

# BULLETIN

THE PRESIDENT'S PAGE PG 4

## Introduction

by ERIC E. TIBESAR, MD

President, Indianapolis Medical Society



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### LETTER FROM THE EDITOR

Members,

*With the start of the new year, I want to take this opportunity to remind you to participate in the Bulletin. We want to include your articles, opinions, ideas and responses to articles over the next year. This is your magazine and we want to hear from you. Please send me your stories for print.*

Sincerely,

Morgan Perrill  
Executive Vice President



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# THE PRESIDENT'S PAGE

ERIC E. TIBESAR, MD

Hello fellow readers and members of the Indianapolis Medical Society! My name is Eric Tibesar and I am the new incoming president of the IMS for the year 2020. As some of you may not know me all that well, I want to take this opportunity to introduce myself, so we can get to know each other a little bit better. I was born and raised in the great midwestern state of Iowa and eventually graduated from the University of Iowa with a bachelor's degree in engineering and then attended the same university for medical school. I ended up doing my residency training in pediatrics at the Mayo Clinic in Rochester, Minnesota. After this, I furthered my training with a fellowship in pediatric gastroenterology at Johns Hopkins hospital in Baltimore, Maryland. Even though my 3 years on the East Coast were wonderful and we met a lot of great people and friends, my heart still resided in the midwest so we decided to head back and settle in Indiana. I am currently employed as a staff physician for Ascension St. Vincent Hospital at the Peyton Manning Children's Hospital of Indianapolis. I currently have multiple clinics that I attend such as one near the Children's Hospital, one at Fishers St. Vincent as well as an outreach clinic in Fort Wayne, Indiana. I also have at least one procedure day a week at the Surgery Center of Carmel. I have been happily married now for almost 15 years (even though I met my wife in high school and we have been together for almost 25 years) and I have 2 young children, a son who is 11 (5th grade) and a daughter who is 7 (1st grade). My wife is currently "retired" as a registered nurse, although she keeps her license up-to-date in case

she may decide to go back and practice again. She always makes sure that I am treating all the nurses in my office with courtesy and respect, and so far, I have not disappointed her!



I have been a member of the Indianapolis Medical Society now since 2016 and have been a board member and delegate for all those years. I was introduced to the society by my wonderful colleague and mentor as well as past president, Dr. Susan Maisel. I understand that I am not nearly as experienced within the Medical Society or with physician advocacy as many of the prior IMS presidents, but I feel very reassured that I am surrounded by members and past presidents with decades of experience that I am very eager to learn from.



With that being said, I want to take this opportunity to congratulate and thank our immediate past president of IMS, Dr. Chris Bojrab, for his wonderful year of leadership heading the IMS board. He helped keep the society up and running throughout the year and kept us moving forward with our changes and goals to keep IMS up-to-date and available for all physicians in the local area. He also brought a lot of humor and levity to many of the executive board meetings that always kept us entertained, even when we were spending long nights discussing important matters for the society. Again, I look forward to learning from his experience as well as from all the other members of the executive team and all other past presidents of the society.

Last year we saw several wonderful improvements to the Indianapolis Medical So-

# THE PRESIDENT'S PAGE

ERIC E. TIBESAR, MD

ciety. We have adopted a brand-new logo, which is much more modern and have updated our website as well. We have increased our social media presence (which reminds me that I highly encourage you all to like and follow the Indianapolis Medical Society on social media sites such as Facebook, Twitter and Instagram) and still hold many social gatherings throughout the year. Along with that, we continue to harbor and foster our close relationship with the Indianapolis Bar Association. We also continue to be operated and managed by the wonderful and talented Morgan Perrill, who has stayed on as our executive vice president. Without her hard work and tenacity, little to nothing would have been accomplished all last year.

Our goals for the year 2020 are essentially the same goals that the IMS has had since it was founded in 1848; we will work tirelessly as advocates for all physicians who work in the Indianapolis area. In order to accomplish that goal, it is vital that we work on increasing our membership, with an aim to go up by 10% over last year's numbers. This may seem like a rather lofty task but given all that has changed for the positive over the last year as well as everything I have seen and heard during our board meetings and discussions with other members, I feel confident that we can accomplish everything we set out to do. But again, I cannot emphasize enough that we will not accomplish any of these goals without you. This society is founded by physician members, run by physician members and would not exist without physician members. Therefore, I highly urge everyone to do their best to spread the word about the Indianapolis Medical Society. We are always welcoming any new members who want to help advocate for physicians in the state of Indiana. We are always open to new ideas from our members to help move the society forward and help recruit and increase our membership. As your president, I want to make myself completely available to anyone who has ideas moving forward, questions about IMS or anyone who wants to be more involved. Please look me up on our new and improved website and feel free to contact me via email, text, phone or anytime in person. Here's to a successful, prosperous and wonderful 2020 to all the loyal members of the IMS. Happy new year!



Eric Tibesar, MD  
President, Indianapolis Medical Society

*Keep reading the next two pages for a list of all our achievements over the past year and a half.*

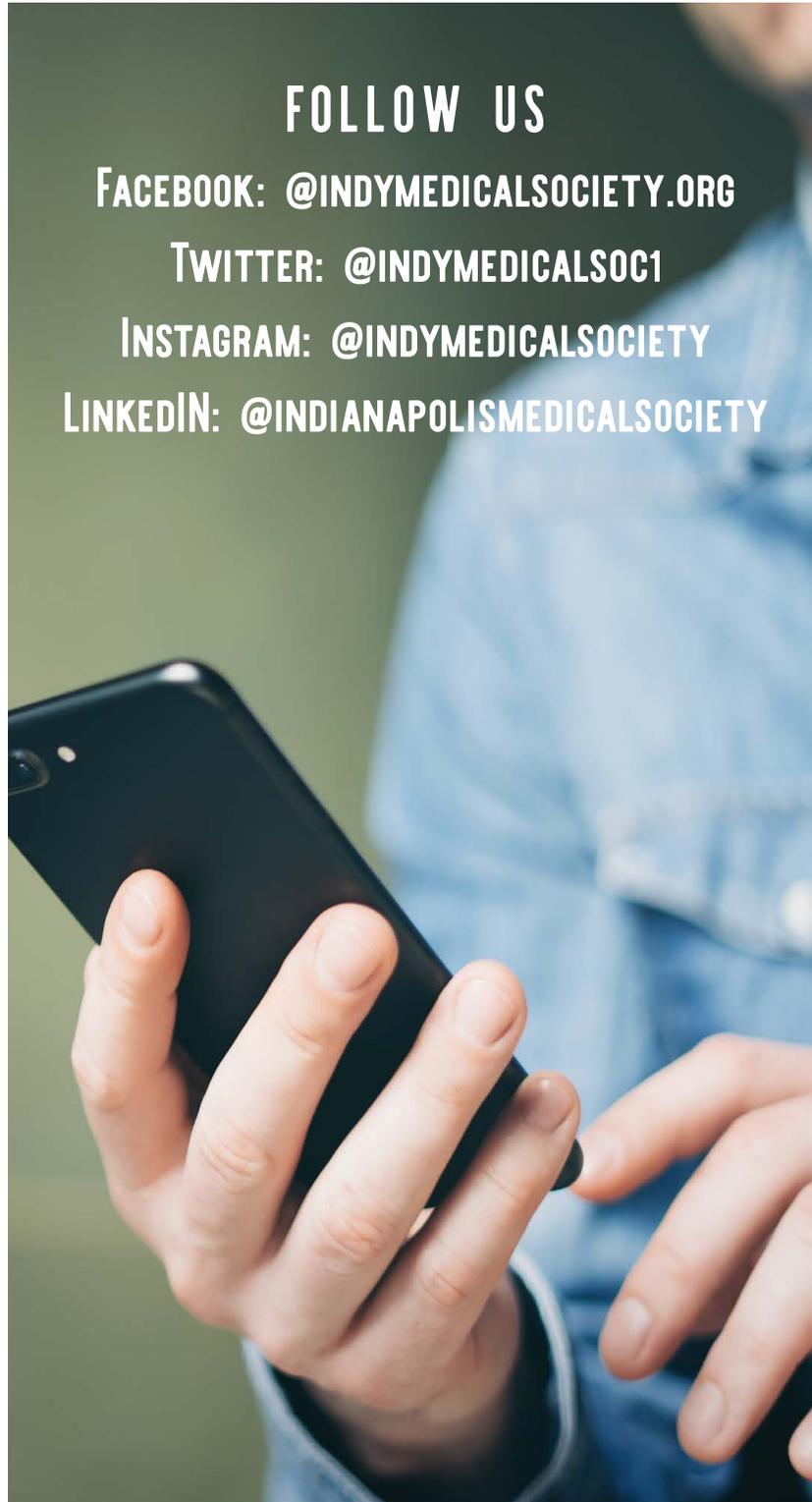
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## ACHIEVEMENTS

### ***STRENGTHENED OUR FISCAL HEALTH***

IMS accounts are in the black

Long-term/ short-term efficiencies and elimination of fiscal waste resulted in savings of over \$230,000

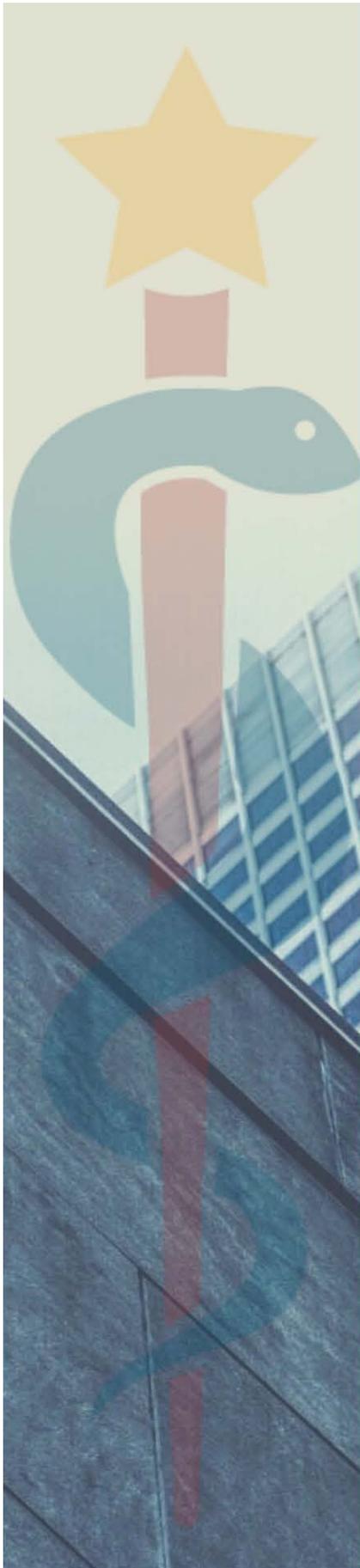
2020 approved budget remains in the black

### ***ADVANCED OUR IMAGE & TECHNOLOGY***

Rebranded to appeal to the millennial generation

New website that is usable on handheld devices and includes new features and resources for members

Overhauled the content and image of the *Bulletin* to attract and retain new readers/members



## ***IMPROVED COMMUNICATION***

Membership database that allows members to access their information

Annual membership satisfaction survey, with a 43% increase in participation this year

Effective email and website communication strategy with membership

## ***DEVELOPED LEADERSHIP***

Robust election and nomination process for leadership, with 43% increased participation in the last year

Developed new leadership opportunities at the officer level

Welcomed several new officers and board members

Created guidance and important leadership material, Board Handbook

## ***OPPORTUNITIES FOR MEMBERSHIP***

ISMA convention programming and increased participation

## ***ENSURED A FUTURE IMS***

Stopped decoupling efforts at the 2018 ISMA convention

Passed a strategic plan for IMS

January 2020



# *Should Indiana Ban Cell Phones While Driving?*

---



by *RICHARD D. FELDMAN, MD*  
*IMS Board Member, Family Physician, Former Indiana State Health Commissioner*

Like many of you reading this column, I'm guilty of driving while talking on a cell phone or even worse, using other mobile applications. But like 74 percent of people surveyed, many of whom drive while using cell phones, I also think it should be illegal.

Heck, let's face it. We all have experienced drivers who appear oblivious to what's going on around them, are in the wrong lane, run a stop sign or traffic light, rear-end the car in front of them, change lanes without looking, or inappropriately take the right of way with a cell phone plastered to their ear. Common sense would demand that cell phone use be prohibited while driving. Studies have demonstrated that driving while talking on a cell phone is equivalent or even much worse than driving drunk at a .08 blood alcohol level.

***“But like 74 percent of people surveyed, many of whom drive while using cell phones, I also think it should be illegal.”***

However, research demonstrates that talking to another passenger in the car is relatively safe because the passenger is another set of eyes and conversation reacts to traffic difficulties and events. Also, simply listening to the radio or similar activities does not substantially impair driving.

It's all about eyes off the road, cognitive distraction, and the inability to process everything necessary on the road. There are other distractions that occur while behind the wheel, but cell phone use is the most common distraction and among the most dangerous.

Studies do not support hands-free phone use as less dangerous. Intuitively, one would think that two hands on the wheel and eyes on the road would be a much safer situation, but it's the cognitive distraction and “inattention blindness” that cause much of the increased risk of crashes.

The statistics vary among studies, but examine this sample from credible sources:

- Eighty percent of motorists talk on cell phones while driving, and up to 19 percent

admit to accessing the internet. Thirty percent of drivers send or receive texts while driving. The risk of a crash while texting is 23 times more likely accounting for 390,000 injuries yearly.

- Cell phone use while driving leads to 1.6 million crashes yearly. Twenty-eight percent of car accidents are caused by drivers talking or texting on cell phones.

- Nearly 20 percent of fatal accidents are attributed to cell phone use. Fatal-crash risk is 66 percent higher when manipulating a cell phone.

- Motorists who use cell phones for various reasons while driving have over a five-fold increased chance of being involved in an accident. Simply talking on a cell phone increases crash risk four-fold.

- The clear majority of Americans believe that talking or texting are two of the most dangerous behaviors while driving.

Twenty-one states and Washington, D.C. ban the use of handheld phones for all drivers, and 48 states and Washington, D.C. ban texting by all drivers. Indiana bans all cell phone use for drivers less than 18 years old and bans texting for all drivers.

A complete cell phone ban while driving is not politically possible. It would infuriate voters and incense auto-manufacturers. Although hands-free devices aren't safe, banning at least handheld phones is prudent and is associated with a 10 percent lower non-alcohol-related driver fatality rate. Drivers too often look but just don't see while using cell phones, their automobiles turned into lethal weapons. Drivers should be fully engaged, attentive, and focused. Thanks to Governor Holcomb for leading the way in prohibiting handheld cell phone use while driving.

It's long overdue.

# AMWA LEADS

*American Medical Women's Association  
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**MARCH 26-29, 2020  
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How Leaders can Harness Diversity & Inclusion to Advance Equity  
Difficult Conversations: Transforming Relationships & the Ways We Lead  
Insider Tips on Social Media & Productive Meeting Management  
Clinical Updates in Medicine & Public Health

## Keynote Speakers



**VADM Jerome M. Adams,  
MD, MPH**  
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**Patrice A. Harris, MD, MA**  
President  
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**Darilyn V. Moyer, MD, FACP**  
EVP & CEO  
American  
College of Physicians



**Sara Laschever**  
Author, *Women Don't Ask  
and Ask For It*

# Modern Treatments of the Common Cold

by MARY IAN MCATEER, MD

IMS Board Member



Cold season is upon us, accompanied by gloom and difficulties of sloppy weather. Plus, when we are asked for recommendations to help people feel better, we often feel like we are offering solutions that are not in our usual treatment options. Here are my personal recommendations, vetted over many years of pediatric practice and keeping my family going strong.

Evidenced based recommendations sound simple and far away from innovative, modern solutions, yet they are consistently correct in easing suffering.

1. Rest – If unable to sleep the usual 8-10 hours, take time off. Mild exercise is fine, if you are able to rest also.
2. Fluids – Water is most helpful, try to drink enough to make your urine clear and cause you to go to the bathroom at least every 2 hours. Juices and lower salt electrolyte drinks are ok in moderation, milk is ok if you drink it regularly anyway, warm liquids like coffee and tea. Alcohol is not helpful, vitamin infused waters are also not showing sufficient help.
3. Good nutrition – It's never too late to start. Prioritizing eating mostly home cooked foods, five daily servings fruits and veggies, foods with low sugar and saturated fats will provide more energy to get better faster.
4. Medications – Acetaminophen or Ibuprofen to reduce fever and allow rest. Dose at recommended dosing intervals and never mixed with one another. These drugs should be used in moderation, if needed more than 2-3 days, a call to your doctor is warranted.
5. Connecting with loved ones over social media – Being loved is necessary for getting better, keeping them free of your germs will help that love last longer.
6. Specific Symptoms may be helped more by home remedies. Making something for someone else to get better ALWAYS helps them and you.
  - a. For the onset of colds, flu, or warding off the inevitable: Meat broth, Lentil soup, Cold tonic (recipes below)
  - b. For coughs: Honey\* (preferably made by local honey-bees) served in warm, decaffeinated tea with fresh lemon and/or ginger adjusted to the patient's sweet tooth. \*This advice applies only to those over 1 year of age in order not to expose a maturing gut to botulinum toxin; Turmeric

tea (Recipe below); Sucking on a favorite hard candy (this recommendation limited to those who can spit it out before coughing)

c. Stuffy, painful sinuses: Nasal rinses, no more than twice daily and be sure to do yoga forward folds afterward to get the cleansing effect up to the sinuses.

d. Upset stomach (from my grandmother's loving hands): Sliced bananas in milk, sprinkled with sugar

## MEAT BROTH makes 2 quarts

From Marcella Hazan, *Essentials of Classic Italian Cooking*

- 1 carrot, peeled
- 1 medium onion, peeled
- 1-2 stalks celery
- 1/2 red or yellow pepper, cored and striped of seeds
- 1 small potato
- 1 tomato
- 5 pounds assorted beef, veal, chicken, of which no more than 2 pounds are bones

1. Put all ingredients in a stockpot, add enough water to cover by 2 inches. Set the cover askew, turn on the heat to medium, and bring to a boil. As soon as the liquid starts to boil, slow it down to the gentlest of simmers by lowering the heat.
2. Skim off the scum that floats to the surface, at first abundantly, then gradually tapering off. Cook for 3 hours, always at a simmer.
3. Filter the broth through a large wire strainer lined with paper towels, pouring it into a ceramic or plastic bowl. Allow to cool completely, uncovered. Add salt to taste.
4. When cool, place in the refrigerator for several hours or overnight until the fat comes to the surface and solidifies. Scoop up and discard the fat.
5. If you are using the broth within 3 days after making it, return the bowl to the refrigerator. If you expect to keep it any longer than 3 days, freeze it.

## LENTIL SOUP 4-6 servings

- 1/4 cup olive oil
- 1 small onion, peeled and cut into dice
- 3-4 garlic cloves, peeled and minced
- 2 carrots, peeled and diced
- 2 celery, peeled and diced
- 1 can tomatoes, diced or crushed
- 1 1/2 cups lentils
- 7 oz water
- 1 cup chopped fresh herbs – basil, parsley, marjoram, thyme, oregano in combination or 2 teaspoons dried
- 2 cups chopped greens, such as kale, escarole, spinach

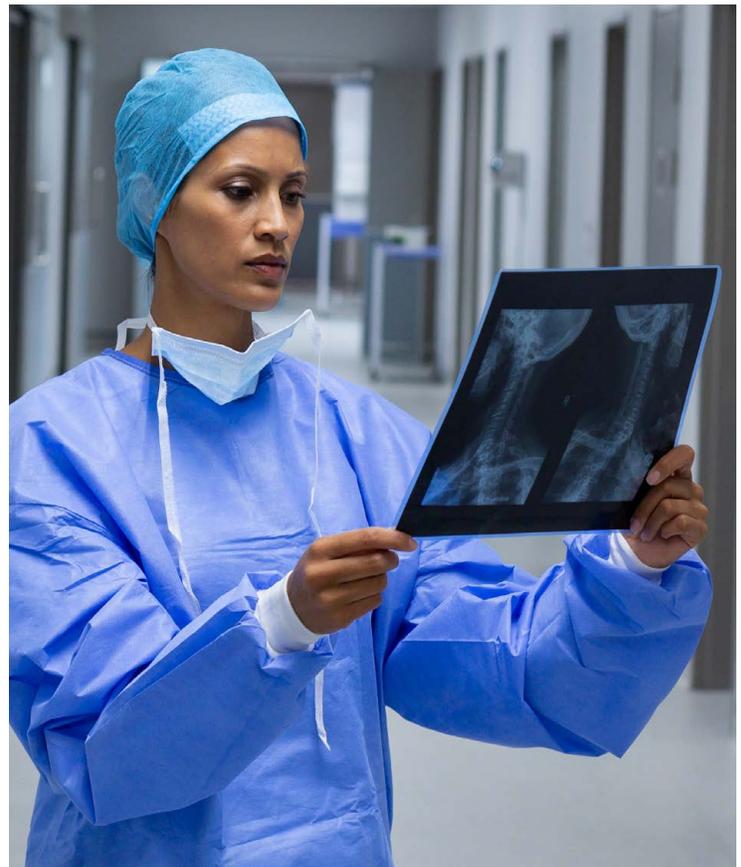
or swiss chard 1 Tablespoon wine vinegar  
Salt and freshly ground black pepper to taste  
Heat the olive oil in a heavy soup pot. Add the onion and saute until very soft. Add the garlic and saute until it gives off its characteristic aroma. Add vegetables and 1 teaspoon of salt, cook, stirring frequently, until sauce like consistency. Add the lentils to the tomato mixture and stir. Allow lentils to absorb the juices of the vegetables for 1-2 minutes, then add the water. Bring the soup to a boil, turn down heat to an active simmer, cook approx. 20 min. Add the greens, herbs and vinegar and simmer until the lentils are soft and greens are tender, approx. 30 min. Add salt and pepper to taste.

#### INSTAPOT DYNAMITE COLD TONIC

from [www.101cookbooks.com/wprm\\_print6978](http://www.101cookbooks.com/wprm_print6978) 6 cups water  
3 tablespoons honey, or more to taste 2 cinnamon sticks  
1 teaspoon dried turmeric, or 2 inches peeled, diced fresh root 3 dried chilies  
3 inch knob fresh ginger, peeled, sliced ¼ inch thick, smashed  
Combine all of the ingredients in the Instant Pot. Secure the lid, and set the pressure release to SEALING. Select MANUAL, and pressure cook on HIGH for 5 minutes. Allow to NATURAL RELEASE for up to 25 minutes (or QUICK RELEASE after 15 minutes, for slightly weaker tonic). Strain, and transfer to glass jars. Serve warm, sweetened with a bit more honey or maple syrup if needed ;). It's best hot.  
If you don't have an Instapot, all ingredients can be combined and simmered for 1-2 hours, then cool and strain.

#### TURMERIC TEA

1/3 cup honey  
2 ½ tsp turmeric  
Mix together to make a paste. For a serving, spoon out 1 tsp into a cup, pour 8 oz hot water over and mix thoroughly. Add lemon juice, sliver of fresh ginger, and fresh cracked pepper or pinch of cayenne.



## 2020: A Year Celebrating Women Physicians

by Morgan Perrill

IMS Executive Vice President, Editor

The year 2020 marks the 100th anniversary of the passage of the 19th Amendment, guaranteeing and protecting women's constitutional right to vote. The Indianapolis Medical Society has decided to commemorate this by celebrating women physicians, those that have helped paved the way and those that our leading today. Every month we will tell the story of past female physicians or current members. We hope you enjoy learning about these women as much as we have.

A very special thank you to Dr. Theresa Rohr-Krichgraber, Brenna McElderry and IUSM for their help with this project.

We hope you enjoy this first month and every month this year. If you would like to nominate a female physician, please contact me as soon as possible.



# Loy Mcfee, MD

by BRENNA M. MCELDERRY AND THERESA ROHR-KIRCHGRABER, MD

While working in NYC, she divorced her husband and returned to her maiden name, Dr. Loy McAfee. As it was the early 1900s, divorce had a very negative connotation for women and she was thought of as scandalous.

Women had not achieved basic human rights, including suffrage or the ability to serve their country in the military. As World War 1 raged on around Dr. McAfee, a divorced woman physician went around the ban on enlisting by signing on as a contract surgeon with the United States Army Office of the Surgeon General in 1918. As a contractor, she had to waive the right of an official rank, any bonuses, or a pension to serve her country simply because she was a woman.

The Surgeon General's office knew of her prior work as a medical editor, so she was assigned as a Secretary to the Medical Department's Board of Publications and as an assistant to the Division of Medical and Surgical History. While overseas, this gave her access to unlimited raw data on injuries and illnesses of soldiers, trials of medical treatments that either succeeded or failed, how provisions of medical services were allocated, and reconstructive surgery after the war. Dr. Loy McAfee led a charge to organize, analyze, and make conclusions based on this data in the form of multiple volumes on the history of wartime medicine. She was recognized by *The Medical Women's Journal* and by *The Review of War Surgery and Medicine* for her personal approach. They noted that her meticulous work ethic was the key to successfully publishing this work 12 years later in 1930. Even after WW1 concluded, she continued this project through an appointment to the Army Medical Library and rose in rank to editor for the first volume of *The Medical Department of the United States in the World War*, the US Army's first collection of medical wartime data in departmental history.

As if her Masters of Arts and Medical Degree were not enough, Dr. Loy McAfee chose to attend the National Law School in Washington. Marked as someone with an inquisitive nature throughout her entire life, she graduated in 1926 at 58 years old. This inquisitive nature was ultimately respected by her peers, who elected her as a fulltime member to the prestigious Association of Military Sur-

Born in 1868, Loy McAfee grew up just outside of Atlanta, Georgia. Upon graduation as valedictorian from primary school, as she was a woman, her career options were limited. Similar to most women at that time, she initially accepted a position as a teacher at Atlanta High School. She quickly worked her way up the chain of command, becoming head of the primary education department for a private girls' school, Capital Female College. Her unending curiosity led her to pursue a Master of Arts degree in 1892. Shortly after, she met and married her husband, Dr. Inghram, in 1893. Many believe that the then Mrs. Loy Inghram discussed her husband's work with him regularly and ultimately realized she needed to pursue a career in medicine herself.

At this time in history, most women worked as maids, secretaries, or teachers and a very select number of women were beginning to be allowed to attend medical schools. Again coming up against barriers, when the women physicians graduated, most were only allowed to treat female patients and opportunities for further training were non-existent. Mrs. Loy Inghram became Dr. Loy Inghram after graduating from Indiana Medical College (1) in 1904. Seeking a role where she could have an influence on the future of medical practice, she created a niche for herself outside of what her male counterparts dictated was acceptable by getting involved in medical publishing. She worked as the Statistical Secretary to the Committee on Scientific Research of the New York Skin Cancer Hospital in NYC from 1904 to 1918.

geons. She was the only female of 60 members elected for their service in WW1, as well as the only contract surgeon given this elite status.

Dr. Loy McAfee passed away in 1941, suffering from complications after a stomach operation. Her legacy lives on through her extensive work in wartime medicine, which is still used today as a foundation for further advancements in multiple areas of medicine. Dr. Loy McAfee's ability to overcome the stigma of her gender helped lay the groundwork for future generations of women physicians to be able to cultivate their talent and create lasting impact.

Medical College of Indiana (Indiana Medical College) operated from 1869-1905 The Medical College of Indiana at Indianapolis was founded in 1869, an outgrowth of the Indianapolis Academy of Medicine; a dispute over admission policies led a breakaway group of faculty to found the College of Physicians and Surgeons in 1874. In 1878 the two groups recombined as the Medical College of Indiana, operating in conjunction with Butler University. In 1896 Medical College of Indiana became the Medical Department of the University of Indianapolis.

In the meantime, the Central College of Physicians and Surgeons of Indianapolis and the Fort Wayne College of Medicine were both founded in 1879. In 1905 these two colleges joined the Medical College of Indiana to form the School of Medical of Purdue University. After prolonged debate in the legislature concerning the dispute between Indiana University and Purdue University as to who would control medical education in Indiana, the Indiana University School of Medicine was formed in 1908.

Thankful acknowledgment to Sara Culleton, M.D., Ph.D. whose historical writing helped to inspire this piece.

### **Outline:**

#### Accomplishments

-at this time: women physicians typically only treated other females, no suffrage, divorce scandalous

-contract surgeon for US Army during WW1-women physicians barred from enlisting so needed to be a contractor  
-very few females

*Sparkman Act was signed into law and Margaret Craighill, M.D., became the first woman to serve as a commissioned officer in the United States Army, in 1943*

-history of wartime medicine book completed in 1930: took 12 years

*Descriptions and statistics regarding the injuries and illnesses of soldiers, medical treatments that were tried and tested in the most difficult conditions, and detailed accounts of the transportation of goods and the provision of medical services where needed*

*The Medical Woman's Journal noted in 1942 that McA-*

*fee's approach to the work was vital to the success of the project*

*War surgery*

*Reconstructive surgery and therapy after war*

*Efforts acknowledged in Review of War Surgery and Medicine*

*Epidemic influenza during civil war in 1919 in Journal of AMA while flu pandemic*

*Rose rank to editor: first volume of the departmental history*

*Called the Medical Department of the United States in the World War Volume 1-8*

-National Law School in Washington graduated in 1926

#### Overcoming Adversity

No official rank or bonuses or pensions

#### Timeline

-Born outside Atlanta, Georgia in 1868

Southern lady, "some" means

- She graduated valedictorian from Sunny South seminary at the age of twenty-one and was initially employed as a teacher at Atlanta High School, later serving as the head of the primary education department for a private girls' school, Capitol Female College, where she also earned a Master of Arts degree in 1892.

-husband a physician: Dr. Inghram 1893

-graduated from Indiana Medical College in 1904

-divorce from Inghram 1913

-medical publishing in NYC until 1918

Statistical Secretary to the Committee on Scientific Research of the New York Skin and Cancer Hospital

-1918: contract surgeon with US Army office of Surgeon General

-50 YO at the time

-history of medicine book: hired in Division of Medical and Surgical History (access to raw info)

-law school

- appointed to the Army Medical Library, where she catalogued the forensic materials in the collection and archived autographed letters

Assistant Editor-in-Chief of the multivolume history of the Medical Department in the War

- member of the Association of Military Surgeons 1921: only woman of 60 veteran physicians

- She died in 1941, shortly after her retirement, suffering from heart failure after a stomach operation

#### Sources:

[https://cfmedicine.nlm.nih.gov/physicians/biography\\_356.html](https://cfmedicine.nlm.nih.gov/physicians/biography_356.html) <https://silvercaduceusassociation.org/PDF/Newsletters/AMEDD-HistorianN05.pdf> <https://indymedicalsociety.org/bulletin/bulletins/bulletins/2017september.pdf>

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Indianapolis, IN 46260  
317-872-1158  
General Surgery  
Indiana University School of Medicine, 2012

## **SHANE A. HIATT, MD**

Anesthesia Consultants of Indianapolis, LLC  
4725 Statesman Dr SUITE C-D  
Indianapolis, IN 46250  
317-577-4200  
Anesthesiology  
Indiana University School of Medicine, 2012

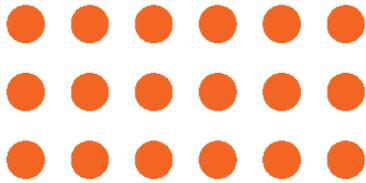
## **EVAN J. WENIG, DO**

Resident  
St. Vincent Hospital  
Internal Medicine  
Campbell University School of Medicine, 2017

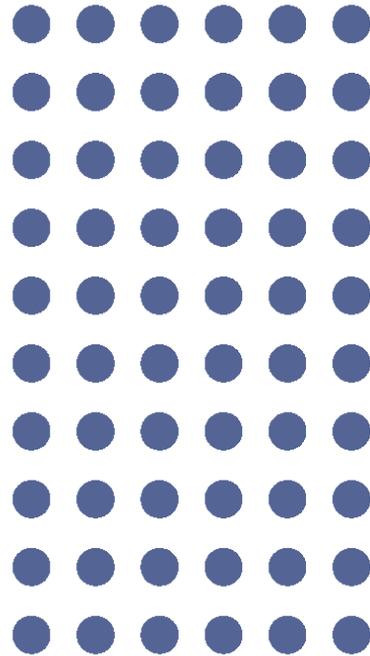
## **AREEBA T. JAWED, MD**

Fellowship  
Eskenazi Health  
Internal Medicine  
Aga Khan University, 2009

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# THE BULLETIN BOARD



## **RICK C. SASSO, MD**

Rick C. Sasso, MD, Indiana Spine Group, was inducted as the 47th President of the Cervical Spine Research Society at its annual meeting November 21-23, 2019 in New York City. The CSRS is the world's premiere academic organization focused on the diagnosis and treatment of Cervical Spine disorders.



## **JOSEPH D. SMUCKER, MD**

Dr. Joseph D. Smucker was recently named the "Global Principal Investigator" on a large randomized, prospective, multi-center, FDA-IDE clinical trial. He shares this honor with Co-Global P.I. Dr. Wellington Hsu. The trial, sponsored by Medtronic Sofamor Danek, aims to investigate the role of In-

Fuse Bone Graft in a lumbar fusion application - transforaminal lumbar interbody fusion (TLIF). This is one of the largest clinical trials undertaken in bone healing in many years and will involve as many as 50 centers in the United States and Canada. A number of other sites outside of North America will be participating over time including sites in China.

Dr. Joseph D. Smucker has authored a number of manuscripts on bone healing technology over the last decade and is currently the Principal Investigator at Indiana Spine Group on the study that is investigating the use of InFuse in posterolateral lumbar fusion (PLF). Indiana Spine Group is currently the largest single site in the PLF investigation which remains in progress.

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Please submit Bulletin Board Information to [ims@imsoline.org](mailto:ims@imsoline.org).  
Your photo in the IMS files will be used unless an updated picture is submitted with your material.

# CME & CONFERENCES

## MONTHLY EVENTS

	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
1st Week of the Month	Community North: Breast Cancer Conf. 7-8 am	Community East: CHE Admin Conf. 12-1 pm Community North: Psychiatry GR 12:30-1:30 pm Community North: Chest Cancer Conf. 7-8 am Community Heart & Vascular: Imaging Conf. 7-8 am		Community North: Forum 7-8 am Community South: South Case Presentations 12-1 pm
2nd Week of the Month	Community East: Medical GR 1-2 pm Community South General CHS 12-1 pm	Community North: GI/Oncology Conf. 7-8 am Community Heart & Vascular: M&M Conf. 7-8 am Community South: Breast Cancer Conf. 8-9 am St. Vincent Simulation Center: Pediatric GR 12-1 pm St. Vincent Womens: Neonatology GR 12-1 pm	St. Vincent: Echocardiography Conf. 7-8 am	Community North: Gynecological/Oncology Conf. 7-8 am
3rd Week of the Month	Community North: Breast Cancer Conf. 7-8 am Community South: South Thoracic 8-9 am Community South: South Molecular 5-6 pm	Community North: Psychiatry GR 12:30-1:30 pm Community North: Melanoma 7:30-8:30 am Community Heart & Vascular: CV Conf. 7-8 am	St. Vincent Heart Center: Cardiac, Medical, Surgery 7-8 am	Community North: GU Conf. 7-8 am Community South: South Case Presentations 12-1 pm
4th Week of the Month	Community East: Breast Cancer Conf. 7-8 am	Community North: GI/Oncology Conf. 7-8 am Community Heart & Vascular: Disease Manage Conf. 7-8 am St. Vincent Womens: Perinatal Case 7-8 am		
Annual		St. Vincent Womens: St. Vincent Simulation Center: St. Vincent Simulation Center:	MFM Ultra Sound Series Sim Debriefing Essentials PMCH Crisis Management	Quarterly 1-4 pm 12x/Year 12x/Year

## WEEKLY EVENTS

Day of the Week	Event
Monday	St. Vincent: General Cardiology 7-8 am
Tuesday	St. Vincent: Trauma Case 12-1 pm  St. Vincent Womens: Neonatology Journal Club (every other month) 12-1 pm
Wednesday	St. Vincent: CCEP 7-8 am St. Vincent Heart Center: Intervention Cardiology 7-8 am St. Vincent: Advanced Heart Failure 7-8 am St. Vincent: Surgery Didactics 7:30-8:30 am St. Vincent: Surgery M&M 6:30-7:30 am
Thursday	St. Vincent PMCH: Pediatric Cardiothoracic Surgery & Cardiology Conf. 12-1 pm St. Vincent OrthoIndy: Fractures 8-9 am ABCs of Diabetes Class, Jan - MCPH 1:30-3:30 pm Feb-Beech Grove MCPH 1:30-3:30
Friday	

## ONLINE EVENTS

Indiana University School of Medicine  
 HPV Documentary, Someone You Love: The HPV Epidemic  
<http://cme.medicine.iu.edu/hpvdocumentary>  
 Opioid TeleECHO Clinic Providers and Prescriber Webinar  
<https://iu.cloud-cme.com/opioidecho>

## FEB 2020 Events

Feb 5	Simulation Instructor Course, Simulation Center, Fairbanks Hall, Indy
Feb 13	Citywide Renal Conf. IU Health Pathology Lab, Indy
Feb 14	Eskenazi Health Trauma & Surgical Critical Care Symposium, Ivy Tech, Indy
Feb 22	LIFT, St. Louis, MO
Feb 25	LIFT, Tacoma, WA
Feb 28	Arthur B. Richter Conf. in Child Psychiatry, Ritz Charles, Carmel
March 6	RESPECT Center Conf.: Palliative Care, Ritz Charles, Carmel
March 6	1st Annual IU School of Medicine Ed Day, Riley Outpatient Center, Indy
March 7	Pediatric Epilepsy Surgery Symposium, Riley Outpatient Center, Indy
March 17	Agile Implementation Bootcamp, Health Info & Tanslational Bld, Indy
Mar 26-29	AMWA LEADS 2020 Annual Mtg, Hyatt Indianapolis, <a href="http://www.amwa-doc.org">www.amwa-doc.org</a>

For more detailed information, please visit the events page on our website at [www.indymedicalsociety.org/imsevents](http://www.indymedicalsociety.org/imsevents)

To submit articles, Bulletin Board items, CME & events, opinions or information, email [ims@imsline.org](mailto:ims@imsline.org). Deadline is the first of the month preceding publication.

# ★ INDIANAPOLIS MEDICAL SOCIETY

125 West Market Street, Suite 300, Indianapolis, IN 46204  
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**ANN C. COLLINS**

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**MERCY O. OBEIME**

*President-Elect/Vice President*  
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**CHRISTOPHER D. BOJRAB**

*Board Chair*  
**ANN MARIE HAKE**

*ISMA Liaison (non-voting)*  
**SUSAN K. MAISEL**

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**Theresa Rohr-Kirchgraber**

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## PAST PRESIDENTS' COUNCIL 2020

*\* Indicates Voting Board Members, Term Ends with Year in Parentheses*

**Carolyn A. Cunningham**  
**David R. Diaz**  
**Marc E. Duerden**  
**John C. Ellis**

**Bernard J. Emkes**  
**Bruce M. Goens**  
**Paula A. Hall\* (2020)**  
**Susan K. Maisel\* (2021)**

**Jon D. Marhenke**  
**Mary Ian McAteer\* (2022)**  
**John P. McGoff**  
**Stephen W. Perkins**

**Richard H. Rhodes**  
**John J. Wernert**

## DELEGATES

*Delegates to the Annual State Convention*

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

Linda Feiwell Abels (2021)  
Mary Pell Abernathy (2021)  
Christopher D. Bojrab (2021)  
Ann C. Collins (2020)  
Carolyn Cunningham (2022)  
Julie A. Daftari (2020)

Darrell D. Davidson (2021)  
John H. Ditsler (2021)  
Marc E. Duerden (2020)  
Robert S. Flint (2021)  
Bruce M. Goens (2022)  
Ann Marie Hake (2022)

Ronda A. Hamaker (2022)  
Mark M. Hamilton (2022)  
C. William Hanke (2021)  
Chad R. Kauffman (2020)  
Susan K. Maisel (2022)  
Mary Ian McAteer (2020)

Ramana S. Moorthy (2020)  
Thomas R. Mote (2021)  
Mercy O. Obeime (2020)  
Robert M. Pascuzzi (2020)  
J. Scott Pittman (2022)  
David M. Ratzman (2021)

Taha Shipchandler (2021)  
Jodi L. Smith (2022)  
Eric E. Tibesar (2020)  
John J. Wernert (2020)  
H. Jeffrey Whitaker (2020)  
Steven L. Wise (2021)

## ALTERNATE DELEGATES

*Delegates to the Annual State Convention*

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

Ranai Abbasi (2021)  
Laurie L. Ackerman (2022)  
Jeffrey L. Amodeo (2021)  
Nicholas M. Barbaro (2019)  
Brian D. Clarke (2020)  
Richard Feldman (2021)

Doris Hardacker (2021)  
Brian S. Hart (2020)  
Kyle Jamison (2021)  
David A. Josephson (2020)  
Penny W. Kallmyer (2020)  
John E. Krol (2020)

Daniel E. Lehman (2020)  
James Leland (2022)  
Christopher Mernitz (2021)  
Martina F. Mutone (2021)  
Ingrida I. Ozols (2020)  
Scott E. Phillips (2022)

Richard H. Rhodes (2020)  
Theresa Rohr-Kirchgraber (2022)  
Jason K. Sprunger (2020)  
Richard M. Storm (2021)  
Glenn A. Tuckman (2021)

Maureen Watson (2022)  
  
*\*Several open positions, contact EVP if interested.*

## INDIANA STATE MEDICAL ASSOCIATION

### Past Presidents

John P. McGoff  
2017-2018

Peter L. Winters  
1997-1998

John D. MacDougall  
1987-1988

Jon D. Marhenke  
2007-2008

William H. Beeson  
1992-1993

George T. Lukemeyer  
1983-1984

Bernard J. Emkes  
2000-2001

George H. Rawls  
1989-1990

Alvin J. Haley  
1980-1981

### Executive Committee

**At-Large Member**  
David R. Diaz

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David R. Diaz (2020)  
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