

Bulletin



Mary Jan McAteer, MD

144th President of IMS
2017-18

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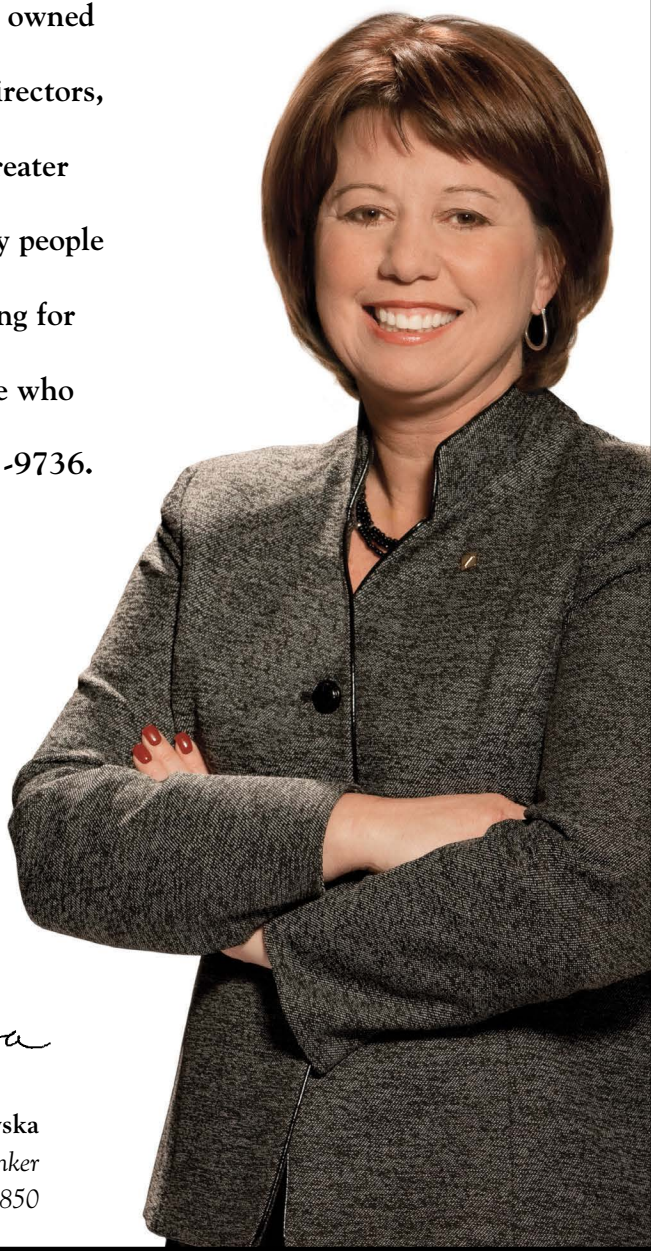
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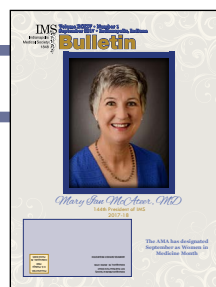
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about our cover

Mary Ian McAteer, MD, will be installed as the 144th President of the Indianapolis Medical Society on Tuesday, September 26th, 2017, during the IMS Board of Directors' Meeting at the Holiday Inn, Carmel.

Born and raised in Indiana, Dr. McAteer attended Purdue University for her B.S., Biology, in 1980. She earned her Medical Degree from Indiana University School of Medicine in 1984, and completed her Internship and Residency at IU also, in 1985 and 1987, respectively. She is Board Certified in Pediatrics and is a Fellow of the American Academy of Pediatrics.

Throughout her career, Dr. McAteer has taken on an active participatory role in all aspects of medicine, including serving the Indianapolis Medical Society on committees, in the Delegation and on the Board of Directors. Most recently, Dr. McAteer was Chair of the Board of Directors for the Society. She is a member of the American Academy of Pediatrics, as well as the Indiana Chapter of the American Academy of Pediatrics, and has served as Vice President of the Indiana Chapter of AAP.

Dr. McAteer is married to James A. McAteer and they are parents of four children.



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President's Page *Mary Ian McAteer, MD*

The Indianapolis Medical Society was established in 1848 at a critical period in the evolution of the growing field of medicine to define the true practice of medicine, to share standards of care and public health data, and to advocate for physicians and the safety of patients' health. In creating the IMS, forward-thinking physicians provided a forum for members to voice their concerns, express new ideas and garner support for initiatives to better serve patients and physicians in the community. Fast forward to 2017, the specifics have changed, but the fundamentals have not. The IMS has proven itself as a way for individual physician members to discuss concerns and rally support for causes and initiatives that matter.

There is no doubt that at the national level the medical community is facing difficult times, and these challenges affect us locally. Some may argue that the national healthcare crisis is too complex, too far-reaching to be addressed effectively here at home. I prefer to think that, with members actively participating in the IMS, we have the power to make a difference.

We need to focus discussions regarding the healthcare crisis to remind everyone of the key principles of medical practice. For me, at the top of the list is the doctor-patient relationship. I am concerned about the growing disconnect between us doctors and our patients. It has come to the point where patients just don't know us anymore. I hear from many people how important their relationship with their doctor was to them in the past and how they miss that level of personalized care. Patients describe the rewarding experience of going to the doctor with their concerns. Because of familiarity and being personally invested, the doctor carefully listened, used the healing power of touch, described the diagnosis and treatment plan, then promised to walk alongside until all was well. Even if the story teller says the outcome was not as desired, the doctor remains an important source of comfort. No one ever talks about how their insurance plan gives them comfort. And yet the conversation about health care, both in the public sector and in our larger medical societies, is dominated by the topic of insurance coverage.

A close, sustained relationship is what physicians and patients identify as the best part of medicine. There is great value in taking a closer look at what this means and advocating for developing a modern version that provides the mutual benefit of a trusting relationship.

One way to do this is to begin collecting our stories about our patients, sharing and highlighting our successes and challenges. In the coming months, watch our website for an opportunity to submit your favorite story about your relationships with patients. Please feel free to contact me directly, I would love to talk with you about one of my favorite things – taking care of patients.

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Special Feature

Women in Medicine: Notable Local Alumnae of Indiana Medical College



About the Author: Sara Culleton, M.D., Ph.D., is a recent graduate of the IUSM Medical Scientist Training Program. She will be starting her residency in Psychiatry at IUSM in July 2017. She wishes to thank Drs. Ashley Inman and Theresa Rohr-Kirchgraber for their support of this work.

Before the IU School of Medicine (IUSM) became the major state medical school, several colleges throughout the state offered M.D. training. Although it is difficult to find records of the first female graduate from any of these colleges, the Indiana Medical History Museum has class composite portraits featuring women as early as 1893. These portraits predate the graduation of Dr. Lillian Mueller, the first woman to obtain a medical degree from IUSM proper, in 1909. Inspired by these images to learn more about the women who grace them, all but lost among the faces of their male colleagues this article is written. At a time when women were believed by many to be mentally and physically unfit to practice medicine, and female medical students at institutions across the country endured taunts and threats from their male counterparts, one has to wonder: Who did these women become? With such reserves of inner strength as they must have possessed to overcome the social and professional barriers of the time, what did they achieve in their careers? The class composites of 1904 and 1906 from the now-defunct Indiana Medical College (IMC) yielded the greatest amount of information on five notable woman physicians.

The following are snapshots of these remarkable lives:

Class of 1904



Loy McAfee Inghram, M.D. (Surgery)

Dr. Inghram reverted back to her maiden name, McAfee, after her 1913 divorce from Dr. William Inghram. Although her presence as a single divorcee in the Army would have certainly been scandalous, she served as a contract surgeon in World War I. Her most notable accomplishment from the war was off the operating table, however: she edited a comprehensive history of wartime medicine, commissioned by the federal government, which was not completed until 1931. In 1921, she was the only woman to receive the prestigious honor of admission to the Association of Military Surgeons.



Helene Knabe, M.D. (Pathology)

Although Dr. Knabe has long been a famous Indianapolis resident for her notorious (and still unsolved) murder at age 35, she deserves to be recognized for her life's work as a pioneer in treating and preventing infectious diseases. After emigrating from Germany to attend medical school, Dr. Knabe advanced quickly at the State Board of Health, eventually becoming Acting Superintendent of Bacteriology. As the state expert on rabies, she advocated for muzzling dogs, administering the still-novel Pasteur vaccine, and dissecting the heads of suspected animals to detect the virus before symptoms appeared in bitten humans.



Class of 1906

Eva (Nebeker) Kennedy, M.D. (Family Medicine)

Although initially content to serve as medical assistant to her husband, fellow IMC alum Dr. Charles Kennedy, she took over their practice after his untimely death in 1938. For over fifty years, she operated her clinic in Camden, IN, visited patients at home and in the hospital, and delivered countless babies. Many of the older inhabitants of Camden today were likely brought into the world by "Dr. Eva," as she was affectionately known.



Jane Ketcham, M.D. (Obstetrics)

Called "the dean of Indianapolis women physicians," Dr. Ketcham joined the IUSM faculty in 1912 and worked with other woman physicians to establish a sorority for female medical students. A trailblazer in her field, she supported conservative approaches to labor such as giving mothers time to deliver naturally and minimizing the use of what is now known as Pitocin. She was notorious for her sharp sense of humor and her obsession with her knitting, which she often brought along to conferences.



Mary Wickens, M.D. (Psychiatry)

The first female intern of Indianapolis City Hospital, Dr. Wickens spent the rest of her life and career caring for patients at the State Mental Hospital in Richmond, IN. A devout Catholic, she helped organize masses for patients in the hopes of healing them spiritually as well as physically. She also looked after her family in Jennings County, supporting their farm during the Great Depression and working the fields alongside her relatives during her vacations.

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Special Feature

Female Physicians Told to Get out of the Way During Emergencies as Patients Nearly Die

Pamela Wible, MD | Physician | October 14, 2016

It's true. Man nearly dies on plane because crew didn't believe black woman was doctor. The medical fiasco on Delta Airlines has now gone viral after a Facebook post by Tamika Cross, MD, the physician who was turned away as a fellow passenger was unresponsive. Tamika joins a long list of female physicians who have experienced the same discrimination.

Meet a few of these doctors below.

Tamika Cross, MD: OB/GYN Chief Resident

"I was on Delta flight DL945, and someone two rows in front of me was screaming for help. Her husband was unresponsive. I naturally jumped into Doctor mode as no one else was getting up. Unbuckle my seatbelt and throw my tray table up and as I'm about to stand up, flight attendant says, 'Everyone stay calm, it's just a night terror, he is alright.' I continue to watch the scene closely. A couple of minutes later he is unresponsive again and the flight attendant yells 'call overhead for a physician on board.' I raised my hand to grab her attention. She said to me, 'Oh no sweetie put your hand down; we are looking for actual physicians or nurses or some type of medical personnel; we don't have time to talk to you.' I tried to inform her that I was a physician but I was continually cut off by condescending remarks. Then overhead they paged, 'Any physician on board, please press your button.' I stare at her as I go to press my button. She said, 'Oh wow you're an actual physician?' I reply yes. She said, 'Let me see your credentials. What type of doctor are you? Where do you work? Why were you in Detroit?' (Please remember this man is still in need of help and she is blocking my row from even standing up while bombarding me with questions.) I respond, 'OB/GYN, work in Houston, in Detroit for a wedding, but believe it or not, they DO HAVE doctors in Detroit. Now excuse me so I can help the man in need.' Another 'seasoned' white male approaches the row and says he is a physician as well. She says to me, 'Thanks for your help but he can help us, and he has his credentials.' (Mind you he hasn't shown anything to her. Just showed up and fit the 'description of a doctor.') I stay seated. Mind blown. Blood boiling ... Supervisor verified that with me afterward. In an emergency, they never ask to show credentials. This could have been life or death. We didn't know if he had a pulse or anything!"

Kadijah Ray, MD: Anesthesiologist

"In response to the horrific treatment of Dr. Tamika Cross on Delta Airlines! I've received that same treatment on two different flights while trying to help people in distress. And no, I don't have my credentials with me. You wouldn't allow me to carry that on! Would far exceed your weight and size requirements."

Trupti Shah, MD: Emergency Medicine

"On an Egypt Air overnight flight from Cairo to JFK, the lady seated in front of me was having difficulty breathing. I heard the commotion but did not understand the conversation since it was in Arabic. I asked if I could help and identified myself as a doctor. I was told by the male head flight attendant to sit down. They then announced overhead asking for medical help. I got up again but was ignored. A male cardiologist, from NY, who was fluent in Arabic offered assistance and was immediately ushered to the woman. He noticed that I was trying to help but was not allowed. While they went to get him the medical kit on board, we spoke. He had trained at my hospital. As soon as he was handed the medical kit, he immediately gave it to me but the flight attendant tried to take it back. He had to intervene in order for me to help the woman; he translated. The woman had started taking amoxicillin given to her for a sore throat and developed a rash, itchy throat and shortness of breath. I checked her blood pressure and lungs. Then I gave her prednisone, Benadryl, and Pepcid from my carry-on (all of which I carry with me when I travel abroad.) She felt better after 30 minutes. An hour later, the meals were served. I had reserved a vegetarian meal, but when I requested it, the same male flight attendant told me that 'you people always lie.' He argued and refused to believe me. He asked for proof, and I showed him my printed flight itinerary. He then brought me a completely burnt tray."

Jessica Kiss, DO: Family Medicine Chief Resident

"Same thing happened to me on the side of the freeway. Car overturned, glass in head, pouring blood. People questioned me as I ran over in horror as they kept moving him around to check the wound. I say 'I'm a doctor. Please lay him down. Someone keep his neck still. Someone hold pressure on the wound.' The other lady on scene tells me to prove it! Go away, lady, I'm trying to keep this guy from dying from your negligence."

Mariam Anwar, MD: Internal Medicine/Geriatrics

"On an Emirates flight, the flight manager asked for my credentials and wouldn't let me help. Let a white nurse help though without asking for her credentials. Of course, I helped anyway. It was an elderly male with [emphysema] COPD exacerbation, hypoxic and also having an anxiety attack. We had to calculate if we would have enough oxygen to last the trip without having to land ... would not make it if he needed more than baseline (5 L). The manager put him in business class and gave us seats too. We monitored him for several hours; he became unresponsive, hypertensive. I checked an EKG, glucose and after several sternal rubs he woke up. Of course, I lost several hours of sleep on a long flight and a flight attendant had

to take care of my toddler while I assisted him. When his shift was over another manager came (he was Arab). He told me to go back to economy class, and he let the white nurse stay in business class the entire flight! Blatant discrimination and lack of respect!"

Susan Goldberg Cohen, MD: Internal medicine/Palliative Care

"Had the same issue on a plane when sick passenger was in row behind me but 'Marcus Welby' in tweed jacket ran from way back of plane ... Flight attendant admonished me for not taking my seat when there was a medical emergency in progress — ugh ..."

Amina Moghul, DO: Family Medicine

"Had something similar happen to me. A patient syncopized [fainted] right next to my seat. I identified myself as a physician and was pushed out of the way and told to step aside for a male RN to tend to the passenger. I was so stunned, I froze for a few seconds before politely introducing myself to the nurse as a physician and recommended we work together. The flight attendant continued to ignore me and direct questions and offers to get help or equipment to the male nurse. I thought it was just me that had experienced this ..."

Ashley Denmark, DO: Family Medicine

"On Delta 2215, a flight attendant requested over the intercom a doctor or nurse to report to the front of cabin to assist a passenger. Without hesitation, I made my way and was greeted by two Caucasian women and a Delta flight attendant. I quickly asked, 'What's going on?' Then I stated, 'I'm a doctor. How can I help?' Immediately, I was greeted by puzzled looks from all three women. The flight attendant asked, 'Are you a doctor?' to which I replied 'Yes.' My response only left a more puzzled look on the attendant's face. She turned around and began to talk to another flight attendant. I stood there in bewilderment because someone on the plane was in need of medical assistance and no one was escorting me to the passenger in need. Finally, one of the Caucasian passengers who came to assist spoke and stated that she and the other passenger present to assist were both nurses. Then she asked, 'Are you a doctor?' to which I responded 'Yes' ... again. She immediately responded 'Well you need credentials to show you are a medical professional.' I gave a funny look but, remained composed and quickly quipped 'I have my hospital badge which should be enough.' The Delta flight attendant continued to look puzzled then stated, 'We have two nurses here who came first. You can have a seat now, and we will let them handle it. If we need more help, we will come and find you.' As I walked back, I scanned the cabin. I looked for someone in distress, unresponsive wondering who was this person who needed help. At that moment the gravity of the situation hit me like a ton of bricks. Apparently, the nurses and flight attendants didn't think I was a doctor. Why else were nurses being allowed to take charge of a medical situation when a doctor was present? Surely it couldn't be the color of my brown skin? So here I was, the doctor with 11 years of training being asked to take a seat and not partake in caring for the passenger in need. As an African American female physician, I am too familiar with this scenario. Despite overcoming and excelling academically and obtaining the title of Dr. in front of my name, I still get side-eye glances when I introduce myself as Dr. Denmark. Commonly, I'm mistaken for an assistant, janitor, secretary, nurse, student, etc. even when I have my white coat on."

Janelle Evans, MD: Urogynecologist

"We were in the middle of the Atlantic on Delta flight 200 to Johannesburg, South Africa, when a man had a GI bleed, hypotension, and became unresponsive in my aisle. Of the four physicians on board, only I had credentials with me, and the purser denied the man care until one of us produced it. I am a urogynecologist, and there was also an ICU physician, but she was told she could not help (she was Latina and similarly petite like me). I told her to ignore the purser and assist. While we worked to stabilize the patient, the purser would not put the lights on to start IVs and adequately see the medical kit. The kit was less than half-stocked with no aspirin, no nitro, nothing. She tried to start drink service while we had a fully naked man in the walkway between lavatories and bloody stool all over one side of the plane. We successfully stabilized him and no sooner had we done so that she angrily declared that we were relieved of medical duty because she was going to deal with the in-flight phone physician rather than us. I had made it clear I wasn't leaving the area and personally spoke with the ground doc who confirmed that his condition required in-flight assistance. I never heard from Delta until my article got published. It did not go viral like Dr. Cross, but they did call and comp our flight. I never received a thank you from the purser and left the plane with the patient, covered in bloody feces. In the aftermath, apparently the purser tried to cover it up and only reported it as a minor incident. My information was not included."

Pamela Wible is a family physician who has offered medical care during two in-flight emergencies. Nobody ever asked for her credentials. They did offer her a bottle of wine as a parting gift. She doesn't drink. She pioneered the community-designed ideal medical clinic and blogs at Ideal Medical Care. She is the author of Physician Suicide Letters — Answered and Pet Goats and Pap Smears. Watch her TEDx talk, How to Get Naked with Your Doctor. She hosts the physician retreat, Live Your Dream, to help her colleagues heal from grief and reclaim their lives and careers.



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Bulletin Board

News from Goodman Campbell Brain and Spine...

Amy Leland, MD, has been elected as the 7th District President of the Indianapolis Medical Society for the 2017–2018 term.

Derron Wilson, MD, participated as a faculty member for the Axiom™ Neurostimulation System Physician Training Course in Dallas, Texas on July 8–9. The aim of the course was to train physicians in dorsal root ganglion stimulation for chronic pain management.

Andrew Jea, MD, Daniel H. Fulkerson, MD, and their fellow authors recently published new research titled “Failure of ETV in patients with the highest ETV success scores.” The paper appeared in the *Journal of Neurosurgery: Pediatrics* on July 7 ahead of print.

Jean-Pierre Mobasser, MD, is a member of the Society for Minimally Invasive Spine Surgery (SMISS) Scientific Committee for the group’s Annual Forum on September 14–16 in Las Vegas. He is also serving his one-year term as member of the SMISS Board.

Dr. Mobasser is also serving as a member of the 2017 Jurisdiction 8 (J8) Medicare Neurosurgery Contractor Advisory Committee.

News from Urology of Indiana

The physicians at **Urology of Indiana** recently gave \$10,000 charitable grants to both the Thomas More Free Clinic and Hope Healthcare Services. Both organizations offer free medical care to medically underserved populations. The money will be used to defer costs on items such as staffing, prescription assistance, medical and program supplies and equipment needed to serve their patient populations.

Dr. Theresa Rohr-Kirchgraber appeared on WRTV Channel 6 News and was asked to comment about a recent Johns Hopkins Bloomberg School of Public Health Study using data from the National Health and Nutrition Examination Survey finding that “19-Year-Olds Are as Inactive as 60-Year-Olds.” She agreed with the study’s findings that sedentary kids and teens’ lack of exercise may be a contributing factor in the obesity epidemic.



Daniel H. Fulkerson, MD



Andrew H. Jea, MD



Amy D. Leland, MD



Jean-Pierre Mobasser, MD



Derron K. Wilson, MD

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Special Feature

Elsevier and AMA to Collaborate on Outpatient Coding eLearning Courses

Online courses providing essential content on Current Procedural Terminology (CPT®)



Philadelphia, August 8, 2017 – Elsevier, the global information analytics company specializing in science and health, and the **American Medical Association (AMA)** today announced that they will co-develop eLearning course content for Current Procedural Terminology (CPT®), the most widely accepted nomenclature in the U.S. to report outpatient and office medical procedures and services.

CPT meets the data demands of the modern health care system by accurately describing complicated medical services with a simple five-digit numeric code and a clinical description of the service. Understanding proper CPT coding can help physicians and provider organizations reduce risk, obtain appropriate payment, and successfully appeal insurance denials.

“The CPT code set is constantly evolving to reflect advances in contemporary medical science and technology. Empowering a workforce to accurately code medical procedures streamlines communication across the health system, reducing administrative and rework costs,” said Laurie McGraw, AMA senior vice president – health solutions. “This collaboration with Elsevier provides education to the right audience at the right time in a format that is easily grasped by learners.”

The AMA created the CPT code set more than 50 years ago to provide the health care system with a uniform language to concisely transfer vital medical information between health care professionals. Through an extensive editorial process involving the clinical expertise of the health care community, the CPT code set is continually reviewed, revised and updated to accurately reflect the medical services provided to patients.

“Our work with the AMA is another way in which we can help the business of health care be more successful for hospitals and physicians,” said Barbara Cullen, vice president for strategy and product development, clinical solutions at Elsevier. “These organizations are training new staff and need to keep staff current, and we see this new eLearning content playing an important role in that process.”

This new collaboration adds to Elsevier’s library of exclusive, co-developed products with key healthcare associations, including the Emergency Nurses Association, the Association for Nursing Professional Development and the American Association of Critical-Care Nurses.

About Elsevier Elsevier is a global information analytics company that helps institutions and professionals progress science, advance healthcare and improve performance for the benefit of humanity. Elsevier provides digital solutions and tools in the areas of strategic research management, R&D performance, clinical decision support, and professional education; including ScienceDirect, Scopus, ClinicalKey and Sherpath. Elsevier publishes over 2,500 digitized journals, including *The Lancet* and *Cell*, more than 35,000 e-book titles, and many iconic reference works, including *Gray’s Anatomy*. Elsevier is part of RELX Group, a global provider of information and analytics for professionals and business customers across industries. www.elsevier.com

About the American Medical Association The American Medical Association is the premier national organization providing timely, essential resources to empower physicians, residents and medical students to succeed at every phase of their medical lives. Physicians have entrusted the AMA to advance the art and science of medicine and the betterment of public health on behalf of patients for more than 170 years. For more information, visit ama-assn.org. American Medical Association, 330 N. Wabash Ave., Suite 39300, Chicago, IL 60611-588560, USA

CME & Conferences

Community Hospital East

First Wednesday	Critical Care Conference CHE Administrative Conference Room, 12:00 – 1:00 p.m.
Second Tuesday	Medical Grand Rounds CHE Theater, 1:00 – 2:00 p.m.

Community Hospital North

First Friday	North Forum Reilly Board Room, 7:00 – 8:00 a.m.
First & Third Wednesdays	Psychiatry Grand Rounds 7250 Clearvista Parkway Multi-Service Room, 12:30 – 1:30 p.m.

Community Heart & Vascular Hospital

First Wednesday of every month	Imaging Conference: rotates Cath & Echo Case Presentation CHVH 3rd Floor Boardroom w/telepresence to CHV Anderson, CHV East Conference Room (Ste. 420) CHV South Conference Room (Ste. 2400) CHV Kokomo, 7:00 – 8:00 a.m.
Second Wednesday of every month	M&M Conference: every other month rotates the Echo & Nuclear Q/A, CHVH 3rd Floor Boardroom w/telepresence to CHV Anderson, CHV East Conference Room (Ste. 420) CHV South Conference Room (Ste. 2400) CHV Kokomo, 7:00 – 8:00 a.m.
Third Wednesday of every month	Ken Stanley CV Conference: rotates Quarterly for CV Quality Data w/Gae Stoops, CHVH 3rd Floor Boardroom w/telepresence to CHV Anderson, CHV East Conference Room (Ste. 420) CHV South Conference Room (Ste. 2400) CHV Kokomo, 7:00 – 8:00 a.m.
Fourth Wednesday of every month	Disease Management Conference: rotates CHF & EP Case Presentations, CHVH 3rd Floor boardroom w/ telepresence to CHV Anderson, CHV East Conference Room (Ste. 420) CHV South Conference Room (Ste. 2400) CHV Kokomo, 7:00 – 8:00 a.m.

2017 Cancer Conferences

Community Hospital East

Fourth Tuesday	East Multidisciplinary Breast Cancer Conference - CHE Ste. 420, 7:00 to 8:00 a.m.
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Community Hospital North

First & Third Tuesdays	North Multidisciplinary Breast Cancer Conference - CHN 8040 Clearvista Parkway, Suite 550 7:00 to 8:00 a.m.
Second & Fourth Wednesdays	North Multidisciplinary GI/Colorectal Oncology Conference - CHN 8040 Clearvista parkway, Suite 550, 7:00 – 8:00 a.m.
Second Friday	North Multidisciplinary Gynecologic Surgical Oncology Conference - CHN 8040 Clearvista Parkway, Suite 550, 7:00 – 8:00 a.m.
First Wednesday	North Chest Cancer Conference - CHN 8040 Clearvista Parkway, Suite 550, 7:00 – 8:00 a.m.
Third Wednesday	Melanoma Cancer Conference - CHN 8040 Clearvista Parkway, Suite 550, 7:30 – 8:30 a.m.
Third Friday	North GU Conference - CHN 8040 Clearvista Parkway, Suite 550, 7:00 – 8:00 a.m.

Community Hospital South

Second Wednesdays	South Multidisciplinary Breast Cancer Conference - CHS Community Cancer Center South 1440 E. County Line Rd., Community Room, 8:00 – 9:00 a.m.
Second Tuesdays	South General - CHS Community Cancer Center South 1440 E. County Line Rd., Community Room, 12:00 – 1:00 p.m.
Fourth Wednesdays	South Thoracic Community Cancer Center South, 1440 E. County Line Rd., Community Room, 8:00 – 9:00 a.m.
Third Tuesdays	South Molecular Community Cancer Center South, 1440 E. County Line Rd., Community Room, 5:00 – 6:00 p.m.
First & Third Fridays	South Case Presentations Hospitalist Office, Ste. 1190 1440 E. County Line Rd., Community Room, 12:00 – 1:00 p.m.

For more information, contact Debbie Wieckert, (317) 274-5193.

Indiana University School of Medicine/ Indiana University Health

IU – Methodist – Riley

Online CME Activity	HPV Documentary: Someone You Love: The HPV Epidemic http://cme.medicine.iu.edu/hpvdocumentary
Sept. 13	17th Annual Doris H. Merritt, MD Lectureship in Women's Health Walther Hall
Sept. 14	Building a Successful Comprehensive Home Dialysis Program JW Marriott Indianapolis
Sept. 28	Geriatric Symposium AHEC Lansbaum Center for Health Education Terre Haute
Oct. 5	Take a Stand Indiana Immunization Coalition Indianapolis Zoo, Dolphin Pavilion
Oct. 6	SAMS 4th National Symposium: A Call to Action for Future Syria Andaz Hotel, New York, NY
Oct. 7	Practical Pearls General and Community Pediatrics Fall Series (Get Ready for Winter: How to Beat the Blues, Bugs, Broken Bones, Frost Bites and Bronchiolitis) Riley Outpatient Center
Oct. 12	IU Health Medicare Medical Record Documentation Seminar Wegmiller Auditorium, IU Health, Bloomington
Oct. 20	Indiana Geriatrics Society Annual Conference Hoosier Village
Nov. 3	24th Annual Eskenazi Health Trauma and Surgical Critical Care Support Eskenazi Hospital
Nov. 3	16th Annual Lingeman Lectureship Fessler Hall
Nov. 4	NANETS Regional NET Education: The Evolving Diagnostic and Treatment Paradigms for Neuroendocrine Malignancies IU Health Neuroscience
Nov. 15	Indiana Statewide Interprofessional Education (IPE) Conference IUPUI Campus Center
Nov. 16	IGianaris Symposium Walther Hall
Nov. 18	IU Health North Fall Primary Care Update IU Health North Hospital

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.

To submit articles, Bulletin Board items, CME & events, opinions or information, email ims@imsoline.org.
Deadline is the first of the month preceding publication.

Special Feature

Scribes for Physician Burnout: How Scribes Help Reconnect Doctors with Their Patients

Diane W. Shannon, MD, MPH | Physician | August 3, 2017. Diane W. Shannon is an internal medicine physician who blogs at Shannon Healthcare Communications.

Recently, I had an opportunity to drop in on two of the foremost researchers in physician burnout, Sara Poplau and Mark Linzer of Hennepin County Medical Center in Minneapolis. We chatted about various aspects of the current burnout crisis and exciting new initiatives on the horizon. Then we spent some time contemplating a frustrating truth: leaders in health care often fail to acknowledge a reality that leaders in other industries have long embraced: treat your employees well, prioritize their well-being and safety, and you will reap benefits in your most important performance goals. It's a proven strategy for success.

But try to convince board members and the C-suite of a hospital, health system, or large physician practice to free up the resources to prevent burnout, and you may find yourself out of breath and red in the face. Despite the fact that burnout costs so much — more medical errors, worse patient satisfaction, less engagement in improvement initiatives the direct costs of recruiting and replacing physicians and nurses who have left — few leaders are ready to invest in prevention. We shook our heads in collective dismay.

Linzer walked to his desk and held up a framed watercolor. Painted by Linzer's brother, Daryl Wofford, "The Scribe," depicts three individuals in an exam room: on the right side, a physician and a patient in conversation, and on the left, a young man typing on a laptop.

"This is our goal. This is what we want," Linzer said. "A physician, freed from typing by the scribe, who is connecting with her patient — and a patient, who is happy because she is getting what she came for — a healing connection with her care provider. Relationships drive satisfaction. And that's true for patients and care providers."

I asked about the scribe program at Hennepin County.

The department of medicine began offering scribes several months ago, paying for 50 percent of the costs while the medical center covers the other half. After two months, Linzer asked every

"When we have the opportunity to get back to spending time with patients, we realize how much we've been missing. The documentation gets in the way. A scribe program is one option for helping clinicians get back to connecting with patients."

physician and nurse practitioner in the clinic that participated in the pilot program two questions: Would you be willing to see more patients with a scribe? Would you be willing to take a pay cut to offset the cost of the scribe? Every single clinician said yes to both questions.

Another aspect of burnout prevention that leaders would do well to consider: a healthy workplace and the opportunity to derive meaning from work (caring for patients instead of slogging through data entry) increase the likelihood that your organization will avoid the substantial costs of replacing a physician (estimated to be \$500,000 apiece) and help build a cadre of physicians who are loyal to their organization and able to engage in improvement initiatives that will move the needle on the performance metrics that keep top leaders up at night.

I realize that the work of executive leaders requires juggling many priorities. But careful stewardship of an organization's most precious resource — its people — and prioritizing the development of healthy, high-performing clinical teams seems like a no-brainer to me.

In Memoriam



Howard M. Luginbill, MD

Dr. Luginbill passed away at the age of 95 on August 1, 2017, where he was also born in his hometown of Berne, Indiana on April 20, 1922.

He attended and graduated from IU Medical School in 1950. Several years later he went on to choose a career path of Psychiatry where he graduated from the IU School of Psychiatry in 1967. Between those times, however, Dr. Luginbill served as an Army medic in the Philippines and Germany following WWII. At the time of discharge, he was ranked as 1st Lt.

In his free time, Dr. Luginbill enjoyed time with family and friends sharing laughter, singing, faith and mission work.

He had been a member of IMS since 1967.



John M. Records, MD

Dr. John M. Records passed away on August 14th, 2017, in Arizona, at the age of 81 after a brief illness.

Dr. Records was a beloved Family Practice physician in Franklin, Indiana for more than fifty years prior to moving to Phoenix, Arizona. He is survived by his wife of 46 years, Pamela Winslow Records of Phoenix, and three children.

Attempting to retire to Arizona in 2013, the pull of patient care and contact prompted him to utilize his Indiana and Arizona medical licenses and DEA Federal License to counsel and rehabilitate drug-addicted patients.

"Dr. John," as he liked to be called, referred to himself as a "worker bee." He received the well-deserved Indiana Academy of Family Physicians "Family Physician of the Year" award in 1996. Nominating letters on his behalf were received from many distinguished individuals, including then Lieutenant Governor, Frank O'Bannon.

Doctor Records was a Charter Fellow in the American Academy of Family Physicians, American board of Family Practice, American Medical Association, Indiana State Medical Association (3-term Trustee), Seventh District President, Seventh District Secretary/Treasurer (6 terms), Johnson County Medical Society (Past President 2 terms), and American Medical Political Action Committee. He also served as President of Johnson County Indiana University Alumni Association (4 terms), B.P.O.E. Elks (55-year Life Member), Masonic Lodge, Murat Shrine and 32nd Degree Scottish Rite. He was a former member of Hillview Country Club, Franklin, and a current member of Moon Valley Country Club, Phoenix, AZ.

Memorial contributions should be sent to Coolwater Christian Church, 28181 North 56th Street, Scottsdale, AZ 85266.

New Members

Beard, Samuel M., MD
Emergency Medicine
Indiana University, 2014

Brunett, Jeffrey L., MD
(Reactivation)
Emergency Medicine, 1988, 2008
Indiana University, 1983

Elliott, Daniel W., MD
Medical Associates, LLP
1500 N. Ritter Ave.
46219-3095

Ofc – (317) 355-5041
Emergency Medicine
Indiana University, 2014

Harper, Stanley J., MD
Obsidian Surgical
10090 E. US Highway 36, #D
Avon, 46123-8176
Ofc – (317) 399-4567
Fax – (317) 245-6909
Web – www.sharpersurgery.com
Plastic Surgery, 2011
Wayne State University, 2002

Hussey, Richard W., MD
JWM Neurology, PC
7250 Clearvista Dr., #225
46256-5626
Ofc – (317) 537-6088
Fax – (317) 537-6092
Web – www.jwmneurology.com
Neurology with Special Qualification
In Child Neurology, 2008
Uniformed Services University, 2000

McKee, Whitney B., MD
Resident – Franciscan St. Francis
Medical Associates, LLP
1500 N. Ritter Ave.
46219-3095
Ofc – (317) 355-5041
Emergency Medicine
Indiana University, 2014

Pabon, Sheila, MD
Fellowship – Price Vision Group
9002 N. Meridian St., #100
46260-5354
Ofc – (317) 844-5530
Fax – (317) 844-5590
Web – www.pricevisiongroup.net
Ophthalmology
Case Western Reserve
University, 2013

Quist, Kofi D., MD
JWM Neurology, PC
8051 S. Emerson Ave., #350
46237-8634

Ofc – (317) 859-1020
Fax – (317) 859-4040
Web – www.jwmneuro.com
Internal Medicine, 2008
Pediatrics, 2009
Child Neurology
University of Science and
Technology, Ghana, 1998

Rumer, Joseph P., MD
Northside Anesthesia Services, LLC
Anesthesiology
Indiana University, 2013

Ryder, Jonathan H., MD
Resident – IU School of Medicine
Internal Medicine
University of Nebraska, 2017

Schuster, Richard G., DO
Program Director –
Community South
Osteopathic Family Med. Residency
533 E. County Line Rd., #101
Greenwood, 46143-1073
Ofc – (317) 957-9050
Family Medicine
Osteopathic Manipulative Medicine

Ohio University College of
Osteopathic Medicine, 1984

Seiter, Stephen A., MD
Northside Anesthesia Services, LLC
Anesthesiology
Ohio State University, 2013

Swartz, Kimberly A., MD
Resident – IU School of Medicine
Emergency Medicine
University of Florida, 2017

Venis, Juan C., MD
Family Medicine, 2017, 2018
Indiana University, 2014

Vincent, Robert K., MD
Indpls. Gastroenterology & Hepatology
8051 S. Emerson Ave., #200
46237-8632
Ofc – (317) 865-2955*
Fax – (317) 865-2954
Web – www.indygastro.com
Internal Medicine, 2014, 2018
Gastroenterology, 2016, 2018
University of Wisconsin, 2009

Whitley, Phillip M., MD
Northside Anesthesia Services, LLC
Anesthesiology
Indiana University, 2013

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Paul P. Szotek, Jr. (2019)
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Delegates to the 168th Annual State Convention, September 16-17, 2017, Sheraton Indianapolis North

The year shown in parentheses indicates year in which the term expires following the conclusion of the ISMA Annual Convention.

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Alternate Delegates to the 168th Annual State Convention, September 16-17, 2017, Sheraton Indianapolis North

The year shown in parentheses indicates year in which the term expires following the conclusion of the ISMA Annual Convention.

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Brian D. Clarke (2017)
Ann Marie Hake (2017)
Douglas J. Horton (2017)
H.B. Harold Lee (2017)
Ramana S. Moorthy (2017)
Maria C. Poor (2017)
Steven M. Samuels (2017)
Michael C. Sha (2017)
Jodi L. Smith (2017)

Nicholas M. Barbaro (2018)
Heather N. Berke (2018)
Charles W. Coats (2018)
John H. Ditslear, III (2018)
Robert S. Flint (2018)
Thomas R. Mote (2018)
Martina F. "Nina" Mutone (2018)
Timothy H. Pohlman (2018)
Michael A. Rothbaum (2018)
Jeffrey M. Rothenberg (2018)
S. Eric Rubenstein (2018)
Richard M. Storm (2018)
Jeremy T. Sullivan (2018)
H. Jeffery Whitaker (2018)

Daniel J. Beckman (2019)
David M. Mandelbaum (2019)
David L. Patterson (2019)
Scott E. Phillips (2019)
Dale A. Rouch (2019)
Amy D. Shapiro (2019)
Jason K. Sprunger (2019)

Indiana State Medical Association

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George T. Lukemeyer, 1983-1984
Alvin J. Haley, 1980-1981

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