

BULLETIN

EDITORIAL

PG 08

Going Maskless

by RICHARD D. FELDMAN, MD

IMS Board Member, MHM Board Member

and Past President, Former Indiana State Health Commissioner



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BULLETIN



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LETTER FROM THE EDITOR

Members,

I hope you are all enjoying the summer months.

If you want to submit a resolution for this year's ISMA Convention you only have until July 12th.

This date is set in accordance with the ISMA

Bylaws. Information about submitting resolutions can be found on the ISMA website. If you have any questions, please contact ISMA staff or the members of the IMS Resolution Development Committee by emailing me for information.

I hope you take advantage of these dog days of summer with your family and friends.

Stay well! Until next month,

Morgan Perrill



Morgan Perrill
Executive Vice
President

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THE PRESIDENT'S PAGE

LINDA FEIWELL ABELS, MD



May 4 will be forever embedded in my memory. That was the day I became a consumer of health-care. My daughter and granddaughters were involved in a serious motor vehicle accident. They were hit by a flatbed truck while stopped at a stop light. I received the phone call that every parent dreads.

I was told they were en route to Riley and Eskenazi hospitals. My first thought was "why the medical center?" when the accident occurred on the north-east side of Indianapolis. I tried to verify where they were taken with the Indianapolis Police Department but was told they could not release the information due to HIPPA. I tried to explain that HIPPA does not apply to emergencies, but the police would not budge. I did call St Vincent's Emergency Room to make sure they were not transported there and was told that they did not treat trauma victims under 15. I began the long drive to Riley. I had not been on the medical center campus for years and did not know that Riley had an emergency room. There was no such area when I was in training. I was lucky enough to know Dr. Elaine Cox, the CMO of Riley, and called her for assistance. She told me where to go to find my granddaughters and promised to check on them.

I arrived at Riley to find both of my granddaughters. They were surrounded by numerous doctors

and looked terrible, but they were alive and breathing independently. I did not know the level of expertise of physicians at the bedside. I was unaware if they were students, house staff, residents or staff. There were multiple specialties involved. They were discussing a CNS bleed and possible neurosurgery for our 2-year-old. In a state of panic, I called Dr. Jodi Smith (fellow IMS Executive Committee Member), aware that she had previously been a staff neurosurgeon at Riley. She was kind enough to look at their MRI and reassured me that she did not think surgical intervention would be needed. She asked me who the staff neurosurgeon was and when providing a name, she told me the physician was a fellow. She promptly listed the staff neurosurgeons and agreed to contact Dr. Laurie Ackerman (another fellow IMS member) who arrived within 45 minutes. She proved to be a rock throughout our stay, keeping me updated daily.

Our 2-year-old granddaughter did require surgical intervention for a spinal fluid leak, but Dr. Ackerman was able to do this through a laceration on her forehead. She even washed her hair and put a pink bow in it (ribbon Dr. Ackerman purchases routinely for patients). She also required surgical fixation for bilateral femoral fractures. We met Dr. Ryan Fitzgerald, who did her orthopedic surgery and made her a purple cast with sparkles and a hand drawn unicorn and mermaid. She remained intubated and was transferred to ICU for 4-5 days. I remained at her side day and night. We were lucky to meet Dr. Brian Leland, a pediatric intensivist, who also followed us throughout our stay in ICU. He led a team of outstanding physicians, nurses, and respiratory therapists. His professional and communication skills were among the best I have seen in over 50 years in the medical field first as a nurse and later as a physician. He included all of us in daily discussions outlining the plan of care. All team members were involved in these daily rounds including me (Mimi). He also discussed the potential "what ifs" if things didn't go as planned. He thought it was important to anticipate potential complications and develop plans should they occur. Dr Leland was our quarterback, and he was excellent, a "hall of famer" for sure. We missed him after our transfer to the ward.

My daughter received excellent care at Eskenazi under the care of Dr. Brandon Lane. Although I

THE PRESIDENT'S PAGE

LINDA FEIWELL ABELS, MD



was not as intimately involved, I did appreciate his communication skills and expertise.

I am happy to say that my daughter and granddaughters have all been released and are home recovering from their injuries. Their rehab is slow but steady. This experience has reinforced the importance of compassion, communication, truth, and transparency in healthcare. I hope I am a better physician after being on "the other side of the track!"

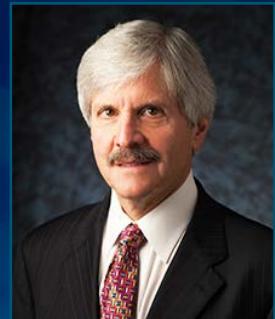
Linda Feiwell Abels
President
Indianapolis Medical Society



Going Maskless

by RICHARD D. FELDMAN, MD

IMS Board Member, MHM Board Member and Past President, Former Indiana State Health Commissioner



“As one World Health Organization official recently said, “We can see the light at the end of the tunnel, but let’s not be blinded by the light.”

Many states, including Indiana, have extensively or totally eliminated COVID-19 restrictions. Additionally, the CDC recently issued the recommendation allowing fully vaccinated individuals to shed their masks, and that social distancing is unnecessary for them in most indoor situations regardless of the vaccination status of others present. There are some exceptions like public transportation and health-care facilities.

The CDC recommendation is reflective of the high efficacy vaccines provide against COVID-19 including the newer variants currently circulating in the U.S. It's also an indication that we now know that vaccinated people have extremely low asymptomatic infection rates and rarely spread the virus to others.

The recommendation is also reflective of several factors. COVID statistics have significantly plummeted in recent weeks, partially due to warmer weather, to the lowest numbers of daily cases, hospitalizations, and deaths in nearly a year. Vaccination rates have continued to increase – currently 41 percent of all Americans are fully vaccinated (36 percent in Indiana). Also, about 30 percent have been infected, at least temporarily adding to the total immunity in the U.S.

But we are still far from the 80 percent herd immunity through vaccination necessary to be truly safe. There are still 20,000 new cases and hundreds of COVID deaths daily. With vaccine hesitancy and politicization of COVID vaccination, some authorities consider attainment of herd immunity as uncertain. The pandemic is not yet over.

The CDC recommendation is excellent reassurance for vaccinated individuals. For example, fully vaccinated people can feel much more confident going safely to a restaurant, a movie theatre, or getting together with friends. But the CDC did not appropriately anticipate its unintended consequences.

The recommendation is ill-conceived for businesses and public venues where vaccination status is unknown. The CDC

guidance regarding masks and other restrictions is being utilized inappropriately by businesses, state and local health departments, and mayors and governors as an open door to ending COVID restrictions altogether. It's not politically feasible in most situations to require people prove vaccination status or even ask the question. Many states, including Indiana, have prohibited government from issuing vaccine “passports”, and in some states the prohibition extends to businesses.

The new public health message regarding the pandemic is “personal responsibility”, otherwise known as the “honor system”. Without immunization status verification, unmasked unvaccinated persons entering public places extend the threat of spreading COVID-19 to other unvaccinated adults, children too young to be vaccinated, and even if vaccinated, the immunosuppressed. And with continued spread, the threat of generating new more contagious, deadly, or vaccine-resistant variants remains.

I am astonished that the CDC and local and state health departments are explicitly depending on the honor system for unvaccinated people to continue mask wearing. When did personal responsibility become an effective public health strategy? Public health officials have never relied on people to act responsibly or prudently. That's why we have public health regulations.

Is relying on personal responsibility an indication that health officials are politically capitulating on the goal of herd immunity and adopting a “time to move on” approach, or for those choosing to remain unvaccinated, adopting a “time to accept the consequences” attitude?

Our progress is fragile. We should continue measured restrictions until herd immunity is achieved while utilizing widespread vaccine passports. Regrettably, we are probably at the point of no return and these measures are unfeasible. As one World Health Organization official recently said, “We can see the light at the end of the tunnel, but let's not be blinded by the light.”

Dear Interns: We Have Your Back

by MERCY HYLTON, MD, MBA

IMS Board Member, Founding Member of "Indiana Physician's Lounge"



Dear Interns,

Every July the same tired “the new interns are starting: be scared to go to the hospital” memes and jokes appear. I disagree. I believe that July is as safe as any other month to go to the hospital.

July should be celebrated. Medical students and resident physicians are the lifeblood of our profession. Clinical physicians have never felt more exhausted, harassed, commoditized and defeated by the “healthcare machine”. We need your eagerness, your wonder at the miracle of the

human body and medicine, and even your naivete to renew us.

One day you will be the new leaders of medicine, and I pray that we guide you well. You remind us of our younger selves and of our own love of the science and art of medicine, even if we are not good at showing it.

Congratulations! As newly minted MDs and

DOs starting your first day of work, you are no longer a medical student, but a physician. Until next June 30 you will be known as first year residents, PGY-1s (Post Graduate Year-1), or by the most commonly used term, “interns”. Wear this badge with pride! You have achieved what 99.6% of the U.S. population did not and most could not. You have delayed gratification: you were studying hard while your high school and undergrad classmates started careers, were saving and making investments, bought houses and cars, got married and started families. You sacrificed personal relationships and other professional opportunities to answer your calling. Most of you are sacrificing your 20’s. We are grateful that you joined our ranks. The hard work and

sacrifice are not over, but we know that you are capable and worthy.

Internship may mark the widest breadth of your didactic medical knowledge. However, as an intern you are terrified for good reason: for four years of medical school you have been exposed to the incredible breadth and depth of human illness in a way that is unmatched by any other profession. The secret is that a part of that terror always remains, as it should, for any physician who cares for patients. Welcome to the club!

We need your eagerness, your wonder at the miracle of the human body and medicine, and even your naivete to renew us. One day you will be the new leaders of medicine and I pray that we guide you well. You remind us of our younger selves and of our own love of the science and art of medicine, even if we are not good at showing it.

Our duty to patients necessitates a certain degree of fear of dereliction of our duty. The practice of medicine can be likened to perpetual internship in a way. Even the most experienced physicians can rapidly alternate between confidence in our training and experience, and the terror of what we do not yet know and can never know. What I would give some days for instant encyclopedic knowledge and a crystal ball! Alas! We must all earn our wisdom through fire, time and humility.

Dear Interns,

When you feel discouraged, remember your achievements! You successfully drank from the fire hydrant of information that compromised the first two years of medical school. You passed USMLE Step 1 which may have been the single most difficult exam I have ever taken in my life, before or since. You have also passed USMLE Step 2 in your 4th year of medical school, a 2-day exam which concentrates on the breadth of clinical medicine which is the focus of your

A young woman with long dark hair, wearing a white medical lab coat over a white shirt, and a purple stethoscope around her neck, is smiling and holding up a small white rectangular card with the word "INTERN" printed on it in capital letters. She is standing against a plain white background.

INTERN

third-year medical school clerkships. You have earned your position.

There is a beauty and wisdom in the design of physician training. The easiest way to illustrate it is by using a familiar saying in medicine: when interns (or medical students) hear hooves they imagine zebras (not horses) because of the broad differential diagnosis they have been trained to consider. Residency will give you an additional 3000-4000 closely supervised clinical hours per year. You will eventually learn to distinguish the sounds of zebras from horses, and even the subtle differences among breeds of horses in your specialty. With practice, discernment and continual learning, you will eventually be an expert in your chosen field.

Dear Interns,

You are leaders in the making! Patient care is a team-sport. All teams need a captain. Compared to physician education, the training of nurse practitioners and physician assistants is very limited in scope and much less rigorous: they may be trained to recognize some of the most common diagnoses, but have no training in less common conditions. By the end of medical school alone you will have 5000-6000 closely supervised clinical hours under your belt, while a physician assistant graduates with about 2000 clinical hours and a nurse practitioner as little as 500-1500 mostly observational clinical hours. Whereas an intern hears a zebra, a non-physician practitioner may not even hear the hooves to begin with nor even know of the existence of zebras! No one can diagnose a condition they do not even know exists. Our training and expertise illustrate why physicians should always lead patient care teams.

Be kind, be humble and learn from everyone. Your senior residents and attending physicians will guide and teach you. You can also learn from the different professionals on the health-care team: nurses, respiratory therapists, pharmacists, etc. And don't limit your learning to patient care: self-care is important, too. As a brand new intern I received one of the best tips from a hospital parking attendant who advised me to always park in the same area of the uppermost covered level of the hospital parking garage, so that I would not find myself post-call wandering the garage looking for my parked car. It was valuable advice.

Dear Interns,

Keep your chins up! Do not be discouraged by those who make disparaging remarks about interns or the dangers of the hospital in July. Most who mock you have not nor could not achieve what you have. Maybe they say these things now, for they know that one day you will surpass them in working knowledge and wisdom. If there are any physicians who disparage your role, ignore the chip on their shoulder and vow not to repeat their behavior. You have earned your place. You are exceptional. You are invaluable today and tomorrow. Please know that there are many, like me, who have had the privilege to go before you. And we have your back.





Medical interns are terrified because in their 4 years of medical school they have been exposed to the incredible breadth and depth of human illness in a way that can not be matched by any other profession. The secret is that a part of that terror always remains, as it should, for any physician who cares for patients.

– M. Hylton, MD

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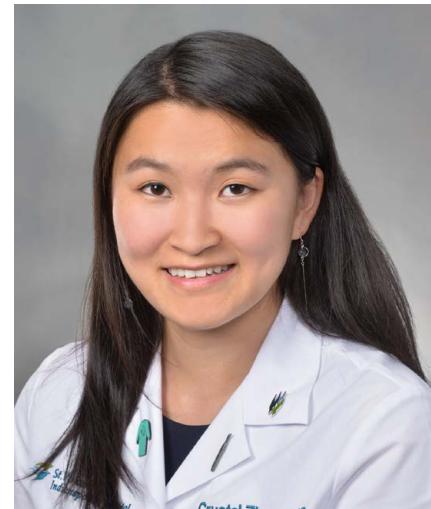
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Colleague Corner:

The 10 Question Interview



We hope you are enjoying this new section of the Bulletin. For the month of June, we wanted to share with you a special, young physician who has graciously answered our questions for another round of the Colleague Corner. We've asked 10 questions of **Dr. Crystal Zhang**, a self-motivated resident and one of our newly appointed convention delegates. You may recognize her name from the last IMS Ballot and I hope you enjoy this article and get to know a little more about Dr. Zhang.

1. Tell our readers little bit about yourself, your family life, background including medical school and specialty and where you work now.

I was born in Beijing, China, and immigrated to the U.S. when I was 4 years old. I grew up in Troy, MI, a suburb of Detroit with my parents, younger brother, and younger sister. Nightly dinners were filled with delicious Chinese food and discussion of my parents' cancer research, nurturing my love of science and medicine at a young age. My brother and sister are 6 and 16 years younger than me, respectively, so growing up, I would help my parents care for them, trying to be the best older sister to them. In high school, I applied to BS/MD programs and was fortunate to be accepted to Wayne State University's (WSU) BS/MD MedStart Program. In college, I earned a B.S. in Nutrition and Food Sciences and a B.A. in Asian Studies. I had started playing lacrosse in high school and founded the Women's Club Lacrosse Team at WSU and was shortly elected as President of the Club Sports Council as well. Prior to starting medical school, I completed a Master in Public Health, wanting to understand the system of medicine and how to affect health at the population, rather than just the individual level. After graduation, I completed a Preliminary General Surgery year in Chicago, IL at Loyola University Medical Center. When I reapplied, I was fortunate to be given the opportunity to pursue a career in General

Surgery at St. Vincent Hospital in Indianapolis, IN where I currently am in my second year of training.

2. What attracted you to medicine and your specialty in particular?

Both my grandfathers were doctors in China, and my father had gone to medical school, so it was natural for me to embark upon the same path towards becoming a doctor. In medical school, my love of dissection was sparked in Gross Anatomy class during cadaver dissections - I was always that student who would rather spend hours meticulously dissecting, rather than walk around and look at other dissections. During my 3rd year clinical rotations, I realized I would never be quite as happy, challenged, or fulfilled as I felt while on my surgery rotation, being able to use my hands directly to help and heal patients. Every day is a new challenge and an opportunity to learn and grow, honing my knowledge and skills for becoming a surgeon.

3. Was there someone who inspired your journey toward medicine or someone who inspires you daily? What would you say to them if you could?

My parents inspired my journey toward medicine at a young age, particularly my father who always hoped I would follow in his footsteps and become a physician. My mentor in medical school, Dr. Arthur Carlin, a brilliant and caring bariatric surgeon, was the first person to believe that I could become a surgeon. I am grateful to him every day for supporting me, teaching me, and advocating on my behalf every step of this journey toward becoming a surgeon. I will always be thankful to my Program Director, Dr. Jonathan Saxe, who took a leap of faith and made it possible for me to match in General Surgery. The way that he genuinely cares for

MEMBERSHIP



his patients and makes sacrifices to provide the best care to them inspires me every day. All my attendings are amazing teachers and role models who I strive to emulate every day.

4. What is the best and worst thing that has happened to you since becoming a physician?

The best thing since becoming a physician was matching into the specialty that I love, General Surgery. I am thankful everyday that I get to live my dream.

The worst thing since becoming a physician is managing post-surgical complications, particularly when it leads to mortality. I have the hardest time handling the sorrow that patients' loved ones express, particularly when the death was unexpected.

5. What is the biggest challenge you believe we face as physicians today?

I think as physicians, our challenges are constantly evolving as the world changes. Since EMRs were implemented, physicians have had a love and hate relationship with them. It would be less frustrating if records were on one system and were accessible across the country. With the accessibility of knowledge and prevalence of social media, physicians have to dedicate more time towards trying to sort through what patients do and do not know, and if what they believe is accurate or not. In more recent times, COVID has been challenging for us all. Words are inadequate for describing the impact this pandemic has had on us, but I'm truly proud of my mentors and colleagues who have continued to walk into the hospital everyday in order to care for those in need.

6. At the end of your career, how would you like to be described?

I would like to be described as a compassionate and skilled surgeon who dedicated her career to teaching and nurturing generations of new surgeons.

7. What has been the most unique medical case you have faced before (without breaking any HIPPA laws of course)?

The most unique medical case I have encountered occurred during my first month as an intern. We had a patient who had unexplained pneumatoisis intestinalis with chronic abdominal pain. Usually, pneumatoisis intestinalis is a concerning sign for

possible bowel necrosis and is usually a surgical emergency. However, this gentleman had the pneumatoisis intestinalis for a period of time and besides vague chronic abdominal pain, did not have many other complaints clinically. One of my attendings decided to operate on this gentleman and resected that small section of small bowel that he noted to have the pneumatoisis in the hopes that this would resolve his symptoms. Unfortunately, this led to a cascade of frequent readmissions for small bowel obstruction and persistent pneumatoisis intestinalis noted on CT scan. The small bowel obstructions were mostly treated conservatively, but at one point, he presented with small bowel volvulus and had to have an exploratory laparotomy with bowel resection and ostomy creation. Despite extensive literature search and consultation with other colleagues, we have not been able to pinpoint the etiology of his spontaneous pneumatoisis intestinalis.

8. If you could not be a doctor, what would you be?

I think I would travel the world, supporting myself financially as a teacher to the underserved.

9. What is your favorite inspirational quote?

Failure is not falling down, but refusing to get back up - Theodore Roosevelt

10. Anything else you want to share with your fellow IMS members?

I'm grateful to be a member of IMS and look forward to meeting everyone in person in the near future!



If you would like to be our next feature, contact our editor, Morgan Perrill at 317.639.3406 or mperrill@indymedicalsoc.org.

WELCOME NEW MEMBERS

CARTER DUGGAN, MD

Emergency Medicine
Indiana University School of Medicine – 2017

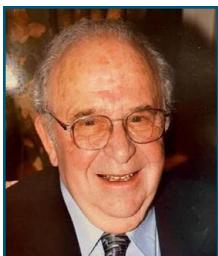
ERIN C. MATUSZ, MD

Medical Associates LLP
1500 N Ritter Ave
Indianapolis, IN 46219-3027
Emergency Medicine
Wayne State U Sch Med – 2016

ANDREW C. PAUSZEK, MD

Community Anesthesia Associates
8040 Clearvista Pkwy
Indianapolis, IN 46256-5630
Anesthesiology
Indiana University School of Medicine - 2016

IN MEMORIAM



EDWIN MCDANIEL, MD

Edwin Corr McDaniel, beloved husband, stepfather, grandpa, great grandpa, and friend, died on April 28, 2021 in Leesburg, FL. He was 88. He earned his bachelor's from Indiana University in 1954 and was graduated from the Indiana University School of Medicine in 1957, during which time he was commissioned into the Army. After graduation, Ed continued his training at Walter Reed Army Hospital in Washington, DC and was stationed at Fort Belvoir, practicing medicine at Fort Belvoir Hospital. Ed was honorably discharged in 1967, having achieved the rank of Lieutenant Colonel.

The Hoosier State beckoned him back, and Ed returned to Indianapolis to establish a Urology practice at Winona Memorial Hospital that flourished up to his retirement in 1998. IMS member since 1968.



GLENN MOAK, MD

Dr. Glenn D. Moak died peacefully in his sleep on May 30, bringing to close a life marked by service to his family, his IU Medical School students and patients, and his country and community.

Born on October 2, 1925, Glenn grew up in Charlotte, North Carolina. He served in the army as an enlisted man in the closing months of World War II, and then again for eleven years in the Air Force as a medical officer. A graduate of the University of North Carolina and Case Western Reserve Medical School, Glenn did his internship in Internal Medicine at George Washington University and his residency in Radiology at Walter Reed Hospital. After his Air Force service and several years in private practice, Glenn joined the medical school faculty and Indiana University, where he taught for twenty years. At IU he was twice awarded the Golden Apple for outstanding teaching. Upon his retirement,

IU Medical School established a Glenn D. Moak Excellence in Teaching award in his honor. IMS member since 1962.

A surgeon wearing a blue surgical cap with "GOODMAN CAMPBELL BRAIN AND SPINE" and a teal headlight, and a green surgical mask, is focused on an operation. Another surgeon's face is partially visible on the left. A monitor showing vital signs is in the background.

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MARC DUERDEN, MD

Marc Duerden, MD served as an invited guest examiner for the American Board of Physical Medicine and Rehabilitation (ABPMR) in providing the PM&R oral board examinations. The ABPMR Part II Examinations were offered virtually to assess medical knowledge regarding specific patient scenarios.

Dr. Duerden also served as a faculty member at the annual meeting of the American Physical Therapy Association which was held virtually on May 21, 2021 teaching Medicare coverage criteria for physical therapy.



RICK SASSO, MD

Rick C. Sasso MD served as a faculty member at the annual meeting of ISASS (International Society for the Advancement of Spine Surgery). The lecture Dr. Sasso was asked to present involved cervical radiculopathy and whether artificial disc replacement or ACDF (Anterior Cervical Discectomy and Fusion) was most appropriate for various patient populations. The meeting was held in Miami, Florida May 13-15.

Dr. Sasso and his partners at Indiana Spine Group also just published an article in a Peer-Reviewed Journal regarding OccipitoCervical instability in Rheumatoid Arthritis patients.



MERCY HYLTON, MD, MBA

Mercy Hylton, MD, MBA graduated from the IU Kelley School of Business with a Business of Medicine MBA on June 4, 2021.

When asked to share personal wisdom with her classmates, she said "May we use the knowledge and we learned here to strengthen and protect the physician-patient relationship which should always be the backbone of the healthcare system. May we use our roles as physician leaders wisely, remembering our time as frontline clinicians and anticipating the eventuality of our time as patients, always thinking of the betterment of our health care system for patients and society as a whole. May we continue to earn and deserve the trust we earned from society with our MDs, now with our MBA."

Garrido B, Balcescu C, Caballero J, McCarthy M, Boody B, Sasso RC: Odontoid Resorption After Posterior Occipitocervical Fusion in Rheumatoid Basilar Invagination. *J Sur Anesth Res* 2: 1-3, 2021.

TO SUBMIT ANNOUNCEMENTS FOR THE BULLETIN BOARD, simply email your item to our editor and Executive Vice President, Morgan Perrill, at Mperrill@indymedicalsociety.org. Any announcement, conference/speaking engagement, award, press release, book, birth, celebration that includes an IMS member submitted before the 5th of that month will be printed in the Bulletin Board as long as space allows.

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: Electrocardiograph 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

ONLINE EVENTS

Indiana School of Medicine

Indiana University School of Medicine is committed to providing valuable educational opportunities. Many of our educational activities usually offered as face-to-face meetings, have now transitioned to a virtual format in an effort to keep healthcare teams connected and engaged during the COVID-19 pandemic.

Online activities, visit: <https://iu.cloud-cme.com>

JULY

18 ASCO Review

OCTOBER

9 23rd Annual IU Gastroenterology Hepatology Update Indiana History Center
Indy, IN

Please visit <https://iu.cloud-cme.com> for a list of Regularly Scheduled Series (RSS) activities.

IMS is not responsible for the events listed. We recommend that before attending any CME/Conference events that you check with the provider to confirm the program is still available.

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

 INDIANAPOLIS
MEDICAL SOCIETY

125 West Market Street, Suite 300, Indianapolis, IN 46204
 ph: 317-639-3406 | www.IndyMedicalSociety.org

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

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 Bruce M. Goens
 Paula A. Hall

Susan K. Maisel* (2021)
 Jon D. Marhenke
 Mary Ian McAteer* (2022)
 John P. McGoff

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Salman S. Qureshi, Marian Student

Maham Nadeem, IU Student

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)
 Christopher D. Bojrab (2021)
 Ann C. Collins (2023)
 Carolyn Cunningham (2022)
 Julie A. Daftari (2023)
 John H. Ditsler (2021)

Marc E. Duerden (2023)
 Richard D. Feldman (2021)
 Robert S. Flint (2021)
 Bruce M. Goens (2022)
 Ann Marie Hake (2022)
 Ronda A. Hamaker (2022)

Mark M. Hamilton (2022)
 C. William Hanke (2021)
 Penny W. Kallmyer (2023)
 John E. Krol (2023)
 Susan K. Maisel (2022)
 Mary Ian McAteer (2023)

Thomas R. Mote (2021)
 Mercy O. Obeime (2023)
 Ingrida I. Ozols (2023)
 Robert M. Pascuzzi (2023)
 J. Scott Pittman (2022)
 David M. Ratzman (2021)

Jodi L. Smith (2022)
 Eric E. Tibesar (2023)
 Maureen Watson (2022)
 Steven L. Wise (2021)
 Crystal Zhang (2022)

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)
 Doris Hardacker (2021)
 Kyle Jamison (2021)

David A. Josephson (2023)
 Kathryn Kelley (2023)
 James Leland (2022)
 Christopher Mernitz (2021)
 Martina F. Mutone (2021)

Scott E. Phillips (2022)
 Richard M. Storm (2021)
 Glenn A. Tuckman (2021)

INDIANA STATE MEDICAL ASSOCIATION

Past Presidents

*Indicates deceased

John P. McGoff 2017-2018	Peter L. Winters 1997-1998
Jon D. Marhenke 2007-2008	William H. Beeson 1992-1993
Bernard J. Emkes 2000-2001	George H. Rawls* 1989-1990

John D. MacDougall* 1987-1988	George T. Lukermeyer * 1983-1984
Alvin J. Haley 1980-1981	

Executive Committee

Board Chair
 David R. Diaz

SEVENTH DISTRICT

Trustees

David R. Diaz	(2023)
Robert Flint	(2024)

Alternate Trustees

Mercy Hylton	(2022)
*void due to ISMA bylaws	

President

Mercy Hylton	(2022)
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*In 2021 the **final section** of waterfront lots in Cambridge at Geist Lake will be available.*

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