He told his wife that if he didn't get in he would get his own hardware store. He entered medical school and worked at a hardware store throughout. He says the owner thought it was funny.

"I didn't plan to be a pulmonologist in Indianapolis. I wanted to stay in Louisville, but there were no good

jobs. I had two younger brothers in Indianapolis. One of my attending physicians asked me what I wanted to do when I finished fellowship. I told him I liked Indy or Seattle. The next day, Hany Haddad, MD, who trained in Louisville, called." The rest is history.

Dr. Rhodes has done six medical missions in Mexico. "The poor there in Reynosa live in hovels with no plumbing, no windows or doors. They bring their animals in at night so that they won't be stolen and they burn junk for fuel. It gives the kids asthma. I treated a lot of that in addition to TB, infections, and cancer."

Dr. Rhodes says he wanted to do volunteer work at one of the community clinics here, but chose to volunteer for Project Health instead. "One of my friends, Patsy Maikranz, MD, does a lot of mission work, goes to Haiti a couple of times a year, and volunteers for Gennesaret Free Clinic. That takes an inordinate amount of time. What I like about Project Health is the patients come to me, therefore, I can help more of them." He feels that it is a doctor's responsibility to reach out and take care of the underserved. He likes their sense of humor, too. "One day one of your lung cancer patients who was bald because of chemo, showed up wearing a hat with this thick crop of hair sticking out. Then he took the hat off and it was one of those novelty hats with hair. I told him I wanted to get one for my bald brother and asked where to find it. He left the office, bought one, and brought it back to me. That was great!"

Dr. Rhodes is President-elect of the Indianapolis Medical Society but he says, "I am most proud of the fact that I'm a registered professional engineer." Those of us with Project Health are very grateful that he's also a Board Certified Pulmonologist. Thank you, Dr. Rhodes, for all you have done for Project Health patients.

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Murphy, Susan R., MD Indiana Clinic Mooresville Internal Medicine 100 Town Center South Dr., #A Mooresville, 46158-2322 Ofc - 834-2212 Fax - 834-5324 Internal Medicine, 1996 University of Kentucky, 1993

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Remember to send your updates for our referral database to tmccauley@imsonline.org or call 639-3406 or use the update module at http://imsonline.org/membership.php

Updates are made to the referral database daily and are updated to our website & DocBook<sup>TM</sup> weekly.

> The information is used for the Society's Referral Network utilizing our various referral options.

#### **7th District • Everyone's Invited!** April 20, 2011, 5-9:00 pm – Indianapolis Motor Speedway



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Interventional neuroradiology Christopher Doran, MD

Henry Feuer, MD Sports neurosurgery Daniel Fulkerson, MD

Pediatric neurosurgery Randy Gehring, MD

Peter Gianaris, MD Brain tumors (neurosurgical oncology)

Eric Horn, MD Complex spine surge

Steven James, MD Brain and spine surgery Saad Khairi, MD

Artificial disc replacement; scoliosis Donald Layton, PhD

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Shannon McCanna, MD Complex and minimally invasive spine surgery

Itay Melamed, MD Endovascular surgical neuroradiology

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Pituitary tumors and spinal disorders **Troy Payner, MD** Brain aneurysms; trigeminal neuralgia; skull base tumors

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Cerebrovascular and skull base surgery Richard B. Rodgers, MD Minimally invasive spine surgery

Anthony Sabatino, MD, FIPP Interventional Pain Management

Carl Sartorius, MD Brain and spine microsurgery

John Scott, MD Interventional neuroradiology

Mitesh Shah, MD Brain tumors; skull base & cerebrovascular surgery; spinal disorders

Scott Shapiro, MD Brain tumors; aneurysms; AVMs; minimally invasive and complex spine surgery

Jodi Smith, MD Pediatric neurosurgery W. James Thoman, MD

Minimally invasive spine surgery Michael Turner, MD

Implantable therapies for neuromodulation and pediatric neurosurgery Jose Vitto, MD Interventional pain management

Derron Wilson, MD Interventional pain management

Thomas Witt, MD Stereotactic radiosurgery; epilepsy and movement disorder surgery

Robert Worth, MD Epilepsy surgery Ronald Young, MD

## $\operatorname{MS}$ Indianapolis Medical Society

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## Second Opinion (Continued from page 8.)

steam at the 19th hole. But imagine being able to get diagnosed in your robe and bunny slippers via webcam. The future of 24/7 WiFi house calls is now, and even the recently enacted healthcare legislation has promoted wider proliferation of the high tech, low-personal-touch approach.

#### **Holistic Medicine**

The term means lots of things to lots of people. Also called "alternative medicine" or "complementary medicine" by some, we'll define holistic medicine as unconventional techniques not widely embraced by the mainstream. Acupuncture, herbalism and massage are examples of holistic medicine, as are practices shying away from pharmaceuticals and invasive operations.

#### Jet-Set & Suture

Medical tourism is booming. It's no secret that you can travel to Costa Rica for much cheaper and riskier procedures than down the road at Memorial Regional Hospital. It's also no secret that serious due diligence and research is important to ensure you don't get ensnared in a "60 Minutes" black market surgery sting in some godforsaken banana republic. According to Deloitte Consulting, the number of Americans traveling for medical care is closing in on 800,000.

#### **Emergency Room**

When the line for the doctor is too long, where can people turn for honest medical care? The E.R.! Patients are showing up more frequently with routine ailments because they feel they have nowhere else to turn, especially in poor, urban areas. In a case study of Massachusetts, E.R. visit ticked up 10 percent between 2004 and 2008. Considering the current trending of primary care accessibility, expect even longer waits at your neighborhood E.R.

#### 27 Specialists

Primary care physicians have long been considered the coach or manager of an individual's wellness plan. But with the increasing scarcity of PCPs and growing niche focus of specialist physicians, you're guaranteed to be seeing these new friends much more than the old family doctor. There is an overriding reason for this pattern: pay. According to medical recruitment firm Merritt Hawkins, family physicians make on average \$173,000 per year. Stack that roll of change against radiologists (\$391,000) and cardiologists (\$419,000). That explains not just the sheer number of medical students choosing to become specialists but the increasing number of specialties doctors have to choose from. Heck, do you even know what a maxillofacial surgeon does?!

#### D.I.Y. Care

Did you know that cayenne pepper can stop bleeding? Or that garlic oil can cure ear infections? It's true. Heck, Duct tape can be found more frequently in the family toolbox and medicine cabinet. Self-diagnosis (thanks WebMD) and selfsurgery is on the rise. While we don't recommend stitching up your own wounds or whittling your own heart stents, when you have zero insurance and mounting medical debt, you do what you've got to do. Hopefully, that includes hitting up the E.R. and not turning your den into a homemade MASH unit.

> Kevin Houser, CEO, Medefile.com Evan Sneider, Principal, RedRoosterPR.com

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#### Community Health Network

#### 

<b>Comm</b> First Wednes	-	<b>lospital East</b> Critical Care Conference Medical Staff Conf. Room, 12:00 - 1:00 p.m.
Second Wednes	day	Medical Grand Rounds Medical Staff Conf. Room, 12:00 - 1:00 p.m.
Third Wednes Months		Neuro Grand Rounds Medical Staff Conf. Room, 12:00 - 1:00 p.m. ry, March, May, July, September, November
<b>Comm</b> Fourth Thursda	-	<b>lospital South</b> Medical Grand Rounds Conf. Rooms A & B, 7:30 - 8:30 a.m.
<b>Comm</b> First Wednese	-	<b>lospital North</b> Pediatric Grand Rounds Multi Services Rooms 1, 2 and 3 7250 Clearvista Dr. 7:30 – 8:30 a.m.
First Friday		North Forum Reilly Board Room; 12:00 - 1:00 p.m.
	a Hear	Heart & Vascular/ t Hospital Disease Management Conference: rotates CHF & EP Case Presentations TIHH MCV Boardroom Videoconference to CHVp South Conf. Rm. 7:00 - 8:00 am.
		Chvp South Conf. Rm. 7:00 - 8:00 am.

Third Wednesday	Ken Stanley CV Conference TIHH MCV Boardroom Videoconference to CHVp South Conf. Rm. 7:00 - 8:00 am.
Fourth	Imaging Conference:

Wednesday	rotates Cath & Echo Case Presentations
-	TIHH MCV Boardroom Videoconference to
	CHVp South Conf. Rm. 7:00 - 8:00 am.

### Cancer Conferences 2011 Community Hospital Fast:

First	East General Cancer Conference
Tuesday	Medical Staff Conf. Room, 12:00 to 1:00 p.m.
Second Wednesday	East Chest Cancer Conference Cancer Registry Conf. Room, LL 22, 7:00 to 8:00 a.m.

#### **Community Hospital North**

Tuesday	8040 Clearvista Parkway, Suite 500, 7:00 - 8:00 am
Third Wednesday	North General Cancer Conference Reilly Board Room, 12:00 to 1:00 p.m.
Formuth	North Chast Concer Conference

Fourth	North Chest Cancer Conference
Wednesday	Reilly Board Room, 7:00 to 8:00 a.m.

#### **Community Hospital South**

Second Monday	South Chest Conference (site specific lung) Education Center Rooms 5&6, 7:00 - 8:00 a.m.
First Wednesday	South Multidisciplinary Breast Cancer Conference Community Breast Care Center South, 533 E. County Line Rd., Ste. 101, 8:00 - 9:00 a.m.
Third Wednesday	South General Cancer Conference President's Board Room, 12:00 to 1:00 p.m.
North Cance	er Pavilion
Third	Melanoma Cancer Conference
Wednesday	CHN Cancer Pavilion Conf. Rm., 7:30 to 8:30 a.m.

For more information, contact Valerie Brown, (317) 355-5381.

#### **Indiana University Health**

#### IU – Methodist – Rilev

March 5	Neurology Update for Neurologists University Place Conference Center, Indianapolis
April 22	37th Annual Wishard Memorial Lecture Methodist Hospital Petticrew Auditorium Indianapolis
May 13	Surgical Management of Complex Aortic Problems Methodist Hospital Petticrew Auditorium Indianapolis
June 5-11	Mini-Fellowship in the Management of Diabetes Diabetes Youth Foundation Camp, Noblesville
June 12-18	Mini-Fellowship in the Management of Diabetes Diabetes Youth Foundation Camp, Noblesville
June 19-25	Mini-Fellowship in the Management of Diabetes Diabetes Youth Foundation Camp, Noblesville
July 15	Review and Interpretation of the 2011 ASCO Meeting University Place Conference Center, Indianapolis

#### **Diabetes Performance Improvement Program**

The Diabetes Performance Improvement Program is a challenging online CME activity for physicians who want to improve patient outcomes by learning about the latest advances in diabetes care. This activity offers new insights into pathophysiology and implications for treatment, and a thorough discussion of new approaches to care. It also addresses today's controversies and challenges in diabetes management, and includes the personal perspectives of the world's top experts and their recommendation for overcoming common barriers to good outcomes. The course uses the latest in interactive, online technology to make learning effective and engaging. 6 hours free CME credit. Go to: http://iusm-diabetescme.com/2009/.

Course dates and locations are subject to change. For more information, please visit http://cme.medicine.iu.edu or call 317-274-0104.

The Indiana University School of Medicine is accredited by the ACCME to provide continuing medical education for physicians.

We have more than 100 recurring meetings available. For a listing or more information, please visit http://cme.medicine.iu.edu or call 317-274-0104.

#### St. Vincent Hospital and Health Care Center Inc.

March 4	Annual Interdisciplinary Conference on Aging: Here's the Science: Where's the Art? 6.25 Credits Ritz Charles Call 630-8183 to register
March 24	2011 Tuberculosis Symposium by the Indiana State Health Department 4.5 Credits Wyndham Indianapolis West Hotel Call 248-2481 to register
May 21	Current Issues in the Management of Bone and Soft Tissue Tumors 3.25 Credits The Marten House Auditorium Call 275-8004 for more information
Nov. 11 & 12	Back Talk: A Comprehensive Review and Practical Approach to Spinal Diagnosis and Treatment 11.75 Credits Renaissance Hotel, Carmel Call (317) 228-7000 for more information

#### Indiana Psychiatric Society

2nd Annual Integrative Mental Health Conference April 15-17, 2011

#### West Baden Springs Hotel, West Baden Springs, IN

Accredited for 10.0 AMA PRA Category 1 Credits/10.0 CEU/5.0 CLE

Registration/conference information at www.pdallc.com

Target audience: Physicians of all specialties, medical professionals of all specialties, attorneys

This cutting-edge conference will focus on some of the most common medical and co-morbid psychiatric disorders encountered in a multidisciplinary clinical practice that cares for older patients with malignancies, pain issues, and sexual dysfunctions. Sponsors have assembled an outstanding group of nationally-known speakers who will address the professional practice gaps and advance the participants' competence and effective use of targeted skills. This conference will focus on clinical understanding of ethical, forensic, and clinical issues related to end of life care, oncology, pain management, and sexual dysfunctions. The conference opens with co-profession conversation on ethics presented by forensics expert and psychiatrist Dr. George Parker, Saturday morning will explore end of life issues and psychiatry with Dr. Greg Gramelspacher and Dr. Mary Helen Davis. The afternoon program will include psychiatrist, Dr. Dale Theobald alongside Dr. Sarah Parsons discussing oncology and pain management. Sunday morning, Dr. Julia Heiman of the nationally recognized Kinsey Institute for Research in Sex, Gender, and Reproduction will discuss sexual dysfunction and psychiatry. Speakers will present a balanced program of lectures and case scenarios to improve your understanding of these issues.

Discounted hotel rooms available at West Baden Springs,

French Lick Hotel, Big Splash Adventure, & Comfort Suites. See pdallc.com for information.

#### Indiana Spine Group

**Back Talk: A Comprehensive Review and Practical** Approach to Spinal Diagnosis and Treatment

November 11 - 12, 2011

Renaissance Hotel, Medical Academic Center, Carmel, Indiana

Indiana Spine Group is excited to host their fifth annual spine symposium. This symposium is for primary care physicians and health care practitioners, and will provide the latest information for the diagnosis and treatment of your patients with spinal problems and abnormalities. New this year are clinical workshops on Saturday. Visit http://indianaspinegroup.com/backtalk/2011/ backtalk.html

To receive conference announcements and a brochure, please send your email and mailing address to info@indianaspinegroup. com or call (317) 228-7000.

This activity has been approved for AMA PRA Category 1 Credit. Application for CME credit has been filed with the American Academy of Family Physicians. Determination of credit is pending.

#### Indianapolis Medical Society

#### March

- Senior/Inactive Luncheon Meeting, Noon, Society, 9 Speaker: Matthew R. Gutwein, President & CEO Health & Hospital Corp. of Marion County, "The New (and Old) Wishard Hospital"
- Executive Committee, Society, 6:00 PM, Sandwiches. 15Nominating Committee following EC.
- 30 HAPPY DOCTOR'S DAY!

#### April

- IMS Board, Society, 6:00 PM, Social; 6:30 PM, Dnr/Mtg. 12
- $\overline{20}$ 7th District Meeting, Indianapolis Motor Speedway, 5-7:00 pm, call 639-3406 for reservations
- 27Administrative Professional's Day

#### May

- Executive Committee, Society, 6:00 PM, Sandwiches 17 ISMA Board Retreat 14
- 15IMS Advisory Breakfast, 7:30 am ... prior to BOT
- 15
- ISMA BOT, 9:00 AM, ISMA Headquarters MSE Board Meeting, Society, 6:15 PM, Sandwiches TBA

#### June

- IMS Board, Society, 6:00 PM, Social; 6:30 PM, Dnr/Mtg. Senior/Inactive Luncheon Meeting, Noon, Society 8
- 11-15 AMA House of Delegates Annual Meeting, Chicago, IL Executive Committee, Society, 6:00 PM, Sandwiches 14
- (May Need to Reschedule) TBD Project Health Board Meeting, Society, 6:00 PM, Light Meal

#### July

#### August

- IMS Board, Society, 6:00 PM, Social; 6:30 pm, Dnr/Mtg.
- $1\overline{7}$ Executive Committee, Society, 6:00 PM, Sandwiches

#### September

- Senior/Inactive Luncheon Meeting, Noon, Society
- 16-18 ISMA CONVENTION, NEW MARRIOTT HOTEL
- Executive Committee, Society, 6:00 PM, Sandwiches 20

#### October

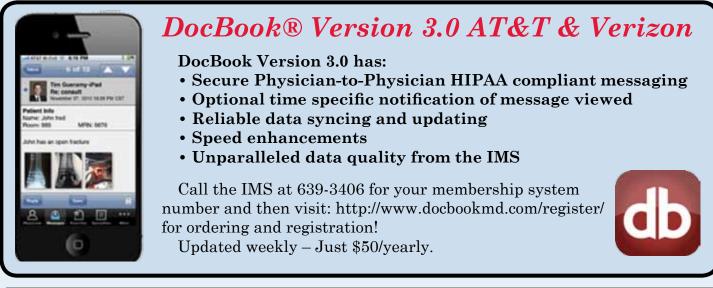
- IMS Board, Society, 6:00 PM, Social; 6:30 PM, Dnr/Mtg.
- Executive Committee, Society, 6:00 PM, Sandwiches 18

#### November

- ISMA Board of Trustees, 9:00 AM, state headquarters 6
- 6 IMS Advisory Breakfast, 7:30 AM ...prior to ISMA BOT
- 12-15 AMA Interim, New Orleans, LA
- 15Executive Committee, Society, 6:00 PM, Sandwiches

#### December

IMS Board, Society, 6:00 PM, Social; 6:30 PM, Dnr/Mtg 6



Executive Committee, Society, 6:00 PM, Sandwiches 19

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#### Indiana Spine Group 5th Annual Spine Symposium

A Comprehensive Review and Practical Approach to Spinal Diagnosis and Treatment

Back and neck pain continues to be major medical issues, and one of the main reasons for physician visits. According to the National Institutes of Health, back pain affects eight out of ten people at some point during their lifetime. This symposium will highlight the latest information on the diagnosis and treatment of spinal disorders and abnormalities. Join us, and learn the latest on this ongoing issue to effectively and efficiently treat your patients.

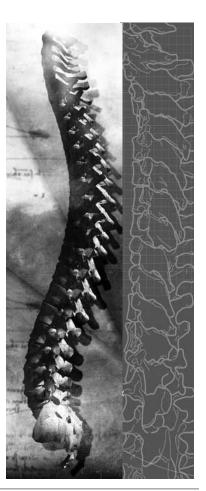
Date: November 11 & 12, 2011 | Location: Carmel, Indiana

Friday's sessions will be hosted at the Renaissance Hotel in Carmel, and Saturday's sessions will be at the Medical Academic Center just north of the Renaissance. This conference will feature general and concurrent sessions, and new this year are clinical and cadaver workshops.

Watch your mail for more information! Additionally, visit www.indianaspinegroup.com or call (866) 947-7463.

Rick C. Sasso, M.D. | Kenneth L. Renkens, M.D., F.A.C.S. Kevin E. Macadaeg, M.D. | Thomas M. Reilly, M.D., F.A.C.S. Jonathan P. Gentile, M.D. | John W. Arbuckle, M.D. | Paul E. Kraemer, M.D.





This activity has been approved for AMA PRA Category 1 Credit. Application for CME St.Vincent credit has been filed with the American Academy of Family Physicians. Determination of credit is pending. (Other categories of continuing education credits will be applied for.)

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