Graduate Medical Education Annual Report

ACADEMIC YEAR 2011-2012

Ball Memorial Hospital
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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 IU 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 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. This excellence continues with a recent five-year accreditation cycle length for the Family Medicine Residency and four year cycles each for the Internal Medicine and Transitional Residencies. The average cycle length of our programs is identical to that of the IU School of Medicine.

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 no exception, with 100% filling of all programs.

One exciting bit of news is that we have been granted additional residency funding, meaning that we are expanding our primary care programs for the first time in over twenty years. Eventual creation of third year medical student clerkships with the goal of having all four years of medical school in Muncie and a local Admissions Committee are all geared towards recruiting “top talent” students to complete these residencies at our institution.

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
Volunteer Clinical Professor of Medicine
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 sub-committees 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 at least bimonthly; official agendas and minutes of all meetings are taken and maintained in the Division of Medical Education.

GMEC Members 2011-12:
- Dr. Neal, DIO & Exec Med Director Academic Affairs
- Dr. Bird, CMO & AD/Family Medicine
- Dr. Brown, PD/Family Medicine
- Dr. Bunch, AD/Family Medicine
- Dr. Burugapalli, AD/Internal Medicine
- Dr. Costello, PD/Transitional Year
- Dr. Daniel, Dir Behavior Science/Family Medicine
- Dr. Dickey, AD/Internal Medicine
- Dr. Johnston, PD/Internal Medicine
- Dr. Miller, AD/Internal Medicine
- Dr. Morrical, AD/Internal Medicine
- Dr. Schreiner, AD/Family Medicine
- Dr. Shue, AD/Family Medicine
- Dr. Whitt, AD/Family Medicine
- Dr. Gamble, Physician/Hospitalist Program

Peer-Elected Resident Members 2011-12:
- Dr. Bessinger, Resident/Family Medicine
- Dr. Schopmeyer, Resident/Family Medicine
- Dr. Gheyara, Resident Internal Medicine
- Dr. Mehta, Resident/Internal Medicine
- Dr. Davis, MD, Resident/Transitional Year
- Dr. Herman, MD, Resident/Transitional Year

During the course of the academic year, the GMEC provided oversight for our three (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:  Bimonthly, 1st Friday at noon (February/April/June/August/October/December).

J. Bunch, Chair  
D. Morrical  
B. Dickey  
C. Shue  
K. Bessinger (FM)  
K. Stange (FM)  
E. Nordstrom (FM)  
J. Schueger (FM)  
J. Chan (IM)  
T. Mehta (IM)  
T. Varghese (IM)  
D. Davis (TY)  
C. Herman (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:  Monthly, 1st Monday of the month at noon, or as needed during the recruitment season (fall through early spring).

B. Dickey, Chair  
M. Schreiner  
R. Johnston  
J. Miller  
M. Neal  
G. Costello  
K. Stange (FM)  
N. Gheyara (IM)  
K. Van Elk (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: Monthly, 2nd Thursday of the month at 8 AM during the fall and spring.
J. Whitt, Chair
S. Brown
B. Burugapalli
J. Miller M. Neal
J. Foster C. Shue (BSU)
R. Twibell (BSU)
D. Newton (FM)
R. Arcenas (IM)
J. Glant (IM)
D. Abdollahian (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
K. Ellis (FM)
K. Schopmeyer (FM)
T. Mehta (IM)
N. Gheyara (IM)
D. Davis (TY)
C. Herman (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: Monthly, 1st Thursday.
J. Kurtz, GME Coordinator
V. DuBois, Transitional Year Coordinator
S. Tharp, Internal Medicine Coordinator
D. Stephens, 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.

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 will implement the NAS in July 2013. Implementation of the NAS will result in several significant changes in the accreditation process, including the site visit. 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 periodic (every 18 months) Joint Commission-like visits to the institution in order to assess the quality of the learning environment. (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>Next Internal Review</th>
<th>Effective Date</th>
<th>Next Site Visit</th>
<th>Length of Accreditation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Institutional Review</td>
<td>Favorable</td>
<td>N/A</td>
<td>10/20/2009</td>
<td>October 2014</td>
<td>5 years</td>
</tr>
<tr>
<td>Family Medicine</td>
<td>Continued Full</td>
<td>7/15/2013</td>
<td>1/24/2011</td>
<td>1/1/2016</td>
<td>5 years</td>
</tr>
<tr>
<td>Internal Medicine</td>
<td>Continued Full</td>
<td>N/A</td>
<td>5/12/2011</td>
<td>1/1/2018</td>
<td>N/A</td>
</tr>
<tr>
<td>Transitional Year</td>
<td>Continued Full</td>
<td>5/2/2013</td>
<td>5/5/2011</td>
<td>5/1/2015</td>
<td>4 years</td>
</tr>
</tbody>
</table>
IV. Internal & Annual Reviews

Internal Reviews

Internal Reviews of Graduate Medical Education Programs sponsored by IU Health Ball Memorial Hospital are performed in order to assess their compliance with the ACGME Institutional Requirements and the Program Requirements of the ACGME Residency Review Committees. This function is an essential responsibility of the Graduate Medical Education Committee (GMEC). Each program’s Internal Review should be conducted at approximately the midpoint between the ACGME program surveys.

Internal reviews are a part of the “old” ACGME accreditation system and will be phased out with the Next Accreditation System (NAS). Programs that are “early adopters” of NAS (Internal Medicine) will not have further internal reviews, but Family Medicine and Transitional Year will be due for internal reviews in 2013-14.

No Internal Reviews were required during the 2011-2012 academic year.

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.
V. Residency Faculty & Staff

Medical Education entered a new phase with a change in leadership in early 2011 as J. Matthew Neal, MD, MBA, FACP, was appointed Executive Medical Director Academic Affairs. Further faculty changes include the appointment of several new faculty members including Dr. Bhuvaneswari Burugapalli joined the Internal Medicine Residency as an Associate Director beginning August 15, 2011; Dr. Chris Shue joined the Family Medicine Residency as an Associate Director beginning August 22, 2011; and Dr. Ryan Johnston accepted the position of Program Director of the Internal Medicine Residency effective December 4, 2011. Dr. Jeff Bird stepped down as part-time Family Medicine Associate Director to pursue full time duties as Chief Medical Officer/VP Operations in June, 2011.

PROGRAM DIRECTORS, ASSOCIATE PROGRAM DIRECTORS, CORE FACULTY, & STAFF 2011-12

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

Program Directors:
- Stewart C. Brown, MD   Family Medicine
- Ryan Johnston, MD   Internal Medicine
- Gerard T. Costello, MD   Transitional Year

Associate Directors & Core Program Faculty:
- Jeff Bird, MD   Associate Director, Family Medicine
- Jennifer Bunch, MD   Associate Director, Family Medicine
- Bhuvaneswari Burugapalli, MD   Associate Director, Internal Medicine
- Linda Daniel, PhD   Director/Behavioral Science, Family Medicine
- Brandon Dickey, MD   Director/Ambulatory Medicine, Internal Medicine
- Joni Miller, MD   Associate Director, Internal Medicine
- Daryl Morrical, MD   Associate Director, Internal Medicine
- Christian Shue, DO   Associate Director, Family Medicine
- Justin Whitt, MD   Associate Director, Family Medicine
- Melanie Schreiner, MD   Associate Director, Family Medicine

Medical Education Staff:
- Jennifer Kurtz, Graduate Medical Education Coordinator
- Debra Stephens, Family Medicine Coordinator
- Susie Tharp, Internal Medicine Coordinator
- Vana DuBois, Transitional Year Coordinator
- Danielle Ruddick, CME Coordinator
VI. Residents.

RESIDENT DEMOGRAPHICS

2011-2012 Residents (*denotes Chief Resident)

FAMILY MEDICINE

PGY-1
- Melody R. Anderson, MD
- Mariel E. Aybar, MD
- Luke S. Ernstberger, II, MD
- Adam M. Howard, MD
- Stuart G. Knapp, MD
- Mindy R. McKnight, MD
- Caleb R. Overpeck, MD
- Joseph B. Schuerger, MD

PGY-2
- Justin B. Anderson, MD, MS
- Ryan P. Brown, MD
- Jonathan J. Gries, MD
- Roland W. James, MD
- Emma J. Nordstrom, MD
- Alan M. Young, MD
- Erin E. Young, MD

PGY-3
- Karalee J. Bessinger, MD*
- Kurtis D. Ellis, MD
- Joanna B. Foster, MD
- Erica L. Gillette, MD
- Alyssa A. Hunter, MD
- Doshandra C. Newton, MD
- Kevin M. Schopmeyer, MD*
- Kimberly A. Stange, MD

INTERNAL MEDICINE

PGY-1
- Jeffrey A. Glant, MD
- Romana N. Malik, MD
- Karna Sarin, MD
- Adrian B. Singson, MD
- Hubert K. Suruki, MD
- Kathryn R. Yuhico, MD

PGY-2
- Rey F. Arcenas, MD
- James F. Chan, MD
- Naasha V. Gheyara, MD
- Sonali Jain, MD
- Racquel K. Reyes, MD
- Terene Varghese, MD

PGY-3
- Yasir M. Ahamed, MD
- Ami V. Bhimani, M.B.,B.S.
- Tapan R. Mehta, M.B.,B.S.
- Chandler H. Park, MD*
- Hongmei Yang, MD
- Rodney Joe O. Yuhico, MD*

TRANSITIONAL YEAR

PGY-1
- Davood J. Abdollahian, MD
- Glenn S. Coats, MD
- Drew B. Davis, MD*
- Paul M. Haste, MD
- Carolyn R. Herman, MD*
- Kimberly S. Van Elk, MD
- Jeremy L. Wolf, MD
- Daneequue J. Woolfolk, MD
## 2012 GRADUATING RESIDENT PLACEMENT:

### Family Medicine Residency

<table>
<thead>
<tr>
<th>Name</th>
<th>Hospital/Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kurtis D. Ellis, MD</td>
<td>Intermountain Healthcare Herfordshire Clinic Roy, UT</td>
</tr>
<tr>
<td>Kevin M. Schopmeyer, MD</td>
<td>IU Ball Memorial Hospital Outpatient Center Yorktown, IN</td>
</tr>
<tr>
<td>Kimberly A. Stange, MD</td>
<td>Crusader Community Health Belvidere, IL</td>
</tr>
<tr>
<td>Karalee Bessinger, MD</td>
<td>Riverbourne Medical Center Carrollton, KY</td>
</tr>
<tr>
<td>Joanna B. Foster, MD</td>
<td>Locums until Sports Medicine Fellowship 07/01/2013</td>
</tr>
<tr>
<td>Erica L. Gillette, MD</td>
<td>Community Hospital Fairfax, MO</td>
</tr>
<tr>
<td>Alyssa A. Hunter, MD</td>
<td>St. Clair Family Medicine Morehead, KY</td>
</tr>
<tr>
<td>Doshandra C. Newton, MD</td>
<td>Private Practice in North Carolina</td>
</tr>
</tbody>
</table>

### Internal Medicine Residency

<table>
<thead>
<tr>
<th>Name</th>
<th>Hospital/Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ami V. Bhimani, MB,BS</td>
<td>Hospitalist – Evansville, IN</td>
</tr>
<tr>
<td>Tapan R. Mehta, MB,BS</td>
<td>Hospitalist – Evansville, IN</td>
</tr>
<tr>
<td>Chandler Howard Park, MD</td>
<td>Hospitalist - IU Health Ball Memorial Hospital Muncie, IN</td>
</tr>
<tr>
<td>Yasier M. Ahamed, MD</td>
<td>Hospitalist - St. John’s Health System Anderson, IN</td>
</tr>
<tr>
<td>Hongmei Yang, MD</td>
<td>Private Practice Peoria Illinois</td>
</tr>
<tr>
<td>Rodney Joe O. Yuhico, MD</td>
<td>Associate Director Internal Medicine Residency</td>
</tr>
<tr>
<td></td>
<td>IU Health Ball Memorial Hospital Muncie, IN</td>
</tr>
</tbody>
</table>

### Transitional Year Residency

<table>
<thead>
<tr>
<th>Name</th>
<th>Hospital/Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Davood J. Abdollahian, MD</td>
<td>Johns Hopkins Hosp-MD Radiology-Diagnostic</td>
</tr>
<tr>
<td>Drew B. Davis, MD</td>
<td>Medical College of Wisconsin (Milwaukee) Ophthalmology</td>
</tr>
<tr>
<td>Glenn S. Coats, MD</td>
<td>U Colorado SOM-Denver Radiology-Diagnostic</td>
</tr>
<tr>
<td>Jeremy L. Wolf, MD</td>
<td>Indiana Univ Sch Of Med Anesthesiology</td>
</tr>
<tr>
<td>Kimberly S. Van Elk, MD</td>
<td>Indiana Univ Sch Of Med Anesthesiology</td>
</tr>
<tr>
<td>Paul M. Haste, MD</td>
<td>Indiana Univ Sch Of Med Radiology-Diagnostic</td>
</tr>
<tr>
<td>Carolyn R. Herman, MD</td>
<td>Indiana Univ Sch Of Med Radiology-Diagnostic Daneeeque</td>
</tr>
<tr>
<td>J. Woofolk, MD</td>
<td>Texas Tech U Affli-Lubbock Dermatology</td>
</tr>
</tbody>
</table>

### INCOMING RESIDENTS 2012-13

#### Family Medicine Residents

<table>
<thead>
<tr>
<th>Name</th>
<th>Hospital/Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adam Amos</td>
<td>Indiana University School of Medicine</td>
</tr>
<tr>
<td>Jesse Crane</td>
<td>A.T. Still University School of Osteopathic Medicine Arizona</td>
</tr>
<tr>
<td>Millissa Eley-Alfrey</td>
<td>Indiana University School of Medicine</td>
</tr>
<tr>
<td>Kellen Hansen</td>
<td>A.T. Still University School of Osteopathic Medicine Arizona</td>
</tr>
<tr>
<td>Hou-en Hui</td>
<td>University of Utah School of Medicine</td>
</tr>
<tr>
<td>Joseph Indiano</td>
<td>Indiana University School of Medicine</td>
</tr>
<tr>
<td>Carrie Jobe</td>
<td>Indiana University School of Medicine</td>
</tr>
<tr>
<td>Morgan Langhofer</td>
<td>Indiana University School of Medicine</td>
</tr>
</tbody>
</table>

#### Internal Medicine Residents

<table>
<thead>
<tr>
<th>Name</th>
<th>Hospital/Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Omer Al-Buoshkor</td>
<td>University of Baghdad</td>
</tr>
<tr>
<td>Haval Amedti</td>
<td>University of Mosul</td>
</tr>
<tr>
<td>Ahmed Behery</td>
<td>University of Cincinnati College of Medicine</td>
</tr>
<tr>
<td>Xavier Laurente</td>
<td>Matias H. Aznar Memorial College of Medicine, Inc.</td>
</tr>
<tr>
<td>Nathaniel Michael</td>
<td>American University of the Caribbean</td>
</tr>
<tr>
<td>Aldrin Roque</td>
<td>Cebu Institute of Medicine</td>
</tr>
<tr>
<td>Karen Zakharian</td>
<td>Yerevan State Medical University</td>
</tr>
<tr>
<td>Vineet S. Sandhu, MD</td>
<td>Ross University School of Medicine</td>
</tr>
</tbody>
</table>

#### Transitional Year Residents

<table>
<thead>
<tr>
<th>Name</th>
<th>Hospital/Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jon Hopkins</td>
<td>Indiana University School of Medicine</td>
</tr>
<tr>
<td>Davoy Murray</td>
<td>Indiana University School of Medicine</td>
</tr>
<tr>
<td>Andrew Ollerton</td>
<td>University of Utah School of Medicine</td>
</tr>
<tr>
<td>Nicholas Pipito</td>
<td>Indiana University School of Medicine</td>
</tr>
<tr>
<td>Jonathan Rybolt</td>
<td>Indiana University School of Medicine</td>
</tr>
<tr>
<td>Robert Sauer</td>
<td>Indiana University School of Medicine</td>
</tr>
<tr>
<td>Erin Stewart</td>
<td>Indiana University School of Medicine</td>
</tr>
<tr>
<td>T. Scott Tatum</td>
<td>University of Louisville School of Medicine</td>
</tr>
</tbody>
</table>
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 2,772 applications for 2011-12. IU Health Ball Memorial residencies interviewed 153 candidates for the 23 first year resident positions. As mentioned previously, all programs filled in the Match.

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 8-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 E*Value and written questionnaires, and monthly reports from each program director are discussed at each GMEC meeting.
REIDENT 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 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.

REIDENT 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.

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 has adopted the E*Value 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. E*Value has greatly expedited the receipt of evaluations and has helped with better integration and analysis of residency data. E*Value 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.
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.

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 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.
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 the spring. 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 2011-12.

Finally, the outcome of the recent ACGME Institutional Review (five years’ accreditation) recognizes the exemplary level of commitment that 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 7th Annual Resident Scholarly Activity & Research Symposium held May 4, 2012. The annual event featured more than 25 projects representing works from both resident physicians and nursing personnel.

2012 Award Winners

Platform Category
- First Place: “Polycythemia presenting as a Discolored Nail” Kevin Schopmeyer, MD Family Medicine Residency
- Second Place: “Mother Knows Best: Late-Onset Group B Streptococcal Disease in a 20-Day-Old Female” Kurtis D. Ellis, MD Family Medicine Residency
- Third Place: “An Atypical case of Atypical Pneumonia” Karalee Bessinger, MD Family Medicine Residency

Poster Category
- First Place: “Left Atrial Myxoma Presenting as Acute Myocardial Infarction” Rey Francisco Arcenas, MD Internal Medicine Residency
- Second Place: When Cellulitis is not Cellulitis: A case of a swollen arm in a dialysis patient James Chan, MD Internal Medicine Residency
- Third Place: Meningeal Irritation as a presenting symptom of Adult Onset Still’s Disease Tapan R. Mehta, M.B., B.S. Internal Medicine Residency

2012 Platform Presentations (non-award):
- “Bordetella Pertussis” Erica Gillette, MD Family Medicine Residency
- “An Unexpected Cause of Postpartum Jaundice: Duodenal Adenocarcinoma in a 34 year old Woman” A. Ashley Hunter, MD. Family Medicine Residency

2012 Poster Presentations (non-award):
- “Severe Iron Deficiency Anemia in a Woman Following a Gluten-Free Vegetarian Diet” Joanna Foster, MD Family Medicine Residency
- “Methicillin-Resistant Staphylococcus Aureus Empyema Necessitatis In An Otherwise Healthy Female” Doshandra Newton, MD Family Medicine Residency
- “Intrauterine Device-Associated Actinomycetes” Kimberly A. Stange, MD Family Medicine Residency
- “Angioedema: A rare complication of thyroidectomy” Yasir Ahamed, MD Internal Medicine Residency
- “Trivial Neck Pain Exposed as Sarcoma Decades after Radiation Therapy” Ami V. Bhimani, MBBS Internal Medicine Residency
- “Vertebral Osteomyelitis and Discitis due to Stenotrophomonas maltophilia in a Young Health Adult Male” Racquel Kukita Reyes, MD Internal Medicine Residency
- “The Therapeutic Dose of Acetaminophen Associated Liver and Renal Failure in Chronic Alcoholism” Hongmei Yang, MD Internal Medicine Residency
• “Ruptured Viscus as a Complication of Ehlers – Danlos Syndrome Type IV” Rodney Yuhico, MD Internal Medicine Residency
• “A rare case of Pelvic Leiomyosarcoma” Davood J. Abdollahian, MD Transitional Year Residency
• “Thrombosis Discovered by Critical Care Ultrasound” Glenn Coats, MD, MBA, MS Transitional Year Residency
• “Infarction Secondary to Spontaneous Renal Artery Dissection” Drew B. Davis, MD Transitional Year Residency
• “S. AUREUS PNEUMONIA: An Unusual Presentation” Paul M. Haste, MD Transitional Year Residency
• “A Positive Outcome in a Classic Case of Fat Embolism Syndrome” Carolyn R. Herman, MD Transitional Year Residency
• “Obesity as an Infrequent but Important Etiology of Hepatocellular Carcinoma” Kimberly Van Elk, MD Transitional Year Residency
• “Case Report: Dilated cardiomyopathy in the setting of long-standing beta-agonist use” Jeremy L. Wolf, MD Transitional Year Residency
• “Septic Thrombophlebitis of the Subclavian Vein with Multi-Organ Failure in the Setting of IV Drug Use: A Case Report” Daneeque Woolfolk, MD Transitional Year Residency

Resident representation at state and national level:
ACP Indiana Chapter Associates’ Council 2011
Represented by Internal Medicine residents Naasha Gheyara, Ami Bhimani, Tapan Mehta.

IAFP Family Physicians Research Day 2012
• First Place Poster - Case presentations: Mother Knows Best: Late Onset Group B Strep in a 20-Day-Old Female – Kurtis Ellis, MD
• Second Place Poster - Performance Improvement: Performance Improvement Focused on the clinical Management of Unhealthy Pediatric Weight – Alan Young, MD Co-authors: Justin Whitt, MD, Linda Daniel, PhD, Carolyn Shue, PhD
• Polycythemia Rubra Vera Presenting as a Discolored Finger – Kevin Schomp Meyer, MD

Faculty Awards, Research, Scholarly Activity & Presentations
• The IU Health Ball Memorial Hospital Family Medicine Residency received full funding of a $30,000 grant to fight childhood obesity. The residency will be collaborating with a local community center, the Ross Center. Family Medicine Residency Program Director, Dr. Stewart C. Brown said, “this is an example of making a local difference, getting involved on a local level and it aligns well with our IU Health Pillars.” The American Academy of Family Physicians awarded nine residency pro-grams grants as part of its Americans In Motion-Healthy Interventions, or AIM-HI, initiative. The grants will help each program develop a one-year, family-centered, community project based on AIM-HI fundamentals and designed to reduce child-hood obesity and promote fitness.
• The Indiana Medical Education Board has approved the IU Health Ball Memorial Hospital
Family Medicine Residency 2012-13 grant proposal for approximately $90,000, the full amount requested. The residency will utilize the funds to support their goals in the areas of patient education, scholarship, and clinical skills. The residency provides state of the art training in all aspects of family medicine including procedures and health promotion. The faculty is committed to scholarly activity involvement to provide evidence-based instruction to residents and contribute to medical knowledge. The funds requested in this grant proposal focus on elements of the residency and curriculum that meet the mission, goals, and training needs of the residents. As the IU Health Ball Memorial Hospital FMR clinic transitions to a patient-centered medical home model of care, the funding will support initiatives focused on improving the residents’ practice-based management skills and their ability to engage in practice improvement.

- The results of the 2012 National Residency Matching Program (NRMP) “Match” were released on March 16, 2012. IU Health Ball Memorial Hospital achieved 100% Match in Family Medicine, Internal Medicine, and Transitional Year residency programs marking the seventh consecutive year to do such.
- Dr. J. Matthew Neal was elected Governor of the Indiana Chapter of the American College of Physicians (ACP) and is the first Governor elected from outside the Indianapolis area. He served as Governor-Elect for one year and assumed office in 2012 for a four-year term. The duties of an ACP Governor include: supporting and communicating College policy to the membership; bringing information to national forums regarding concerns of internists and patients in the jurisdiction; actively participating in all deliberations when the Board of Governors advises the Board of Regents on policy issues; fostering involvement of residents and medical students in all College activities; recruiting new members; encouraging advancements from Associateship to Membership, and from Membership to Fellowship.
- Dr. J. Matthew Neal, Executive Medical Director Academic Affairs, IU Health Ball Memorial Hospital, was selected as an ongoing reviewer for the Annals of Internal Medicine. Annals of Internal Medicine is the official journal of the American College of Physicians and the most widely read internal medicine journal in the world. He was also selected as a reviewer for the American Board of Internal Medicine's Endocrinology Self-Assessment Modules.
- Dr. Gerard Costello, Transitional Year Residency Program Director, has been appointed to the Accreditation Council for Graduate Medical Education (ACGME) Transitional Year Review Committee effective July 2012.
- Dr. Brandon Dickey, Associate Director/Internal Medicine Residency, has been elected Treasurer of the American College of Physicians’ Indiana Chapter and will assume duties in 2012. He also has been named the Program Chair for the American College of Physicians' 2012 Indiana Chapter Meeting in Indianapolis. The position involves the procurement of numerous speakers for the two-day event and planning the educational content. The meeting attracts more than 500 physicians per year.
- Dr. Brandon Dickey was elected a Fellow of the American College of Physicians (FACP) for excellence in teaching. Fellowship in ACP is an honor bestowed upon internists based on
excellence in one of four areas. The IU Health Ball Memorial Hospital Internal Medicine Residency is now one of the few residency programs in the country where all the directors are fellows of ACP.

- Dr. Bhuvaneswari Burugapalli, Associate Director Internal Medicine Residency, has been appointed as Volunteer Clinical Assistant Professor at Indiana University School of Medicine.
- Transitional Year Residency Program Director, Dr. Gerard Costello, served as Chairman of the Midwest Caucus and was elected to Chair the Board of Directors Committee on Professional Affairs at the October 2011 American Society of Anesthesiologists Annual Meeting in Chicago.

**Family Medicine Residency Faculty Development**

- September 2011, Planning Retreat for all Directors, Clinic Administrator, Review of Director Duties, Planning for Residency Expansion
- November 2011, FMR received a $30,000 Americans in Motion-Healthy Intervention (AIM-HI) grant from the American Academy of Family Physicians to address childhood obesity. The residency has used the grant to develop a community intervention as well as a clinic protocol to be used by residents to manage childhood obesity in the clinic.
- January 2012, Planning Retreat for all Directors, Clinic Administrator, PCMH, Health Maintenance, and Mission/Vision/Goals

Family Medicine Residency Intern Retreat: November 2011, facilitated by Drs. Linda Daniel, Chris Shue, 8-hour retreat, topics included understanding of one another and team-building.

**Family Medicine Residency Faculty CME/Scholarly Activity**

**Stewart Brown, MD, Program Director**
- November 2011 – PCMH Workshop
- October 2011 – AAFP Scientific Assembly
- December 2011 – AAFP Conference on Practice Improvement

**Jennifer Bunch, MD, Associate Director**
- June 2012 – AAFP Program Directors’ Workshop
- Directs PI Team for PCMH
- November 2011 – successfully completed Phase One of Maintenance of Certification for the ABFM
- December 2011 – Obstetrics and Women’s Health Update

**Justin Whitt, MD, Associate Director**
- June 2012 – AAFP Program Directors’ Workshop
- November 2011 – PCMH Workshop
- May 2012 – Riley Conference

**Christian Shue, DO, Associate Director**
September 2011 – ATLS
April 2012 – AAFP/Residency Program Solutions
December 2011 – CME Winter Scientific Seminar
June 2012 – EMEDS Course
August 2011 – ABFM SAM
August 2011 – BLS Provider Course

Melanie Schreiner, MD, Associate Director
AAFP/Residency Program Solutions – April 2012
November 2011 – AAFP Pediatric Updates

Linda Daniel, PhD – “Diabetes, Obesity and Heart Disease”, Institute for Natural Resources – Carmel, IN

Jeff Bird, MD, Associate Director April 2012 – Primary Care Update 2

Family Medicine Residency Faculty Scholarly Activity
- **Whitt, J.K., Shue, C.K., Rhodes, H.** (May, 2012). Medical home process improvement. Invited poster and oral platform presentation for the final meeting of the Medical Home Learning Collaborative, an Indiana Community Integrated Systems of Services project, Indianapolis, IN.

Internal Medicine Residency Faculty CME/Scholarly Activity
- Dr. Johnston attended the APDIM Spring Conference in April, 2012, in Atlanta, GA.
- Dr. Dickey attended the ACP Internal Medicine Conference in April, 2012, in New Orleans, LA.
- Dr. Burugapalli attended 2012 APS Annual Scientific Meeting in May, 2012, in Honolulu, Hawaii.
- Dr. Burugapalli presented “Primary Prevention of Cardiovascular Disease (CVD)” at IU Health Ball Memorial Hospital Grand Rounds on January 25, 2012.
- Dr. Johnston presented “Surviving Sepsis” at IU Health Ball Memorial Hospital Grand Rounds on December 14, 2011.
- Dr. Miller presented “A Primer on Commonly Used Herbs” at IU Health Ball Memorial Hospital Grand Rounds on November 9, 2011.
- Dr. Dickey presented “Breast, Colon, and Prostate Cancer Screening Guidelines” at IU Health Ball Memorial Hospital Grand Rounds on October 19, 2011.
- Dr. Brandon Dickey served as the chair for the ACP Annual Scientific Meeting.
- Dr. Heidi Lakanen served on the Planning Committee for the ACP Annual Scientific Meeting.
Program Coordinator/Staff Development.

- Vana DuBois, Program Coordinator Transitional Year Residency, AHME May 2012
- Deb Stephens, Program Coordinator Family Medicine Residency AAFP/Residency Program Solutions April 2012
- Susie Tharp, Program Coordinator Internal Medicine Residency, APDIM Spring Conference for Program Coordinators in April 2012, in Atlanta, GA.

Awards for Excellence in Teaching

Dr. Brandon Dickey, Associate Director/Internal Medicine Residency, was selected “Teacher of the Year” for the second time by students at Indiana University School of Medicine—Muncie. This award is voted on by the second year medical students and was presented at the May 11, 2012 second year graduation banquet.

The Family Medicine Residency honored the following physicians:
- Family Medicine Teacher of the Year was presented to Kevin Luksus, MD
- Specialty Physician Teacher of the Year was presented to Joseph Landwehr, MD
- Resident Physician Teacher of the Year was presented to Karalee Bessinger, MD
- The Family Medicine Residency’s “Anne Eliades, MD Award” honoring a physician for a distinguished career in teaching was presented to Dr. Donna Wilkins
- The “William Stinson Award” was presented to Kimberly Stange, MD. This award, given through the St. John’s Health System in Anderson, recognizes a resident who demonstrates excellence in patient care, particularly with underserved populations.

The Internal Medicine Residency honored the following physicians:
- The John Lawton Cullison, MD Outstanding Teacher Award was presented to Dr. Sai K. Devarapalli.
- The William Boyd Fisher, MD Outstanding Resident Award was presented to Dr. Rodney Joe O. Yuhico.

Special awards honoring residency faculty physicians for their commitment to the program were presented and include:
- James Matthew Neal, MD, MBA: In appreciation of 11 years of committed service, leadership and wisdom as Program Director of the Internal Medicine Residency Program.
- Joni E. Miller, MD: In appreciation of 6 years of committed service and leadership as Associate Program Director of the Internal Medicine Residency Program.
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 an education to first and second year students within the Indiana University School of Medicine. We also serve the local and national medical community through research and education. Undergraduate and graduate students from Ball State University train as research assistants in our 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. Planning is under way to start third year clerkships on the Muncie campus starting in 2014. These rotations will 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). Six new fourth year clerkships are being planned for the 2013-14 academic year to supplement existing clerkships. Another exciting development is the creation at IUSM-Muncie of a satellite Admissions Committee that, for the first time, will interview medical school candidates at a site away from Indianapolis. Interviews for the 2013 academic year began September 2012.

Visiting Medical Students/Residents/Fellows from Indiana University School of Medicine on Rotations at IU Health Ball Memorial Hospital for Academic Year 2011-2012:

3 Interventional Radiology Fellows
30 Fourth Year Medical Students (MSIV) Rotations: Sub-Internship, Pathology, Family Medicine, Cardiology, Pulmonary, Hematology/Oncology, Rheumatology, Sports Medicine
22 Third Year Medical Students (MSIII) Rotations: Family Medicine, Obstetrics, Internal Medicine, Pediatrics
24 Second Year Medical Students (MSII)
25 First Year Medical Students (MSI)

XI. Additional GME Training Opportunities through Continuing Medical Education.

The CME Department submitted the 2011 annual report to the Indiana State Medical Association as part of the process to continue as an accredited CME provider. Impressive records were compiled during 2010. A total of 185 continuing medical events were held through IU Health Ball Memorial Hospital with a total of 3,098 attendees. Of these attendees 1,721 were physicians and 1,377 were non-physicians which participated in one or more of the activities for a total of 196 instruction hours given. This resulted in IU Health Ball Memorial Hospital issuing 1,757 hours of CME to physicians.

The CME Department began its first venture into live Internet education with the creation of monthly live webinars (in conjunction with the American College of Physicians) as part of the ACP’s Young Leaders Program.

The CME Department is preparing for an accreditation site visit from the Indiana State Medical Association this fall, in hopes of maintaining its “exemplary” six year accreditation cycle.