



UAMS Transplant Clinics Open More Regional Satellite Offices

UAMS liver or kidney transplant patients who live outside Central Arkansas will now find it much easier to schedule follow-up visits.

A satellite clinic opened March 12 at the UAMS Northeast Regional Campus in Jonesboro. Then on March 26, another clinic opened at the UAMS Southwest Regional Campus in Texarkana.

A third satellite campus has been operating at UAMS Northwest Regional Campus in Fayetteville for a couple of years.

Stephanie Thomson, RN, clinical services manager for the transplant program, said there is a tendency for transplant patients who live outside Central Arkansas to struggle with returning to UAMS' Little Rock campus for follow-up visits after their first year following the transplant, and "we'd like to reduce that tendency."

The vision of UAMS is to help make Arkansas the healthiest state in the region. The opening of these clinics allows the transplant team to engage patients in education and care in their local community. This local engagement ensures a patient-centered delivery of care that is essential to the long-term health of the transplant patient.

"We're trying to make it a little more convenient for them and help them be more compliant," she said. "It's our way of honoring the donor and donor's family."

UAMS offers the only adult liver and kidney transplant centers in Arkansas, and currently manages 676 kidney recipients and 387 liver recipients spread across the state.

Appointments can be made by contacting the Solid Organ Transplant office directly at 501-614-2168 (kidney) or 501-686-8790 (liver).

UAMS Transplant Clinics



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 or return to a nephrologist in their area. Patients who return to their local nephrologist are seen by a UAMS transplant provider annually.

While the team didn't have any specific requests from patients to bring the after-care services closer to them, "we thought it was important to meet the needs of our more rural patients," Thomson said.

The satellite clinics will occupy

space in existing UAMS Health Family Medicine Clinics, where routine diagnostic equipment – a laboratory, radiology equipment and electrocardiogram equipment – is already in place.

UAMS physicians will travel to the outlying clinics on a regular schedule, with a provider traveling to the Fayetteville clinic on the first Friday of every month, to Jonesboro on the second Friday of every month and to the Texarkana clinic on the fourth Friday of every month.

Several transplant nephrologists and surgeons have agreed to provide transplant-related services at the clinics, and others are expected to join.

March 2021 Message from Dr. Seupaul



Dear Colleagues,

A year ago, we didn't know what this spring would bring. But somehow, after months of persevering, we are finally seeing a light at the end of a very long tunnel.

Uncertainties over the past year about how to slow the transmission of COVID-19 have given way to the introduction of promising vaccines.

But we can't rest just yet.

While we know that widespread vaccinations are the solution to the pandemic, we know it is a huge undertaking. We know the process of administering the vaccine is meticulous, and it will take time to get to everyone on the waiting list. We also know that for many, fears linger about the unknown side effects of something so new.

As physicians, we must continually reassure our patients and the general public of the safety and the benefits of the vaccines while also emphasizing a need to maintain our now well-established practices of physical distancing, wearing masks and hand washing.

Not only must we continue to provide guidance to encourage vaccination efforts and good preventive practices, we have to support each other as we grow weary after an extended period of being constantly on guard.

As physicians who directly deal with patients, we are the key to the success of this effort.

Thank you,

A handwritten signature in black ink that reads "Rawle A. Seupaul".

Rawle A. Seupaul, M.D.
 Chief Clinical Officer
 UAMS Medical Center
 Stanley E. Reed Professor & Chair
 Department of Emergency
 Medicine
 UAMS College of Medicine

The 2021 UAMS Referring Physician Quick Reference is now available online!

UAMS.Health/QuickReference

Its content has been expanded to include:

- Regional Campuses
- Clinics in Northwest Arkansas
- Coronavirus Resources
- Preceptor Opportunities
- AR-Connect
- MedNews Plus

UAMS Health Launches Back and Neck Clinic

Now patients can see both a physical therapist and a doctor specializing in spine and sports injuries during the same visit.

The Back and Neck Clinic at 10815 Colonel Glenn Road in Little Rock provides team-based care for patients suffering from back or neck pain.

Often, tests including an MRI are ordered for someone experiencing acute pain, though about 80% of patients end up being referred to physical therapy.

The clinic provides care on the same day or shortly after the pain starts, to help patients recover quickly without having to navigate multiple layers of the health care system.

On the first visit, patients are evaluated by both a primary care physician specializing in spine and sports injuries and a physical therapist trained in back issues. Imaging is only ordered if needed. If physical therapy is determined to be the best treatment, the first session will begin during that appointment.

Referrals aren't needed unless required by health insurance. To schedule an appointment, call 501-686-5270. The fax number for submitting medical records is 501-686-7928.

Aortic Center Centralizes Care, Offers Full Range of Treatment

UAMS Health has brought together its comprehensive, cutting-edge treatments for the full range of vascular diseases and conditions under a single heading: the Aortic Center.

Centralizing all aspects of its multi-disciplinary care allows UAMS to continue offering the most advanced vascular surgery practice in the state, with more specialists.

The Center provides early and complete diagnosis, appropriate medical and/or surgical management, and long-term follow-up for patients of any age. It treats critical conditions such as aortic dissections and ruptures that require emergent care, and

non-emergency conditions.

Fellowship-trained board-certified vascular surgeons work alongside cardio-thoracic surgeons, medical geneticists, cardiovascular anesthesiologists, board-certified critical care surgeons and multi-disciplinary post-surgical care teams.

All forms of routine and advanced open surgery are provided, as well as state-of-the-art complex endovascular surgery. UAMS is the state leader in endovascular minimally invasive procedures, and is the only institution in the state performing fenestrated endovascular aortic operations to treat patients with complex aneurysms.

Call 501-686-6080 day or night to speak to a vascular surgeon and arrange an immediate transfer through an "aortic pathway" that gathers team members before the patient's arrival.

UAMS Completes its Regional Clinics' Conversion to Epic Software

While the Epic electronic medical record software has been in use at UAMS' main campus and its Central Arkansas clinics for eight years, it is now available at all of UAMS' regional campuses.

The regional campuses in Helena-West Helena, Pine Bluff, Fayetteville, Springdale, Batesville, Jonesboro, Texarkana, Magnolia and Fort Smith began the conversion in September 2019, and completed it in 2020, allowing more than 65,000 additional patients to benefit from records becoming more accessible to providers and more easily transferrable.

Orthopaedic Physicians Join Two UAMS Specialty Clinics

Benjamin Stronach, M.D., has joined UAMS as an orthopaedic surgeon specializing in hip and knee arthroplasty, a minimally invasive surgical procedure used to restore function to a joint. He sees patients at the UAMS Health Orthopaedic Clinic at 2 Shackleford West Blvd. in Little Rock.

Physician Relations

Physician Relations & Strategic Development

Chief Clinical Officer

Rawle A. Seupaul, M.D.
RASeupaul@uams.edu

Director

Melanie Meyer, M.Ed.
melanie@uams.edu

Manager

Carla Alexander, M.Ed.
carla@uams.edu

Byron Jarrett
physicianrelations@uams.edu

Wendy Sheridan
wendy@uams.edu

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Editor

Linda Satter

Designer

Norma Edwards

Vice Chancellor for Communications & Marketing

Leslie Taylor



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Quiz of the Month

QUESTION

What is "white clot syndrome"?

Answer: Heparin-induced intra-arterial thrombosis is an antibody-mediated process, often insidious and difficult to diagnose. Thrombocytopenia is a constant finding. If untreated, it often results in death or major amputation due to thromboses resulting from platelet aggregation induced by heparin. Has also been observed with DVT prophylaxis using Low Molecular Weight Heparin preparations.

ANSWER

For a list of new physicians, visit UAMSHealth.com/MD

(Continued from page 3)



Benjamin Stronach, M.D.



Kathryn L. Nance, M.D.

Kathryn L. Nance, M.D., a board-certified family medicine physician fellowship-trained in sports medicine, is now seeing patients at the UAMS Health Orthopaedics and Sports Medicine Clinic at 10815 Colonel Glenn Road in Little Rock.

To make a referral to either doctor, call 501-526-1046.

Gaurav Dhar, M.D., Joins UAMS as Director of Interventional Cardiology

Gaurav Dhar, M.D., has joined UAMS Health to establish and grow the Structural Heart Program within the Division of Cardiovascular Medicine.



As the director of Interventional Cardiology, he is focusing primarily on three procedures: Transcatheter Aortic Valve Replacement, a treatment for severe aortic valve stenosis known as TAVR;

MitraClip, a catheter-based minimally invasive procedure in which a clip is placed into the heart that attaches to the mitral valves, to treat severe mitral valve regurgitation; and a Left Atrial Appendage Occlusion procedure involving a permanent implant designed to close the left atrial appendage in the heart, to try to reduce the risk of stroke. The LAAO procedure is for patients with non-valvular atrial fibrillation who cannot tolerate blood thinners.

Dhar was the associate program director for the Cardiovascular Disease Fellowship Program at Michigan State University in East Lansing, Mich. He was fellowship-trained in Interventional Cardiology at the University of Chicago Medical Center.

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

Anesthesiologist Jaleesa Jackson, M.D., Joins UAMS, Specializing in Cancer Pain Management

Jaleesa A. Jackson, M.D., a fellowship-trained anesthesiologist, has joined the Pain Clinic in the Jackson T. Stephens Spine and Neuroscience Institute at UAMS.

An associate professor in Chronic Pain Medicine, she specializes in helping cancer patients manage severe pain through the use of fluoroscopic injections, nerve blocks and



medical management. Her other clinical interests include holistic, patient-centered care and treatment for chronic pain from sickle cell disease.

Jackson completed her residency in anesthesiology at Massachusetts General Hospital, where she also was a fellow in chronic pain medicine. Earlier, she interned at Vanderbilt University Medical Center in Nashville, Tennessee, after attending medical school at Johns Hopkins University in Baltimore, Maryland. To make a referral, call 501-686-8818.

Dr. C. Lowry Barnes Recognized as One of Nation's Top Orthopaedic Surgeons

Becker's Healthcare, an industry leader in health care information, recently named **C. Lowry Barnes, M.D.**, professor and chair of UAMS Health's Department of Orthopaedic



Surgery, as one of the nation's top orthopaedic surgeons. He was named one of "65 total knee replacement surgeons to know" and was the only Arkansas surgeon on the list.

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 Residency Program Faculty: UAMS is seeking a Board Certified Family Physician for a full-time faculty position in the UAMS South Central Family Medicine Residency Program in Pine Bluff, Arkansas.

Pediatric Opportunities: UAMS is seeking BC/BE Pediatricians across several specialties, including a Clinical Informatics Pediatric Fellow position and a Med/Peds opportunity at UAMS West in Fort Smith.

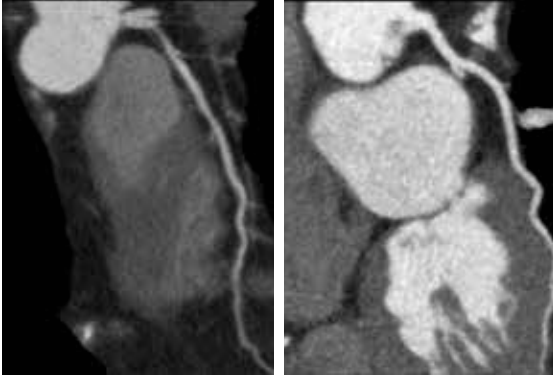
Specialty Opportunities: New opportunities have been added in Pulmonary Disease and Critical Care, Cardiology, Gastroenterology and Infectious Diseases.

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

For a complete listing of job descriptions and opportunities, visit: UAMS.Health/MD

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3-D Imaging Part of Spectrum of Cardiac Diagnostic Tools at Heart Center



At left is a multiplanar reformatted image of severe stenosis of the proximal LAD artery. Image of normal coronary artery at right.

The full spectrum of diagnostic tools available through the UAMS Health Heart Center includes computerized tomography, a newer option that is less invasive than traditional diagnostic tests.



Yusuf Hassan, M.D.,

Cardiologists **Yusuf Hassan, M.D.**, and **Subhi J. Al'Aref, M.D.**, both fellowship-trained in interventional cardiology, joined UAMS in 2020 and have expanded 3D-cardiac imaging at the UAMS Health Heart Center.

CT coronary angiography uses X-rays and the injection of contrast to show the heart arteries and blood supply. The procedure is noninvasive and requires no recovery time.



Subhi J. Al'Aref, M.D.

Al'Aref said the 3-D cardiac imaging is particularly useful when a stress test indicates changes in a patient's blood flow that could be indicative of a blockage, but doctors want to avoid an invasive procedure just for investigative purposes. He noted that 30-40% of patients with blood flow changes don't actually have a blockage.

A meticulous scanning process that minimizes exposure to radiation is used to produce high-quality images that allow doctors to see how much plaque is in the arteries and where the blockage is.

"One successful application is in our liver and kidney transplant programs," he said. "To save them an invasive procedure is a big deal."

The Heart Center also offers a CT heart test that detects buildup of calcium in the heart, a good indicator of the amount of plaque that can narrow or close off arteries.

These noninvasive CT tests are available alongside other diagnostic tools like exercise stress tests, chemical stress tests, MRI, ultrasounds and the traditional invasive angiography, in which a catheter is threaded to the heart vessels via the groin or arm.

"There are many risk factors that should trigger a referral for a consult with one of our fellowship-trained cardiologists before acute care is needed," Hassan said. "Family history, risk factors such as high blood pressure, smoking, obesity, diabetes, inactivity, a high-fat diet and chest pain that comes and goes with exercise - these are all reasons to take a closer look."

To make a referral, call 501-526-1000. ■

JASON S. MIZELL, M.D.

Colorectal Surgeon



What inspired you to become a doctor?

Oddly enough, my big decision was between going to seminary or med school, but I think a desire to take care of people was behind both ideas. When I took the MCAT, did well, and got into medical school on my first attempt, I took that as an indication God was helping guide my path. Now I like to frame it that surgery is my ministry, and really, I can show God's love through whatever I am doing.

What do you like most about your specialty?

Colorectal problems can have a huge impact on quality of life. If you can't eat and can't go to the bathroom, life is miserable. With many patients, I feel I'm able to take a difficult situation and make vast improvements for them.

What are your clinical specialties?

One of our biggest areas of focus is colorectal cancer, where the last three years we have been ranked by U.S. News and World Report for our excellence in colon cancer surgery. In addition, our colorectal team sees many cases of inflammatory bowel disease, Crohn's disease and ulcerative colitis. We take full advantage of endoscopic techniques, which reduces the need for an advanced operation in many cases.

Do you have a passion outside of surgery?

I have taught a Business of Medicine course to the UAMS fourth-year medical students for several years. I saw a need to educate students on everything from how to set up their practice, to paying back student loan debt, to making big purchases and saving for retirement. I didn't want them to start their careers with a deficit in their business knowledge - the way many of us did. Now, I give presentations on the subject nationally to established physicians and students alike, and it has become a fulfilling side interest to my work as a surgeon.

What's the best way to make a referral?

Call colorectal surgery at 501-686-8211 or the Physician Call Center at 501-686-6080. You can also reach me by email at JSMizell@UAMS.edu.

MEDICAL CASE STUDY:

Innovative Use of Technology Removes Dangerous Clot Without Open Heart Surgery

Initial Contact

A 36-year-old man with congestive heart failure presented to the UAMS Emergency Department on Dec. 23 after he suddenly had difficulty breathing.

A CT scan showed a pulmonary embolism in his lungs. A blood clot had formed in the patient's legs and traveled to the lung. To make matters worse, an echocardiogram revealed that he had a large blood clot that was hanging precariously, caught just below the tricuspid valve of his heart and headed toward the lungs – a situation known as a thrombus-in-transit.

"A piece of clot hanging around in the heart is a ticking time bomb," said **Srikanth Vallurupalli, M.D.**, a UAMS Health cardiologist and associate professor of Internal Medicine.

Jay K. Bhama, M.D., a UAMS heart surgeon and professor & chief of cardiovascular surgery, put it this way: "The worry was that he could collapse and die at any moment."

Assessment

The usual treatment is to start blood thinners to try to dissolve the clot.

The patient was started on Heparin intravenously and Warfarin orally as a precaution. However, due to the mobility of the clot in the heart, there was a concern that if it broke loose and traveled to the lungs, it might obstruct vital blood flow, causing immediate death.

Vallurupalli then called in Bhama to discuss the possibility of using new technology – a device called an AngioVac – to remove the clot. The AngioVac system, which is used with a pump, filter and reinfusion cannula, was designed to avoid the need for an open heart operation.

Its common usage is to essentially "vacuum out" undesirable intravascular material such as fresh, soft vegetations that are stuck to the right heart valves or pacemaker wires, but the two heart specialists had met just a couple of weeks earlier with representatives of the device manufacturer to explore its possible other applications. They

then assembled a team of physicians and nurses to assist them, in the event they came across patients with such problems.

"Dr. Vallurupalli called me right away and said, 'I think we've found someone who could really benefit from this,'" Bhama recalled. "I thought, wow, this would be really helpful if we could remove this clot from the heart without an open surgical operation."

Generally, when faced with a significant pulmonary embolism and a residual clot traveling to the lungs, open heart surgery is needed to remove the clot and save the patient's life. Blood travels through the veins to the right side of the heart, which pumps the blood to the lungs, allowing the lungs to oxygenate the blood and return it to the left side of the heart where it is pumped to the body, allowing organs to function. Clots can form in the legs and travel the same route. When they get stuck in the blood vessels traveling from the heart to the lungs, it prevents an adequate supply of blood from getting to the lungs, leading to cardiac collapse and death.

While this patient had small clots that had already gone to the lungs, those weren't a big concern for the doctors because they were easily dissolvable with an anticoagulant and were not life-threatening.

But the large clot in the heart "would have caused a major problem if it traveled to the lungs," Bhama said.

Open heart surgery involves cutting open the chest and cracking the breastbone, placing the patient on a heart-lung machine and stopping the heart. Then the surgeon opens up the arteries and removes the clot.

Bhama noted that it can be "very morbid surgery and can result in the patient needing a very, very long time to recover." He also was acutely aware that "this man's heart function was so poor, I don't think he would have done very well if we had stopped his heart."

Both doctors saw the AngioVac procedure as a viable solution for

avoiding open-heart surgery while removing the enormous clot and preventing it from going to the lungs and potentially killing the patient.

Bhama decided to go forward with the procedure.

Procedure

The following day, the surgeon and the cardiologist gathered in the operating room with a large team that included perfusionists, anesthesiologists, nurses specially trained in heart surgery, several physician assistants and surgical assistants.

The team began by putting a sheath, a very large tube, in the jugular vein in the patient's neck, and another sheath in the femoral vein in the patient's leg. Then they introduced the AngioVac through the sheath into the bloodstream, establishing an external circuit through which the device, when turned on, would begin drawing up blood, filtering it and pumping the filtered blood back into the femoral vein.

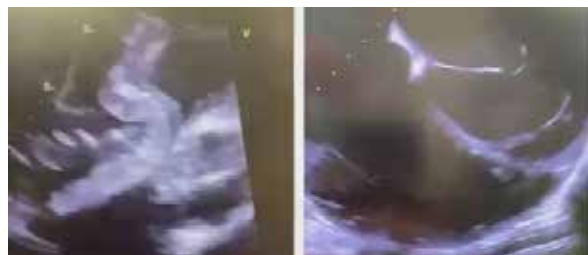
Vallurupalli, an imaging expert, used a transesophageal echocardiogram to monitor what was happening inside the patient's body, guiding Bhama as the surgeon advanced the device through the sheath, which ends just above the heart, into the patient's heart. When Vallurupalli told Bhama he was at the right spot, Bhama turned on the device, enabling its funnel-shaped end to act like a low-level vacuum cleaner and suck out the clot, which had come to resemble a snake wiggling around in the heart when it got stuck.

The suctioned-out clot was collected in the filter, allowing the team to see how big it was: about the size of a pinky finger.

Throughout the procedure, Vallurupalli kept the team apprised about whether the clot was still there, eventually confirming that the entire clot had been removed. The entire process took about two hours, though the machine was on for only about 15 minutes.



The top two photos are images of the blood clot. At left is the thrombus in the AngioVacfilter. The second is the thrombus burden: multiple pieces of blood clot that were removed from the filter to be sent to pathology. From left to right on bottom are ultrasound images depicting the thrombus and the view after the thrombus was evacuated.



Vallurupalli called the use of the new technology “potentially a life-saving procedure.”

Bhama agreed, saying of the clot, “It was imminent that it was going to end up in the lungs and probably kill him.”

“We were able to remove the clot completely by using the new technology in a creative manner,” Vallurupalli said.

“This was a team effort with multiple specialists. It really highlights the true power of our cardiovascular program in taking care of of the sickest patients, combining cutting-edge technology with excellent patient care, so patients can get the most advanced care available in the world, right here at UAMS,” Bhama said.

While it wasn’t the first use of the AngioVac at UAMS, it was the first time, to their knowledge, that the device had been used to remove a thrombus-in-transit.

Follow-up

The patient remained hospitalized for a couple of extra days to have a defibrillator put in, because of his congestive heart failure. But if not for the heart failure, he probably would have gone home two days after the procedure.

“The fact that he left the hospital is a testament to the care he received,” Vallurupalli said, noting that while the thrombus-in-transit hadn’t yet caused any problems, the threat of it embolizing created an urgent threat to his life.

Discussion

The new technology is best known for clearing out vegetations, which are basically infections of the heart valve caused by infected debris collecting on the valve or tissue, Bhama said.

“We can suck all that out and reduce the burden of the infection,” he said.

However, Vallurupalli and Bhama said their multidisciplinary use of the device was the first time they are aware of that the device was used “for this type of indication.”

They said it proved to be a useful tool in situations such as this, when doctors don’t think a patient can tolerate surgery, offering another example of how technological advances are being used at UAMS to minimize more invasive procedures and save lives.

Referrals

To make a cardiology or cardiovascular surgery referral, call 501-686-5311. ■

Jay K. Bhama, M.D.



Professor and Chief of Division of Cardiovascular Surgery, Department of Surgery UAMS College of Medicine

Education

Doctor of Medicine, Baylor College of Medicine, Houston, Texas

Residency

General surgery, Michael E. DeBakey Department of Surgery, Baylor College of Medicine

Fellowship

Advanced cardiac surgery, Mayo Clinic in Rochester, Minn. Cardiothoracic transplant and mechanical circulatory support, University of Pittsburgh Medical Center in Pittsburgh, Pa.

Srikanth Vallurupalli, M.D.



Assistant Professor of Medicine, Division of Cardiology UAMS College of Medicine

Education

Doctor of Medicine, Jawaharlal Institute of Post Graduate Medical Education and Research In Pondicherry, India

Residency

Internal medicine, University of Illinois at Urbana Champaign.

Fellowship

Cardiovascular diseases, UAMS Health

ADH & UAMS Weekly COVID-19 Update

Mondays at Noon

Live with Jennifer A. Dillaha, M.D.
State Epidemiologist
Medical Director, Immunizations & Outbreak Response
Arkansas Department of Health

Zoom Meeting ID: 987 7769 7461
Dial in: (312)626-6799
Passcode: 2020

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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 6

TBD

Molly Reeves, M.D.
*Department of Psychiatry
Division of Child and Adolescent Psychiatry*

APRIL 13

Aortic Aneurysms

Kyla Shelton, M.D.
Division of Vascular Surgery and Endovascular Surgery

APRIL 20

Moving the Needle: Medicaid Funded Services for Children with ASD

Karan Burnette
Director, Partners for Inclusive Communities, Arkansas' University Center of Excellence on Developmental Disabilities

APRIL 27

Professionalism and the Ethics of Communicating with Patients

Jamie Carlin Watson, Ph.D.
Department of Medical Humanities and Bioethics

MAY 4

Surgical Treatment of Liver Cancer

Lyle Burdine, M.D., Ph.D.
Department of Surgery-Transplantation

MAY 11

Structural Cardiac Interventions

Gaurav Dhar, M.D.
Department of Cardiology

MAY 18

Moving the Needle: Supporting Providers and Families in Healthcare

Amy Hess
Behavioral Health Outreach Nationwide Children's Hospital Pediatric Psychology and Neuropsychology Child Development Center
Angie Fedele
Director of Operations, Clinical Programs Autism Speaks

MAY 25

Influence Your Culture: Survive the Stress

Steve Dickins, J.D., FACME
Vice President, Medical Practice Services, SVMIC

JUNE 1

Aortic Emergencies

Christian Simmons, M.D.
Department of Vascular and Endovascular Surgery

JUNE 8

Sickle Cell Update

Collin Montgomery, APRN
Leigh Ann Wilson, LCSW

JUNE 15

Moving the Needle: Exploration of the Principles and Applications of ABA

Renee Speight, Ph.D.
Teaching Assistant Professor of Special Education Department of Curriculum and Instruction, University of Arkansas

JUNE 22

Interventional Approaches to Cancer Pain

Jalessa Jackson, M.D.
Interventional Pain, Department of Anesthesiology

JUNE 29

Difficult Conversations in Health Care: Tools for Successfully Engaging in Challenging Conversations

Konstantinos Arnaoutakis, M.D.
Department of Internal Medicine, Division of Hematology and Oncology