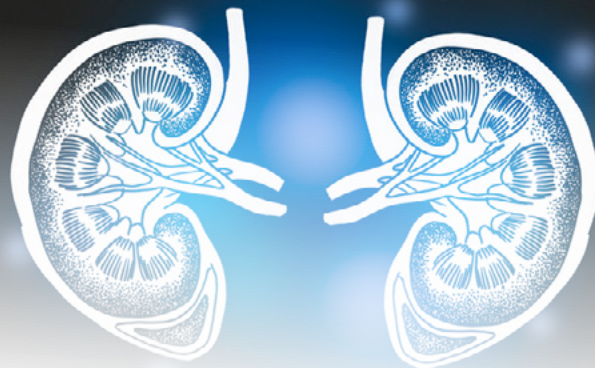




UAMS Transplant Services Spread Statewide, Earn High Marks Nationally



The University of Arkansas for Medical Sciences (UAMS) is constantly expanding its kidney and liver transplant services to more areas of the state, enabling an increasing number of Arkansans and residents of surrounding states to stay close to home while receiving world-class care before, during and after an organ transplant.

Meanwhile, through collaboration with Arkansas Regional Organ Recovery, UAMS has achieved wait times that are among the shortest in the nation for both kidney and liver transplantation, as well as patient outcomes that consistently exceed national benchmarks.

The Scientific Registry of Transplant Recipients ranks UAMS' kidney and liver transplant programs among the top in the nation. It has awarded the kidney transplant program five bars – the highest ranking possible – for speed of obtaining donor kidneys, and four bars for patient survivability one year after transplant, placing it in the Top 50 nationwide among 256 kidney transplant programs.

The liver transplant program was awarded four bars in each category, placing it in high standing among the 147 liver transplant programs nationwide.

UAMS performed the first kidney transplant in Arkansas 59 years ago, in 1964. Since then, its surgeons have performed more than 1,800 kidney transplants.

In 2005, UAMS provided the first liver transplant in the state. Since then, more than 400 people have received liver transplants at UAMS, the home of the state's only kidney and liver transplant center.

As the number of patients has grown, UAMS has worked to increase access to the life-saving care.

Just two years ago, UAMS satellite clinics providing transplant screening and follow-up care opened in existing UAMS Health Family Medicine Clinics in Jonesboro and Texarkana. The first satellite clinic had been operating in Fayetteville for a couple of years prior to that.

Today, UAMS has added clinics in Fort Smith and Pine Bluff, with a

clinic in Helena-West Helena on the way, spreading the easy availability of services for transplant patients to seven locations across Arkansas.

The transplants themselves continue to be performed at the main campus in Little Rock, but the clinics offer general kidney and liver transplant care; dialysis access evaluation; liver, pancreatic and cancer evaluation and care; management of disorders of the bile ducts; and care for liver failure and liver dysfunction.

UAMS physicians travel to the outlying clinics on a regular schedule, covering the Fayetteville clinic the first Friday of every month, the Jonesboro and Texarkana clinics the fourth Friday of each month, and the Pine Bluff and Fort Smith clinics on the second Tuesday of each month. The Helena-West Helena schedule isn't yet available.

Liver transplant patients are expected to return for follow-up visits for life, while kidney transplant patients have the option after one year of continuing to receive after-care from the UAMS transplant team

Pre-operative Planning and Custom 3D-Printed Shoulder Implants Can Offer Better Functional Outcomes for Patients following Reverse Total Shoulder Arthroplasty

UAMS patients undergoing reverse total shoulder arthroplasty can now receive 3D-printed custom implants, which may lead to better function and durability post-surgery.

Justin Rabinowitz, M.D., a shoulder and elbow surgeon in the UAMS Department of Orthopaedics, said pre-operative planning software is used to create implants that precisely fit the contours of the patient's anatomy.

Reverse total shoulder arthroplasty, in which the orientation of the ball, or humeral head, and socket, or glenoid, is reversed offers a solution for patients with chronic shoulder pain and weakness. Indications for the procedure continue to expand and include chronic rotator cuff disease, severe arthritis, advanced age, post-traumatic arthritis, fractures, and glenoid bone deformities or bone loss, among others. This procedure is performed in place of an anatomic total shoulder arthroplasty, in which patients have arthritis with minimal bone deformity and a healthy rotator cuff.

“When you have a lot of deformity or bone loss, a reverse total shoulder replacement can accommodate that bone loss much better than the traditional style of shoulder replacement,” Rabinowitz said. “The angle of their glenoid, or socket is very abnormal, and you have to rebuild the bone to correct the deformity.”

“This technology is really for the glenoid side of the procedure,” Rabinowitz said. “The glenoid is the part of the shoulder joint where we put the baseplate for the reverse total shoulder replacement. This new technology helps to create custom implants that better accommodate the area of bone loss and deformity, providing a more stable baseplate for the glenosphere, or metal ball.”

(Continued on page 4)



Dear Colleagues,
During March, which was National Kidney Month, you may have heard reminders that one in three Americans is at risk for developing

kidney disease, and that high blood pressure and diabetes are the two leading causes.

As a nephrologist, I encourage you to urge your patients to take steps to preserve their kidney health, and remind you that UAMS is a valuable resource. The Division of Nephrology in the UAMS Department of Internal Medicine offers inpatient and outpatient care for adults with a wide range of conditions including hypertension, electrolyte disorders and other causes of kidney disease, and for patients undergoing hemodialysis and peritoneal dialysis. We have general nephrology and dialysis clinics, kidney transplant clinics and other specialized clinics focused on chronic kidney disease. The UAMS Glomerular Disease Clinic helps identify individual causes of glomerular disease and form a treatment plan.

Julie Riley, M.D., an endourologist and national thought leader in the treatment and prevention of kidney stones, joined the UAMS Department of Urology last year, and her expertise and experience has allowed us to offer the latest minimally invasive techniques and technology to patients with even the most complex kidney stones. Read this issue's cover story to learn about UAMS' kidney and liver transplant programs.

Sincerely,

Michelle WKrause

Michelle Krause, M.D.
Senior Vice Chancellor,
UAMS Health
CEO, UAMS Medical Center
Professor of Nephrology
Department of Internal Medicine
UAMS College of Medicine

Liver, pancreas and bile duct services centralized at UAMS

Comprehensive surgical services for the treatment of benign and malignant liver, pancreas and bile duct diseases are now available in a centralized location in the **Winthrop P. Rockefeller Cancer Institute** on UAMS' main campus in Little Rock.

With surgical expertise not found elsewhere in the state, including the state's only board-certified surgical oncologists and liver transplant surgeons, the team provides multi-disciplinary care. Working alongside other UAMS specialists in interventional radiology, advanced gastroenterology, radiation oncology and medical oncology, they assess and evaluate benign and cancerous hepato-pancreato-biliary conditions for both surgical and non-surgical treatments, said **Sonia Orcutt, M.D.**, director of the UAMS Division of Surgical Oncology.

To refer a patient, call 501-296-1200 or fax a referral to 501-603-1550. If using Epic, make an ambulatory referral to Surgical Oncology - HPB. Records can be emailed directly to clinic schedulers at UAMShpb@uams.edu.



Transplant Surgeon Martha Estrada, M.D., Joins UAMS

Martha Michelle Estrada, M.D., a board-certified transplant/

hepatobiliary surgeon who specializes in liver, kidney and pancreas transplants, general surgery procedures, hepatobiliary procedures and dialysis access, has joined UAMS as an assistant professor in the Department of Surgery's Division of Transplant Surgery. She was fellowship-trained in abdominal transplant surgery at the University of Cincinnati in Cincinnati, Ohio, after completing a general surgery residency at the University of Texas Health Science Center in Houston, Texas.

She provides clinical outreach for Western Arkansas, with her initial satellite clinic at the UAMS West Regional Campus in Fort Smith.

APPOINTMENTS

Kidney: 501-686-6640

Liver: 501-686-8962

UAMS, Children's Tumor Foundation, Open Country's First Adult Neurofibromatosis Clinic

UAMS has opened the first Children's Tumor Foundation-sponsored fully multidisciplinary clinic in the country that is dedicated to adults with neurofibromatosis (NF).

Located in the Winthrop P. Rockefeller Cancer Institute, the clinic treats patients 18 and older from Arkansas and neighboring states.

Erika Santos Horta, M.D., UAMS neuro-oncologist who specializes in brain and spine cancers and leads the UAMS Adult NF Clinic, said, "Until now, there was no dedicated clinic in Arkansas or surrounding states where an adult with NF could go to be treated by doctors who understood the unique challenges of their condition."

NF is a group of rare genetic disorders that cause tumors to grow on nerves throughout the body and affects 2.5 million people worldwide. It is typically diagnosed in children, but "children with NF grow up to become adults with NF, and they experience different and complex issues that demand multidisciplinary practitioners knowledgeable to their particular needs," said **Annette Baker, Ph.D.**, Children's Tumor Foundation president, in announcing the foundation's two-year commitment of \$500,000 to the Adult NF Clinic.

To make a referral, call 501-296-1200.

Vascular Neurosurgeon Deanna Sasaki-Adams Joins Department of Neurosurgery

Deanna Sasaki-Adams, M.D., a vascular and skull base neurosurgeon experienced in aneurysm clipping, has joined UAMS from the University of North Carolina (UNC) at Chapel Hill. She earned her medical degree from the University of Wisconsin Medical School and completed a residency in neurosurgery at UNC.

She is fellowship-trained in skull base and open cerebrovascular neurosurgery, and interventional neuroradiology.

To refer a patient, call 501-686-5270.

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CONSULT

Quiz of the Month

QUESTION

A healthy 42-year-old woman had an LDL-cholesterol level of 157 mg/dL when measured 2 years ago. When should her lipid levels be remeasured?

- a) When she develops a cardiovascular risk factor (9%)
- b) When she becomes postmenopausal (9%)
- c) Now (53%)
- d) In 2 years (21%)
- e) When she reaches age 50 (8%)



Third Space Endoscopy Procedures, Including POEM, Available at UAMS

Sumant Inamdar, M.D., MPH, an interventional

gastroenterologist at UAMS, is the only provider in Arkansas of a peroral endoscopic myotomy (POEM), a highly specialized minimally invasive procedure to treat rare swallowing disorders caused by muscle problems, such as spasms in the esophagus. He recently performed the first such procedure in Arkansas on a child.

The 13-year-old boy was facing major surgery at an out-of-state facility, followed by two weeks hospitalization, until his pediatricians learned that Inamdar provided the minimally invasive option and asked if he could help the boy. Inamdar inserted an endoscope and camera through the boy's mouth and into the esophagus to reach the very small "third space" between the inner and outer layers of muscle, and opened it up. The boy was discharged the next day.

Inamdar often uses third-space endoscopy procedures to remove cancers and colon polyps that would otherwise require surgery.

To make a referral, call 501-526-1033.



Auras Atreya, M.D., Heart Rhythm Management Specialist, Joins UAMS

Auras Atreya, M.D.,

a specialist in advanced cardiac electrophysiology, has joined UAMS as an assistant professor in the Department of Internal Medicine's Division of Cardiovascular Medicine, where he spearheads the UAMS ventricular tachycardia ablation program.

Atreya also provides heart rhythm treatments, including pacemaker and defibrillator implantation and catheter ablation of other arrhythmias including atrial fibrillation.

He is fellowship-trained in cardiac electrophysiology and interventional/structural cardiology, as well as in arrhythmia research and cardiovascular disease. He received his medical degree from Kasturba Medical College, Manipal University, in India in 2009.

To make a referral, call 501-686-5311.

(Pre operative Planning Continued from page 2)

Rabinowitz typically plans his surgeries after obtaining a CT scan and uploading the data into a surgeon controlled, 3 D planning software program called Blueprint. This software allows him to design the size and shape of the implant needed to correct for deformities with the patient's anatomy. The information is used by an international company to manufacture the implant, which is then delivered to Rabinowitz about six weeks later, along with a custom 3D printed model to use as a guide.

"The goal is to get to the most stable implant and ultimately to provide better function and durability for the patient," he said. **"We haven't been able to offer reverse total shoulder replacements to some patients due to severe bone deformities or bone loss, but this technology allows us to provide these patients with a procedure to improve their quality of life and function,"** Rabinowitz said.

UAMS PHYSICIAN RECRUITMENT & PROVIDER PLACEMENT PROGRAM

The UAMS Physician Recruitment & Provider Placement Program

has a team of placement specialists dedicated to serving the recruitment needs of our partner communities, UAMS Regional Campuses and UAMS faculty. Physician/provider opportunities are available in all specialties throughout Arkansas.

FEATURED JOBS

Family Medicine Opportunities: New family physician openings at Dallas County Medical Center in Fordyce, Boston Mountain Rural Health Center in Harrison and UAMS West Regional Campus in Fort Smith.

Academic Vascular Surgeon: UAMS is seeking a board-eligible/certified academic vascular surgeon with expertise in both open and endovascular surgery.

Northwest Arkansas Opportunities: Washington Regional Medical Center has specialty opportunities in palliative care, physiatry, neurosurgery, neurology, cardiology, and obstetrics and gynecology.

Recruitment services contact: Carla Alexander at 501-686-7934 or carla@uams.edu

For a complete listing of job descriptions and opportunities, visit: MedJobsArkansas.com

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(Cover story continued from page 2)

or returning to a nephrologist in their area. Even patients who return to their local nephrologist for after-care are seen by a UAMS transplant provider annually.

To ensure the most thorough and collaborative approach to care, UAMS uses a team approach. The caring and compassionate team members include dedicated transplant surgeons, nephrologists, hepatologists, nurse practitioners and specially trained support staff such as nurse coordinators, pharmacists, dieticians, financial coordinators and social workers.

Patient education is also important at UAMS. Patients and their families are encouraged to actively and informatively collaborate in all stages of a patient’s care. To that end, they are educated about transplantation requirements, the surgery itself, transplant-specific medications and post-transplant lifestyle considerations.

In May 2021, UAMS performed the first transplant in Arkansas from an HIV-positive donor to an HIV-positive recipient.

The successful kidney transplant from a deceased person who had the human immunodeficiency virus was performed as part of a national clinical trial led and sponsored by Johns Hopkins Hospital in Baltimore, Maryland.

UAMS is one of 27 transplant centers nationwide taking part in the HIV Organ Policy Equity (HOPE) in Action clinical trial for kidney transplants and one of 17 centers taking part in the HOPE in Action trial for liver transplants. Stable HIV-positive adult liver or kidney transplant candidates are currently being enrolled.



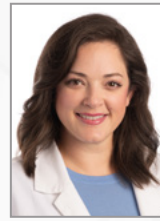
UAMS Offers Multidisciplinary Treatment for Huntington’s Disease in a Single Visit

The UAMS Huntington’s Disease Clinic operates on the third Monday of each month on UAMS’ Little Rock campus, where its neurologists, physical therapists, speech pathologists, social workers, nutritionists, geneticists and genetics counselors are all available to provide comprehensive, personalized treatment in a single visit.

The clinic is the only place in Arkansas, and one of only 56 places nationwide, to be designated a Huntington’s Disease Center of Excellence by the Huntington’s Disease Society of America, meaning it provides the best possible care for patients and families.

To make a referral or for more information, call 501-686-7235 or email tvirmani@uams.edu.

PHYSICIAN PROFILE



KATY MARINO, M.D.
Assistant professor,
Department of Surgery
Division of Thoracic Surgery
Surgical Oncology Clinic
Winthrop P. Rockefeller
Cancer Institute

What inspired you to become a doctor?

I have always had such admiration for physicians thanks to positive interactions in my childhood. This was nurtured by a special educator in high school, who made both service and science fun. She was a champion for careers in health care, and I would not be doing this today without her.

What do you like most about your specialty?

Thoracic surgery offers the ideal combination of high-stakes anatomy, minimally invasive technology and thoughtful bedside care. Being a part of the entire cancer continuum — prevention, screening, diagnosis, staging, treatment and survivorship — allows me to walk alongside patients for more than just their operation or hospital care.

Why did you come to UAMS?

I wanted to be a part of a place similar to where I was educated and trained, and UAMS offered me the opportunity to practice in an academic setting in the South. I know firsthand the types of challenges we face, and being a part of the solution is important to me. When I learned about where the treatment of lung cancer had been in this state, and where it was going, I knew I wanted to be a part of that.

What are your clinical specialties?

My focus is on minimally invasive thoracic surgery, especially in the treatment of cancers such as lung and esophageal cancer. Through this passion, I have been able to champion our robotic thoracic surgery efforts and bring patients the most up-to-date and specialty-trained cancer surgery without leaving Arkansas.

What is the number doctors can use to make a referral to you?

Referrals from patients and providers can be made through our Appointment Center at 501-296-1200 or by Fax at 501-603-1550.

MEDICAL CASE STUDY: MODIFIED RADICAL MASTECTOMY FOR TRIPLE-NEGATIVE INVASIVE DUCTAL CARCINOMA

Initial Contact

After an outside breast surgeon canceled a scheduled mastectomy for a 43-year-old Hot Springs woman with an aggressive form of breast cancer, saying it was too complicated, he suggested she go outside Arkansas to find a qualified surgeon.

The woman instead turned to **Daniela Ochoa, M.D.**, a breast oncology surgeon at the Winthrop P. Rockefeller Cancer Institute at UAMS, following the recommendation of **Matthew Steliga, M.D.**, chief of the Division of Thoracic Surgery in the UAMS Department of Surgery, who was familiar with her case.

When the woman arrived Thursday, Dec. 8, 2022, at the **UAMS Women's Cancer Clinic**, a team of UAMS nurses and administrators, having been alerted by Steliga to the urgency of the situation, were already working to obtain her records and imaging results from the other facility and get her insurance company's approval for treatment.

Assessment

Ochoa reviewed her imaging including a PET/CT which had been taken in the fall, following a lumpectomy of the left breast and then several months of chemotherapy.

She saw that new spots of suspected cancer had emerged in the same region as the triple-negative invasive ductal carcinoma that had been removed during the December 2021 lumpectomy. This meant that either the cancer had come back or that some of it had inadvertently been left behind during the earlier procedure. In either event, Ochoa could see the patient had experienced "pretty significant disease progression" in a year's time, despite the powerful chemotherapy drugs, indicating that

surgery was needed to remove the new masses.

Because there was too much residual disease present to allow Ochoa to remove only the cancerous tissue, a complete mastectomy was needed. Ochoa said it had to be done quickly, before the fast-growing cancer invaded the nearby vascular structures and rendered it unresectable.

Aiming for surgery early the next week, Ochoa immediately began working with radiologist **Scott Harter, M.D.**, and **Soheila Korourian, M.D.**, director of breast pathology at UAMS. The patient was able to have a biopsy performed by Ochoa that same day, followed by imaging by Harter, and then the pathology results were fast-tracked in order to reserve a spot on the operating room schedule. The process can take days or weeks to complete, but the UAMS team came together to ensure the surgery was scheduled for Monday, Dec. 12.

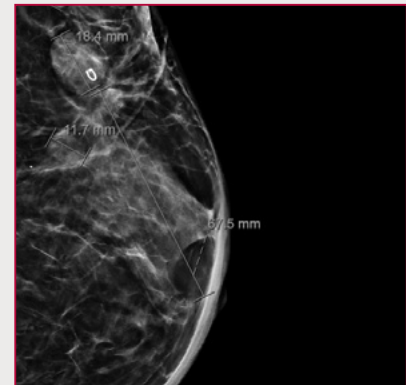
The rushed pathology results confirmed the presence of the same triple-negative invasive ductal carcinoma that had been removed during the lumpectomy one year earlier.

Triple-negative breast cancer, so named because the cancer cells don't have estrogen or progesterone receptors and also test negative for a protein called HER2, is known to grow quickly and is more likely to come back after treatment than other types of breast cancer.

Procedure

Guided by an ultrasound image showing the location of the masses, Ochoa made an elliptical incision that allowed her to remove the entire breast and the lymph nodes. She then dissected the remaining diseased tissue away from the muscles, all the way to the underarm.

The surgery lasted three to four hours.



Biopsied breast mass within left breast and adjacent satellite masses, from a mammogram taken at UAMS by Scott Harter, M.D., a diagnostic radiologist.

Ochoa said that because the largest mass, a Rotter's node, measured 4.3 centimeters and was sandwiched under the patient's left arm between the pectoralis major and the pectoralis minor muscles (which connect the front of the chest with the bones of the upper arm and shoulder), a portion of the pectoralis major muscle had to be removed along with the diseased tissue.

The other cancerous areas removed included a 2.1 centimeter mass in the breast, near the underarm, and three nearby smaller masses.

If the patient had been forced to wait any longer to undergo surgery, the cancer likely would have continued to advance dangerously close to blood vessels, greatly complicating the surgery.

"The lymph node that's under that pec muscle was basically growing toward the arm," Ochoa said. "It had not gotten to where it was invading those vessels, but it was pretty close to them. So part of the concern was that it would continue to grow without being resected, and when it gets to the point that it invades those vessels, now you're having to reconstruct blood vessels."

She said a big risk in removing

the lymph nodes under the arm is lymphedema, an incurable swelling of the arm due to a buildup of lymph fluid that cannot drain.

Discussion

Following the surgery, the patient was scheduled to begin radiation treatments, “to zap any little microscopic disease that is potentially still there,” Ochoa said. Meanwhile, a multidisciplinary team that includes surgical oncologists, breast radiologists, pathologists, radiation and medical oncologists and

a psychologist met to devise a surveillance plan to monitor the patient regularly for any disease recurrence.

Ochoa said additional chemotherapy wasn't recommended at this time because the previous chemotherapy proved ineffective.

While the woman's local and regional cancer was very aggressive, “there have been no indications of distant metastatic disease anywhere else in her body,” she said.

Daniela A. Ochoa, M.D., FACS



Associate Professor
**Department of Surgery-
Breast Oncology**
**Director, Fellowship in
Diseases of the Breast**

Winthrop P. Rockefeller Cancer Institute

Education

Texas A&M University College of Medicine

Residency

General surgery, University of Oklahoma College of Medicine

Fellowship

Diseases of the Breast, UAMS

Scott B. Harter, M.D., FACR



Associate Professor
**Department of Radiology,
Division of Breast Imaging**
**Winthrop P. Rockefeller
Cancer Institute**

Education

Doctor of Medicine,
Louisiana State University School of Medicine

Residency

Diagnostic Radiology
Wake Forest University
Winston-Salem, North Carolina

Fellowship

Magnetic Resonance Imaging
Wake Forest University
Winston-Salem, North Carolina

Soheila Korourian, M.D.



Professor
**Department of
Pathology**
**Director, Breast
Pathology**

Education

University of Vienna
Vienna, Austria

Residency

University of Colorado Health
Sciences Center
Denver, Colorado

Fellowship

Surgical Pathology
Stanford University
Stanford, California

2023 Referring Physician Quick Reference Now Available Online!

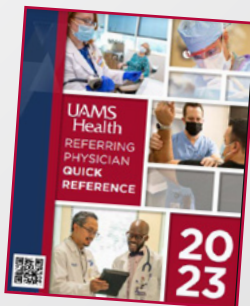
The **Quick Reference** is a guide to help the patient referral process and provide you and your staff with the most up-to-date UAMS resources all in one place. The guide includes information on:

- Appointment Quick Reference Contact Numbers
- Medical Records Fax Numbers
- EpicCare Link & SHARE
- LearnOnDemand - Free Online CME
- Transplant Satellite Clinics
- UAMS Baptist Health Cancer Center
- UAMS Library Databases and Resources
- UAMS Physician Recruitment Program
- UAMS Campus Map
- And Much More!

Go to UAMHealth.com/MD

2023 Referring Physician Quick Reference

Our goal is to improve the UAMS patient referral process for you and to provide you and your staff with the most up-to-date UAMS resources.



New Orthopaedic & Spine Clinic Opens in North Little Rock

UAMS Health's new Orthopaedic & Spine Clinic at **4261 Stockton Drive, Suite 100**, in North Little Rock is ready to treat a wide variety of aches and pains, from sprains to strains to surgery and rehabilitation.

Our team of physicians, nurses and therapists provides expert, specialized care to improve mobility, reduce pain and, most importantly, get our patients back to living their normal lives.

Among the specialties provided are hand and upper extremities orthopaedics, shoulder and elbow orthopaedics, hip and knee orthopaedics, foot and ankle orthopaedics, sports medicine, spine care and interventional pain management.

New patient appointments: 501-526-1046

Clinic: 501-526-5451

Hours: 7:30 a.m. to 4:30 p.m. Monday - Friday

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To request speakers or topics or to learn more about how the UAMS Physician Relations & Strategic Development team can help you, visit UAMShealth.com/MD

**April 4
Remote Patient
Monitoring, The Practical
Approach**
Teri Imus, RN, BSN and
Melody Stokes, RN, DNP,
MSN, RNC-OB
College of Medicine

**April 11
Artificial Intelligence
and Machine Learning
Ethics: Guidance for
Clinicians**
Eleanor Gilmore-Szott,
PhD
Department of Medical
Humanities & Bioethics

**April 18
Sickle Cell Update**
Sunny Singh, MD
Department of Internal
Medicine

**April 25
Professional
Development
Identifying and
Mitigating Moral Distress
in the Clinic**
Skye A. Miner, PhD
Department of Bioethics
and Humanities

**May 2
Healthcare Burnout**
Amanda Gwin, PA-C
Department of
Neurological
Critical Care

**May 9
Surgical Therapy for
Gastroenteropancreatic
Neuroendocrine Tumors**
Sonia Orcutt, MD
Department of Surgery
General Oncology

**May 16
Patient Experience Tips**
Sofie Morgan, MD
Department of
Emergency Medicine

**May 23
Professional
Development
Rent vs. Buy**
Joshua Neal
Arvest

**May 30
Holiday - No LOD**

**June 6
Health Literacy**
Alison Caballero,
MPH, CHES
Center for Health Literacy

**June 13
Breast Health Update**
Daniela Ochoa, MD
Department of
Surgery Breast Oncology

**June 20
Nutrition and Pain**
Jarna Shah, MD
Department of
Anesthesiology

**June 27
Professional
Development
Recruit, Retain, and
Motivate
the Best Employees**
Gretchen Napier MSHA
SVMIC

