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QUARTERLY



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*The Fort Wayne Medical Society offers our condolences
to the families of the following physicians whose lives
were dedicated to our medical community.*

Raymond Gize

Robert Jensen

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John Wallace

George Irmscher

William Hall

William Rank

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The views expressed in *Fort Wayne Medicine Quarterly* articles are those of the authors and do not necessarily represent those of the Fort Wayne Medical Society.

Editorials are welcome and members are encouraged to respond to an opinion that might be different from their own.

References from articles will be included, if space allows. When not included, references can be obtained through the editor.

Editor's Note | Elizabeth J. Canavati, M.S.



I hope you were able to celebrate the holidays despite the pandemic and all the necessary precautions to keep your loved ones healthy.

This issue of the *Quarterly* seemed to be a bit more of a challenge than some of the past editions. I am not sure if that is because of the fatigue related to the daily news about the

severity of the pandemic and the logistic hurdles related to vaccine distribution; my concerns about the physical and mental health of all the front-line caregivers, who are starting to feel overwhelmed and overworked; a lack of ideas for articles/authors; or the weather. Don't we like to blame our blahs on the weather?

I spend a little time every day searching for articles that I think you may learn from and/or enjoy. That is not always easy as I attempt to strike a balance in topics. In early November, I came across the images from the History of Pandemics in an article written about one pandemic by someone else. Although I didn't find his article very informative, I was fascinated by the images. I looked up the source and read the original article that went with the images. I emailed the company for permission to use the article and the images. I hope you find it noteworthy.

Another article that I thought had some merit was one originally written for the AMA-Alliance Physician Family quarterly magazine. Dr. Pearce addresses the impact of COVID-19 on women. I think most of us realize what the pandemic is doing to women in the workforce who have small children at home.

Dr. John Drake sent me a follow up article on burnout and William Ramsey, JD volunteered a timely piece on medical malpractice. I hope you find his submission insightful.

Two of the fourth-year medical students wrote a thoughtful piece on why they are happy that they did their medical school experience in Fort Wayne.

The FWMS-Alliance identified two community organizations addressing food insecurity to support with matching funds from ISMA-Alliance. The Community Harvest Food Bank and Aging & In-Home Services were extremely happy with the donations. I had asked them to submit information about their organizations and how COVID-19 has had an impact on what they do.

My inbox is waiting for your opinions and expertise. We are always open to topic ideas and contributors. Please feel free to send me your ideas or articles at lizjcan612@gmail.com

When watching after yourself, you watch after others.
When watching out for others, you watch out for yourself.

Buddha

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About the Cover:

Louis W Bonsib (1892-1979) was born in Vincennes, IN. He grew up in Indianapolis, received a BA from IU in 1916, and began working in 1918 as an engraver for the Indianapolis Engraving Company. He left after 7 years and founded his own printing and advertising company in Fort Wayne. After serving in the Army Air Corp. during WWII, he returned to Fort Wayne to turn his business over to his son and devoted his full energies to painting. He was the President of the Fort Wayne Art School from 1948-49, and widely exhibited in the Hoosier Salon for more than 25 years. His paintings included impressionism and realism completed in a variety of mediums, and depicted landscapes of Indiana, especially Brown County, Tennessee and Ogunquit, Maine. Louis chose to donate the major portion of his library of over 200 art books and pamphlets to Vincennes University as well as several hundreds of his paintings. The school later awarded him with an honorary doctorate degree. Bonsib's paintings hang today in many collections and in many private homes.

President's Message: Branding Update | Erin Jefferson, D.O.



As Fort Wayne Medical Society continues to make strides toward modernization and enhanced visibility within the community, Joel Harmeyer and the Board of Trustees have been exploring new avenues for modernization of the brand. I am excited to announce that Fort Wayne Medical Society has part-

nered with a local, boutique advertising agency that has an understanding of Fort Wayne and our unique culture. This agency has developed a comprehensive plan to update our branding in the year ahead. This plan is thoughtfully designed to enhance our communication with prospective and current members.

LOGO UPDATE:

We are currently in the final steps of new logo development. Fort Wayne Medical Society was provided with several excellent logo ideas that reflect our mission, values and partnerships locally. We anticipate that the new logo will bring vibrancy to future communications and serve as a memorable visual on future publications and at future events. Additionally, the Fort Wayne Medical Society seal will be refreshed and digitized in a format that will allow for more professional communication.



IDENTITY SUITE:

In an effort to ensure consistency in our branding, our new logo will be formatted on printed and digital letterhead, envelopes, business cards, etc. While the physical appearance of our communications may change, please know that you can expect the same high-quality content that we consistently strive to produce.

SWAG STORE:

Our advertising agency intends to partner with a production vendor to develop an online shopping experience where members can purchase Fort Wayne Medical Society apparel featuring our new logo and branding. This online boutique will allow for our members to demonstrate FWMS pride through a custom ordering process. This helps to keep inventory low and ensure that we are upholding our fiduciary responsibilities to our members. We are very excited to unveil these new products in the months ahead. We anticipate that the swag store development will move quickly following the finalization of the new logo design.

MEMBER COMMUNICATION STRATEGY:

Our relationship with our advertising partner will help us to develop more efficient and concise methods of communicating with our members. In this regard, our administrative team and Board of Trustees will be better equipped to communicate about upcoming events, new society initiatives and alerts while being mindful of the needs and wishes of our members. We look forward to investigating our current communication patterns to streamline and enhance the experience for everyone.

OVERVIEW VIDEO:

Fort Wayne Medical Society is intricately involved in the framework of Fort Wayne and the medical community. In this regard, we are seeking a platform to best explain our role within our community. We are hopeful that a small scale video production will become a helpful marketing piece for potential members, local agencies, etc. It is our goal to transparently communicate our work to the medical community and build upon our strong relationships with our members.

NEW/EXISTING MEMBER MAILER:

The Fort Wayne Medical Society is enthusiastic about each and every member. In this regard, it is our hope that our method of communication will demonstrate this excitement. We will be working with our advertising agency to develop thoughtful mailing strategies that will make new members feel welcomed into our organization.

In conclusion, I am excited that Fort Wayne Medical Society will be evolving in future months and I hope that all of you are excited to participate in this new journey. Your leadership team welcomes feedback and suggestions, as all of these changes are intended to benefit members and further unite us all as a strong medical community. Thank you all for your commitment to FWMS!

Fort Wayne Medical Society Foundation - Building Momentum | Joel Harmeyer, Executive Director



In many regards, 2020 was a year we all would rather forget. It was, however, a very productive year for the Fort Wayne Medical Society – Foundation, which was established in the late 1960s. Our Foundation mission is to make donations to other charitable 501 (C)(3) organizations, and to promote the better-

ment of public health in Allen County. The Foundation's charitable giving revenue came mainly from the sale of the 709 Clay Street building – the Society's former real estate asset.

Notable progress for the FWMS Foundation in 2020 includes:

- Establishing an Investment Policy for the money designated for charitable giving. The board of trustees approved a managed brokerage account with a 60/40 stocks to bonds investment mix. This fund is managed locally by Raymond James. Until this policy, the bulk of the Foundation's assets were in cash and certificates of deposits. This new approach should yield higher gains that will hopefully equate to more funds for qualifying organizations .
- We added two non-physician trustees to the Foundation board. Roger Reece and Linda Buskirk were welcomed as trustees this year, both of whom bring a wealth of charitable giving knowledge.



Roger Reece serves as Executive Pastor of Associated Churches, and has working relationships with many area non-profit organizations. Through his work with Associated Churches, Roger is able to identify the under-served segments of our community.



Linda Buskirk is a nationally renowned consultant, specializing specifically in the non-profit sector. Her core services include vision development, strategic planning, governance, workshops and facilitated retreats for congregations or not-for-profit agencies, customized to satisfy the unique needs of each client.

- With Linda and Roger on board, they led us through establishing a Planned Giving Committee while helping us identify a specific criteria for community donations.
- Through a survey of members and trustees alike, we established three pillars of giving (physician well-being, mental health and addiction, under-served and vulnerable populations).
- Using the newly created three pillars as a guide, the Planned Giving Committee selected three organizations to support in 2020. The Carriage House, Positive Resource Center, and St. Joseph's Mission each received an initial gift of \$5000.
- An additional \$5000 was allocated to start a new fund administrated by the FWMS office. This initiative is called the IU School of Medicine (Fort Wayne) - Student Emergency Fund.

The following criteria has been established for release of funds:

In the life of a medical student an unexpected expense that, if not dealt with promptly, may have immediate serious consequences that affect the student's ability to stay focused on his or her training. The intent to provide emergency aid to students is designed to alleviate stress points due to unforeseen financial emergencies. This grant is a one-time gift dedicated to "emergency" situations only, (e.g. car breakdown or other unforeseen situations). It cannot to be used for maintenance care or routine expenditures.

A three-person confidential committee will decide the merits of the emergency and notify the student accordingly. A 24-hour turnaround can be expected.

As we look to 2021, the Foundation plans to establish its own website with a Planned Giving donation request form. We also intend to educate the community of our plans to support area organizations while engaging our members to support these endeavors. Whether it is an annual gift, estate planning, or bequests, the Foundation is readily accepting new funds so that we may continue to positively impact causes which resonate with the members of FWMS.



**Fort Wayne
Medical Society**
FOUNDATION

Fort Wayne Medical Society | New Members



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Residency: Harlem Hospital Center, 2017-2020



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STEPHANIE KIDD, DO

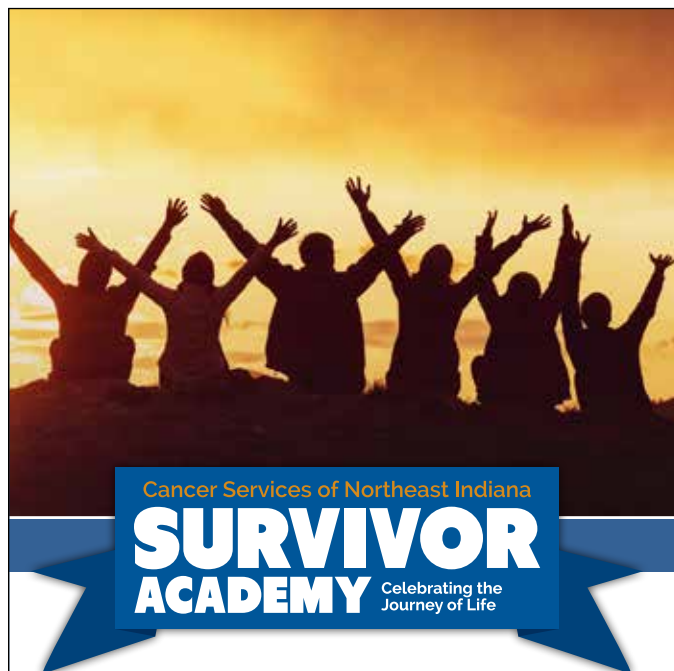
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Medical
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Continued on page 10



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Residency: St Vincent Health, 2005-2009

**“If you’re struggling in your
healthcare career and
feeling burned out, I know
where you are, and
I know there’s
a way out.”**

– JOHN DRAKE DO,
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Burnout: Part Two | John Drake, D.O.



Last quarter I wrote about the other pandemic that is affecting our physician world. Not the COVID virus which surged as predicted but the one of physician burnout. Recall that burnout being that state where you have both physical and emotional exhaustion and can't recover.

It's a dilemma, not a problem to solve. 46% of doctors exhibit at least one symptom of burnout.

Common Symptoms of Burnout include:

- Exhaustion: physical and emotional
- Becoming cynical in your work
- Depression/suicide
- Feeling useless in your job
- Irritability
- Drug and alcohol use
- Lack of focus

Results from burnout include diminished or poor-quality interactions with patients. Problematic surgical outcomes and increased risks of patient complaints to name a few. We forget why we went into medicine. It was our altruistic need to serve others, remember?

How can you be an effective caring provider when buried in burnout?

You can't just take a little time off and recover. I know. I spent two weeks on vacation at the beginning of October, including time in Puerto Rico. I even took six days off after we returned in order to relax more. However, come the next Tuesday morning it was business as usual. Challenging patients, same old office stuff and same old irritating fatigue at the end of the day. Call coming up that weekend felt even heavier. Clear proof that burnout does not go away with vacation or time off like a weekend. Add to that the drama of social unrest and the election this year and it's too much.

In a Medscape Lifestyle Report, 56% of physicians report that the sheer volume of their bureaucratic tasks is largely to blame for pushing them over the edge. 39% report spending too much time at work. Does this sound like you? Getting to work at 8 or 9 am and staying beyond 6 pm?

I ran into a friend of mine a few weeks ago on a Sunday while I was sitting at a hospital waiting for a delivery. I asked him why he was there, and his response was that he was getting his charts ready for Monday office. I asked him when he left the office daily which was well after 6 pm after which he goes home and does chartwork for an hour or two. Really? How many of us do that? I'll tell you. Far too many. I doubt that your salary includes this extra time to get work done. Too much time clicking the mouse. Looking for the right information in your EMR? Documenting, documenting, and documenting more? This is the state of medicine today.

I sit in our doctor's lounge and listen to the conversations. Income changes are talked about especially since most of us are employed by health systems. Well those systems took a beating in the first half of the year. Because they did, about 74% of health care systems reduced physician salaries. Add that stress to our lives and it creates more unhappiness and burnout. Let's not disregard the administrative challenges we deal with either: EMR's, insurers declining care plans, and more demand to keep improving an unhealthy populations health status. All the COVID challenges on our patient population keeps them stressed as well and there is no end in sight. Unfortunately with the resurgence of the viral infection counts, life isn't going to get better any time soon. Health systems are trying to stay afloat and recover. There's no big recovery bonus coming in the foreseeable future. So, we need to be able to survive and cope.

We need to figure out how to survive this career. It's killing us. Fortunately, there are things we can do to mediate the pain.

First, speak up.

Talking to your colleagues about what's bothering you is helpful because you find out that you are not alone. Don't isolate yourself. We did that this spring and it made life worse for a lot of people. Problems can seem darker when you do. Learning to say NO is also key. Sometimes NO is the best answer when someone asks you to take on a new task.

Exercise is also key.

All of us can find time to exercise whether it's before work or on the way home. I hit the gym before office about 2-3 days a week. I also take a long weekend day walk for up to 11 miles. You can clear your mind of a lot of crap over several hours of walking. Listen to music, meditation chants or even prayer.

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Sleep is a priority.

Hard to get sometimes when you are on call, but we are not always on call. Remember I talked about Dike Drummonds three accounts? That energy account needs rest as well as some cardio or a good run to get our endorphins flowing. We really do need 8-9 hours a night of sleep, especially post call.

Pursue a hobby.

Any hobby. It doesn't matter. Something you enjoy doing that is not work related. If you want to raise fainting goats, run a farm, buy a corvette, join a club, it doesn't matter.

Spend time with your family and loved ones. This year I've played more weekend card games with my wife and daughters than any other time in my life. Where else could we go this spring and summer other than our dining room for food and family. My wife and I just instituted monthly date night. Doesn't have to be Friday or Saturday. Weeknights work barring any mandatory meetings or call.

Another option to explore is practicing mindfulness.

Mindfulness is the practice of purposely bringing one's attention to experiences occurring in the present moment without judgment.

The practice can help reduce depression, stress and anxiety as well as other healthful benefits. Yes, mindfulness is about meditating but you don't have to call upon any far eastern gods or listen to sitar music unless you want to. You can practice this alone or in groups. You can practice it for 5 minutes in a quiet place undisturbed. There are mindfulness as well as meditation apps to download onto your phone. I'm doing it.

If full time work has too many demands and it's hurting you, consider Locum Tenans. Part time work connected to travel can bring a whole new environmental change. If the practice of clinical medicine just can't work out for you, consider another career. There's always other things to do.

Physician coaching is another pathway. Coaches can help you look at this dilemma and help you redefine who you are and help you to see life from a different angle. They can help you take that dilemma and rework it so that there are options. Coaching is well accepted in the United States and there are coaches for all types of professionals.

The bottom line is that you don't need to suffer, nor do you need to quit. Ask questions and get help before someone directs you to.

Real generosity towards the future lies in giving all to the present.
Albert Camus

A Passion for Women's Health - How COVID-19 Impacts Women | Jessica Pearce, DO



One would think that there probably isn't much about COVID-19 that will shock or surprise us at this point in 2020. But the truth is, some aspects of this pandemic are just now surfacing. Six months after its debut in the United States, the coronavirus is still having unexpected and often under-discussed ramifications for women.

First, let me say that in no way do I think women are weak. Quite the contrary. Women are fundamental to society, carrying so much of the unpaid workload of the family unit. But we are tired.

This pandemic has created uncharted levels of stress. Fortunately, we are resilient. It is still important to acknowledge the stressors that are now a constant part of our lives so we can find solutions. Many aspects of our new lives continue to add to the baseline concerns we have regarding the well-being of our families. We need to make sure women are heard when they express concerns about their mental health.

Jobs and Mental Health

According to the US Department of Labor, 70% of mothers with children under 18 years old participate in the labor force; 75% are employed full time. Mothers are primary earners for 40% of households with children under 18.

The pandemic has impacted the female workforce differently than the male workforce. In a home where both parents are now working from home, women end up coordinating homeschooling activities more often than men while taking on an increased level of responsibility for all family duties. Even though women already had to master this work-life balance prior to the pandemic, COVID-19 has created new levels of stress.

Over 45% of adults in the US report that their mental health has been impacted by worry and stress related to the virus. For others, unemployment has become

an unwelcome reality. Over 36 million people filed for unemployment in the last two months. In April alone, women accounted for 55% of the 20.5 million jobs lost. Research shows job loss increases depression, anxiety, distress, and loss of self-esteem and can increase rates of substance abuse and/or suicide.

It is not surprising that calls to suicide hotlines have increased during the pandemic. In the past, suicide rates have increased multiple times following large economic downturns. A Lancet study found suicide rates in 2008-2010 increased four times faster than the years before the recession. Although suicide rates are higher among men, women attempt suicide more frequently.

A perfect storm of unemployment, limited access to resources and limited financial support can create or add to stressors, negatively impacting a woman's self-esteem and creating a life-long impact on her health and her family's health if left untreated or unacknowledged.

Of course, women in every line of work are fighting similar battles as they try to do what is right for their families. Many women support their families paycheck-to-paycheck and don't have the luxury of quitting their jobs because they are afraid of becoming ill. Many women must risk sending their children to school so they can go to work. Many women have no choice.

Risk, Stress and Isolation: Pregnancy During COVID-19

There is a significant gap in data reporting that makes it challenging to know the full extent of the impact this virus is having on pregnancy. Most of what we know comes from first-hand physician experiences.

Pregnant women try to balance work and pregnancy safely. But for jobs that do not allow work from home, many pregnant women are begging for medical excuses to work from home to stay safe. They risk losing their jobs to save their lives and the lives of their families. Worrying about safety and financial stability for the family creates a constant tug of war.

Unfortunately, feelings of isolation and alienation during COVID-19 begin with prenatal care. To keep healthcare workers safe, pregnant women now complete prenatal appointments alone. Ultrasounds are greeted with sighs of relief at the sight and sound of a beating heart, which

many women ask to video for the partner who wasn't allowed to be there.

Those requiring hospital admission generally cannot have a family member at the bedside. In women with SARS-CoV-2 infection, pregnancy increases the risk of hospital admission and the need for ICU care, sometimes on a ventilator. Hispanic and Black women are disproportionately affected in this regard. Due to restrictions, however, these women must fight alone in isolated settings.

Pregnant women are also worried about how the virus might affect their growing babies. In some cases of newborns who tested positive for COVID-19, there is no way to rule out infection by exposure after birth. However, there are at least two documented cases providing evidence for transmission during pregnancy.

Since many people aren't following social distancing or mask rules, pregnant women are forced even further into isolation to make sure they limit exposure and possible risks to the baby. This additional isolation leads to increased anxiety and depression during pregnancy and postpartum.

All pregnant women worry about the possibility of miscarriage; adding the uncertainty of COVID-19 increases that stress exponentially. Illness during pregnancy increases the risk of having a preterm infant. Preterm infants can experience a variety of morbidities, including developmental delays. These are no small thoughts to a woman carrying a child.

While a pregnant woman always worries most about her baby, during a pandemic pregnancy she also has to worry about her own health. COVID-19 positive pregnant women suffer from increased rates of cardiomyopathy. Some asymptomatic women suffer rapid decline after delivery, following a new COVID-19 diagnosis which most likely impacted her circulatory system.

Due to COVID-19, women must also prepare for the possibility of facing delivery - an experience that can be traumatizing and cause lasting mental health effects - ALONE. They must prepare for the possibility of being separated from their newborn if they test positive for COVID-19. Some women are fearful of intervention

Continued on page 14

from Child Protective Services if they leave the hospital against medical advice with their newborn should they happen to test positive for COVID-19.

Upon discharge, isolation and feelings of alienation often continue, exacerbated by COVID-19. Many women opt to forgo family or friend visitation due to increased and unknown risks to their newborn. Because the first few weeks after childbirth are not kind, fluctuating hormones, body changes, breastfeeding and chaotic sleep schedules can create a perfect storm for postpartum blues to transform into postpartum depression.

These new issues impact the new mother's mental and emotional wellbeing. It is no surprise that researchers from the University of Alberta interviewed 900 new mothers and found that 40.7% had depressive symptoms, compared to 15% before the pandemic. The study also found that 72% of new mothers felt moderate to high anxiety, a 43% increase from the number reporting anxiety before the pandemic.

Women Physicians Are Overextended, Too

We should also note that physicians, almost 40% of whom are female, are overextended as well. COVID-19 actively puts the physicians and their families at risk. When they leave the hospital, the invisible backpack of burden does not disappear as easily as the smell of death. They must begin the mental gymnastics of forgetting the events of the day and focus on their families. Physician moms are trying to solve the issue of childcare and schooling along with everyone else. Sometimes they must deal with family members who believe COVID-19 is just like the flu, essentially negating the devastating events they witness on the job daily.

Having to deal with other physicians who tout false medical remedies creates additional stress for physicians who are fighting insurance companies who think their knowledge is only worth \$25 for a 15-minute telemedicine consult, if they reimburse that time at all.

It's ALL exhausting and impacts the amount of time we can spend with our own families.

The pandemic has created increased and unnecessary stressors for the family unit, mostly in ways that impact women and their mental health. We need to let our leaders know that women's lives and mental health are not disposable. Support for women must be more accessible and less cost-prohibitive so we can stop writing our wills and start focusing on our families.

This pandemic must end at some point. The question is, what will be sacrificed along the way?

Our guest contributor, Jessica Pearce, DO, (Dr. J) is a board-certified gynecologist with a passion for women's health, including sexual and mental health. She is the creator of a new podcast and blog called The Ludicrous Uterus. Her mission is to remove the stigma surrounding these topics not just for women, but for society as a whole. Additionally, Dr. J is passionate about educating and finding solutions for the gender gap in healthcare and the disparities that impact marginalized communities of women. She also wants to become a greater resource for safe hormone monitoring and management for the transgender community.

This article was originally published in the *AMA-Alliance Physician Family Magazine*, Fall 2020 Edition.

References are available from this editor upon request.





For this edition of Director to Director, I chat with Alexander “Andy” Wilson. He is Executive Director of The Carriage House. Having lived in Fort Wayne most of my adult life, I have probably driven by Carriage House on Lake Avenue a thousand times. Last summer, with an introduction from a friend of the Society, I toured Carriage House. Andy recommends contacting him for a tour, and I second that notion. It is a fantastic way to witness the Carriage House and its staff in action. The tour Andy gave left me inspired and recharged. There is truly something special happening in the old white house on Lake.

Due to COVID-19, this interview took place over email with follow-up questions by telephone.

How do you describe Carriage House to someone unfamiliar with the organization?

The Carriage House is odd, we are a nontraditional “Clubhouse Model” program.

The Clubhouse Model was started about 60 years ago in New York City and operates on a couple of very simple precepts:

- Women and men with serious mental illness have all the skills, experience and wisdom that everybody else does.
- In an environment that is full of meaning, community, hope and opportunity – people get better!

We create this environment by working together; side-by-side. Together we run a commercial kitchen, process data entry, raise money, maintain our building and grounds, manage a bank and all of our accounting, apply for and report on grants, provide outreach to members, help people move into better places, and assist with all of the challenges of living with a serious mental illness.

As people participate in this shared meaningful work, self-esteem is reclaimed, and confidence is built. For most, this is the first step in real rehabilitation. Then, we practically help each other get our lives back by:

- providing immediate and accessible opportunities to return to work in the community
- helping each other with educational goals
- providing the support to move into and stay in good living situations, thus staying out of the hospital.

And we are good at it. We are recognized as an international leader in providing evidence-based psychiatric rehabilitation.

What is the history of Carriage House?

In 1996, a young man with schizophrenia was killed by a hit and run driver while walking the streets of Fort Wayne. His name was Justin Blessing. His parents were part of a family support group offered by National Alliance on Mental Illness (NAMI) – Fort Wayne. That group decided that something needed to change, and they began thinking about another way to provide services for their loved ones.

They found a Clubhouse Model program during a NAMI conference and decided that this was what they needed. They partnered with Park Center (the local Community Mental Health Center in Fort Wayne) to form the fledgling program. A beautiful house on Lake Avenue was purchased and renovated, a fantastic staff was hired, and we opened our doors for business in 1997.

What is a typical workday like for you?

I have been honored to work in Accredited Clubhouse Model programs since 1993. I have worked in every capacity in the Clubhouse and loved every challenge. These days, I spend most of my time speaking about the work we do, cheerleading for members and staff, and looking for resources to allow our program to grow and flourish. The unique nature of the work we do means that I get to be right in the middle of everything. I am lucky to not have an office, so I am able to be a part of our remarkable community every day.

How do you strike a work/life balance?

This is a good question. I like to think that I am one of the lucky few people whose job entails being the person that I want to be. There really isn't a distinction between

my work self and my home self. I imagine that during my 24 hours every day I'm going to sleep, parent, play, work, love, and laugh. I have found that my home life makes me better at my work life and vice versa.

What is the biggest challenge your organization faces? How can our members help?

Like most not-for-profits, our biggest challenge institutionally is finding the resources to keep our mission alive and vibrant. There have been significant challenges to funding streams in mental health over the years. The Carriage House has been grateful to be supported by the Fort Wayne community. We raise about \$600,000 a year in private money to make our nontraditional services possible. This year has been unusually challenging for our program and for the women and men with whom we work. Providing critical services in the time of COVID has been tough and dealing with isolation and stress for our members compounds the challenges.

The Medical Society can help in a couple ways:

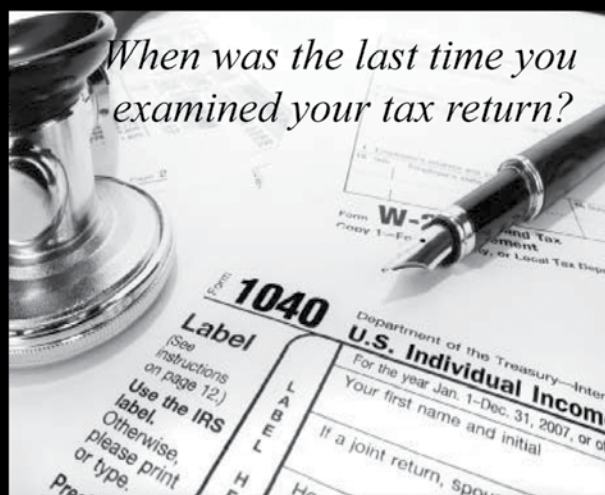
1. **Come for a tour!** Learn who we are and meet some of the remarkable people with whom we work. And then tell our story. We are only as effective as our relationships with the larger community allow.
2. **Help us find work.** Our employment program is amazing. Helping open doors for us to pitch our program would be incredible.
3. **If you are able, help us raise money.**

What is one thing you'd like our physician members to consider when dealing with issues your organization faces?

That we are all in this together. Mental illness is not particular about who it strikes. I'm confident that every person reading this is able to identify a loved one or neighbor or church member who is living with a mental illness. We can change the way we think about mental illness and those who live it. We can create environments in which all of us get better. And the Carriage House can help.

Know an inspiring community leader?

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Pan·dem·ic / pan'demik / (of a disease) prevalent over a whole country or the world.

As humans have spread across the world, so have infectious diseases. Even in this modern era, outbreaks are nearly constant, though not every outbreak reaches pandemic level as COVID-19 has.

Today's visualization outlines some of history's most deadly pandemics, from the Antonine Plague to the current COVID-19 event.

A Timeline of Historical Pandemics

Disease and illnesses have plagued humanity since the earliest days, our mortal flaw. However, it was not until the marked shift to agrarian communities that the scale and spread of these diseases increased dramatically.

Widespread trade created new opportunities for human and animal interactions that sped up such epidemics. Malaria, tuberculosis, leprosy, influenza, smallpox, and others first appeared during these early years.

The more civilized humans became – with larger cities, more exotic trade routes, and increased contact with different populations of people, animals, and ecosystems – the more likely pandemics would occur.

Here are some of the major pandemics that have occurred over time:

Name	Time Period	Type/Pre-human Host	Death Toll
Antonine Plague	165-180	Believed to be either smallpox or measles	5M
Japanese Smallpox Epidemic	735-737	Variola major virus	1M
Plague of Justinian	541-542	Yersinia pestis bacteria / Rats, fleas	30-50M
Black Death	1347-1351	Yersinia pestis bacteria / Rats, fleas	200M
New World Smallpox Outbreak	1520 – onwards	Variola major virus	56M
Great Plague of London	1665	Yersinia pestis bacteria / Rats, fleas	100,000
Italian Plague	1629-1631	Yersinia pestis bacteria / Rats, fleas	1M
Cholera Pandemics 1-6	1817-1923	V. cholerae bacteria	1M+
Third Plague	1885	Yersinia pestis bacteria / Rats, fleas	12M (China and India)
Yellow Fever	Late 1800s	Virus / Mosquitoes	100,000-150,000 (U.S.)
Russian Flu	1889-1890	Believed to be H2N2 (avian origin)	1M
Spanish Flu	1918-1919	H1N1 virus / Pigs	40-50M
Asian Flu	1957-1958	H2N2 virus	1.1M
Hong Kong Flu	1968-1970	H3N2 virus	1M
HIV/AIDS	1981-present	Virus / Chimpanzees	25-35M
Swine Flu	2009-2010	H1N1 virus / Pigs	200,000
SARS	2002-2003	Coronavirus / Bats, Civets	770
Ebola	2014-2016	Ebolavirus / Wild animals	11,000
MERS	2015-Present	Coronavirus / Bats, camels	850
COVID-19	2019-Present	Coronavirus – Unknown (possibly pangolins)	1.46M (Johns Hopkins U est. as of Nov. 31, 2020)

Note: Many of the death toll numbers listed above are best estimates based on available research. Some, such as the Plague of Justinian and Swine Flu, are subject to debate based on new evidence.

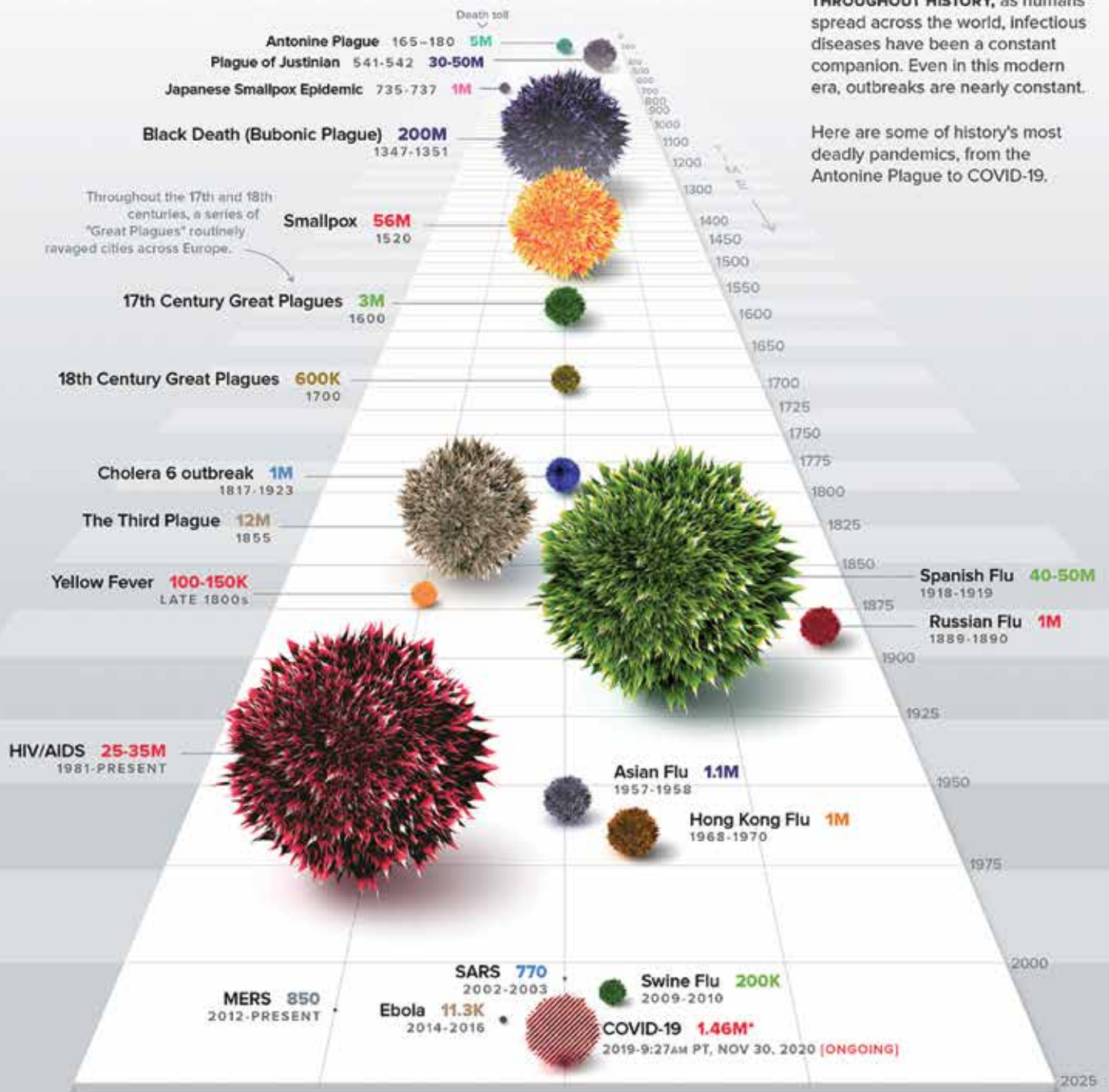
Continued on page 20

HISTORY OF PANDEMICS

PAN-DEM-IC (of a disease) prevalent over a whole country or the world.

THROUGHOUT HISTORY, as humans spread across the world, infectious diseases have been a constant companion. Even in this modern era, outbreaks are nearly constant.

Here are some of history's most deadly pandemics, from the Antonine Plague to COVID-19.



WHO officially declared COVID-19 a pandemic on Mar 11, 2020.

It is hard to calculate and forecast the impact of COVID-19 because the disease is new to medicine, and data is still coming in.

*Johns Hopkins University estimates

DEATH TOLL [HIGHEST TO LOWEST]

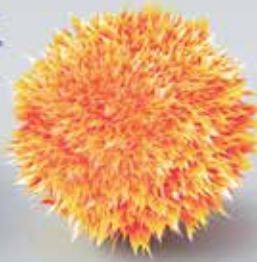
200M

Black Death (Bubonic Plague)
1347-1351



56M

Smallpox
1520



40-50M

Spanish Flu
1918-1919



30-50M

Plague of Justinian
541-542



The plague originated in rats and spread to humans via infected fleas.

The outbreak wiped out 30-50% of Europe's population. It took more than 200 years for the continent's population to recover.

Smallpox killed an estimated 90% of Native Americans. In Europe during the 1800s, an estimated 400,000 people were being killed by smallpox annually. The first ever vaccine was created to ward off smallpox.

The death toll of this plague is still under debate as new evidence is uncovered, but many think it may have helped hasten the fall of the Roman Empire.



25-35M
HIV/AIDS
1981-PRESENT



12M
The Third Plague
1855



5M
Antonine Plague
165-180



3M
17th Century Great Plagues
1600



1.46M*
COVID-19
2019-9:27AM PT, NOV 30, 2020
[ONGOING]



1.1M
Asian Flu
1957-1958



1M
Russian Flu
1889-1890



1M
Hong Kong Flu
1968-1970



1M
Cholera 6 outbreak
1817-1923



1M
Japanese Smallpox Epidemic
735-737



600K
18th Century Great Plagues
1700



200K
Swine Flu
2009-2010



100-150K
Yellow Fever
LATE 1800s



11.3K
Ebola
2014-2016



850
MERS
2012-PRESENT

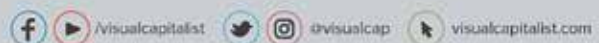


770
SARS
2002-2003

*Johns Hopkins University estimates



Sources:
CDC, WHO, BBC,
Wikipedia,
Historical records,
Encyclopedia Britannica,
Johns Hopkins University



COLLABORATORS RESEARCH & WRITING Nick LePan, Nick Routley | **DESIGN** Harrison Schell | **ART DIRECTION** Harrison Schell

Despite the persistence of disease and pandemics throughout history, there's one consistent trend over time – a gradual reduction in the death rate. Healthcare improvements and understanding the factors that incubate pandemics have been powerful tools in mitigating their impact.

Wrath of the Gods

In many ancient societies, people believed that spirits and gods inflicted disease and destruction upon those that deserved their wrath. This unscientific perception often led to disastrous responses that resulted in the deaths of thousands, if not millions.

In the case of Justinian's Plague, the Byzantine historian Procopius of Caesarea traced the origins of the plague (the *Yersinia pestis* bacteria) to China and northeast India, via land and sea trade routes to Egypt where it entered the Byzantine Empire through Mediterranean ports.

Despite his apparent knowledge of the role geography and trade played in this spread, Procopius laid blame for the outbreak on the Emperor Justinian, declaring him to be either a devil, or invoking God's punishment for his evil ways. Some historians found that this event could have dashed Emperor Justinian's efforts to reunite the Western and Eastern remnants of the Roman Empire, and marked the beginning of the Dark Ages.

Luckily, humanity's understanding of the causes of disease has improved, and this is resulting in a drastic improvement in the response to modern pandemics, albeit slow and incomplete.

Importing Disease

The practice of quarantine began during the 14th century, in an effort to protect coastal cities from plague epidemics. Cautious port authorities required ships arriving in Venice from infected ports to sit at anchor for 40 days before landing — the origin of the word quarantine from the Italian “*quaranta giorni*”, or 40 days.

One of the first instances of relying on geography and statistical analysis was in mid-19th century London, during a cholera outbreak. In 1854, Dr. John Snow came to the conclusion that cholera was spreading via tainted

water and decided to display neighborhood mortality data directly on a map. This method revealed a cluster of cases around a specific pump from which people were drawing their water from.

While the interactions created through trade and urban life play a pivotal role, it is also the virulent nature of particular diseases that indicate the trajectory of a pandemic.

Tracking Infectiousness

Scientists use a basic measure to track the infectiousness of a disease called the reproduction number — also known as R_0 or “*R naught*.” This number tells us how many susceptible people, on average, each sick person will in turn infect.

Measles tops the list, being the most contagious with a R_0 range of 12-18. This means a single person can infect, on average, 12 to 18 people in an unvaccinated population.

While measles may be the most virulent, vaccination efforts and herd immunity can curb its spread. The more people are immune to a disease, the less likely it is to proliferate, making vaccinations critical to prevent the resurgence of known and treatable diseases.

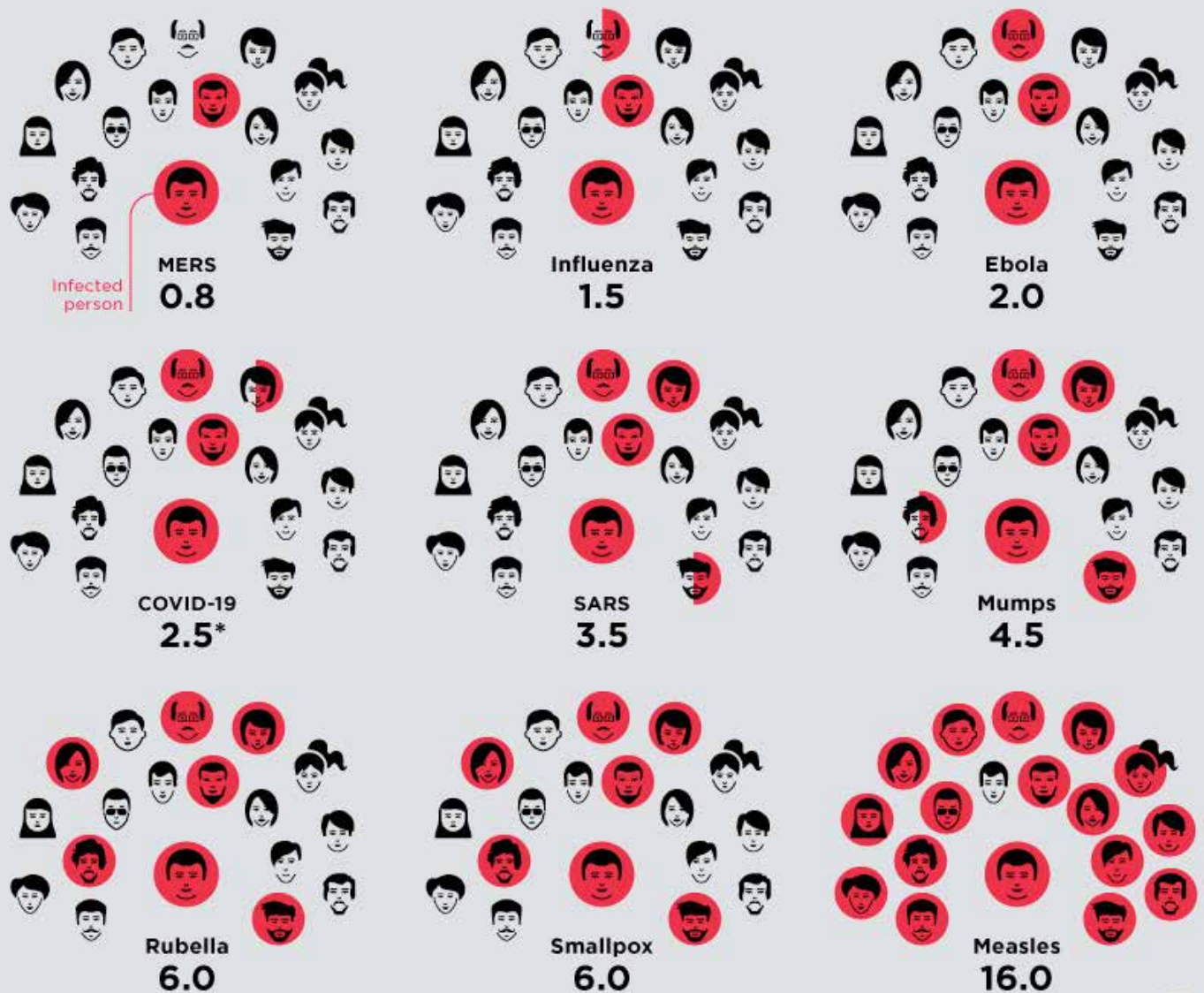
It's hard to calculate and forecast the true impact of COVID-19, as the outbreak is still ongoing and researchers are still learning about this new form of coronavirus.



Visual Capitalist is one of the fastest growing online publishers globally, focused on topics including markets, technology, energy and the global economy. We thank them for allowing us to reprint this article, which originally was published on March 14, 2020. They update the graphic COVID-19 numbers monthly.

R0 (basic reproduction number) of diseases

A measure of how many people each sick person will infect on average



*This number may change as we learn more about this new disease

Urbanization and the Spread of Disease

We arrive at where we began, with rising global connections and interactions as a driving force behind pandemics. From small hunting and gathering tribes to the metropolis, humanity's reliance on one another has also sparked opportunities for disease to spread.

Urbanization in the developing world is bringing more and more rural residents into denser neighborhoods, while population increases are putting greater pressure on the environment. At the same time, passenger air traffic nearly doubled in the past decade. These macro trends are having a profound impact on the spread of infectious disease.

As organizations and governments around the world ask for citizens to practice social distancing to help reduce the rate of infection, the digital world is allowing people to maintain connections and commerce like never before.

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Is it medical malpractice or ordinary negligence?

Why you should care | William Ramsey, JD



Claims against healthcare providers for negligent acts fall into two broad categories of medical malpractice and ordinary negligence. In general, claims that are related to the promotion of a patient's health or a healthcare provider's professional expertise, skill, or

judgment are considered claims of medical malpractice, while claims that are unrelated to these issues are considered claims of ordinary negligence.

The issue is important for healthcare providers to understand for several reasons. Claims of medical malpractice (with exceptions, including those that involve claims against providers who are not "qualified" by paying surcharges to the Indiana Patient's Compensation Fund), fall within Indiana's Medical Malpractice Act (the "MMA"), which provides significant procedural and substantive protections for healthcare providers. For example, claims that fall under the MMA have caps on the damages that a plaintiff can recover. For claims that are based on acts that occurred on or after July 1, 2019, a plaintiff's maximum recovery is \$1.8 million, and \$500,000 per provider. Plaintiffs whose claims fall under the MMA must also (with limited exceptions) present their claims to a medical review panel before they may pursue their claims in state court.

Whether a claim is one for medical malpractice or ordinary negligence can also affect whether the claims are covered by a healthcare provider's professional negligence or general liability insurance policy. In addition to the different coverage limits, professional negligence policies often differ from general liability policies in that they generally provide some degree of control to the insured over whether a claim settles. That is, while the general rule in the insurance context is that the insurance company controls the defense of a claim and can make the decision to pay a settlement without the insured's permission, professional negligence policies often contain a provision that requires, in at least some cases, the insured's permission to settle claims.

Medical malpractice lawyers understand the importance of this question, which is why the issue is often litigated through the time-consuming process of an appeal in close cases. In a little over a year, the Indiana Court of Appeals has issued several decisions on this issue.

In *Cortez v. Indiana University Health* (Ind. Ct. App. July 20, 2020), the Court found that claims related to the maintenance of health records fell within the MMA. In *Community Health Network, Inc. v. McKenzie*, 150 N.E.3d 1026 (Ind. Ct. App. 2020), the Court held that claims that an employee of a medical office intentionally accessed medical records of patients without their consent fell outside Act, as the allegations were "not related to the promotion of their health and do not involve the use of professional expertise, skill, or judgment, as contemplated by the MMA." And in *Martinez v. Oaklawn Psychiatric Ctr., Inc.*, 128 N.E.3d 549 (Ind. Ct. App. 2019), trans. denied, the Court determined that a claim for wrongful death stemming from an altercation that occurred between a patient and an employee at a group home for mental health patients who do not require inpatient services fell within the Act.

The issue is sometimes difficult to resolve, as evidenced by the *Martinez* case, in which the plaintiff sought transfer to the Indiana Supreme Court and two Justices took the relatively uncommon step of writing a dissent from the Court's declination to hear the case.

The issue of whether certain acts fall within the MMA is sure to continue to be hotly contested by lawyers, and should also be followed by healthcare professionals, as the outcome of this question in a particular case can affect potential exposure to individuals or their employers, and trends related to certain kinds of claims can affect decisions on the types and amounts of insurance coverage to obtain.

William Ramsey concentrates his practice in the areas of appeals, medical malpractice defense and commercial and business litigation. He can be reached at (260) 423-8824 or at war@barrettllaw.com.



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IU School of Medicine - FW

Gina Bailey, Asst. Director of Program Development



Alpha Omega Alpha (AOA) is the national medical honor society. All medical students are eligible for nomination, but only the top students are selected for membership. The mission of the AOA is to recognize high educational achievement, honor gifted teaching, encourage the development of leaders in academia and the community, support the ideals of humanism, and promote service to others. Students are selected for this honor based on merit and the demonstration of the characteristics that align with the AOA's mission and values.

In 2019 the IN Chapter of the AOA changed the nomination process to the beginning of the fourth year. Previously, about a quarter of AOA members were inducted during the third year, with the remaining new members inducted at the beginning of fourth year. This change was due to IU School of Medicine adopting a pass/fail grading system. Student nominations are based on Step 1 scores, clerkship grades, and the demonstration of excellence in service, ethics, leadership, research, and creative activities.

This year the IN chapter of the AOA selected 20% (72 members) of the Class of 2021 for membership. Eight of 72 students were from the FW campus with four completing all four years here. FW native, Nathan Schleinkofer was also selected.

Membership in the AOA is a lifelong honor. We are extremely proud of our students' accomplishments. We are also grateful to our medical community for providing mentorships, research, and clinical experiences. Your generous contributions of time helped our students achieve this prestigious award.



Michaela Campbell



Jean Crowley



Kyle Davis



Olivia Johnson



David Millay



Daniel Romano



Brad Rumancik



Raghav Vadhul



When choosing which campus to attend for medical school, IUSM-Fort Wayne was the most convenient. It hap-

pened to be closest to our families, which for us, offered the best possible support system. We also thought that the smaller class size would likely offer closer relationships with our peers and a more personal touch than Indianapolis. However, IUSM - Fort Wayne ended up far exceeding our expectations.

What we found was not just a strong sense of family support and closer relationships with classmates, but an excellent community of physicians who genuinely wanted to teach the next generation.

We got to know providers from various specialties that we hope to keep as mentors for years to come. The physicians in Fort Wayne were not simply people looking to teach us medicine, but rather men and women looking to teach us about life—giving back to the community, educating future generations, and balancing the different commitments that come with being a doctor. They tried to get to know us as individuals and uncovered the talent we possessed in addition to medical knowledge. They fostered our dreams of becoming future educators and community leaders. They took time to talk about financial responsibility, both now and in the future. They provided education on how to evaluate contracts and make wise decisions when considering future practices to join. Many of them not only showed us their role as a physician, but also invited us to walk alongside them in all aspects of their lives for the two to four years we would spend in Fort Wayne.

Physicians in Fort Wayne often have to walk the fine line of being volunteer educators—many times without residents to help with educational tasks—and providers of patient care. These physicians sacrifice a tremendous amount of time by volunteering to take students and also place a significant amount of trust in us by allowing medical students to perform tasks that would typically



INDIANA UNIVERSITY
SCHOOL OF MEDICINE-FORT WAYNE

be handled by an intern or resident. Having this effort invested and faith placed in us has driven us to step up, learning to observe and then act, thereby taking charge of our own education. Being the only student with a physician allows for greater involvement and gives us the opportunity to accept more responsibilities, helping us grow in our roles as future doctors. In addition, this has made it easier to hit the ground running on away rotations and sub-internships and will be a big advantage heading into residency.

Fort Wayne physicians have been gracious about giving us an honest look into their careers. Often providers want to convince students to join their specialty by showcasing the positive aspects while hiding some of the more negative sides of their career. We believe this inside look is a great favor, as it shows medical students what life in medicine is really like and has given us a more complete understanding of what we are choosing to pursue for our careers.

It is true that there were times where it was more difficult for us to learn material because the physicians were busy caring for patients and did not have protected time to teach. There were also times when it took more effort to enlist an academic mentor in our field of choice or find research specific to our specialty. While these things can often be perceived as negatives, in our eyes they were wonderful opportunities to strengthen our self-discipline, engage in independent learning, and develop the inner drive necessary to be a successful resident and future physician. Additionally, compared to our peers in larger centers, the opportunity to have a higher level of participation in clinic, inpatient floors, and operating rooms was irreplaceable. The relationships we developed were of much more value to us than having a spoon-fed education or easier access to research.

In just a few short years, we will be done with residency and join our educators as practicing physicians. At that time, we think we will look back with even greater understanding of just how lucky and privileged we were to complete this phase of our medical education here in Fort Wayne.

Fort Wayne Medical Education Program Updates | Erin Jefferson, D.O.

The Impact of a Global Pandemic on Graduate Medical Education in Fort Wayne



The current COVID-19 pandemic has been globally impactful to every person in Fort Wayne and the surrounding communities. In this regard, the residents at Fort Wayne Medical Education Program (FWMEP) have experienced sweeping impacts on their family medicine residency training.

A key educational component to the residency training experience involves block rotations with various required and elective specialties in Fort Wayne. This opportunity provides the residents with important specialty-specific knowledge and serves to build collaborative relationships with practicing physicians in the area. Understandably, the pandemic has limited access to rotations in a sporadic fashion. Initially these rotation restrictions were related to general stress/fear regarding the nature of the pandemic and a global personal protective equipment (PPE) shortage. Fortunately, the residents

are now noting that the majority of their core rotations are available as our hospital partners have created robust protocols and secured adequate PPE. The resident-run inpatient medicine and obstetrical services have continued to provide high-quality care to our patients throughout the pandemic.

Residents have demonstrated great flexibility with regard to educational didactics during 2020. These didactics sessions have been held in hybrid format, some in person and some virtual, in a manner that aligns with county-wide gathering restrictions. While there have been some lost educational opportunities with our local specialists due to ongoing format changes, the faculty at FWMEP have been working to support the residents whenever possible. The program has been very fortunate to have a robust technological infrastructure that allowed for interactive lectures in a virtual format.

The Family Medicine Center serves as the resident continuity clinic throughout the course of the training process. As with other outpatient primary care clinics in Fort Wayne, the patient care volumes have fluctuated in 2020. The leadership team has been working to ensure an appropriate balance of patient/employee safety with adequate patient access. The Family Medicine Center is monitoring chronic disease registries to ensure that no patients fall behind with regard to their medical needs. The residents are being exposed to telemedicine care delivery and learning about best practice for providing virtual care longitudinally.

FWMEP is fortunate to have many resident leaders contributing to our organizational pandemic planning efforts. The residents are currently equipped with backup call coverage plans and surge plans to ensure that all services managed by our learners will remain educational and provide high-quality care. All of the residents have demonstrated an exceptional level of professionalism and understanding through these difficult times. Certainly, the residents are in a challenging situation – as they currently straddle the line between active learner and independent medical provider. They have graciously risen to the occasion with COVID-19 and have undoubtedly learned many lessons that will not be found in their text books.



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Fort Wayne Medical Society - Alliance



Liz Hathaway and Vivian Tran, Co-Presidents



This year has been full of unexpected challenges and adjustments for our members, our medical spouses, and partners in the community. Medical professionals have all diligently stepped up and worked harder and longer hours in response to COVID-19. We are immensely proud and grateful for our medical community.

Through these challenging times the FW Medical Society Alliance has continued to proudly stay engaged and support our community partners. Our community health initiative this year was partnering with Super Shot in their childhood vaccinations efforts. We have been able to support them with their capital campaign, as well as serving on their development committee and assisting with administrative and clinical duties.

Our focus for October and November was on food insecurity in our community. Through the generosity of our members and medical alliance partners (FW Medical Society and ISMA-Alliance), we were able to present \$5000 each to the Community Harvest Food Bank (CHFB) & Aging &

In-Home Services (AIHS)—Meals on Wheels program. Eight members volunteered at the Community Harvest Food Bank and several members observed the

AIHS – Grab and Go Meal Distribution Program.

We could not have done this without the generosity and support of our medical alliance partners and our members.

Thank you for being a part of our initiative to serve, support, and promote meaningful causes in our community.



Volunteers: Jennifer Bojrab, Lona Pritchard, Betty Canavati, Kathy O'Shaughnessy, Tonya Hughes, Dawn Davis, Vivian Tran, Liz Hathaway, Community Harvest Food Bank Executive Director Carmen Cumberland

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Visiting Nurse

FWMS-Alliance Missions: Promote and Support our Community

COMMUNITY HARVEST FOOD BANK

Northeast Indiana Food Insecurity Breakdown



Total Counties in Community Harvest's Service Area: 9

US Congressional District: 3

Population: 667,000

Total Food Insecure Individuals: 112,098 (16.8% of the population)

Total Food Insecure Children: 43,409 (25.2% of the child population)

ADAMS CO.

Population: 35,164

Food Insecure People: 5,978 (17.0%)

Food Insecure Children: 2,906 (26.4%)

ALLEN CO.

Population: 369,047

Food Insecure People: 65,321 (17.7%)

Food Insecure Children: 25,337 (26.3%)

DEKALB CO.

Population: 42,834

Food Insecure People: 6,982 (16.3%)

Food Insecure Children: 2,566 (24.4%)

HUNTINGTON CO.

Population: 36,494

Food Insecure People: 6,058 (16.6%)

Food Insecure Children: 1,944 (24.6%)

LAGRANGE CO.

Population: 38,777

Food Insecure People: 5,390 (13.9%)

Food Insecure Children: 2,660 (20.8%)

NOBLE CO.

Population: 47,527

Food Insecure People: 7,034 (14.8%)

Food Insecure Children: 2,544 (21.2%)

STEUBEN CO.

Population: 34,349

Food Insecure People: 5,805 (16.9%)

Food Insecure Children: 1,898 (26.4%)

WELLS CO.

Population: 28,019

Food Insecure People: 4,343 (15.5%)

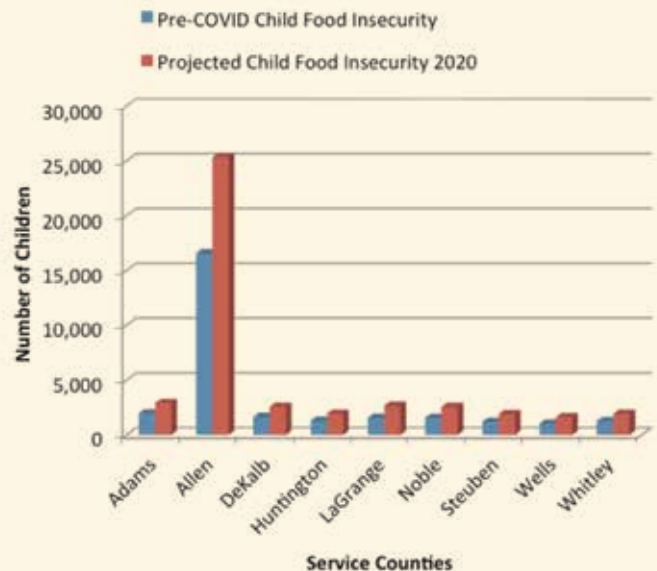
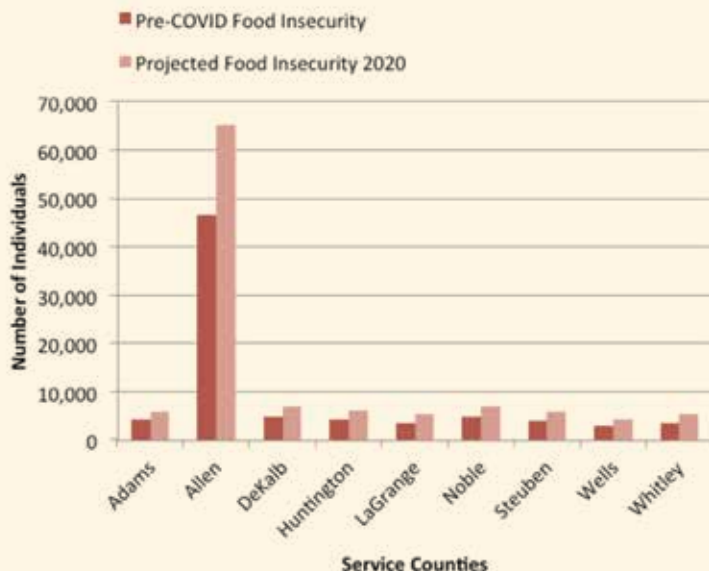
Food Insecure Children: 1,629 (23.4%)

WHITLEY CO.

Population: 33,682

Food Insecure People: 5,187 (15.4%)

Food Insecure Children: 1,925 (24.7%)



COMMUNITY HARVEST FOOD BANK QUICK FACTS

- 17.1 Million pounds of food distributed
- 97.6% Of income is allocated to ten in-house hunger relief programs
- Nearly 7000 volunteers help through the year

FWMS-Alliance Missions: Promote and Support our Community



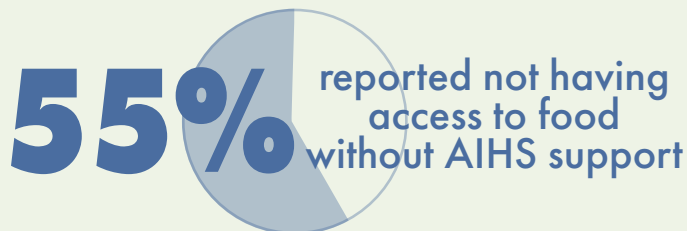
Aging & In-Home Services of Northeast Indiana (AIHS) is the premier resource for older adults, people with disabilities and family caregivers.

When the COVID-19 pandemic hit, AIHS knew its services would be in high demand. Perhaps the most needed service – nutritional support. Due to stay-at-home restrictions and social distancing protocols seniors were one of the largest groups affected. No longer having regular access to their caregiver or not feeling safe to visit the grocery store, AIHS had to adapt its current services to provide additional support to its clients and the community-dwelling seniors who were newly affected.

AIHS was able to enhance its Meals on Wheels deliveries to include both regular and shelf-stable meals to provide a two-week supply which allowed for nearly double capacity in the Home-Delivered Meals program.

Because restaurants and congregate dining sites were closed, AIHS began Community Grab n' Go Meal Distributions to provide a safe, no-contact, drive-thru service to individuals 60 years of age and older. This program grew from one county, to eight counties throughout northeast Indiana with over 80 events and almost 100,000 meals served. AIHS knows malnutrition can lead to adverse health effects of an already vulnerable population. Reducing food insecurity amongst older adults allowed AIHS to provide additional resources and help mitigate the crisis at hand.

AIHS COVID-19 NUTRITION RESPONSE FOR OLDER ADULTS



986 Emergency Meals Provided

30,656 ADDITIONAL Meals on Wheels Provided

98,340 GRAB 'N GO MEALS PROVIDED

If you or someone you know is in need of assistance, **JUST CALL US! 260.469.3036**



*all statistics reported through September 30, 2020

► **Four LHN Hospitals Recognized for Excellence in Infant and Maternal Health**

Four Lutheran Health Network hospitals have been recognized by the Indiana Hospital Association (IHA), in partnership with Governor Eric J. Holcomb and State Health Commissioner Kris Box, M.D., FACOG, for their commitment to infant and maternal health at the first annual INspire Hospital of Distinction recognition program.

INspire, funded by the Indiana Department of Health's Safety PIN grant, was developed to implement the delivery of best practice care for Hoosier moms and babies and recognize hospitals for excellence in addressing key drivers of infant and maternal health.

Lutheran Hospital, Dupont Hospital, Bluffton Regional Medical Center and Kosciusko Community Hospital earned INspire Hospital of Distinction recognition by meeting the criteria in four or five of the 2020 categories, which include infant safe sleep, breastfeeding, tobacco prevention and cessation, perinatal substance use, and obstetric hemorrhage.

"It is our privilege to work with Gov. Holcomb, Dr. Box and so many others to improve the health of women and children in our community and across Indiana. We are honored that four of our hospitals received the highest level of recognition and we will continue our work in this important area," said Natalie Seaber, RN, MHA, CNML, Regional Chief Nursing Officer, Lutheran Health Network.

"Indiana's birthing hospitals are critical partners as we work to drive down infant mortality," Gov. Holcomb said. "Thanks to their efforts, Indiana's infant mortality rate has fallen to the lowest level in state recorded history. Together we will continue this important work to save even more lives and give every Hoosier newborn the best opportunity ahead."

"I am inspired by the work and passion our birthing hospitals bring to make sure all babies born in Indiana have the best start at life," Dr. Box said. "Reducing infant and maternal mortality requires a multi-pronged approach over the course of many years to see impactful change. We're seeing that change happen, but we can't stop now. We must continue to adopt best practices so that we can celebrate more first birthdays in Indiana."

Box noted that among many successes, Indiana has seen a nearly 30 percent drop in Indiana's black infant mortality rate in just two years.

"Indiana hospitals are grateful for the leadership of Governor Holcomb and Dr. Box and are thrilled to be a partner in Indiana's successful effort to reduce infant mortality," said IHA President Brian Tabor. "We look forward to building on the progress we've made and achieving Governor Holcomb's goal for Indiana to have the lowest rate of infant mortality in the Midwest by 2024."

Indiana Hospital Association serves as the professional trade association for more than 170 acute care, critical access, behavioral health, and other specialized hospitals in Indiana.

► **Eight Nurses Receive LHN Nursing Excellence Award**

Lutheran Health Network announced that the following nurses have been selected to receive the 2020 Nursing Excellence Award. LHN hospitals located throughout northeastern Indiana chose one outstanding nurse within each entity to receive this honor.



Carolyn M. Banyash, RN, BSN, CCRN, CMC,
Lutheran Hospital

Brittany Aleman, RN,
Kosciusko Community Hospital

Ana Liter, RNC-OB,
Dupont Hospital

Vicki Lederle, RN,BSN, MBA, CPDN,
Dukes Memorial Hospital

Mechele Stukey, ASN, RN,
Rehabilitation Hospital

Cheryl Fry, RN,
Bluffton Regional Medical Center

Theresa Poorman, RN,
St. Joseph Hospital

Karen Watson, RN, BSN,
The Orthopedic Hospital

Recipients were chosen for their outstanding contributions in the areas of patient safety, quality, operational excellence and connected patient care.

This peer-nominated award, created in honor of 2020 being the "Year of the Nurse," and in recognition of the critical role of nurses throughout the COVID-19 pandemic, was open to qualifying RNs and LPNs working in a direct patient care role who consistently demonstrate characteristics synonymous with nursing excellence.

"Lutheran Health Network is fortunate to have many outstanding nurses, including our award winners, among its ranks - nurses who deliver exemplary care, compassion and service, who understand the importance of teamwork and mentoring others, who can lead in times of crisis, and who are true champions of promoting healthcare in our community," said Natalie Seaber, RN, M.H.A, CNML, Regional Chief Nursing Officer, Lutheran Health Network. "With so much focus this year on the selfless efforts of front-line heroes that work throughout our LHN facilities, we are pleased to acknowledge the important contributions of our nursing professionals," she said.



Advanced Heart Failure Accreditation

Lutheran Hospital's expertise in treating heart failure at every stage is reflected through the American College of Cardiology's Advanced Heart Failure accreditation. **Lutheran Hospital is the only hospital in Indiana and one of the first four in the nation to achieve this distinction.** Congratulations and thank you to the specialists, nurses and staff who provide advanced cardiac care at Lutheran Hospital every day.



LutheranHospital.com/heart-failure

Lutheran Hospital is owned in part by physicians.

Fort Wayne Medical Society Mission Statement

The Fort Wayne Medical Society is committed to the goals of the American Medical Association, the purpose of which is the preservation of the art and science of medicine, the personal development of member physicians and the protection and betterment of the public health.

The Fort Wayne Medical Society is committed to the principles of physician autonomy and self-determination in the practice of medicine.

The Fort Wayne Medical Society is committed to fulfilling the role of an active cohesive leader of the healthcare resources of our community by maintaining and assuring the quality, availability and the responsible economic utilization of our healthcare resources.

The Fort Wayne Medical Society is committed to active involvement in the decision-making process regarding medical, social, political and economic issues affecting patients and physicians within hospital and all various inpatient and outpatient settings.



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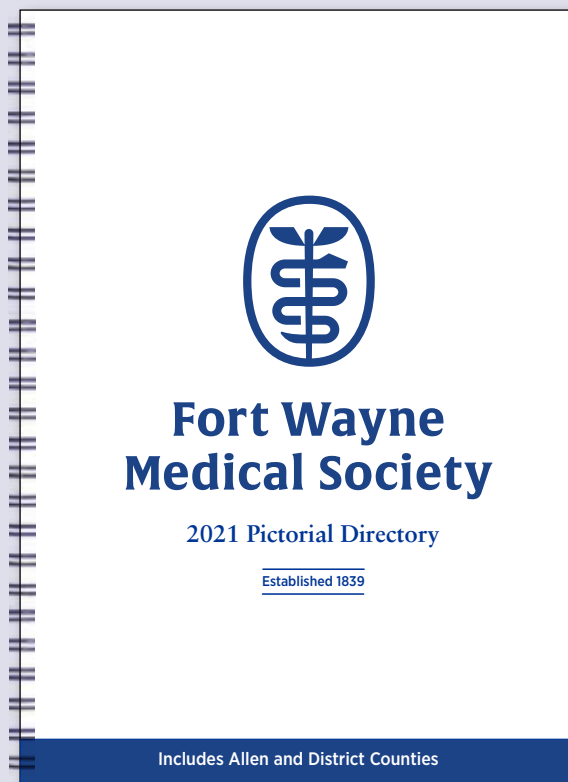
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- A case study of a patient with an 'unusual presentation'.
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- Something new that you learned at your specialty meeting or journal.
- A Letter to the Editor on an article written in the *Quarterly*, local or national news.

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- 500-2000 words, typewritten in standard fonts, and sent as an attachment.
- Visuals, such as charts, graphs, photos, may enhance your article.
- Citations of references not required, but may be helpful for readers wanting further information.
- "Headshot" picture of you-the author is desirable.
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- **Deadline dates are second Thursday of February, May, August, and November.**
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- Congratulations, you made the cut.
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- Thanks for your willingness to share your experience and expertise.



▶ John Bowen to lead Parkview Regional Medical Center and Affiliates



John Bowen is now serving as president of Parkview Regional Medical Center (PRMC) and Affiliates, which includes Parkview Regional Medical Center (PRMC), Parkview Hospital Randallia (PVH) and

other entities under the hospital licensure. Bowen previously served as chief operating officer for PRMC and Affiliates under the leadership of President Ben Miles, who is moving into a new role with the health system.

Bowen joined Parkview Health in 2017 as chief operating officer of PVH. Before joining Parkview, he served at Baptist Health, a nine-hospital health system in Little Rock, Arkansas, in several operational and administrative leadership roles. He is a Fellow in the American College of Healthcare Executives.

▶ Ben Miles named president, Health Plan Services, and chief advocacy officer, Parkview Health



Miles is now serving as president of Health Plan Services and chief advocacy officer for Parkview Health. In this role, he will focus on Parkview's partnerships with area employers and relationships with legis-

lators and government agencies throughout the region. Miles has served in several leadership positions since joining PH in 2012.

▶ Parkview Inverness Medical Office Building Offering Parkview Physicians Group - Family Medicine, Internal Medicine and Walk-In Clinic

Physicians Group (PPG) today opened its newest location, making family medicine, internal medicine and walk-in clinic services convenient to residents of southwest Fort Wayne.

The 19,000-square-foot medical office building is located at 8233 Glencarin Boulevard, just off



Illinois Road on the Parkview Inverness campus, and will house three providers. Ryan Singerman, DO, PPG – Family Medicine, is currently seeing patients at the clinic. Kelly Robinson, NP, PPG – Family Medicine, and Madhavi Chilakamarri, MD, PPG – Internal Medicine. All are welcoming new patients.

"We are excited to provide greater access to care for the residents of southwest Fort Wayne and look forward to expanding the services available at Parkview Inverness in the future," said Joshua Kline, MD, chief medical officer, Parkview Physicians Group.

The medical office building is one of two new facilities planned for the Parkview Inverness campus. Construction of the outpatient center, which was slated to begin in March, is currently on hold due to the COVID-19 pandemic.

▶ Parkview Advanced Medical Simulation Lab Receives Accreditation

The Advanced Medical Simulation Lab at the Parkview Mirro Center for Research and Innovation has attained accreditation by the Society for Simulation in Healthcare (SSH), the largest healthcare simulation accrediting body in the world.

A state-of-the-art facility, the simulation lab at the Parkview Mirro Center for Research and Innovation features some of the most advanced medical simulation technology available, including high-fidelity medical manikins and virtual reality systems. Accreditation through SSH is a recognition of the high standard of simulation and the quality of education available through the simulation center. Achieving SSH Core Accreditation demonstrates that the Advanced Medical Simulation Lab is continuing to work among the vanguard of its field.

"Accreditation is a critical step on the journey toward excellence in healthcare simulation education. We are honored by the recognition of our team's hard work.," said Jeffrey Boord, MD, MPH, medical director, Parkview Advanced Medical Simulation Lab, and chief quality and safety officer, Parkview Health.

"The team we have assembled at Parkview for the design and implementation of simulation is truly exceptional," said Charlotte Gabet, manager, innovation and simulation lab, Parkview Mirro Center for Research and Innovation.

SSH Accreditation is a peer-reviewed evaluation of healthcare simulation programs that requires submission of documentation and a site visit by a team of reviewers. The accreditation examines the simulation program's processes and outcomes in assessment, research, teaching/education, and systems integration. To learn more, visit www.ssih.org.



► Parkview Health to Offer COVID-19 Training, Support to Nursing Homes as Part of New Statewide Initiative

Parkview Health will be sharing clinical guidance and expertise in a new program designed to support Indiana nursing homes with operational issues related to COVID-19.

In partnership with the IU Richard M. Fairbanks School of Public Health at IUPUI, IU School of Medicine and the Regenstrief Institute, Parkview will serve as a virtual training center for a new statewide program, as part of the National Nursing Home COVID-19 Action Network using the Project ECHO (Extension for Community Healthcare Outcomes) model.

As a virtual training center, Parkview will work collaboratively with the IUPUI ECHO Center at the Fairbanks School of Public Health to advance COVID-19 preparedness, safety and infection control within nursing homes. Both Parkview and IU will facilitate 60- to 90-minute webinars for nursing home employees weekly for 16 weeks, sharing important information on COVID-19 best practices, facilitating discussion and encouraging peer-to-peer learning.

During the weekly sessions, participants will be able to address the challenges they are facing through discussion of real cases. All participants are encouraged to share best practices and learn from their peers – while benefiting from the guidance of nursing home and quality improvement experts. Each session will include a short lecture combined with case-based presentations and discussion.

The program's goal is to help nursing homes implement evidence-based best practices to:

- Keep the virus from entering nursing homes where it has not entered.
- Identify residents and staff who have been infected with the virus early.
- Prevent the spread of the virus between staff, residents and visitors.
- Provide safe and appropriate care to residents with mild and asymptomatic cases of the virus.
- Ensure staff have the knowledge, skills and confidence to implement best-practice safety measures to protect residents and themselves.
- Reduce social isolation for residents, families and staff during these difficult times.

Indiana is one of the first states to launch a program to assist nursing homes in COVID-19 response. The initiative is funded by the Agency for Healthcare Research and Quality, which works within the U.S. Department of Health and Human Services. Curriculum for the initiative was developed by the ECHO Institute at the University of New Mexico and the Institute for Healthcare Improvement and is being shared with hub sites nationwide. Other key partners include the University of Indianapolis and University of Southern Indiana.

Project ECHO is free to all Medicare and Medicaid-certified nursing homes in Indiana, and nursing homes that actively participate in the 16-week training will receive \$6,000 in reimbursement. The program will launch the week of Nov. 9, with space for 120 sites. For more information or to register, visit <http://fsph.iupui.edu/nursing-homes>.

► Artwork Unveiled at all Parkview Hospitals in Celebration of International Year of the Nurse and Midwife

Artwork honoring nurses was installed at all Parkview hospitals in October in celebration of the International Year of the Nurse and Midwife.

“Broken But Not Divided,” which conveys the many emotions of nurses as they work through the pandemic and national conversations around race in 2020, was created by Danielle Barger-Muncie, holistic nursing leader for Parkview's Allen County Hospitals.

Originally created for the Fort Wayne Museum of Art's 2020 Chalk Walk at Home, her piece won the contest's People's Choice Award and was widely shared across social media. It touched so many people that Parkview leaders had prints created so it could be displayed in all Parkview hospital locations.



Pictured from left, Erin LaCross, chief nursing officer, Parkview Regional Medical Center & Affiliates; Danielle Barger-Muncie, holistic nursing leader, Allen County hospitals; and Judy Boerger, chief nursing executive, PH

Barger-Muncie, who earned a bachelor's degree in fine art before becoming a nurse, said, “I was thinking through the events of this year and wondering how to put them in image form. There is so much fear and hostility across the globe and across populations.

“It has been my experience that nursing is a population of its own. There is a natural camaraderie in this profession. There is a kindred connection from knowing we've had similar experiences that sometimes cannot be put into words. There is enough common ground that I think nurses often see each other just as nurses rather than by age, gender, or race. Why don't we always do that?”



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