When you are at your weakest, we are at our strongest.
MeeT The New direcTors

As of March 1, 2015, Aloysius (Butch) Humbert, MD officially became the program director for the categorical program. He takes over for Kevin Rodgers, MD who will continue as part of the program director team as program director emeritus.

Josh Mugele, MD joined Heather Fleming, MD, as an assistant program director and Katie Pettit, MD will serve as associate program director, rounding out the residency leadership team for the categorical program.

This spring Deb Rusk, MD will assume the helm of the combined EM/Pediatrics training program. Deb will be taking the reins from Jen Walthall, MD who in addition to remaining division chief for pediatric emergency medicine has taken on the role of Deputy Commissioner of Health and Director of Health Outcomes in the Indiana State Department of Health.

Deb Rusk, Katie Pettit, Josh Mugele, Butch Humbert, Kevin Rodgers, and Heather Fleming
The IU School of Medicine Graduate Medical Education (GME) patient safety council held its first annual patient safety day and we were proud to see yet another strong showing from the Department of Emergency Medicine.

With four poster presentations and one oral presentation our culture of patient safety and academic innovation truly shined. 

Dan O’Donnell, MD and Anne Johnson, MD presented their poster “Introduction of a Patient Safety Committee for EMS” and discussed their impact on pre-hospital patient safety.

Kate Pollard, MD did a great job representing IUEM with her poster presentation of “Effects of an Educational Intervention on Medical Student Communication with Consultants in the Emergency Department.”

And finally, Andrew Stevens, MD presented his research titled “Improving Pre-Hospital Pediatric Volumetric Administration”, further emphasizing our focus on prehospital patient safety.

Special thanks to Heather Fleming, MD for her support of our resident speakers and her representation of IUEM on the GME patient safety council.

The 2015 IUEM winter gala was a huge success. This year there was a new twist with a masquerade theme. There was great participation from both faculty and residents who wore interesting masks and dashing outfits. Most people started the evening with a nice dinner downtown before heading to the Panorama Ballroom at the Sheraton Hotel. The floor to ceiling windows facing the heart of downtown Indianapolis create a view that is hard to beat.

There were plenty of dessert options including brownies, mini-cheesecakes, and chocolate mousse. It was all topped off by a lovely coffee bar. The DJ kept the night flowing with great tunes getting everyone out onto the dance floor. Residents and faculty are looking forward to next year’s 40th IUEM Gala.
In January, the Emergency Medicine Student Interest Group (EMSIG) hosted its annual EMSIG week. This week allows medical students from all years the opportunity to participate in lectures, simulations, and skills labs while learning from IU’s dedicated EM faculty and residents.

The events organized during the week are particularly impactful because they serve to expose first, second, and third year students to a field they would not otherwise be privy to until fourth year. In truth, these events also serve to entice students to a higher calling (cue violin crescendo), a calling to greatness in a specialty that embodies the very core, nay heart of medicine, itself. This is of course the wholly unbiased opinion of the SIG.

For 2015, EMSIG featured four lunch lectures including “Ebola in Liberia and Lessons Learned” by Josh Mugele, MD, “Homicides in Healthcare” by Brent Furbee, MD, “Treatment of Hypothermia” by Kaia Knutson, MD, and “Evolution of Emergency Medicine” by Dallas Peak, MD. The simulation and skills labs were highly attended by both Indianapolis and regional campus students. The simulation lab featured 5 high quality EM-based cases, and for the first time in the history of the SIG, it was an interdisciplinary event with the IU School of Nursing. Several features of the skills lab were new to EMSIG week this year. We featured ultrasound-guided, central venous line placement taught by Alex Rhea, MD and Brian Oloizia, MD as well as a new and improved thoracostomy and needle decompression station taught by EM residents, Daniel Corson-Knowles, MD and Brian Genovesi, MD.

Overall, the annual EMSIG week was a resounding success with overwhelming interests from the all classes in the School of Medicine. In addition to those listed above, EMSIG would like to thank Nathan Whitmore, MD, Taylor Duncan, MD, and Jennifer Trotter, MD for their help with the simulation labs, as well as Geoffrey Hays, MD, Robert Cantor, MD, and Christopher Anderson, MD for their help with the skills lab. Large thanks also go out to Greg Hasty, RN, Julie Poore, DNP, RN, and Dylan Cooper, MD for all of their help in making this years EMSIG week a success.

EMSIG is continually humbled to be a part of this educational opportunity with ever-growing interest from students, residents, and faculty. Cheers to a successful EMSIG week this year, an even better event next year, and congratulations to all fourth year students who matched at great EM programs across the country!
**RELAX-AHF-2**

**by Peter Pang, MD**

RELAX-AHF-2 is a multicenter, randomized, double-blind, placebo-controlled Phase IIIb study to evaluate the efficacy, safety and tolerability of the Novartis drug Serelexin when added to standard therapy in acute heart failure (AHF) patients. RELAX AHF 2 is a global trial involving over 30 countries and more than 500 sites. An event-driven trial, there are plans to enroll more than 6000 patients worldwide.

This study is led by a team of investigators and coordinators from both emergency medicine and cardiology. The PI is Frances Russell, MD and main Co-I’s are Peter Pang, MD, Adnan Malik, MD, and Emanuel Finet, MD. This trial is testing whether relaxin, on top of usual therapy, will improve outcomes for AHF patients. This drug, a recombinant form of the human relaxin peptide, targets the relaxin receptor, increases the production of nitric oxide, and causes vasodilation.

Outcomes for AHF have changed little over the last 10 years. For most patients, AHF therapy in the emergency department is the same today as 50 years ago. There are no Level I, Class A or best evidence guidelines for the pharmacologic management of AHF. This is remarkable, given the progress in other cardiovascular disciplines and the poor outcomes experienced by AHF patients. Nearly one third will be dead or re-hospitalized within 90 days post-discharge. Already, heart failure is the most expensive and most common reason for admission and re-admission for older patients. As the population ages and patients live longer after heart attacks, the burden of AHF will likely continue to grow.

The IUSM research team, otherwise known as Team Awesome, is comprised of coordinators from both Emergency Medicine and Cardiology since patients are followed during hospitalization through 180 days post randomization. The lead coordinator and tour de force behind the success of Team Awesome is Mary Ann Caldwell, RNC, CCRC, along with Randy Ross, RN, BSN. From the Kranernt Institute of Cardiology, Elise Hannemann, RN leads from the Cardiology side. We give a special thanks to Roxanne Kovacs, RN, MSN for her overall leadership, and many other people who provided help to make this study possible. We are looking for AHF patients only at IU Health Methodist for now, but hope to open Eskenazi as a site in the next month. As long as they are not transplant or VAD (ventricular assist device) (patients--have a high BNP (>500)(B natriuretic peptide) and a SBP > 125mmHg (systolic blood pressure) , give the team a call. In fact, call with any patient with AHF.

**RECENT PUBLICATIONS**


Brayton EM, Economides DD, Bronstein KM, Al-Ubaidi MA, Miller PD, Metra M, Cornish IA, Moss AJ, Rusyniak DE. Multicenter, double-blind, randomized, placebo-controlled trial involving over 30 countries to evaluate the efficacy, safety and tolerability of the Novartis drug Serelexin when added to standard therapy in acute heart failure (AHF) patients. RELAX AHF 2 is a global trial involving over 30 countries and more than 500 sites. An event-driven trial, there are plans to enroll more than 6000 patients worldwide.

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Avoiding Failure

An interview with Peter Pang, MD
Peter joined the Department of Emergency Medicine in the summer of 2014 and currently serves as associate director of clinical research.

by Pamela Durant
Were you always interested in medicine? Definitely not. My father was a board certified internist in a small town practice (I was born during his residency in Detroit). My childhood dream was to be a motorcycle cop for the California highway patrol. I wanted to be Ponch (from the TV show CHiPs). After college I was accepted to theological seminary (used to be a die-hard Calvinist), but ended up delivering pizzas instead (Pizza! Pizza!). To be honest, my grades were lousy. My mom, however, always had faith in me. I took an extra year of classes to bring up my GPA—which actually didn’t change it at all. Although I applied to many medical schools, I was interviewed at only one, and accepted at just one: UT-San Antonio. If my parents hadn’t moved to Texas, I wonder if I would have ever gotten in. Reminds me of when I was working on a paper with my research mentor who all of a sudden stops, looks at me and says: “You’re not the smartest, but thank God you work hard.”

How did you end up in Emergency Medicine? My first interest was in a procedural specialty – interventional cardiology or radiology. This was in 1999. I was in the CCU at Brooke Army Medical Center, when an Air Force EM resident, Sean O’Mara, told me about emergency medicine. At that time I hadn’t even done an EM rotation and this was late in the year, September I think. I had to go back and get all of my letters written for internal medicine programs re-written for EM. Against the sage advice of Dave Hnatow and Carmelito “Sonny” Arkangel to avoid new EM programs, I applied to Harvard’s new program. During four years at the “HAEMR” (or Hammer as it was called), I finished as Chief Resident, one of the greatest experiences of my life. I loved residency.

What do you recommend residents avoid if they want to be a great EM physician? Don’t lie. It sounds simple, and I get how the pressure is on to look good during training, but it’s hard to forget. Similarly, admit when you don’t know and ask for help. So what if others realize you’re not Einstein. Don’t follow the crowd. Respect and honor the people you work with, and say thank you, especially to the nurses and other staff. They have saved my ass more times than I can count. It’s a privilege to do what we do: I try not to let the things that frustrate me dull the passion.

Two words of advice from my father when I entered Medical School, “Don’t Flunk”

What do you think of Indianapolis so far? I love it. I even think the sky is bluer here, which to me is a good sign! Having traveled a bit and lived in a few different cities, it’s been great to be here. I keep waiting for the other shoe to drop, but so far, it hasn’t. People are great, super helpful, and collegial. It’s been fun (and nerve wracking) to learn to be a doctor again. I have a good story about splashing lidocaine all over my face from opening the bottle wrong (even the patient laughed)! If anyone thinks it doesn’t work topically, they are wrong.

Tell us about your family
I met my wife Jennifer over a dead body. Really. I was a tutor in anatomy lab when she was in dental school. I’m a lucky man. No offense to anyone else, but I’m married to the greatest woman in the world. We’ve been married for 13 years, and have two sons. Joshua is 10 and loves video games and plays soccer for the Indiana Fire Juniors. Jonathan is 7, also plays soccer, is learning the cello is not a guitar, and is my new video game buddy, since my 10 year old no longer considers me competition. I have really enjoyed spending more time with them, instead of spending 4 hours in the car commuting.

What do you love about research? Where to start? I used to think research was like test tubes or the mad scientist. If you asked me during residency or even the first few years after residency about research, I would have told you that I wouldn’t touch it with a 10 foot pole. My interests were clinical operations and education. If I hadn’t been ‘encouraged’ by my former chair to go to a research meeting, I would never have been involved in clinical research. Similar to administration or quality improvement or education, it’s the chance to make a difference on a larger scale. It’s trying to answer a question or solve a problem. 50 years from now, will we be practicing the same way? Can we do better?

What do you recommend residents avoid if they want to be a great EM physician? Don’t lie. It sounds simple, and I get how the pressure is on to look good during training, but it’s hard to forget. Similarly, admit when you don’t know and ask for help. So what if others realize you’re not Einstein. Don’t follow the crowd. Respect and honor the people you work with, and say thank you, especially to the nurses and other staff. They have saved my ass more times than I can count. It’s a privilege to do what we do: I try not to let the things that frustrate me dull the passion.

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Cherri Hobgood, MD

2015 Women’s Leadership Award
Cherri was selected as an Outstanding IUPUI Woman Leader in the newcomer faculty category for the 2015 Women’s History Month Leadership Awards! As part of the National Women’s History Month observance every year in March, women faculty, staff and student leaders are recognized and celebrated at an annual leadership reception.

Jen Walthall, MD

Early Careerist Alumni Award
The IU Richard M. Fairbanks School of Public Health Alumni Association honored two distinguished alumni who have achieved professional success and made significant contributions to their community. Jen was honored at the School’s Night of Gratitude in March 2015.

Sheryl Allen, MD

2015 Pear Award
Sheryl was named a 2015 Prestigious External Award Recognition (PEAR) recipient for the School of Medicine. The PEAR award is for faculty members who have been recognized by a national or international professional organization for their academic achievements.

Minority Achievers Award
Sheryl was also recognized for her achievements in education, post-secondary category, at the 35th annual Minority Achievers Awards and Scholarship Gala, an event that recognizes minority individuals who have excelled in life’s work, service, and scholarship.

Trustees Teaching Award
Each year the Indiana University Board of Trustees recognizes faculty excellence in teaching through a program known as the Trustee Teaching Awards. Excellence in teaching is the primary factor for selection. Sheryl, Bart, Dan, and Joe were all nominated and selected for the 2015 awards.

Sheryl Allen, MD

Bart Besinger, MD

Dan Rusyniak, MD

Joe Turner, MD
Guarav Arora, MD, MBA  
Chief Medical Officer: IU Health Saxony Hospital  
Emergency Medicine Residency, Class of 2003

Dr. Arora named to Indiana Business Journal’s (IBJ) 40 under 40

_excerpt taken from IN'Scape_
As the chief medical officer at IU Health Saxony Hospital, Dr. Arora is responsible for recruitment and retention, contract negotiation, strategic planning, operations, quality improvement, safety and accreditation preparation at the hospital. Under his leadership, the IU Health Saxony earned accreditation as a Chest Pain Center from the Society of Cardiovascular Patient Care. He also previously served as president of the Indiana Chapter of the American College of Emergency Physicians.

Earlier in his career, Dr. Arora was named chief emergency medicine resident at IU Health Methodist Hospital, a trauma center that sees nearly 100,000 emergency room visits a year, as well as a sideline physician for the Indianapolis Colts and in-field physician for drivers and crowds at the Indianapolis Motor Speedway.

“I am honored to be mentioned in the IBJ in this manner,” Dr. Arora said. “I feel fortunate to have learned from and worked with so many wonderful people over the years. I have an extremely supportive spouse and family which helps keeps things together despite long work hours. I wish I could share the honor with all the others that make my work possible.”

Dr. Arora holds a bachelor’s degree in economics from Case Western Reserve University, a doctorate in medicine from the University of Toledo and a master’s in business administration from the IU Kelley School of Business.