



Vanderburgh County Medical Society + Evansville Indiana

Monitor

PHYSICIANS DEDICATED TO THE HEALTH OF THE COMMUNITY

2017 - Issue 3



**WHAT ARE YOU DOING
TO TAKE CARE OF YOU?**

Inside...

- Are you pouring from an empty cup?
- VCMS/First District Annual Meeting
- Creating balance in your life
- Upcoming Social Events



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Andrea Jarvis, Controller
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80-20 Principle

“80 percent of the work is done by 20 percent of the people.”

When I first heard this statement, I thought that it could not be real. How could that be possible? How is it that most of the work is shouldered by only a few. Is this fair?

Despite what I wanted to believe, I wanted to look into this more. As I come to understand it, this statement describes what's known as Pareto's principle, or the 80/20 rule. Vilfredo Pareto (1848-1923) was an Italian economist and sociologist who described this phenomenon as he looked at trends in 19th century England. In his observations, he noted that 80 percent of the wealth was controlled or owned by 20 percent of the population. Pareto further extrapolated the 80/20 theory and looked at other populations in Europe, and the general trend for income distribution held up consistently there as well.



Chris Chacko, M.D.
VCMS President

While this is not a law of nature, the observation simply stated is that things in life are not distributed equally. The ratio does not have to be exactly 80:20, but that the input and output in any given situation are usually not even. This principle can be very useful in business, economics, and time management. You may spend significant time counseling a patient or family member about medicine to take, or a choice that has to be made, but those efforts may not translate in their avoidance of a heart attack, or one of life's many pitfalls.

One of my goals in serving as the VCMS president is to focus on engagement. We need to be an active and engaged medical society to serve our members and our community. Our board of directors is working to represent you and to make our organization better. The 80/20 rule may apply to other organizations, but my hope is that when others look at our group, that we would blow that trend out of the water. Wouldn't it be incredible if we saw 100% of our physicians in our community become members of the medical society? Moreover, then, what if we saw 100% of our physicians being beacons of leadership, health educators in our communities, and advocates for our patients and our fellow physicians? Now that is what a medical society should be.

We need you. If you are not a member of the VCMS yet, we want to welcome you to join us in this endeavor. For our members, will you come and join us? Our next couple of events includes the VCMS/ First District Golf Scramble on May 8th, which supports our IU-Evansville medical school scholarship. If you cannot golf like me, the reception after the scramble can be a place to relax, network, and celebrate with your colleagues at Victoria National. Our annual meeting is set for June 1st at the Evansville Country Club with the honorable Rep. Larry Bucshon as our speaker. VCMS board meetings are held every other month and are open to our members. We would love to have you visit with us and share your thoughts. Please come. Get engaged. This is your Medical Society.

IU Scholarship



Congratulations to Rudy Brake III on receiving the
2017 First District Scholarship Award

Donald "Rudy" Brake, III, Class of 2019, A native of Newburgh,
Rudy is a graduate of Indiana University-Bloomington with
an undergraduate major in Biochemistry & Criminal Justice.
Rudy's area of medical interest is Emergency Medicine & Gastroenterology.

Website Changes



Vanderburgh County
Medical Society

Changes Ahead!

**NEW INTERACTIVE
VCMS WEBSITE**

COMING SOON!



You and your guest are invited to

**The Spring
Friends of the Medical Society Mixer**

**Thursday, June 8, 2017
6:30pm-8:30pm**

**Enjoy a complimentary evening of
networking, cocktails, and hors d'oeuvres!**

hosted at



5740 Vogel Rd, Evansville, IN 47715

sponsored by
 **first security bank**

**Invite a non-member and you and your guest
will be entered into a raffle to win a prize!**

**RSVP by Monday, June 5, 2017
Call: 812-475-9001
Email: Cpatterson@vcmsdocs.org**

TRI-STATE MEDICAL ALLIANCE

awarded over \$29,000 in funds generated from our annual fundraisers to local Tri-State non-profit organizations at our 2nd annual Community Outreach Luncheon on Thursday, April 13th at the Evansville Country Club. These funds were primarily raised from the annual fall style show "Put Some Bling On It!" Thanks to generous platinum sponsors Diamond Galleria and Banterra Bank, diamond sponsor Deaconess Hospital, and many other generous sponsors and donors this was all made possible. In just two years, the TSMA has awarded over \$43,000 in grants to local non-profits!

The recipients of this years grant awards are: CASA of Henderson, Chemo Buddies, Easter Seals Rehab Center, HeartSaver, Little Lambs, Pets for Vets, Project Reveal, Pirouette Project, Parenting Time, and Deaconess Hospital Foundation – Hospice House. These organizations will use the funds to change the lives of women, children and families who struggle with issues of abuse, drugs, mental health problems, poverty, and catastrophic illness...all in the Tri-State area.



Representatives from grant award agencies pose with TSMAs President-Elect, Anita Watkins and President, Susan Volz.

Pets For Vets has already started two dogs in training and is looking for more since receiving their check. Easter Seals Rehabilitation Center has ordered child sensory deprivation vests and Little Lambs has ordered car seats and booster seats with their grants. Members also assisted long-time CASA supporter and TSMA member, Jeanne Marie Gadiant, with a lunch for the CASA volunteers of Henderson and Union Counties.

Jannie Berry (Pirouette Project) & Andrea Goin, (Henderson CASA)



By the time of this publication, my term as president of the Tri-State Medical Alliance will have ended. It has been an honor to lead this group of talented and caring individuals. In three short years we have accomplished a great deal. The most important accomplishments are the friendships that have been created within our group and within the various community organizations that we have worked with and helped to fund. By going out into the community, we have learned more about their projects and become more passionate in our advocacy on their behalf. We continue to grow and invite spouses of physicians in the Tri-State to join us. Membership is open year round and guests are always welcome. We invite you to join us as we reach out to the Tri-State community and to you.

Please contact us for more information at: tristatemedicalalliance1@gmail.com

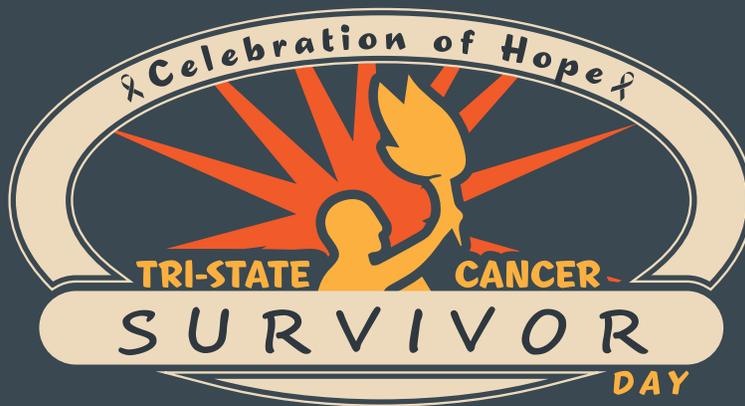
We welcome you to join us for a meeting!

Reaching Out ... to the community!

Susan Volz

TRI-STATE MEDICAL ALLIANCE, PRESIDENT

For more information and to join in the fun, please email us at: TRISTATEMEDICALALLIANCE1@GMAIL.COM



Join Gilda's Club as we celebrate
cancer survivors & their family and friends.

SUNDAY, JUNE 4, 2017

1:00-4:00PM

Eykamp Scout Center

On the Lloyd Expressway, East of Vann Ave

If cancer has knocked on your door, you know how important it is to have a "tribe" of loved ones that walk with you every step of your journey.

This event will celebrate YOU and all those that supported you. There will be games and 'Survivor' challenges, music, balloons, treats, photo opp's and much more between 1:00-3:00pm. Top winners will receive mega prizes given away between 3:15-4:00pm during the Tribal closing.



Let us know if you and your tribe can make it by
emailing angie@gcevv.org OR calling 812-402-8667! Please bring your lawn chairs!

Fill out the perforated portion below and bring it to Gilda's Club.
Your RSVP by Friday, May 26th guarantees we will be ready for you!

WANT MORE DETAILS? VISIT WWW.GCEVV.ORG/SURVIVOR-DAY/

Name: _____

Number of People Attending: _____

Phone: _____

Type of Cancer (if survivor): _____

Email: _____

of years since diagnosis (if survivor): _____

Are you a Survivor or Family/Friend? (CIRCLE ONE)

Gilda's Club Evansville, 5740 Vogel Road, Evansville, IN 47715 | www.gcevv.org | 812-402-8667

The Director's View



Chris Patterson
VCMS Executive Director

Are you pouring from an empty cup?

Have you ever heard the expression “you cannot pour from an empty cup?” It seems like a basic common-sensical thing that would not warrant a discussion, yet this is something all of us do on a regular basis.

Being a mom of four, working full-time, attending school, and volunteering are a few of the things that I manage to do daily. I will admit there are days where I might say my cup runneth over but in reality, my cup is often empty. How do I come in and serve our society members? How do I go home and be a mom, a wife, a volunteer or even a student? The answers do not always come easy, but I have found that answers are necessary to sustain a well-balanced and healthy life.

While many of us from a multitude of professions feel as though our cups are empty it is important to know as a physician you are at a higher risk than most. Why is that?

Let's first look at what drives us to have an empty cup?

1. Work overload
2. Loss of control
3. Insufficient rewards for the work we are doing
4. Isolation from community or family
5. Erosion of trust or respect
6. Conflicting Values

Physicians are unique in many ways. You are required to work longer, more intense hours. As you are faced with life and death decisions, there is an ever-present concern of a malpractice suit. The workplace is often complex dealing with issues such as EHR, ICD-10 conversion, reduced reimbursements and ever-changing mandates from the health systems in which you are employed.

So at this point, many of you are nodding your heads and saying yes, this is true. However, what can I do about it? The good news is that you do not have to figure this out on your own. This silent epidemic can be addressed by a well-managed program to deal directly with the effects of burnout or the empty cup syndrome. The VCMS has done just this with a program called WELLNESS 360°.

As you read this, I implore you to take a moment and look at your cup. Is it full? Have you lost your drive or passion for what you do? Are you exhausted? Are you frustrated, often cynical and detached from what is going on around you? Are you afraid if you wave the white flag that you will be on the radar?

In the months to come, the VCMS will begin rolling out Wellness 360°. This program will be a vital partner to you and your peers. The program will be 100% confidential, with no involvement from your employer, insurance or medical licensing boards. As we prepare to bring you this life changing program, please evaluate your cup, check your levels and know that you cannot pour from an empty cup.

*“You cannot swim for new horizons until you have courage to lose sight of the shore.”
– William Faulkner*



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Team McClintock



Carol McClintock

Navigating the real estate market may be more complicated than one might think. Since the average homeowner buys or sells a home 3 to 4 times in their lifetime, the use of a professional agent can help with the changing market. It is imperative to have a qualified real estate agent help you through the process. An experienced agent gets the benefit of experience, both regarding understanding homes and the complex real estate agreements necessary in each transaction. Just the changes in the lending process and new banking regulations can be a huge hurdle.

Through our educational "Ask The Expert" seminars and appearances on MidDay with Mike on Channel 14, we continue to provide the tri-state with useful information about our changing market. Here are a few of the important tips that we like to share based on our experience:

1. Preparing a house to put on the market is key to the success of the sale. Curb appeal is job one. Sellers should focus on the front door, porch, landscaping and cleanliness to the curb. A freshly painted door with new hardware, new welcome mat, replacement of overgrown or dead plant material and fresh mulch will make a huge difference.

New inside light makeovers throughout the home are the best investment. Focus on kitchens and then bathrooms. Remove all old wallpaper and paint rooms in the same neutral color -- light gray is the new "hot" color. Remove old window treatments that darken a room, install new blinds if necessary. Declutter and depersonalize and above all -- clean, clean and then clean again!

2. For both buyers and sellers -- get a home inspection. For sellers, many real estate deals have been complicated and even lost by post sale inspection issues. These issues can be resolved by a competent inspection before listing the house. Then any defects can be corrected or disclosed before listing the house. Major concerns are water in the crawl that could result in mold and help promote termites, roof and HVAC systems. Buyers will be required to have a pest inspection by their lender. They should also have a whole house inspection and radon and mold if desired. No one wants to start home ownership with unforeseen issues that could be avoided.

3. Before beginning the search for a new home start with a realistic wish list and get pre-approved by a reputable lender. Buyers wish list should include those items that are a "must have" this could include the number of bedrooms and baths, location, the size of the yard, etc. Secondary should be some real "wish" items -- fireplace, wood floors, granite -- all wish items usually can be added to a home after purchase. Shop online and become familiar with what amenities are offered in your price range.

Meet with a reputable lender to get pre-approval for your loan. This step will allow the buyer to shop with confidence because the buyer will know the amount and terms of the loan payment. Buyers will be more competitive in a seller's market. If a buyer is pre-approved and makes an offer on a home that us in a multiple offer situation, the buyer with the pre-approval will have an advantage.

4. Homeowners should invest in landscaping. In the Midwest, we have the lowest percentage of investment in landscape than many other



areas of the country. Landscaping can provide screening from neighbors that provide privacy and reduces noise. Large hardwood trees take time to grow but will ultimately provide the best shade which will help with utility cost. Annuals and perennials can provide bursts of color that will make a landscape pop: When a buyer first purchases a home, planning and implementing a long-term landscape plan will be a good long-term investment.

5. Price, condition, and location are the three factors that equal sale of a home. Sellers can not control their location, but they can mitigate it. If a house is close to a road or there are other negative factors with adjacent property, sellers can use landscaping and fencing to provide privacy and screening.

Condition and price are more easily controls factors. We have discussed condition including the cleanup, removal of wallpaper, light renovations throughout the house and a pre-inspection. It is better to wait a few weeks or even months to get these areas in perfect shape.

Price then becomes the final factor. Engage a professional realtor or two for a second opinion. The realtor should tour the home and take appropriate notes. Then a professional agent will do a comparative market analysis looking at sold properties in the area. Using these figures, they will be able to make a recommendation on price. With all of the information available to both buyers and sellers and their agents today, it is more important than ever to price appropriately. The agent's recommendation is usually within 10 percent of the sale price. Wishing a house is worth more and pricing it too high can hurt the ultimate sale price.

These are just a few of the tips that we share with our potential buyers and sellers. We do provide the Ask The Expert Seminars for business and professional groups. To discuss your real estate needs and to schedule, a seminar reach out to team-mcclintock.com or call our office at (812)426-9020. Real estate shopping can be a great experience.

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**First District Medical Society
&
Vanderburgh County Medical Society
Annual Meeting & Dinner**

**Thursday, June 1, 2017
Evansville Country Club, 3810 Stringtown Rd, 47711**

6:00 PM - Cocktails

6:30 PM - Dinner

7:00 PM - Meeting

Featured Speaker: Congressman Larry Bucshon

VCMS Members: Complimentary Spouse or Guest: \$25.00

**RSVP to the VCMS office by Thursday, May 25
Email Cpatterson@vcmsdocs.org or call 812-475-9001**

**Please make checks payable to First District Medical Society
Mail check to 3116 E. Morgan Ave., Suite F, Evansville 47711**

Letter From the Wrong Side of the Sharp Instruments

One thing I have learned in over forty years of doing surgery is that it is much better to be on the operating end of the instruments rather than the functioning end. However, in spite of this marked preference, I have found myself the operatee rather than the operator on five separate occasions. Some of these occasions were so far in the remote past that I think they used open-drop ether and balsam of Peru, and most of them were general surgery operations, with which I was completely familiar and greatly at ease, as evidenced by coming out of anesthesia after my laparoscopic cholecystectomy, loving everybody and singing "If I Were a Rich Man." Recently, however, I have had the questionable pleasure of being subjected to a bit of brain surgery, specifically a transsphenoidal pituitary macroadenectomy. (God bless you, Harvey Cushing.)



Michael B. Hoover, M.D.

Now we are all doctors, right, and how many patients, friends, family members, and complete strangers have asked us over the course of our careers, "Do you think I could have a brain tumor?" I certainly have been asked that question innumerable times, (and what do you say, right?) but I can categorically state that in over forty years of surgical training and practice, I have never once entertained the thought, no matter how briefly, that I might have a brain tumor. So I had a brain tumor. Now some of you are no doubt saying, "Well, a pituitary tumor is not exactly a brain tumor," but cut me some slack, it was close enough for me, and if the pituitary gland is not part of the brain, what is it? I was totally asymptomatic, in spite of that golf ball sized little devil effacing my optic chiasm, and had I not had the blessing of a vasovagal episode it would still be in there today, expanding ever so slowly toward pituitary apoplexy.

Well it's gone, along, temporarily, with my sense of smell, (you really can only taste sweet, sour, bitter and salty. All the rest is smell. A truffle would be totally wasted on me at this time) permission to drive, lift, work, sniff or blow my nose (three weeks down, three to go,) and as I rapidly and steadily feel better, I am mindful of many lessons learned or relearned from the experience. *Videlicet*:

- The characteristic we want most from a surgeon is confidence without arrogance.
- A total and complete list of the risks of surgery is too frightening to contemplate unless the incidence of those risks is included.
- The technology available to us today is truly miraculous.
- The skill of today's surgeons and surgical teams is truly miraculous.
- Rear-end revealing hospital gowns have not improved over the last sixty years.
- They are not pushing the Percocet like they used to.
- Exact I&O is kind of a joke.
- Hospital rooms have only two temperatures; too hot and too cold.
- Hospital food is not too bad if you are totally anosmic.
- It is exhausting to eat if you cannot breathe.
- I have learned a difficult way to lose ten pounds.
- It is a great blessing to awaken from anesthesia surrounded by loving family and old friends.

I tend to think of my Dad at times like these, and I would love to talk to him about the surgery. He would look at me and see I was doing fine, ascertain that the pathology was benign and that the tumor was totally excised, and then said, "Just be thankful that they did not have to operate on your hand." I am, Dad. I am.



Just for the
health of it!



Saturday, July 22 , 2017

11:00am-3:00pm

The Evansville Museum of Arts, History & Science

We are proud to partner with



WE NEED YOU!

Host a table

Contribute an activity

Provide a demonstration

Support this fun, educational family day!

Be a role model & share your passion!

Volunteer your time and help us educate the families in our community on the importance of the medical profession. Provide children an opportunity to interact with physicians and other healthcare providers to mitigate some of the fear associated with a visit to the doctor.

Questions? Contact the VCMS office to participate

Email: cpatterson@vcmsdocs.org or Call : 812-475-9001

From the Desk of the Health Officer

Our children will someday grow up to be the next engineers, physicians, butchers, bakers and candlestick makers along with some becoming leaders of a world.

How do we provide them with the best start?

I am not a pediatrician but I am a father and a grandfather, and I continue to learn about the many barriers children face in this complicated and sometimes confusing world.

Many of you have heard about ACE's (Adverse Childhood Events) and the potential impact on future health and adaptability. The original study focused on 17,000+ patients with who agreed to answer the questionnaire and these patients subjects were followed for more than 15 years.

The Outcomes:

The first shocker: There was a direct link between childhood trauma and adult onset of chronic disease, as well as mental illness, doing time in prison, and work issues, such as absenteeism.

The second shocker: About two-thirds of the adults in the study had experienced one or more types of adverse childhood experiences. Of those, 87 percent had experienced 2 or more types. This showed that people who had an alcoholic father, for example, were likely to have also experienced physical abuse or verbal abuse. In other words, ACEs usually didn't happen in isolation.

The third shocker: More adverse childhood experiences resulted in a higher risk of medical, mental and social problems as an adult.

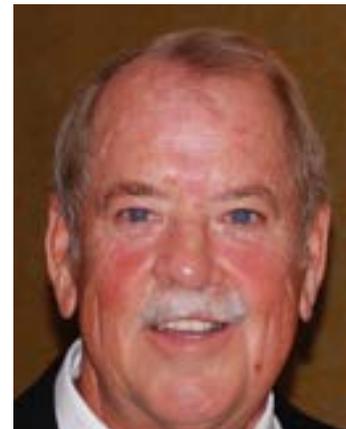
Fortunately as pointed out by many Authors, ACE's are not destiny but traumas, episodes of toxic stress that can be moderated by at least one caring individual (Research also indicates that supportive, responsive relationships with caring adults as early in life as possible can prevent or reverse the damaging effects of toxic stress response)* Harvard University

As the EVSC begins a pilot on ACEs in our schools, they may reach out to practitioners in the area, and I strongly recommend you support this work by learning all you can concerning this topic and giving time if asked.

For an informative discussion:

https://www.ted.com/talks/nadine_burke_harris_how_childhood_trauma_affects_health_across_a_lifetime

Thank you.



Ken Spear, M.D.
Vanderburgh County
Health Officer



Vanderburgh Medical Alliance News

The Vanderburgh Medical Alliance hosted their 30th Annual Style Show fundraiser, “en Vogue,” at the new Double Tree Hotel in downtown Evansville, April 7, 2017. We thank our corporate sponsors, vendors, members, friends and the two co-chairs, Theresa Chavez and Heidi Lance, all of whom contributed their time and talents to make this another successful show. All profits remain in our community as grants to local medical-related charities and scholarships.



Fran Vix & Francie Renschler

The VMA is planning another service project. Mark your calendars for Saturday, July 22, for a joint VCMS-VMA venture called “Just for the Health of It,” a city-wide health fair at the Evansville Museum. We are looking for medical community help! We need you to give a few hours to present your specialty, profession, or to get a medical message out to the community. Your message could be as simple as preventing hearing loss or falls, demonstrating car safety or personal or dental hygiene. Contact Chris Patterson at the VCMS office for details.

Social events this summer include a family pool party for physician families at an Alliance member’s home--date to be determined. Guaranteed it will be hot! “Just Rennie’s” will be the setting for a wine pairing party August 11. More information about both of these events will follow.

Our 2017-2018 membership drive starts in late May with a deadline of August 1 for member information to be included in our 2017-2018 yearbook. Alliance membership is open year-round and is available to physicians and their spouses or partners. Information may be found on our website, vanderburghmedicalalliance.org or our Facebook page, Vanderburgh Medical Alliance. You may always contact us! We hope to see both returning and new members!

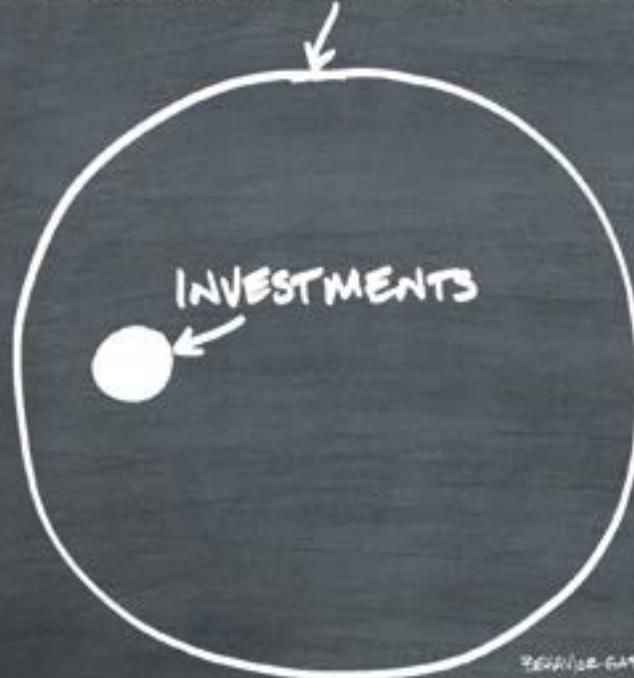
Good health to all!

Francie and Fran

Francie Renschler and Fran Vix, Co-Presidents 2016-2017
Vanderburgh Medical Alliance
www.vanderburghmedicalalliance.org

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Adios Dr. Braun



George Kane
2nd Year Medical Student

"That is a lot of hats!" you might say. Well, you are right. Dr. Braun loves hats, and would frequently compliment Taylor's selection throughout the year. (Taylor's classy gray fedora can be spotted next to the only septuagenarian in the frame).

Just two more weeks until our semester ends May 12th! Hard to believe.

Also hard to believe: Dr. Mark Braun, who has been teaching Pathology to IUSM students for centuries, is retiring at the end of this year. Dr. Braun is a Bloomington-based professor whose wide-ranging lectures and quirky teaching videos will be sorely missed. We have a great lead professor for Pathology, Dr. Inman, who was a lead conspirator in throwing him a surprise retirement party. She drove down from Indy laden with food to make it happen.

(Class of 2019 saying adios to Dr. Braun)



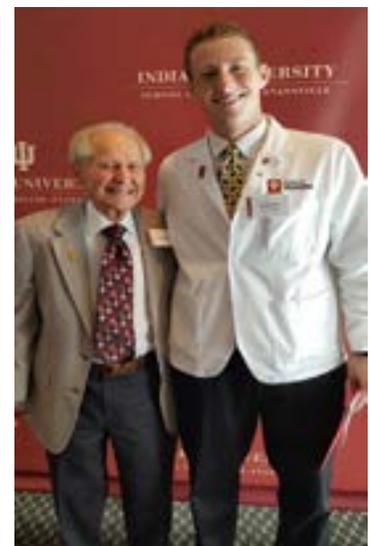
Continuing the theme of "quirky-stuff our Path Professor likes" we had granulation tissue-themed cookies at the party. It turns out Donut Bank will print any picture you send them into an edible cookie design.

Mmm, granulation tissue.

Mid-April we had our annual IUSM-Evansville Scholarship luncheon at the Evansville Country Club. Thousands of dollars donated by generous patrons of medical education were meted out due to academic merit, blind luck, and just plain old good looks (looking at you, Ryan).

I had the great benefit of sitting next to one of my benefactors: Dr. Bender. Dr. Bender is a 96-year-old retired urologist. He finished med school right as WWII ended, and subsequently served in the Korean War. He spent several months convalescing from food-borne Hepatitis A he contracted from a patient in Korea. The Hep A vaccine was released to troops just weeks after his infection. He is a stud!

Thank you, Dr. Bender! I am grateful for your service to our country and your commitment to medical education. Moreover, thanks to all the donors who make IUSM medical students just that much less stressed about student loans every year. In the spirit of STEP 1 studying...we hope to make your investment in us high-yield.



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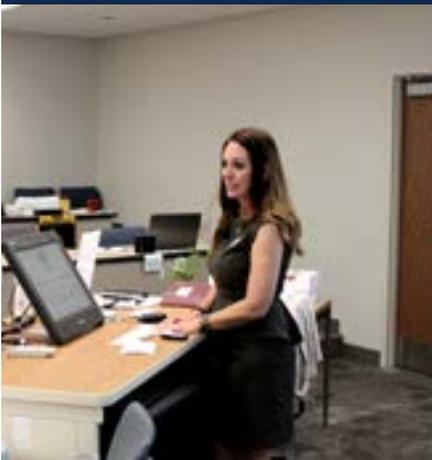
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IUSM-E



(Pictured from left to right) Front Row: Lee Kosstrin, MD., Talya Kosstrin, Daniela Brake, Rudy Brake, Teodora Fetea, Devika Chakrabarti, Taylor Hero, Kelly Barton
Back Row: Joshua Morris, Drew Tharp, Bryce Fawcett, Ryan Guerrettaz, Armando Bosch, Samantha Parkhurst, Chris Patterson

Director, Chris Patterson, Health and Wellness Coach, Talya Kosstrin, and Second Year Family Medicine Resident, Lee Kosstrin, MD spoke to second year medical students regarding the importance of self-care during medical school. The trio provided stress coping mechanisms and suggestions for the students to balance their physical, emotional, and spiritual health with their demanding schedules.





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ISMA Update

Meta-Analysis, Survey: Depression a Concern For Med Students

Harikiran "Hari" Vasu was "a wonderful, wonderful mentor" for Maureen McAteer when she joined the first-ever class at Marian University College of Osteopathic Medicine in 2013.

McAteer, of Indianapolis, and Vasu, of Fort Wayne, met at Purdue University as undergrads; they continued to touch base when he attended Indiana University School of Medicine (IUSOM). "In our inaugural year, there is no upper class," said McAteer, a former student body president and current class president. "He helped me work through balance in the student leadership role and also as a medical student."



Maureen McAteer

Vasu's suicide at age 25, during his internal medicine residency at New York Presbyterian Hospital Weill Cornell Medical Center in 2014, hit McAteer hard. Besides mentoring other students, he had been a loyal friend and gifted scholar, as well as an ISMA student delegate.

"I couldn't believe that the world had lost somebody so special," said McAteer, who'll graduate this month. "The loss of Hari made me realize that this (depression and suicide among physicians in training) was closer to home than I thought."

In fact, mental health struggles among medical students are pervasive. A recent meta-analysis¹ of 195 studies, published in *JAMA* on Dec. 6, 2016, and summarized in *AMA Wire*, quantified the incidence of suicide and depression among medical students in 47 countries. Of the 129,000 survey respondents, 27 percent said they had been depressed or had symptoms of depression in the previous 12 months, and 11 percent had thought about taking their own lives. The authors noted that was 2.2 to 5.2 times higher than 18- to 25-year-olds and 25- to 49-year-olds in general. (The incidence of depression among resident physicians, 28.8 percent, is even higher than for medical students, according to a study published in *JAMA* on Dec. 8, 2015.²)

After Vasu's death, McAteer worked with colleagues in the College of Osteopathic Student Government Presidents to survey osteopathic medical students on well-being indicators such as depression, suicidal ideation and anxiety – something she says had never been done. That year, at her suggestion, the group had taken "resilience" as its theme. "They all had student colleagues who had died or were in trouble," she said. "So everybody was really behind this."

Almost 10,000 students completed a 15-minute survey, and McAteer and Daniel Krajcik, a student at Ohio University Heritage College of Osteopathic Medicine, presented some of the results at the American Association of Osteopathic Medicine (AACOM) 2016 annual meeting. The survey showed the osteopathic students' rate of depression was similar to an age-matched control group, and they thought about suicide about as much as the medical students in the *JAMA* meta-analysis. In addition, McAteer says, more than three-quarters of the osteopathic students who responded screened higher than the national average in age-matched controls for anxiety.

That jibes with the conclusion of Stuart A. Slavin, MD, MEd, in an editorial accompanying the publication of the meta-analysis results in *JAMA*. That research, he said, "highlights that the mental health of medical students is a global problem of significant proportion."

High-pressure environment

In their report on the meta-analysis, authors Lisa S. Rotenstein and colleagues noted that symptoms of depression increased after students began medical school, suggesting "not just that medical students (and other students) are prone to depression but that the school experience may be a common factor." Specifically, they cited stress and anxiety created by medical school's competitive climate.

Suzanne Kunkle, PhD, HSPP, counsels IUSOM students in Indianapolis. She said many begin their medical studies with risk factors for depression that are the same as for other populations: a family history of depression; unregulated anxiety; unhealthy guilt or shame; dysfunctional thought habits such as self-denigration, unrealistic expectations and unhealthy comparisons; perfectionism; and fear of disappointing others, to name a few.

The signs of depression for medical students also mirror those in others. Besides observing friends gain or lose a lot of weight in a short time, McAteer has seen students start to withdraw and spend time alone, "which you can do very easily" when lectures are recorded for viewing at a student's convenience, she said.

"Not being able to see friends or family on a regular basis, they kind of wall themselves off, which is kind of dangerous because then, you don't really know there's a problem," McAteer added.

Like the authors of the *JAMA* meta-analysis, Kunkle cites the high-pressure, high-stakes culture of medical school itself as

a risk factor for students. "The stress of med school may exacerbate symptoms they have struggled with in the past but that have not interfered with their ability to function," she said. "The stress levels increase at exam time and especially with the board exams. Some students do not perform well on standardized tests, and yet much of their residency match depends on their Step 1 score. If they struggle with their board exams or have to remediate a year, they can be very hard on themselves in thinking that they are inadequate or failures."

In addition, Kunkle said, medical school is unique in the volume of material students must learn and how quickly they must learn it. McAteer agrees. "When I started medical school, they said it's like trying to drink from a fire hose, and it is," she said. "There's a very high turnover of new information; the medical world is changing, and we need to stay on top of the advances."

Kunkle also notes the immense responsibility of caring for patients.

"Poor patient outcome and death take their toll on medical learners, and there is little time and sometimes even less support to help them process their feelings in a healthy manner," she said. "They are taught to put their patients' needs first. That is important, but there are times when students have to put their own needs first and take time to get mentally healthy."

McAteer put it this way: "The hours are long. You barely see family. You're putting an investment into being a health care provider, trying to make others feel better, and yet you have to study and study and study and give and give and give. Often, I feel like we're pouring from a glass that is half-full."

'Weakness' a possible stigma

Besides the amount of time and study medical students must put in, many say a stigma against seeking help has exacerbated the problems of depression and suicide in their ranks. In his JAMA editorial³, Dr. Slavin implicated "the belief by some that medicine is a demanding profession....If students are not 'strong' enough to handle the stress, then they should probably seek another profession." He also noted that medical culture includes "the firm belief that more pressure, more hours and more demands must lead to better educational outcomes and that with less-rigorous training, the standards are being lowered."

The upshot is that medical students may hesitate to seek the help they need, said Kunkle, the IUSOM counselor. They are afraid their confidentiality won't be respected and that seeing a counselor will hurt their chance for a coveted residency slot or to be licensed as a physician.

Many in medical education want to see mental health problems among physicians destigmatized. The survey of her peers that McAteer conducted found that time, money and availability of resources had little bearing on whether medical students experiencing mental illness sought help. Instead, she blames "the stigma that it's not OK to not be OK."

Kunkle advises anyone working with physicians in training to learn the symptoms of depression and suicidal thinking and be supportive of colleagues whom they think might be at risk.

"Ask, 'Have you had any thoughts about killing yourself?' Be prepared for denial, and find another way to ask again," Kunkle said.

"If you have any concerns, contact a counselor to discuss the situation. If the individual says yes, stay with the individual until you can contact a mental health expert. Give them hope, and let them know that it is a temporary problem and you want that person to live. Asking will not cause someone to (commit) suicide. Asking may save a life." McAteer echoed Kunkle's advice, with a final suggestion: "Ask people, 'How are you doing?' 'How can I help you?'"

"And, make sure that you, yourself seek help when you need it."

Next month: *ISMA Reports* examines what medical students can do to fight depression and what Indiana's two medical schools are doing to help them.

¹ *Prevalence of Depression, Depressive Symptoms, and Suicidal Ideation among Medical Students: A Systematic Review and Meta-analysis*. JAMA, Dec. 6, 2016. Lisa S. Rotenstein, BA; Marco A. Ramos, MPhil, MEd, et al. www.ismanet.org/go/Rotenstein120616

² *Prevalence of Depression and Depressive Symptoms among Resident Physicians: A Systematic Review and Meta-analysis*, JAMA, Dec. 8, 2015. Douglas A. Mata, MD, MPH; Marco A. Ramos, MPhil, MEd; Narinder Bansal, PhD et al. www.ismanet.org/go/JAMA120815

³ *Medical Student Mental Health: Culture, the Environment and the Need for Change*. JAMA, Dec. 6, 2016. Stuart A. Slavin, MD, MEd www.ismanet.org/go/Slavin120616

ISMA Update



2017 LEGISLATIVE PROGRESS

Bill #	Bill Title	1st Chamber				2nd Chamber				Conference Committee	Governor's Signature
		1	2	3	4	5	6	7	8		
	ISMA Supported Bills	Author			Vote	Sponsor			Vote		Public Law #
HB 1001	Cigarette Tax (Budget)	Brown, T			68-29	Kenley, L					
HB 1006	Mental Health Matters	Kirchhofer, C			96-0	Merritt, J			48-0		
HB 1069	School Immunizations	Bacon, R			93-3	Charbonneau, E			33-15		130-17
HB 1145	Stroke Protocols for EMS	Zent, D			95-0	Charbonneau, E			48-0		138-17
HB 1392	Access to Epilepsy Medications	Frizzell, D									
HB 1438	Syringe Exchange	Kirchhofer, C			72-26	Merritt, J			32-16		
HB 1578	Smokers Bill of Rights Repeal	Kirchhofer, C			54-38	Brown, L					
SB 73	Electronic Authorization for Rx	Grooms, R			49-0	Davisson, S			94-2		45-17
SB 226	Prescribing/Dispensing of Opioids	Merritt, J			39-10	Kirchhofer, C			97-0		
SB 303	Direct Primary Care Agreements	Koch, E			50-0	Kirchhofer, C			97-0		108-17
SB 403	Schedule II Drugs/Blisters Packs	Merritt, J									
SB 510	Substance Abuse Pilot Program	Merritt, J			48-0	Kirchhofer, C			94-0		175-17

Bill #	Bill Title	1st Chamber				2nd Chamber				Conference Committee	Governor's Signature
		1	2	3	4	5	6	7	8		
	ISMA Opposed Bills	Author			Vote	Sponsor			Vote		Public Law #
HB 1051	Out-Of-State Drug Prescriptions	Judy, C									
HB 1068	Hospital Admissions/Organ Donor	Bacon, R									
HB 1086	Medical Payment Coverage	Frye, R									
HB 1150	Prescription Drug Cost Reporting	Taylor, J									
HB 1474	Advanced Practice Nurses	Kirchhofer, C									
HB 1540	Pharmacy Law	Davisson, S			91-0	Grooms, R			45-1		
HB 1561	End of Life Options	Pierce, M									
SB 72	Coverage for Pharmacist Care	Grooms, R									
SB 375	Testing Opioid Treatment Patients	Raatz, J									
SB 437	Chiropractors	Alting, R									
SB 496	Psychotropic Meds/Foster Children	Grooms, R				Davisson, S					
SB 508	Naturopathic Physicians	Niezgodski, D									
SB 509	Health Care Worker Registry	Merritt, J									

Bill #	Bill Title	1st Chamber				2nd Chamber				Conference Committee	Governor's Signature
		1	2	3	4	5	6	7	8		
	ISMA Monitored Bills	Author			Vote	Sponsor			Vote		Public Law #
HB 1128	Informed Consent/Abortion Drugs	Bacon, R			54-41	Brown, L					
HB 1134	Protection of Life	Nisly, C									
HB 1273	Health Provider Notice/Insurance	Baird, J			93-0	Crider, M			47-1		147-17
HB 1337	Telemedicine Medicaid	Kirchhofer, C			91-3	Charbonneau, E			47-0		150-17
SB 51	Immunizations by Pharmacists	Grooms, R			46-3	Davisson, S			96-2		96-17
SB 151	Information in INSPECT	Merritt, J			50-0	Clere, E			97-0		164-17
SB 408	INSPECT Use	Houchin, E			49-0	Zent, D			88-0		

LEGISLATIVE PROCESS

1	First Reading - First Chamber
2	Committee
3	Second Reading
4	Third Reading
5	First Reading - Second Chamber

6	Committee
7	Second Reading
8	Third Reading
9	Conference Committee
10	Governor's Office



Create Your Balanced Life!

Dolly Parton said, “Never get so busy making a living that you forget to make a life.” Fast-paced lifestyles and change-on-a-dime technology make it very difficult to separate home and work life. Our cell phones are attached to our hips, and emails are just a click away. There is no such thing as a true “end of work day.” It is easy to immerse yourself in a job and sacrifice your personal life and—by extension—your own well being. What then is the point of having a successful career if you are unable to enjoy it?

As a physician’s spouse, I am keenly aware that work-life balance is particularly difficult for folks in the medical field. You are always “on” and thinking about your patients—even when you are not in the office. Medical school and residency teach how to treat your patients, but not how to take care of yourself. No one shows you how to “unplug” from it all. It’s never too late to learn, and you deserve to enjoy the life you have worked so hard to create! It is possible to take care of yourself, embrace positive relationships with your loved ones, and have a successful career. Below are some of my top tips for creating a balanced life—several will yield benefits almost immediately:



Talya Kosstrin
VCMS Project Manager
Holistic Health Coach,
Progressive Trans4mation

- **Start Your Day with Positivity and Gratitude** – Before you start thinking about your to-do list, take a few minutes each morning to think about all of the important people and things in your life. Keep a journal and write down what you are grateful for on that day.
- **Nourish Your Body with Well-Balanced Meals** – Nourish your body and fuel up on balanced meals including vegetables, fruits, healthy fats, protein, and whole grains.
- **Sit Down for Your Meals** – Rather than grab-and-go, take the time to sit down for breakfast, lunch, and dinner. Even if you just have 10 minutes, take those 10 minutes and savor each bite.
- **Schedule Time with Family and Friends** – Set aside quality time to be with your family and friends. Surround yourself with those who support and love you.
- **Be Fully Present & Mindful**– When you are with your family and friends, truly be with them. Don’t think of the past or the future. Listen fully and enjoy each special moment.
- **Stay Physically Active** – Energize yourself and boost your endorphins with daily exercise.
- **Technology Time Out** – When you get home from the office, do your last minute check-ins, but set the phone aside when you are with your loved ones. Even if you are spending the time on your own, honor that alone time.
- **Take a Break to Breathe** – While a yoga or meditation session may not fit into your schedule, take a 5 to 10 minute break to step outside for fresh air. Refuel, relax, recharge, and breathe deeply.
- **Do One Thing a Day That You Love—Aside from Work** –Do your favorite activity, play your favorite sport, listen to your favorite music, and reward yourself with something you love!
- **Delegate Tasks** – It can be easy to get overwhelmed with a large to-do list. Try to delegate anything you can to take the load off yourself.
- **Let Go of Things You Can’t Control** – Many things in life are out of our hands, so rather than fixating, acknowledge it, take a breath, and let it go.
- **Get A Good Night Sleep** – Cherish your sleep. Recharge and take on the next day!

These are just a few of my personal tips. Find the balance that works for you and learn to appreciate life to the fullest. You will feel better physically and emotionally, your relationships will bloom, and you will create a life you love!

Fresh From the Farm



Julie Deitz
Seton Harvest
Outreach Manager

Inside the barn at Seton Harvest, produce is placed in bins market-style and scales are readily available for shoppers to weight and bag their choice of healthy offerings. However, no money is exchanged here; instead, shoppers own shares of Seton Harvest.



A certified naturally-grown produce farm, Seton Harvest—located at 9400 New Harmony Road, is a Community Supported Agriculture (CSA) farm. A CSA farm divides its produce among a committed group of supporters who share with the farmer the risks and benefits of farming. Throughout the growing season, the farm harvests fresh, ripe crops that are divided among the shareholders. The shareholders are community members who pay the farmer an annual membership fee to cover production costs of the farm. In turn, shareholders receive a weekly "share" of the harvest. A share is generally enough for a family of four.



The price of the share for a season varies depending on each farm's cost of operations, total months of growing season, variety of crops and the productivity of the soil. Most fall within the range of \$300-\$600 for a full share.

Currently, the price for a full share at Seton Harvest is \$650, and a partial is \$425.00, for 26 weeks, mid-May to mid-November. Seton Harvest grows 50-60 different varieties of produce.

There are many benefits for the shareholders:

- They receive fresh vegetables and herbs on the day of harvest
- They pay close to supermarket prices for fresher produce.
- They know where and how their food is grown and who grows it.
- They become more aware of their relationship to the land, farming and the process that makes their lives possible.

What sets Seton Harvest apart from other CSAs is that the shareholders, along with the Daughters of Charity and other fundraising efforts, support the donation of at least 10,000 pounds of fresh produce (about 20%) a year to Evansville area homeless shelters, food banks and church pantries. In 10 years over 103,000 pounds have been donated.

To help support those donated shares, Seton Harvest hosts its annual farm-to-table Twilight Dinners on the Farm. The Twilight Dinners are an opportunity for guests, including non-shareholders to enjoy some of the farm's produce. April Boeke from Culinary Innovations works with available ingredients to create the menus, and Working Distributors sponsors alcohol for the evening, with musical entertainment from local band Dog Town 3.

For more information on becoming a shareholder or purchasing tickets to the 3 Twilight dinners visit www.setonharvest.org or contact Seton Harvest Outreach Manager, Julie Dietz at (812)963-7692.

Recent Indiana Supreme Court Medical Malpractice Ruling

April 26, 2017

By: [Robert A. Anderson](#) and [Thomas C. Higgins](#)

The Indiana Supreme Court recently held in *Charles McKeen, M.D. v. Billy Turner* that a plaintiff's theory of negligence at trial need not be identical to the plaintiff's theory in his or her submission to the Medical Review Panel ("Panel"), *so long as* evidence relating to the theories of malpractice was before the Panel. The Court's opinion re-affirms precedent established in a 1997 Indiana Supreme Court decision in *Miller v Memorial Hospital of South Bend* and expressly disapproves the Indiana Court of Appeals 2011 decision in *K.D. v Chambers*.

In *K.D. v Chambers*, the Indiana Court of Appeals held that "a malpractice plaintiff **cannot** present one breach of the standard of care the Medical Review Panel ("MRP") and after receiving an opinion, proceed to trial and raise claims of additional, separate breaches of the standard of care that were not presented to the panel and addressed in its opinion." In *McKeen*, the Indiana Supreme Court examined the intent of the Indiana Legislature in the Medical Malpractice Act and the Court's own prior decision in *Miller*. The Court wrote that a submission of a proposed complaint and evidence to the MRP is "intended to be informal and limited; it is also intended to place little to no risk on the participants." The Act does not require the plaintiffs to present *each and every possible theory of negligence* to the MRP and be bound by those allegations. In order for the plaintiff to raise new theories breaches of the standard of care after the Panel process has been concluded two things are required: "First, under the rules of notice pleading, the proposed complaint must encompass the theories regarding the breach sought to be raised at trial. Second, 'evidence,' as defined by the Act, related to the theories must have been submitted to the MRP. If the plaintiff has complied with both of these requirements, then evidence related to the new theories of negligence may be admitted during litigation following the MRP process."

The case is significant because it once again enables plaintiffs to modify their theories of recovery against providers as discovery following the Panel process evolves. If you have any questions about this article or its impact, please contact [Robert A. Anderson](#) (219) 227-6104 or [Thomas C. Higgins](#) (219) 227-6112

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Advance Care Planning



Beverly Walton
Executive Director
CPSC

How often do you discuss Advance Care Planning (ACP) with your patients? Do you have a number of patients who have an advance directive on file? Is that helpful to you as a provider? Is it easy to refer to this advance directive if your patient is unable to communicate their wishes about the care they would like to receive? Would the document lead to more questions than answers in a crisis? Is this document reviewed only when a crisis arises?

As you are most likely aware, the Centers for Medicare and Medicaid Services (CMS) has approved reimbursement for ACP discussions with patients at regular office visits. Also, The State of Indiana has recently updated the forms that are available to include (list forms and who the forms are applicable too). Patients can complete most of these forms on their own or with the help of an attorney, but the POST form is an ordered set and requires a physician signature. Consequently, there has been an increased focus on initiating these Advanced Care Planning

"conversations" in a physician's practice and other healthcare settings, before a catastrophic medical event or sudden change in condition.

The New Harmony Conversation Project is a grass-roots effort that began in New Harmony, in collaboration with the University of Southern Indiana, which has a focus on having these "conversations." In an ideal world, the conversation with a trained facilitator will end with the participant creating an ACP document. Additionally, the participant is encouraged to continue these conversations with their loved ones, their health care providers, etc. The goal is that every family/friend in a position to make health care decisions for the participant would clearly understand the participant's wishes if they could not speak for themselves. This program is based on the Respecting Choices model developed in La Crosse, Wisconsin. This innovative approach leads to high-quality care for patients and the population while at the same time reducing healthcare costs.

The mission of New Harmony Conversations is to encourage Advance Care Planning that facilitates an individual's understanding, reflection and discussion of goals, values, and preferences for future health care decisions. If you would like to know more about Respecting Choices-Advance Care Planning, please refer to respecting choices@gundersenhealth.org.

In collaboration with The New Harmony Conversations Project, the Care Transition Task Force, a sub-team of the Community Patient Safety Coalition of Southwestern Indiana/Kentucky, Inc. (CPSC), a 501C3 organization, consisting of 11 hospitals and 5 Academic Institutions in the Southwestern Indiana/Kentucky is conducting several group meetings in the Southwestern Indiana/Kentucky area to educate, encourage participation and if desired, become a trained facilitator for this program. The audience for these group meetings are physicians, nurses, social workers, public health workers, medical and nursing students and interested individuals in the community.

Please contact the following for more information and for meeting dates and times:

Jennifer Palmer, BSN, RN, CMSRN, College of Nursing and Health Professions, at jrpalmer2@USI.edu

Beverly Walton, Executive Director, CPSC at Beverly.walton@cpscindky.org

Lanet Owen, lowen@mhhcc.org, and Ann Hayworth, Quality Improvement Advisor, QSource, at Ann.Hayworth@area-G.hcqis.org

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Concepts in Sexuality for the Modern Physician



Chris Deig
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As an extension of a class at the Indiana University School of Medicine, Concepts in Sexuality for the Modern Physician, medical students have teamed up with an organization called, OutCare (outcareindiana.com), to improve safe access to healthcare for members of the LGBTQ community. Unfortunately, many LGBTQ individuals fail to seek preventative services or medical treatment due to a legitimate fear of judgment, denial of services, or discrimination; leading to wide disparities in health outcomes. A 2010 survey from When Health Care is not Caring found that 56% of LGB respondents and 70% of transgender and gender non-conforming respondents had experienced refusal of care, refusal of touch, harsh or abusive language, being blamed for their health status, or experienced physically rough or abusive treatment in healthcare settings. The "OutList" is a valuable resource created to remove barriers and allow people to confidently obtain medical care from healthcare providers who identify as being sensitive in the care of LGBTQ individuals. This only requires physicians to be accepting and willing to learn and listen; virtues that we should strive to maintain for every patient.

In the Indianapolis area, patients have found it a crucial resource for initiating steps towards improving their health. Unfortunately, Evansville does not have a single physician on the "OutList," which illustrates the need for physicians, such as you and your partners, to expand this resource to Southern Indiana.

You can go to <http://www.outcareindiana.com/join> today to join this simple, yet important cause to improve healthcare for one particularly vulnerable population in our area. For questions or ideas, please email info@outcarehealth.org. Thank you for your time!



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1 New York Life Physicians' Retirement & Insurance Planning Study, December 2013.

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Calendar of Events

Save The Dates

Month	Date	Event
MAY	May 8th	VCMS & 1st District Golf Scramble at Victoria National
MAY	May 16th	VCMS Executive Board Meeting VCMS Offices 6:00 pm
JUNE	June 1st	VCMS & 1st District Annual Meeting Evansville Country Club 6:00 pm
JUNE	June 8th	VCMS Mixer 6:30 – 8:30 pm Gilda's Club –5740 Vogel Rd.
JULY	July 11th	VCMS Executive Board Meeting VCMS Offices 6:00 pm
JULY	July 21st	Just For The Health Of It Cocktail Party The Evansville Museum 6:30 – 9:30 pm
JULY	July 22nd	VCMS, VMA & The Evansville Museum present Just For The Health Of It 11:00 am – 3:00 pm The Evansville Museum
SEPTEMBER	September 12th	VCMS Executive Board Meeting VCMS Offices 6:00 pm
SEPTEMBER	September 15th – 17th	ISMA Annual Meeting
OCTOBER	TBD	Fall Family Event
NOVEMBER	November 14th	VCMS Executive Board Meeting VCMS Offices 6:00 pm

More to come!

New Members

Welcome New Members!

Mary Clayton, MD	Raymond Lamey, MD
Timothy Craig, MD	Randy Lance, MD
Douglas Doty, DO	Michae Malchioni, MD
Michael Drake, MD	Donald Mardis, MD
Craig Erickson, MD	John Myers, MD
Anthony Funke, MD	Robert Sauer, MD
Aaron Gries, MD	Mark Shockley, MD
Scott Hardigree, MD	Tommy Symreng, MD
James Hargett, MD	Terry Thacker, MD
Melanie Helms, MD	Chad Weare, MD
Shaukat Iftikhar, MD	



The Vanderburgh County Medical Society is an Alliance of Physicians dedicated to the promotion of the Art and Science of medicine, to the continual improvement of Community Health, and to the Advocacy and Protection of the Patient Physician Relationship. The purpose of this organization shall be to unite and strengthen the local medical community, to inform the public on matters of health and medical care, and to promote the best in medical care in our community.



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Iglesias Family

L-R: Karina, Birgit, Rafa, Roberto

Atop the ski jump prep area at the 2002 Salt Lake City Olympics Park in Park City Utah; March 2017

Atop Solitude, Utah Ski Resort; March 2017



Rapp Family

Caribbean Club Resort in the Grand Caymans

L-R: Noah, Kyle, Drew, Sherri and JT



Kline Family

L-R: Phil, Jon, Pete, Catherine taken 7-24-16 Bryce Canyon, Utah

L-R: Phil, Pete, Catherine, Jon taken 7-21-16 Mesa Verde National Park, Colorado

If you would like your recent family vacation photo (non-scenic) in future Monitor Publications, please email cpatterson@vcmsdocs.org.



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Happy Birthday!

May Birthdays

David L. Whitney, MD	5/1
Cindy M. Basinski, MD	5/2
Daniel W. Whitehead, MD	5/2
Guido P. Gutter, MD	5/4
David L. Cottom, MD	5/5
Charles W. Lackey, DO	5/5
Wayland G. Blikken, MD	5/7
William G. Carey, MD	5/8
Omar M. Dukar, MD	5/8
Gary E. Underhill, MD	5/8
Raymond W. Nicholson, Jr., MD	5/9
Jacklyn M. Oakley, MD	5/9
Helen E. Sponseller, MD	5/9
Douglas J. Doty, DO	5/13
Robert L. Fawcett, MD	5/13
Michael B. Hoover, MD	5/13
Craig K. Erickson, MD	5/14
Prasad V. Gade, MD	5/15
Dharmesh M. Patel, MD	5/15
Mark D. Browning, MD	5/16
Timothy S. Hamby, MD	5/18
Dawn L. Kirkwood, MD	5/20
James L. Hargett, MD	5/22
Thomas P. Krueger, MD	5/22
Timothy M. Crowley, MD	5/24
Lori A. Lynch, MD	5/25
Steven G. Ripperger, MD	5/25
Nathan D. Oakley, MD	5/26
Michael S. Boger, MD	5/27
William A. White, MD	5/27
Joseph Baylor, MD	5/29
Clovis E. Manley, MD, JD, MBA	5/29

June Birthdays

William B. Skaggs, MD	6/1
Andrew W. Tharp, MD	6/1
Stacie Wenk, DO	6/1
Daniel S. Brown, MD, MPH	6/2
Aly A. Razek, MD	6/2
Rupal S. Juran, MD	6/4
Jeffrey B. Hemmerlein, MD	6/5
O. Monty Lackey, MD	6/5
Milan D. Gerlanc, MD	6/6
C. Kenneth Fischer, MD	6/10
Bruce D. Fowler, MD	6/10
Louis B. Cady, MD	6/11
Emel B. Akin, MD	6/11
Daniel E. Michel, MD	6/12
Rebecca G. Carey, MD	6/14
Martin C. Vincent, MD	6/15
Raymond L. Newnum, MD	6/18
Matthew M. Boyer, MD	6/20
Daniel J. Emerson, MD	6/20
Shirley G. Price, MD	6/21
Jason T. Franklin, DO	6/22
John O. Grimm, MD	6/22
Douglas J. Hatler, MD	6/22
James D. Mc Daniel, MD	6/23
John W. Deppe, MD	6/24
R Michelle Galen, MD	6/24
Gregory A. Mann, DO	6/25
Kerry J. Newman, MD	6/25
David M. Sullivan, MD	6/26
Robert A. Vogt, MD	6/28
Eduardo De La Flor, MD	6/30
James F. Rold, MD	6/30





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Monitor

PHYSICIANS DEDICATED TO THE HEALTH OF THE COMMUNITY

2017 - Issue 3

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