TABLE OF CONTENTS

I. A Message from Graduate Medical Education Leadership:  
   J. Matthew Neal, MD, MBA, CPE, FACP, FACE, FAAPL, Executive Medical Director,  
   Academic Affairs

II. Graduate Medical Education Committee

III. Accreditation Status of Institution and Individual Programs

IV. Annual Program Reviews

V. Residency Faculty & Staff

VI. Residents 2015-2016

VII. Recruitment

VIII. Program Oversight

IX. Resident/Faculty Awards, Research, Scholarly Activity, & Presentations

X. Undergraduate Medical Education

XI. Continuing Medical Education
I. A Message from Graduate Medical Education Leadership.

On behalf of the program directors, teaching staff, and residents, it is my distinct pleasure to present you with the Indiana University Health Ball Memorial Hospital Annual Report to the Board and Medical Staff. The year can be summarized as another year of growth and creativity. We experienced two site visits for Internal Medicine and Transitional year by our GME accrediting body, the Accreditation Council for Graduate Medical Education (ACGME), and continued with our goals of improving the Department of Medical Education.

Our commitment to excellence was fully realized after our 2009 ACGME Institutional Site Visit, where we received an accreditation cycle of five years (the maximum granted) with no citations or recommendations. We participated in our second ACGME Clinical Learning Environment Review (CLER) site visit in October, 2015, with excellent results. As we transition to the ACGME’s “Next Accreditation System” we hope to achieve the same level of excellence.

The best contribution we can make as educators is to provide the system with the highest quality graduates—competent and compassionate practicing physicians who are active in our community. We strive to do this by, first, having a successful recruiting season each March. This year was again no exception, with 100% filling of all programs.

Our additional residency funding granted in 2011 has resulted in the addition of 14 residency spots, 2015 being the first year we were at our full complement (30 – Family Medicine; 24 – Internal Medicine; 10 – Transitional Year). The creation of third year medical student clerkships in 2014 has allowed us to reach our goal of having all four years of medical school at IUSM-Muncie. This, and our local Admissions Committee has become a reality, and is geared towards recruiting “top talent” students to complete these residencies at our institution and hopefully remain in East Central Indiana.

We look forward to another excellent year of recruiting, providing quality patient care, and promoting the excellence in scholarly activity we are proud of at our unique institution.

J. Matthew Neal, MD, MBA, CPE, FACP, FACE
Executive Medical Director, Academic Affairs
Designated Institutional Official for Graduate Medical Education
Indiana University Health Ball Memorial Hospital
Professor of Clinical Medicine and Assistant Dean, Educational Affairs/Faculty Development
Indiana University School of Medicine
II. The Graduate Medical Education Committee (GMEC)

The GMEC is a standing committee within the Division of Medical Education that supervises, coordinates, reviews and assures the quality of education of all residency training programs at IU Health Ball Memorial Hospital. The committee has the authority and responsibility for monitoring and advising on all aspects of graduate medical education at IU Health Ball Memorial Hospital. The GMEC oversees and assigns work specific issues to the various subcommittees and residency programs such as house staff affairs, peer review, ACGME core competencies, policies, internal review, recruitment issues, and performance improvement. The GMEC accomplishes these tasks as required according to the ACGME Institutional Standards.

The GMEC meets monthly on the 3rd Thursday at 12 pm. Official agendas and minutes of all meetings are taken and maintained in the Division of Medical Education.

GMEC Members 2015-16:
- Dr. Neal, DIO & Exec Med Director Academic Affairs
- Dr. Bird, CMO/C00
- Dr. Whitt, PD/Family Medicine
- Dr. Brown, AD/Family Medicine
- Dr. Ernstberger, AD/Family Medicine
- Dr. Hunter, AD/Family Medicine
- Dr. McElect, AD/Family Medicine
- Dr. Schreiner, AD/Family Medicine
- Dr. Shue, AD/Family Medicine
- Dr. Wilson, AD/Family Medicine
- Dr. Daniel, Dir., Behavior Science/Family Medicine
- Dr. Johnston, PD/Internal Medicine
- Dr. Burugapalli, AD/Internal Medicine
- Dr. Dickey, AD/Internal Medicine
- Dr. Singson, AD/Internal Medicine
- Dr. Yuhico, AD/Family Medicine
- Dr. Morrical, AD/Internal Medicine
- Dr. Monson, Resident/Internal Medicine
- Dr. Etemadi, Resident/Internal Medicine
- Dr. Sorenson, Resident/Transitional Year
- Dr. Daniel, Dir., Behavior Science/Family Medicine
- Claire Lee, Admin. Dir., Office of Quality/Safety

Peer-Elected Resident Members 2015-16:
- Dr. Monson, Resident/Family Medicine
- Dr. Speakman, Resident/Family Medicine
- Dr. Aziz, Resident/Internal Medicine
- Dr. Etemadi, Resident/Internal Medicine
- Dr. Sorenson, Resident/Transitional Year

During the course of the academic year, the GMEC provided oversight for our four (3) ACGME residencies, Institutional and Residency Program site visits, and the requirements of the ACGME, including:

- Internal Reviews
- Duty Hours
- Strategic Planning for Medical Education
- Monitor Learning Environment
- Approval of Participating Sites
- Review of Annual Resident Surveys
- Faculty Development
GMEC Subcommittees

The oversight powers of the GMEC are augmented by the GMEC Subcommittees, which are charged with overseeing their respective areas of resident education and administration. These committees meet regularly to complement the GMEC, which meets at least bimonthly. Reports from all subcommittees are discussed at the GMEC.

GMEC Peer Review Subcommittee—Duties:

1. Oversee the peer review process for house staff.
2. Inform Program Directors and residents regarding peer review issues and situations.
3. Develop and distribute “Peer Pearls.”
4. Deal with house staff concerns regarding peer and personal issues relating to patient care.

Meeting frequency: Monthly, 2nd Friday at 12 pm

Dr. Yuhico, Chair
Dr. Neal
Dr. Morrical
Dr. Shue
Dr. Brown
S. White, RN (QM)
Dr. Boone (FM)
Dr. B. Dykstra (FM)
Dr. Fisher (FM)
Dr. Monson (FM)
Dr. Sorenson (TY)

Dr. Shue, Chair
Dr. Neal
Dr. Dickey
Dr. Johnston
Dr. Costello
Dr. Singson
Dr. Pratt (FM)
Dr. Boone (FM)

Dr. Sorrell (FM)
Dr. Marx (FM)
Dr. Varnau (FM)
Dr. Amedi (IM)
Dr. Aziz (IM)
Dr. Etemadi (IM)
Dr. Mikell (IM)
Dr. Mishra (IM)
Dr. Wildin (IM)
Dr. Zeitlin (TY)

GMEC Recruitment Subcommittee—Duties:

1. Develop and investigate policies for recruitment
2. Standardize approach to institutional recruitment.
3. Assess and evaluate a strategic approach to the recruitment process.

Meeting frequency: As needed during the recruitment season (fall through early spring).

Dr. Shue, Chair
Dr. Neal
Dr. Dickey
Dr. Johnston
Dr. Costello
Dr. Singson
Dr. Pratt (FM)
Dr. Boone (FM)

Dr. Speakman (FM)
Dr. Kahlen (IM)
Dr. Mishra (IM)
Dr. Brooks (TY)
Dr. Sorenson (TY)
Residency & CME Coordinators
**GMEC Scholarly Activity & Research Subcommittee—Duties:**

1. Define and implement basic program standards in regards to scholarly requirements.
2. Coordinate and implement annual scholarly activity/research symposium.
3. Be a review forum for residents to critique various presentations.

Meeting frequency: As needed.

Dr. Neal, Chair  Dr. Lakanen
Dr. Whitt  Dr. Burugapalli
M. Geinosky, RN  Dr. Bishop (IUSM-Muncie)
Dr. C. Shue (BSU)  Dr. R. Twibell (BSU)
M. Kidd, RN (Nursing Admins)  Dr. Wilson
Dr. Venis (FM)  Dr. Hall (TY)
Dr. Akin (IM)  Dr. Sours (TY)
Dr. Olorunda (IM)
Dr. Stegelman (IM)
Dr. Desai (IM)

**GMEC Patient Safety & Quality Improvement Committee—Duties**

1. Interdisciplinary committee charged with the coordination and implementation of programs for ensuring patient safety within IU Health Ball Memorial Hospital GME programs.
2. Oversee proactive risk reduction and patient safety.
3. Monitors and analyzes aggregated, trended data and specific cases related to patient safety.
4. Communicates patient safety goals and strategies for improvement via defined institutional communication processes.
5. Monitors policies regarding resident stress and burnout.
6. Monitors and implements resident changeover policy.

Meeting frequency: Monthly, 2nd Wednesday of the month at 7 am.

Dr. Johnston, Chair  Dr. Etemadi (IM)
Dr. Neal  Dr. Krasin (IM)
Dr. Costello  Dr. Jeong (IM)
Dr. Whitt  Dr. Kahlon (IM)
Dr. Dickey  Dr. Audreen Singson (IM)
Dr. Singson  Dr. Brooks (TY)
S. White, RN (QM)  Dr. Davisson (TY)
Dr. Venis (FM)  Dr. Johnson (TY)
Dr. Wilcox (FM)  Dr. Sours (TY)
**Resident Forum (residents are selected by their peers to serve)—Duties:**

1. A venue for residents to communicate and exchange information on their educational and work environment, programs, and other resident issues.
2. A process by which individual residents can address concerns in a confidential and protected manner.

Meeting frequency: Quarterly, lunch meeting.

M. Neal, Advisor
Dr. Davis (FM)
Dr. Efam (FM)
Dr. Grady (FM)
Dr. Witt (FM)
Dr. Boddeda (IM)
Dr. Zeleke (IM)
Dr. Adugna (IM)
Dr. Jeong (IM)
Dr. Sours (TY)

**Residency Support Team—Duties:**

1. To promote excellence in the administration of residency programs
2. To provide educational opportunities in the area of graduate medical education and program administration
3. To provide a forum for professional development and information exchange.

Meeting Frequency: As needed.

S. Little, GME Coordinator
V. DuBois, Transitional Year Coordinator
S. Tharp, Internal Medicine Coordinator
J. Kurtz, Family Medicine Coordinator
D. Ruddick, Continuing Medical Education Coordinator
III. Accreditation Status of Institution and Individual Programs

Accreditation is a vital part of the residency process to ensure that graduates are able to sit for certification boards. The ACGME requires rigorous periodic external and internal review of the residency programs as a part of its accreditation process. Internal reviews must take place at the approximate midpoint of the accreditation cycle.

In August 2011 IU Health Ball Memorial Hospital received 12 of the 12 requested positions through the CMS reallocation application process. In support of this strategic expansion the IU Health Ball Memorial Hospital's primary care residencies requested and received additional positions from the Accreditation Council for Graduate Medical Education Residency Review Committees. The Family Medicine Residency has been approved to increase to 30 residents by 2015 and the Internal Medicine Residency has been approved to increase to 24 by 2015. Due to re-allocation of slots from the closed Pathology Residency, the Transitional Residency has also increased from 8 to 10 positions.

The Accreditation Council for Graduate Medical Education (ACGME) is proceeding with the implementation of the Next Accreditation System (NAS). Internal Medicine is one of seven that implemented the NAS in July 2013. Implementation of the NAS will result in several significant changes in the accreditation process, including the site visit. The remaining programs will enter NAS on July 1, 2014. The next regularly scheduled visit of our program is being replaced with a Self-Study Visit in the NAS, which is tentatively scheduled for 1/1/2018. The Self-Study Visit will occur in a window beginning four months before and ending four months after the date above. The actual date will be announced at least 12 months in advance. Finally, the ACGME will use of periodic (every 18 month) Joint Commission-like visits CLER (Clinical Learning Environment Review) to the institution in order to assess the quality of the learning environment. IU Health Ball Memorial Hospital underwent its first CLER site visit this past April, with excellent results, demonstrating our commitment in the six CLER focus areas. (More detailed information can be found at www.acgme.org).

The following table summarizes the accreditation status for our ACGME accredited residency programs:

<table>
<thead>
<tr>
<th>Program</th>
<th>Accreditation Status</th>
<th>Effective Date</th>
<th>Next Site Visit</th>
<th>Next Self Study Visit (Approx.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Institutional Review</td>
<td>Favorable</td>
<td>10/20/2009</td>
<td>Not Scheduled</td>
<td>10/1/2021</td>
</tr>
<tr>
<td>Family Medicine</td>
<td>Continued Full</td>
<td>1/26/2016</td>
<td>Not Scheduled</td>
<td>5/1/2021</td>
</tr>
<tr>
<td>Internal Medicine</td>
<td>Continued Full</td>
<td>1/15/2016</td>
<td>Not Scheduled</td>
<td>1/1/2018</td>
</tr>
<tr>
<td>Transitional Year</td>
<td>Continued Full</td>
<td>12/22/2016</td>
<td>Not Scheduled</td>
<td>5/1/2019</td>
</tr>
</tbody>
</table>
IV. Annual Program Reviews

Program Annual Reviews

At least annually and in the form of a written confidential evaluation, all programs evaluate their faculty performance as it relates to the educational program. Each program is required to conduct a thorough “Program Annual Review” as defined in the Common Program Requirements.

The program must document formal, systematic evaluation of the curriculum at least annually. The program must monitor and track each of the following areas:

- Resident Performance;
- Faculty Development;
- Graduate performance, including performance of program graduates on the certification examination;
- Program quality, specifically:
  - Residents and faculty must have the opportunity to evaluate the program confidentially and in writing at least annually;
  - The program must use the results of residents’ assessments of the program together with other program evaluation results to improve the program.

Program Annual Reports are reviewed by the GMEC on an annual basis.

Resident Surveys

Every year, our residents and faculty complete a survey for the ACGME to provide insight into components of their educational environment. We are pleased to report that 89% of our residents and 92% of our faculty participated. As you can see in the graph below, our institutional means are above the national means and our residents report being highly satisfied with their program. As you can see from the graph below, our institutional means meet or exceed the national means.

The graph below illustrates our residents’ satisfaction with the program - our residents’ scores are above the national mean and indicate a high level of satisfaction with the program.
V. Residency Faculty & Staff

Program Directors, Associate Program Directors, Core Faculty, & Staff 2013-14

Academic Affairs

- J. Matthew Neal, MD, MBA  Executive Medical Director & DIO

Program Directors

- Justin K. Whitt, MD  Family Medicine
- Ryan Johnston, MD  Internal Medicine
- Gerard T. Costello, MD  Transitional Year

Associate Directors & Core Program Faculty:

- Ryan Brown, MD  Associate Director, Family Medicine
- Bhuvaneswari Burugapalli, MD  Inpatient Medical Director, Internal Medicine
- Linda Daniel, PhD  Director/Behavioral Science, Family Medicine
- Brandon Dickey, MD  Senior Associate Director, Internal Medicine
- Luke Ernstberger, MD  Associate Director, Family Medicine
- Ashley Hunter, MD  Associate Director, Family Medicine
- Heidi Lakanen, MD  Ambulatory Faculty, Internal Medicine
- Mindy McKnight, MD  Associate Director, Family Medicine
- Daryl Morrical, MD  Associate Director, Internal Medicine
- Melanie Schreiner, MD  Associate Director, Family Medicine
- Christian Shue, DO  Associate Director, Family Medicine
- Adrian Singson, MD  Associate Director, Internal Medicine
- Jennifer Wilson, MD  Associate Director, Family Medicine
- Rodney Yuhico, MD  Ambulatory Director, Internal Medicine

Medical Education Staff:

- Susan Little, Graduate Medical Education Coordinator
- Jennifer Kurtz, Family Medicine Coordinator
- Susie Tharp, Internal Medicine Coordinator
- Vana DuBois, Transitional Year Coordinator
- Danielle Ruddick, CME Coordinator
VI. Residents

**Resident Demographics**

2015-2016 Residents (*denotes Chief Resident)

### FAMILY MEDICINE

#### PGY-1
- Carrie M. Anderson, MD
- Yousuf A. Bahrami, DO
- Erin M. Cole, MD
- R. Scot Dykstra, DO
- Rebecca C. Dykstra, DO
- Elizabeth A. Fisher, DO
- Daniel S. Linville, MD
- Jill R. Linville, MD
- Dallin R. Olson, MD
- Brett A. Siegle, MD

#### PGY-2
- Thomas Z. Boone, MD
- Andrew T. Daluga, MD
- Tabatha B. Davis, MD
- Anna W. Grady, MD
- John E. Marx, MD
- Sara L. Sorrell, MD, Ph.D
- R. Dean Turbeville, Jr., MD
- Joseph T. Varnau, MD
- Juan Carlos Venis, MD, MPH
- James G. Wilcox, MD

#### PGY-3
- Erika M. Blair, MD
- Tolulope T. Efam, MD
- Anthony T. Gordon, MD
- Steven D. Monson, MD*
- Kristy L. Mount, MD, Ph.D
- Michael O. Pratt, MD
- Kyle R. Speakman, MD*
- Andrew M. Stevens, MD
- Kevin L. Witt, MD
- Kara D. Wyatt, MD

### INTERNAL MEDICINE

#### PGY-1
- Aisha N. Davis, MD
- Deep C. Desai, MD
- Tanvi A. Desai, MD
- Benjamin C. Krasin, MD
- Olufemi Olorunda, MD
- Karen T. Roque, MD
- Amit P. Shetty, MB BS
- Daniel A. Stegelman, MD

#### PGY-2
- Tigist W. Adugna, MD
- Swetha Boddeda, MB BS
- Sarah M. Jeong, MD
- Mounish Karlapudi, MD
- Jake R. Liang, MD
- Audreen L. Singson, MD
- Allison J. Wildin, DO
- Samerawit A. Zeleke, MD

#### PGY-3
- Matthew B. Akin, MD
- Tahreem Aziz, DO*
- Jinous Etemadi, MD*
- Teresa V. Goode, MD
- Amltpal S. Kahlon, MD
- Anna L. Maglinte, MD
- Franklin D. Mikell, MD
- Tinni Misra, MB, BS

### TRANSITIONAL YEAR

#### PGY-1
- Jennifer L. Brooks, MD
- Andrew M. Davisson, MD
- Benjamin J. Dewey, MD
- Orman T. Hall, DO
- Christopher T. Johnson, MD
- Nathaniel E. McIntyre, MD
- William B. Shaw, DO
- Chad M. Sorensen, MD*
- John M. Sours, MD
- Ross S. Zeitlin, MD
2016 Graduating Resident Placement

Family Medicine Residency

Erika M. Blair, MD  The Jane Pauley Community Health Center Medical Clinic, Indianapolis, IN
Tolulope T. Efam, MD  HSHS Medical Group, Springfield, IL
Anthony T. Gordon, MD  St. Vincent Medical Group-Fishers Family Physicians, North, Fishers, IN
Steven D. Monson, MD  Utah Development Center, American Forks, UT
Kristy L. Mount, MD, Ph.D  Family First Healthcare, Portland, IN
Michael O. Pratt, MD  Emergency Medicine, Cassia Regional Medical Center, Burley, ID
Kyle R. Speakman, MD  Marion Family Practice, Marion, IN
Andrew M. Stevens, MD  Family First Healthcare, Portland, IN
Kevin L. Witt, MD  American Health Network, Kokomo, IN
Kara D. Wyatt, MD  St. Vincent Medical Group, Pendleton, IN

Internal Medicine Residency

Matthew B. Akin, MD  Centerpoint Medical Center, Independence, MO
Tahreem Aziz, DO  SSM Health DePaul Hospital, St. Louis, MO
Jinou Etemadi, MD  Kaiser Permanente, Thousand Oaks, CA
Teresa V. Goode, MD  Seeking clinic opportunities in the East
Ami L. Khalon, MD  Kaiser Permanente, San Francisco, CA
Anna L. Maglinte, MD  Corpus Christi Hospitalists, Corpus Christi, TX
Franklin C. Mikell, MD  Cleveland Clinic at Akron general Hospital, Akron OH
Tinni Mishra, MB BS  Intermountain Health Center, Salt Lake City, UT

Transitional Year Residency

Jennifer L. Brooks, MD  Dermatology, Geisinger Medical Center, Danville, PA
Andrew M. Davison, MD  PM & R Carolinas Healthcare System, Charlotte, NC
Benjamin J. Dewey, MD  Radiology, Mayo Clinic, Rochester, MN
Orman T. Hall, DO  PM & R University of Michigan, Ann Arbor, MI
Christopher T. Johnson, MD  Ophthalmology, Loyola University, Chicago, IL
Nathaniel E. McIntyre, MD  Ophthalmology, Indiana University, Indianapolis, IN
William B. Shaw, DO  PM & R University of Missouri, Columbia, MO
Chad M. Sorenson, MD  Radiology, Ohio State University, Columbus, OH
John M. Sours, MD  Anesthesiology, Indiana University, Indianapolis, IN
Ross S. Zeitlin, MD  Radiation/Oncology Medical College of Wisconsin, Milwaukee, WI

INCOMING RESIDENTS 2016-17

Family Medicine Residents

Brogan E. Bahler, MD  Medical University of Arkansas for Medical Sciences College
N. Fariba Karimi, DO  Nova Southeastern University College of Osteopathic Medicine
Betsy G. Krause, MD  Indiana University School of Medicine
John A. Mihelic, MD  University of Illinois College of Medicine
Anne L. Shenk, MD  Indiana University School of Medicine
Raymond Simon, II, MD  Northeast Ohio Medical University
Roddrea V. Smith, MD  Indiana University School of Medicine
Isaiah S. Steffen, MD  Indiana University School of Medicine
Eric S. Westergren, DO  Des Moines University College of Osteopathic Medicine
Robyn F. Wilson, MD  University of Alabama School of Medicine
Internal Medicine Residents
M. Sami Bakdash, MD  American University of Antigua College of Medicine
Erick R. Christensen, MD  University of Utah School of Medicine
Navid Etemadi, MD  Gullas College of Medicine, University of the Visayas
Clifford S. Hecht, MD  Loyola University Chicago Stritch School of Medicine
Mallory J. Nebergall, MD  Ross University School of Medicine
Vivek B. Patel, MB, BS  B.J. Medical College, Ahmedabad
Hatem M. Sabassi, MB ChB  Misr University for Science/Technology College of Medicine
Richard Y. UY, MD  Cebu Institute of Medicine

Transitional Year Residents
Kevin C. Andres, MD  Indiana University School of Medicine
Anthony Davila, MD  University of Texas Medical School at Houston
Addison S. Elston, MD  Indiana University School of Medicine
Rikki S. Enzor, MD  Indiana University School of Medicine
Grant E. Highley, DO  Ohio University Heritage College of Osteopathic Medicine
Jacob L. Morrow, MD  Indiana University School of Medicine
Jeffrey A. Remster, MD  Indiana University School of Medicine
Dean C. Snyder, MD  Indiana University School of Medicine
Michael A. Trevino, MD  Indiana University School of Medicine
Andrew J. West, MD  Indiana University School of Medicine

VII. Recruitment

Recruitment is one of the most important tasks we do as a department at IU Health Ball Memorial Hospital—a necessary part of the perpetual residency “life cycle.” The recruitment of a strong class combined with excellent teaching faculty ensures high-caliber graduates who provide quality patient care, many of whom join our medical staff. A quality recruiting season involves many hundreds of hours of dedicated work by the program directors, faculty, residents, and program coordinators.

In preparation for the recruitment season, Medical Education updated its Web site so medical students could get a better feel for IU Health Ball Memorial Hospital’s residency programs and what life is like for IU Health Ball Memorial Hospital residents. We added pictures of the residents with information about where they went to medical school and testimonials promoting our programs. The feedback we are receiving from applicants is that the website is informative and helpful. We plan to add pictures and information about our faculty next.

The residency programs received a total of 5,336 applications for 2015-16. IU Health Ball Memorial residencies interviewed 247 candidates for the 28 first year resident positions. All programs filled in the Match. The results of the 2016 National Residency Matching Program (NRMP) “Match” were released on March 18, 2016.
VIII. Residency Program Oversight

Duty Hours
The ACGME’s revised duty hour requirements went into effect on July 1, 2011. The new standards include graduated standards for duty hours and are designed to better match residents’ levels of experience and emerging competencies. The standards are based on recommendations made by the Institute of Medicine (IOM) in 2008. The new standards retain the current duty hour limit of 80 hours per week, averaged over four weeks, but specify more detailed directives for levels of supervision necessary for first-year residents. The standards also reduce duty periods of PGY-1s to no more than 16 hours a day and set stricter requirements for duty hour exceptions. Other changes include setting higher requirements for teamwork, clinical responsibilities, communication, professionalism, personal responsibility, transitions of care and more specific requirements for alertness management and fatigue mitigation.

Duty hours must be limited to a maximum of 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities and all moonlighting. Time spent in the hospital by residents on at-home call count towards the 80 hour maximum.

- PGY-1 residents are not permitted to moonlight.

- Residents cannot be scheduled for in-house call more than once every three nights averaged over four weeks (Internal Medicine cannot average). Residents must not be scheduled for more than six consecutive nights of night float.

- Residents must be provided with one day in seven free from all educational and clinical responsibilities, averaged over a four-week period, inclusive of call. One day is defined as one continuous 24-hour period free from all clinical, educational, and administrative activities. At home call may not be assigned on those free days.

- Duty periods for PGY-1 residents must not exceed 16 hours in duration. Duty periods for PGY-2 (and above) residents cannot last for more than 24 hours, although such residents may remain on duty for up to four additional hours to transfer patients, maintain continuity of care, and participate in educational activities. “Strategic napping” (for PGY-2 & higher residents), especially after 16 hours of continuous duty, is strongly suggested.

- A 10-hour minimum rest period should be provided (and an eight-hour minimum rest period must be provided) between scheduled duty periods. PGY-2 and higher residents must have at least 14 hours free after 24 hours of in-house duty periods.

- Residents are provided with adequate back-up support systems and supervision so that patient care is not jeopardized during or following assigned periods of duty.

- Individual residencies may have more specific policies as mandated by the ACGME and the specialty-specific Residency Review Committees.
Professional activities outside the educational program and required duty hours must not interfere with the resident's performance in the educational process. Specifically, "moonlighting" activities are not allowed to interfere with primary educational responsibilities. Residents are required to get permission from their specific programs before engaging in moonlighting activities.

All programs are in compliance in regard to duty hours with this ACGME mandated policy. Duty hours are tracked by each residency program through New Innovations and written questionnaires, and monthly reports from each program director are discussed at each GMEC meeting.

Resident Supervision

The ACGME Common Program Requirements that went into effect July 1, 2011 also address oversight of resident supervision and graded authority. Residents and faculty members should inform patients of their respective roles in each patient's care. Programs must clearly identify and document that the appropriate level of supervision is in place for all residents. To ensure oversight of resident supervision, programs must use the following classification of supervision: 1) direct supervision, 2) indirect supervision, and 3) oversight.

The graph below illustrates data from the resident survey regarding faculty supervision, meeting or exceeding national means in most cases.

The individual residency programs comply with ACGME and Joint Commission guidelines for resident supervision. The faculty members of the various residencies are members of the Medical Staff of IU Health Ball Memorial Hospital and have been granted clinical privileges commensurate with their level of training. Faculty members are appointed by the residency program directors and their teaching activities are periodically reviewed by the specific program director. Under the oversight of the Designated Institutional Official (DIO) and the GMEC, the individual residencies provide and determine the processes by which residents are supervised and evaluated.

The residencies are responsible for providing an environment that allows residents to achieve clinical skills and competence appropriate for their level of training. In addition, the DIO, GMEC, and program directors are responsible for ensuring that residents deliver quality medical care in accordance with ACGME guidelines and standard acceptable medical practices.

The assessment of resident supervision is an ongoing process and is periodically revised according to changing ACGME guidelines and the needs of the individual residency programs. Currently resident supervision is at a satisfactory level with additional plans being explored for further improvement of such.
Resident Evaluations

Each resident is evaluated formally by attending faculty on each rotation. Various tools are used for such evaluations including random chart reviews, clinical evaluation exercises, interviews with the specific program director annually with reviews of intellectual abilities, skills, attitudes, interpersonal relationships, and 360 degree evaluations by nursing and ancillary medical staff. Rotation evaluation forms specifically address each of the six General Competencies.

Survey data below demonstrate the perception by our residents of the evaluation process, which places us at or above national means in most categories:

![Evaluation forms review](image)

Evaluation forms are reviewed in detail, and progress toward certification in mandatory procedural skills is monitored. Advancement to the next year of training also depends upon these specific measurement assessments. These metrics are program specific to a degree depending upon the residency, with each program possessing its own governance structure.

Medical Education uses the New Innovations electronic evaluation system which allows residents and faculty to complete evaluations via a Web-based secure client. Notification that an evaluation is due is sent via e-mail to faculty and residents. New Innovations has greatly expedited the receipt of evaluations and has helped with better integration and analysis of residency data. New Innovations also allows residents to log duty hours, which significantly aids the program directors and GMEC in monitoring problems.

Residents also evaluate faculty members after each rotation. These evaluation forms are reviewed by the specific program director and are available for individual faculty review in the Office of Medical Education.

The residents assess the individual programs annually by an evaluation form and via an annual survey provided by the ACGME. These evaluations are reviewed by the program directors.

Resident Participation in Patient Safety & Quality of Care Education

IU Health Ball Memorial Hospital and the residency program administration are committed to maintaining high standards of patient safety and clinical quality. We view resident physicians as essential to the provision of safe patient care. Accordingly, the implementation of each curriculum contains many lectures and activities that imbue the educational environment with emphasis on all aspects of patient safety.

Preparing future physicians to meet patients’ expectations for optimal care requires that the resident physician will learn in a clinical setting that epitomizes the highest standards of medical practice. The primary obligation of the institution and the individuals providing resident education is the provision of high quality, safe patient care. By allowing resident physicians to participate in patient care, the faculty accepts an obligation to ensure the highest quality medical care on all the teaching services.
The GMEC has also established and implemented policies and procedures that affect all residency programs regarding the resident's quality of education and the participation in patient safety. A new Quality and Safety Subcommittee was begun in 2012.

Residents are assigned to many hospital committees, especially those involved with clinical quality. They are also engaged in the medical Staff Peer Review Process Committees. These activities prepare them for a leadership role in their future practices, as well as provide them with real scenarios that impact safety and quality. The GMEC believes that the greatest predictor of quality care lies, not only in providing exemplary training, but also in the selection of the candidates for our residency programs.

Residents also are active participants in Rapid Improvement Events (RIEs) throughout the hospital. Rapid improvement events are part of the Lean toolkit and provide a mechanism for making radical changes to current processes and activities within very short timescales in an effort to improve process efficiency and reduce costs. In 2015-16, twelve residents (representing all three programs) participated in RIEs.

Residents are supervised on all clinical services by qualified attending physicians and receive written evaluations on all rotations. Chart reviews and clinical evaluation exercises are also conducted on a frequent basis.

Resident files are reviewed frequently by each residency's Program Director and other members of the various programs for safety, quality of patient care and competence. The GMEC implemented a Peer Review subcommittee several years ago to address issues in this regard if needed. The residencies also participate in performance improvement projects to augment the quality of care. These projects include both inpatients and outpatients and are ongoing.

The GMEC has noted no significant issues with the residencies in regards to safety and quality of patient care common to teaching institutions. In particular, resident quality metrics mirror and sometimes exceed those of the Medical Staff. A Quality & Safety Subcommittee, headed by Dr. Johnston, was initiated in 2012, with a monthly educational conference scheduled to begin September 2013.

The Six General Competencies

In July 2002, the ACGME mandated six general core competencies that residency programs must incorporate into the teaching and evaluation of their residents. The sponsoring institution must ensure that the resident in each of their ACGME-accredited residency programs demonstrates the specific knowledge, clinical skills, professionalism, and has educational experiences as defined by the core competencies.

The six ACGME General Competencies are as follows:

1. Patient Care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health;
2. Medical Knowledge about established and evolving biomedical, clinical, and cognate (e.g. epidemiological and social-behavioral) sciences and the application of this knowledge to patient care;
3. Practice-Based Learning and Improvement that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care;
4. Interpersonal and Communication Skills that result in effective information exchange and teaming with patients, their families, and other health professionals;
5. Professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population;
6. Systems-Based Practice, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value.

The Research & Scholarly Activity Subcommittee of the GMEC was also created to implement and monitor “common” activities for participation by all residency programs. These activities include implementation of several modules (Biostatistics/Epidemiology, Evidence-Based Medicine, and the NIH Human Subjects tutorial) on a Web-based learning client. In addition, residents are required to participate in the Resident Research/Scholarly Activity Symposium to be held in February. Each program also has its own specific requirements for research and scholarly activity.

Each residency has developed specific measures for their respective programs to ensure compliance with the general competencies. The Transitional program shares some of these measures with the other residencies due to the brief nature of the program (one year).

Summary:

The residency programs at IU Health Ball Memorial Hospital are in compliance with the ACGME in the areas outlined above. Residents are evaluated by numerous measures to ensure adequate resident training, supervision, responsibility, evaluations, duty hour compliance, and patient care and safety. The GMEC provides the oversight and monitoring of the various residency programs in conjunction with the DIO. The six general competencies have been addressed in a systematic fashion with new, innovative processes having been developed for implementation in concordance with the ACGME Outcome Project. Internal and ACGME program reviews are conducted in accordance with ACGME guidelines. Overall, the individual residencies appear at this time to be operating at an exemplary level in academic year 2015-16.

Finally, the outcome of the recent ACGME Institutional Review (five years’ accreditation) recognizes the exemplary level of commitment that IU Health Ball Memorial Hospital has invested in its graduate medical education programs and the tremendous support it has received from IU Health Ball Memorial Hospital Administration and the Hospital Board.

IX. Resident/Faculty Awards, Research, Scholarly Activity, & Presentations

Resident physicians at IU Health Ball Memorial Hospital were recognized for outstanding research activities during the Department of Medical Education’s Douglas A. Triplett, MD Memorial Research Symposium held April 29, 2016. The annual event featured more than 25 projects representing works from both resident physicians and nursing personnel.

2016 Award Winners
Platform Category
- 1st Place – Dr. Joseph Varnau – “Thinking Beyond Tissue Plasminogen “Activator (T-Pa): Lifesaving Mechanical Thrombectomy”
- 2nd Place – Dr. Andrew Daluga – “Odontogenic Infections Leading To Acute Complications”
- 3rd Place – Dr. Olufemi Olorunda – “Review Of Imaging In Hemmorragic Pericardial Effusion In Type A Dissection Versus Intramural Hematoma”
**Poster Case Category**
- 1st Place – Dr. Allison Wildin – “Post-Partum Sepsis: A Case of Septic Pelvic Thrombophlebitis”
- 2nd Place – Dr. John Marx – “Splenic Infarct In The Setting Of Infectious Mononucleosis”
- 3rd Place – Dr. Jennifer Brooks – “Porokeratosis Ptychotropica: A Rare Variant Presenting As A Longstanding Gluteal Plaque”

**Post Original Category**
- 1st Place – Dr. Sara Sorrell – “Obesity and Type II Diabetes Mellitus: Care Interventions”

**Poster PI Category**
- 1st Place – Dr. John Sours – “Evaluation Of Patient Hand-Off To The Outpatient Setting With Focus On Discharge Summary Completion And Transmission”

**2016 Poster Presentations (non-award):**
- “Coved” Pattern ST Elevation In Anterior Leads In A Young Patient”, Tigist Adugna, MD, Internal Medicine Residency
- Alcohol Induced Thrombocytopenia In Pregnancy: Help For the Non-Hellp Thrombocytopenic Patient”, Ericka Blair, MD, Family Medicine Residency
- Sevelamer Induced Colonic Injury, Swetha Boddeda, MB, BS, Internal Medicine Residency
- Late Onset Necrotizing Enterocolitis From Rotavirus: A Concerning And Preventable Complication, Thomas Boone, MD, Family Medicine Residency
- Porokeratosis Ptychotropica: A Rare Variant Presenting As A Longstanding Gluteal Plaque, Jennifer Brooks, MD, Transitional Year Residency
- Refractory Hypoxemia In The Adult- Hepatopulmonary Syndrome: A Case Presentation, Andrew Davisson, MD
- May Thurner Syndrome: An Uncommonly Common Cause of Left Sided DVT, Benjamin Dewey, MD
- Increasing Breast Cancer Mammography Screening By 20 Percent For Women Patients Age 40-69 Years In The Medicine Clinic For November 2015 - May 2015: The Preliminary Study, Teresa Goode, MD
- Postpartum Hemorrhage From Amniotic Fluid Embolism, Anna Grady, MD
- Fixation Of Complex Multi-Segmental Vertebral Fracture Via Combined Anterior And Posterior, O. Trent Hall, DO
- Hives Gone Bad: A Case Of Lifelong Urticaria Pigmentosa Turned Mast Cell Sarcoma, Sarah Jeong, MD
- Diagnosis Of Concomitant Multiple Myeloma And Chronic Lymphocytic Leukemia In A Single Patient, Sarah Jeong, MD
- A Stroke In A 31 Year Male, Christopher Johnson, MD
- Mucinous Adenocarcinoma Masquerading As Recurrent COPD Exacerbations, A Case Report, Mounish Kariapudi, MD
- Posterior Reversible Encephalopathy Syndrome in Hemolytic Uremic Syndrome: A Case Report & Lit Review, Jake Liang, MD
- Splenic Infarct In The Setting Of Infectious Mononucleosis, John Marx, MD
- Diagnosis Of Osteomyelitis By Magnetic Resonance Imaging: A Retained Foreign Body Not Localized By Ultrasonography, Nathaniel McIntyre, MD
- Brugada, Brugada: What Is All The Fever About?, Olufemi Olorunda, MD, MPH
- Nail Patella What?, William Shaw, DO
- Inpatient Compliance With Current Guidelines For Frequency Of Measuring A1c, Audreen Singson, MD
- Obesity and Type II Diabetes Mellitus: Care Interventions, Sara Sorrell, MD, PhD
- Evaluation Of Patient Hand-Off To The Outpatient Setting With Focus On Discharge Summary Completion And Transmission, John Sours, MD
- Higher Than Expected Hyperbilirubinemia in Gilbert Syndrome And A Suspicion For Concomitant Hemolytic Anemia, Juan Carlos Venis, MD, MPH
- Progression of Palindromic Rheumatism to Atypical Presentation of Classic Rheumatism, A Case Study, James Wilcox, MD
- Post-Partum Sepsis: A Case Of Septic Pelvic Thrombophlebitis?, Allison Wildin, DO
- Diagnostic and Treatment Approaches of a Rare Primary Salivary Gland-Type Tumor of the Lung, Ross Zeitlin, MD
- Aortoduodenal Fistula, Samerawit Zeleke, MD

**Resident representation at state and national level**

**Internal Medicine:**
- Dr. Sarah Jeong and Dr. Allison Wildin both presented posters at the Regional ACP Annual Scientific Meeting in Indianapolis. Dr. Sarah Jeong and Dr. Olufemi Olorunda presented posters at the National ACP Conference in May 2016.
- Chief Residents, Dr. Allison Wildin and Dr. Samerawit Zeleke, attended the APDIM Spring Conference in April, 2016, in Las Vegas, NV.

**Awards:** Dr. Tinni Mishra was awarded the William B. Fisher Outstanding Resident Award for 2015-2016.

**Family Medicine:**

**National Awards & Presentations:**
IU Health Ball Memorial Family Medicine Resident Juan Carlos Venis, MD, MPH, is one of 12 recipients nationwide to receive the 2016 American Academy of Family Physicians (AAFP)/Novo Nordisk Award for Excellence in Graduate Medical Education. This prestigious award recognizes outstanding U.S. family medicine residents for their leadership, civic involvement, exemplary patient care, and an aptitude for and interest in family medicine. Of the 10,138 eligible family medicine residents, Dr. Venis is one of only 12 recipients of this esteemed designation and is the only recipient being honored from Indiana and this area of the lower Midwest region. Dr. Venis will be presented with this national award at a recognition breakfast at the AAFP Scientific Assembly in Orlando on September 22, 2016. Dr. Venis joins an elite few previous IU Health Ball Memorial Family Medicine Residency graduates that received this award including: Joseph Schuerger – 2013; Curtis O’Loughlin—2010; Justin Whitt—2005 AAFP; and Amanda Morris—2003.

Family Medicine Resident, Juan Carlos Venis, MD, MPH, was appointed to the American Academy of Family Physicians Commission on Quality and Practice (COQP). Dr. Venis will be the only resident member on this national council for which he will serve a one year term beginning January 1, 2016. The scope of work of the COQP is to study and develop recommendations, policies, and programs for family medicine in the following areas: health care delivery systems (e.g., PCMH, ACOs), performance measurement, practice redesign/quality improvement, privileging, health information technology, practice management, private sector advocacy, and physician payment.

Kevin Witt, MD, third year Family Medicine Resident and Justin Whitt, MD, Program Director Family Medicine Residency presented a platform presentation Sessile Serrated Adenomas (SSA) of the Colon a case report at the American Academy for Primary Care Endoscopy Annual Meeting and Conference in South Carolina on Friday, November 6, 2015.
James Wilcox, MD, second year resident presented a case at the annual American College of Sports Medicine meeting “Arm Swelling – Volleyball”.

**State Presentations:**
The Family Medicine Residency was represented by two residents at this year’s Indiana Academy of Family Physicians (IAFP) Research Day on Thursday, May 12, 2016. Platform Case Presentations were presented by second year Family Medicine Resident Dr. Anna W. Grady, POSTPARTUM HEMORRHAGE AND DIC FROM AMNIOTIC FLUID EMBOLISM, and third year Family Medicine Resident Dr. Kevin L. Witt, BLINDNESS AND DEAFNESS IN THE SETTING OF ADVANCED COPD: THE IMPORTANCE OF NUTRITION. The event was held at the Ritz Charles Conference Center in Carmel, IN.

**Local Awards & Presentations:**
Family Medicine Resident Teacher of the Year: Dr. Kevin Witt
Dr. Arnold Lawrence Carter Outstanding Intern award: Dr. Dallin Olson
Dr. William Stinson Family Practice Scholarship: Dr. Steve Monson
AFMRD & NAPCRG Resident Scholarship Award: Dr. Kevin Witt

**Faculty Awards, Research, Scholarly Activity & Presentations**

**Graduate Medical Education Office**
Dr. J. Matthew Neal, Executive Medical Director/Academic Affairs, conducted a workshop entitled “Four Steps to Developing & Mentoring Future Leaders: Cultivating Talent Champions” at the American College of Physicians’ Board of Governors Fall Meeting in Rancho Mirage, CA. Dr. Neal also attended a two-day training session as one of ACP’s Physician Wellness Champions.

Dr. J. Matthew Neal, Executive Medical Director/Academic Affairs and Professor of Clinical Medicine at IU School of Medicine, has been appointed to a four-year term on the Internal Medicine In-Training Examination (IM-ITE) Committee. The ten members of the Internal Medicine In-Training Exam Committee create the IM-ITE, a nationally administered examination developed by the American College of Physicians (ACP), the Association of Professors of Medicine (APM), and the Association of Program Directors in Internal Medicine (APDIM) to assess the proficiency of medical knowledge expected of residents in association with their level of training. Dr. Neal will be responsible for writing the endocrinology content for the examination.

Dr. J. Matthew Neal, Executive Medical Director/Academic Affairs, had an article entitled “Congratulations, New Physician Leader – You’re No Longer Special” which was published in the November/December 2015 issues of the peer-reviewed journal Physician Leadership Journal.


Dr. J. Matthew Neal, Executive Medical Director/Academic Affairs, published an article “Successful Interviewing: Don't Lose the Big Game” in the peer-reviewed journal Physician Leadership Journal in the January 2016 issue.
Transitional Year Residency
Dr. Gerard Costello, Program Director, serves on the ACGME Residency Review Committee, is Chair of the American Society of Anesthesiologist Board of Director's Professional Affairs Committee, and attended the AHME Conference in Fort Lauderdale, Florida in May, 2016.

Family Medicine Residency
Faculty Development/CME
July 9, 2015 – Development of Intern Staffing Curriculum
August 20, 2015 – Policy Development Resident Good Standing
October 9, 2015 – CLER Visit Overview
November 13, 2015 – Director Standard Work
December 11, 2015 – Dealing with the Struggling Learner
December 18, 2015 – Resident Dashboard & Faculty Advising
February 25, 2016 - Managing Inbox Overload
May 5 & 6, 2016 - “Camp Puzzle: Putting the Pieces Together” 2016 Faculty Retreat at Lake Placid, Hartford City, IN

Individual Faculty CME
Ryan Brown, MD
51st Annual Riley Hospital for Children's Pediatric Conference – May 2016

Luke Ernstberger, MD
Internal Medicine for Primary Care: Oncology/Rheumatology/Vascular – September 2015
51st Annual Riley Hospital for Children's Pediatric Conference – May 2016

Melanie Schreiner, MD
Geriatrics for Primary Care – November 2015
American Academy of Family Physicians Program Director Workshop/Residency Program Solutions – March 2016

Christian Shue, DO
Ultrasound Program, Tampa, FL – November 2015
American Academy of Family Physicians Program Director Workshop/Residency Program Solutions – March 2016

Jennifer Wilson
Dermatology for Primary Care Orlando, FL- Feb 2016
American Academy of Family Physicians Program Director Workshop/Residency Program Solutions – March 2016

Justin Whitt, MD
AAFP Board Review, San Antonio, TX – Feb 2016
American Academy of Family Physicians Program Director Workshop/Residency Program Solutions – March 2016

Publications
Promoting conversations between physicians and families about childhood obesity: evaluation of physician communication training within a clinical practice improvement initiative, Health Communication, 31:4, 408-416
**Poster Presentations**
Dr. Melinda McKnight, Family Medicine Residency Associate Director, will be presenting the poster, “Incorporating Group Prenatal Care Into a Residency Center Clinic” at the 2016 American Academy of Family Physicians Annual Program Director & Residency Programs Educational Conference in Kansas City, Missouri. The poster will be presented on Saturday, April 2 and will be on display during this national conference. Authors on the project are from the Family Medicine Residency: Melinda McKnight, MD; Juan Carlos Venis, MD, MPH; Josh Rainey, PhD; Anna Grady, MD; from Ball State University: Jean Marie Place, PhD.

**Grant Awards**
The IU Health Ball Memorial Family Medicine Residency received funding approval for an Indiana Medical Education Board (IMEB) grant totaling $97,554 for a one-year cycle, July 1, 2016-June 30, 2017. The project's goals are to provide targeted care to our most at-risk patients and engage residents and faculty in scholarly activity through research and practice improvement projects. The residency's Safely Home Clinic, a post-hospitalization clinic focused on reducing readmission rates, will be the primary site as well as the residents continuity care clinics. We anticipate approximately 100 patients will be seen in the Safely Home Clinic in 2016 – 2017.

The IU Health Ball Memorial Family Medicine Residency was awarded a March of Dimes Indiana State Chapter community grant to implement Centering Pregnancy in the amount of $24,865, for a one-year time period of 12/14/2015 to 12/13/2016. The project submitted by Melinda McKnight, MD, Associate Director Family Medicine Residency in collaboration with Jean Marie Place, Assistant Professor of Physiology and Health Science Ball State University aims to reduce perinatal morbidity and the high rate of fetal/infant mortality in Delaware County by integrating the Centering Pregnancy model of group prenatal care into the Family Medicine Residency Center practice and to train residents to utilize this evidence-based complement to traditional provider-patient prenatal care. The project also includes a series of support sessions in the postpartum period, after the prenatal component has concluded. The residency leaders are excited to have this opportunity to implement this project which has the potential to significantly impact the health of mothers and babies in our area.

**Internal Medicine Residency**
All associate directors regularly participate in individual educational activities (e.g., national American College of Physicians meetings, APDIM Meetings, ACGME Meetings, AHME Meetings, etc.).

The APDs participated in the Stanford Faculty Development curriculum presented by Dr. Litzelman. In November, 2015 the topic was “Talking with Patients About Health Care Preferences Part II: Developing Communication Skills That Facilitate Effective Conversations”.

Dr. Johnston, Dr. Lakanen, Dr. Dickey and Dr. Burugapalli are Fellows of the ACP.

**Faculty Awards:**
- Dr. Tarek Gharibeh was awarded the John L. Cullison Teaching Award for 2015-2016.
- Dr. Brandon Dickey was awarded “Excellence in Teaching” by the IUSOM Class of 2018.

**Faculty CME/Scholarly Activity:**
- Dr. Bhuvaneswari Burugapalli presented Grand Rounds on October 14, 2015 on “Smoking Cessation: An Evidence Based Approach.”
- Dr. Brandon Dickey presented Grand Rounds on November 11, 2015 on “Generation Differences Among Practicing Physicians.”
- Dr. Adrian Singson presented Grand Rounds on November 18, 2015 on “Dive Medicine.”
- Dr. Ryan Johnston presented Grand Rounds on November 25, 2015 on “From Volume to Value: Moving from
Curve 1 to Curve 2 Implications for Patients, Providers, and Health Systems.

- Dr. Rodney Yuhico presented Grand Rounds on December 9, 2015 on “Physical Activity: How Do We Know About Its Health Benefit.”
- Dr. Adrian Singson presented SEP modules at the ACP Regional Scientific Meeting in November 2015 in Indianapolis. Program Coordinator/Staff Development

Program Coordinator/Staff Development

- Vana DuBois, Program Coordinator Transitional Year Residency, AHME Conference in May, 2016 in Fort Lauderdale, Florida and a conference/workshop on New Innovations in April, 2016 in Cleveland, OH
- Susie Tharp. Program Coordinator Internal Medicine Residency, APDIM Conference in April 2016 in Las Vegas, NV and a conference/workshop on New Innovations in April, 2016 in Cleveland, OH
- Jennifer Kurtz, Program Coordinator Family Medicine Residency, American Academy of Family Physicians Residency Program Solutions in March 2016 in Kansas City, MO.

X. Undergraduate Medical Education.

The Indiana University School of Medicine – Muncie (IUSM-Muncie) on the campus of Ball State University (also known as the Center for Medical Education) provides education to first and second year students within the Indiana University School of Medicine. The IUSM-Muncie also serves the local and national medical community through research and education. Undergraduate and graduate students from Ball State University train as research assistants in IUSM-Muncie’s faculty research labs. IU Health Ball Memorial Hospital faculty provide instruction for clinical courses such as Introduction to Clinical Medicine I (first year) and II (second year). Many IUSM-Muncie students return after their training for residency or clinical practice.

The third-year clerkships began on the Muncie campus in all clinical areas in June in 2014. These rotations mirror those of the Indianapolis campus and will allow a small group (8-10 students) to remain in Muncie for all four years of medical school. (Sufficient 4th year clerkships already exist to accommodate these students).

Visiting Medical Students/Residents/Fellows from Indiana University School of Medicine on Rotations at IU Health Ball Memorial Hospital for Academic Year 2015-2016:

- 19 Radiology Residents/Fellows
- 26 Fourth Year Medical Students (Rotations: Sub-Internship, FM, Cardio, Sports Med, Wards, Surgery, Hematology/Oncology, and Gastroenterology.
- 51 Third Year Medical Students (Rotations: FM, OB, Internal Med, Peds)
- 22 Second Year Medical Students (MSII)
- 24 First Year Medical Students (MSI)
XI. Additional GME Training Opportunities through Continuing Medical Education

The IU Health Ball Memorial Hospital CME Department submitted the 2016 annual report to the Indiana State Medical Association as part of the process to continue as an accredited CME provider. A total of 147 continuing medical events were held through IU Health Ball Memorial Hospital with a total of 2,022 attendees. Of these attendees 1,584 were physicians; 438 were non-physicians. There were a total of 193 instruction hours given. This resulted in the IU Health Ball Memorial Hospital CME Department issuing 1,584 hours of CME to physicians.

The CME Department conducted monthly live webinars (in conjunction with the American College of Physicians) as part of the ACP’s Young Leaders Program.

The CME Department underwent its accreditation site visit from the Indiana State Medical Association in Fall 2012. IU Health Ball Memorial Hospital again received “accreditation with commendation” (a six-year accreditation cycle, the maximum possible), and will be surveyed again in 2018.
Notes