



SMA : Southern Medical Association
Advocacy, Leadership, Quality and Professional Identity

2013 Annual Scientific Assembly

Syllabus and Program



October 31-November 2, 2013

Baytowne Conference Center

Destin, FL



Southern Medical Association is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians. In November 2011, the ACCME awarded SMA "accreditation with commendation" for 6 years as a provider of continuing medical education for physicians.



SMA Southern Medical Association

Advocacy, Leadership, Quality and Professional Identity

Southern Medical Association

- Physician Membership Association
- Founded in 1906
- 501C3 Organization
- Footprint/Territorial States – 16 Southern States and District of Columbia
- Governance – Council comprised of an elected physician from each state
- Membership Makeup – Multi-specialty, Interdisciplinary
- Education Division – **Accredited with Commendation** by the Accreditation Council for Continuing Medical Education (ACCME)

Mission

Southern Medical Association promotes the health of patients through advocacy, leadership, education, and service.

What We Value

Advocacy, Leadership, Collegiality, and Innovation

What We Believe

- That physicians must be advocates for their patients and provide the leadership necessary to promote better health care in their communities;
- That education and scholarly interactions must be conducted in a collegial, supportive environment;
- That collaboration and innovation in health care delivery will best serve our patients as we work together to attain optimal health.

Our Vision

The Southern Medical Association will be the preferred association for physicians and health professionals, and will be recognized for advocacy on key practice issues including leadership development for physicians, multi-specialty and interdisciplinary education and training, and innovative health care delivery models and services that improve quality and access to care.

Contact Information:

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EDUCATIONAL SESSIONS



Thursday, October 31

4:00-6:00 pm, Plenary Session – Prevention of Medical Errors, Mark S. Williams, MD, MBA, JD, CPE

Friday, November 1

7:00-9:00 am, Plenary Session – Hot Topics in Medicine

- 7:00 - Welcome and Overview
- 7:05 - Emergency Medicine – 2013 JCAHO Requirements: What's New? Frederick B. Carlton, Jr., MD
- 7:15 - Family Practice – In the Trenches: Issues and Trends in Rural Family Medicine, Rose Kuplesky, RN
- 7:25 - Geriatric Medicine – Robert Kruger, MD
- 7:35 - Ob/Gyn – Innovations in Ob/Gyn, Mark G. Martens, MD, FACOG, NCMP
- 7:45 - Ophthalmology – What's New in Advances and Procedures in Ophthalmology, Jeffrey Brant, MD
- 7:55 - Radiology – Imaging and Staging of Rectal Cancer, Aurelio Matamoros, Jr., MD, Houston, TX
- 8:05 - Pediatrics & Adolescent Medicine – Management of Concussions in Children, Paula O. Pell, MD
- 8:15 - Medicine – Heart Failure, Jan N. Basile, MD
- 8:25 - Psychiatry – Challenges of Incorporating DSM5, Mark D. Kilgus, MD, PhD
- 8:35 - Pulmonary Disease – CPAP and CHF, Donald Pell, MD
- 8:45 - Surgery – Surgical Advances in Breast Cancer, Clement P. Cotter, Jr., MD, Birmingham, AL
- 8:55 - Closing Remarks

9:15-11:45 am, Breakout 1 – Cardiovascular Diseases, Jan N. Basile, MD

- New Guidelines in Hypertension
- New Guidelines in Dyslipidemia
- Atrial Fibrillation: Stratifying Risk and Reducing Stroke with the New Oral Anticoagulants

9:15-11:45 am, Breakout 2 – Infectious Diseases, Mark G. Martens, MD, FACOG, NCMP

- New Approaches to Treating C. difficile
- Office Microbiology Testing – How Accurate?

12:45-3:15 PM, Breakout 1 – Psychiatry/Mental Health, Mark D. Kilgus, MD, PhD, Frank H. Biscardi, MD and William S. Rea, MD

- Challenges of Incorporating Psychiatry with Primary Care, Dr. Kilgus
- Primary Care Issues in Obstructive Sleep Apnea, Dr. Biscardi
- Update on Chemical Dependency, Dr. Rea

12:45-3:15 PM, Breakout 2 – Practice Management Sessions

- **12:45 – 2:00 pm – Achieving ICD-10 Implementation Success**, Mr. Denny Flint
- **2:00-3:15 pm – E-Communication: The Potential and the Pitfalls**, Christina Cassady, RN, BSN

Saturday, November 2

7:00-9:30 am, Breakout 1 – Neurology, Jeffrey Clark, DO

- Alzheimer's Disease
- Spells in Neurology, "Don't Be Fooled".....
- Neurology Jeopardy (a friendly competition!)

7:00-9:30 am, Breakout 2 – Abstract Presentations – Part 1

9:45-11:45 am – Breakout 1 - Abstract Presentations – Part 2

9:45-11:45 am, Breakout 2 – New Drugs Update, C. Wayne Weart, PharmD, BCPS, FASHP, FAPhA

11:45 am-12:45 pm, Plenary Session – Health Reform Update, Mark S. Williams, MD, MBA, JD, CPE

ACKNOWLEDGMENT

**The Southern Medical Association gratefully acknowledges the following
sponsors of SMA's 2013 Annual Scientific Assembly**



ACCREDITATION AND CME CREDIT



Southern Medical Association is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians. In November 2011, SMA was resurveyed by the ACCME and awarded **Accreditation with Commendation** for 6 years as a provider of continuing medical education for physicians. ACCME accreditation seeks to assure the medical community and the public that Southern Medical Association provides physicians with relevant, effective, practice-based continuing medical education that supports U.S. health care quality improvement.

American Medical Association Physician's Recognition Award

Southern Medical Association designates this Live activity for a maximum of **14.5 AMA PRA Category 1 Credits™**. Physicians should claim only the credit commensurate with the extent of their participation in this activity.

American Academy of Family Physicians

This Live activity, SMA Annual Scientific Assembly, with a beginning date of October 31, 2013, has been reviewed and is acceptable for up to 14.5 Prescribed credits by the American Academy of Family Physicians. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Healthcare Professionals – A certificate of attendance will be provided to all attending healthcare professionals.

CME REQUEST FORM & EVALUATION

Post-conference, **visit the link below** to complete the CME request form and conference evaluation. Your certificate will be processed and e-mailed approximately two weeks after the conference to the address you provide at the link, based on the lectures you attend.

<http://www.surveymonkey.com/s/AnnualMeetingCMEForm>

DISCLAIMER

The primary purpose of this CME conference is educational. Information presented and techniques discussed are intended to inform physicians of medical or practice-related knowledge, clinical procedures, and experiences of physicians willing to share such information with colleagues. It is recognized that a diversity of professional opinions exists in the contemporary practice of medicine which influence the selection of methods and procedures. The views and approaches of faculty are offered solely for educational purposes. The Southern Medical Association disclaims any and all liability for injury or other damages to any individual attending this CME conference and for all claims, which may result from the use of the information presented at this conference.

DISTINGUISHED FACULTY



Mark S. Williams, MD, MBA, JD, CPE, (Assembly Chair), serves Chief Medical Officer of the North Mississippi Health System in Tupelo, Mississippi is a member and board chairman of the Alabama Quality Assurance Foundation and has served on the Quality Committee of Blue Cross and Blue Shield. He has been a consultant to large business on health policy and employee health advocacy and is a part-time faculty member of the UAB Department of Anesthesiology. Dr. Williams' unique combination of medical, business and legal skills contribute to his broad understanding of the healthcare environment and its relevance to a variety of vested constituents.



Jan N. Basile, MD, is Professor of Medicine in the Division of General Internal Medicine/Geriatrics at the Medical University of South Carolina (MUSC) and Former Chief of Primary Care Service Line at the Ralph H. Johnson VA Medical Center, both in Charleston, South Carolina. After 31 years, he has recently retired from Federal service and is currently working at the Seinsheimer Clinic at MUSC, a consultative clinic seeing high-risk patients with hypertension and hyperlipidemia. He has been involved in several large trials evaluating the effect of pharmacologic therapy on improving outcome, including the (ALLHAT) and (ACCORD) trials, both under the auspices of the National Heart, Lung, and Blood Institute.



Frank H. Biscardi, MD, FCCP, FASSM, is Director of the Carilion Sleep Center and Stonewall Jackson Sleep Center in Roanoke, Virginia. Dr. Biscardi's interests and current research include IRB approved study of empyema at RMH and ultrasound examination of the upper airway in bariatric patients.



Jeffrey R. Brant, MD, founded the Allatoona Eye Clinic in Cartersville, Georgia in 1985, and has devoted his career to providing full time eye care to the residents of Northwest Georgia. He is a full staff member of the Department of Surgery at the Cartersville Medical Center, where he serves on the Board of Trustees.



Frederick Carlton, Jr., MD is Medical Director, CMEMSD, and EMT, PreHospital Medical Director for Central Mississippi Trauma Region Board of Directors, the Vice Chair Emergency Medicine for St. Dominic Hospital and Professor Emeritus, Department of Emergency Medicine, University of Mississippi Medical Center.



Christina Cassady RN, BSN, currently lives in Northern California and works for NORCAL Mutual Insurance Company as a Risk Management Regional Manager. She has extensive experience working with physicians to reduce their liability exposures and improve patient safety. Christina brings a creative and collaborative approach to risk management service planning with her accounts and their brokers, and to her work on behalf of policyholders.



Jeffrey Clark, DO is Senior Staff and Vice Chair of the Department of Neurology for Scott & White Hospital/Clinic in Temple, Texas. He is an Associate Professor of Medicine at Texas A&M University College of Medicine and the Key Faculty for the Internal Medicine Residency at Scott & White Hospital/Texas A&M University. Dr. Clark's interests include general neurology, cerebrovascular disease, and student and resident education.



Clement P. Cotter, Jr., MD, MBA is a private practice plastic & reconstructive surgeon with over 25 years of experience. Dr. Cotter is also a Member of the Board of Trustees for the Baptist Health System, and is currently a member of the Governance Committee and Chairs the Quality & Mission Committee where improvements in patient safety, clinical quality, and patient perception are integrated into the mission of the Baptist Health System.



Mr. Denny Flint is the president of Complete Practice Resources, a health care education, consulting, and software company headquartered in Slidell, Louisiana. He currently serves on the editorial board of ICD10 Monitor, has a weekly segment on "Talk Ten Tuesday" for ICD10 Monitor, and is a member of the Colorado and Louisiana ICD-10 Training Coalitions.



Mark D. Kilgus, MD, PhD is founding chair and tenured Professor at the Virginia Tech Carilion School of Medicine where he is an original member of the Admissions Committee and the Dean's Leadership Team. Dr. Kilgus established and directed the Child and Adolescent Psychiatry Training Program from 2008-11 and continues to participate in the training and supervision of both general psychiatry residents and child psychiatry fellows. He is conducting research on the integration of psychiatry with primary care, reactive attachment disorder in children, and adolescent substance abuse with the most recently published journal articles on cocaine craving.



Robert M. Kruger, MD, FACP is the geriatric internal medicine physician for the San Antonio Military Health System at Wilford Hall Ambulatory Surgical Center at Joint Base San Antonio, Lackland, Texas. He is board certified in internal medicine, geriatric medicine, and hospice and palliative care medicine. Dr. Kruger has additional professional interests in military medicine and in performing acupuncture to relieve pain and other symptoms.



Rose Kuplesky, RN has been an RN for over 35 years and works as a full time nurse and office manager alongside her husband, Dr. Steve Kuplesky in a family practice center in Simmesport, Louisiana. She is the current Avoyelles Parish Medical Society Alliance President and is serving her second term in this position. She is currently the president of the Avoyelles Manager's Association of Louisiana, as well as Representative to the Council on Legislation for the Louisiana State Medical Society Alliance. She also sits on the hospital's Board of Directors.



Mark G. Martens, MD, FACOG, NCMP is currently the Chairman of the Department of Obstetrics and Gynecology at Jersey Shore University Medical Center, and Clinical Professor and Vice-Chair at UMDNJ, Robert Wood Johnson School of Medicine in New Jersey.



Aurelio Matamoros, Jr., MD has worked at the MD Anderson Cancer Center for the past 12 years where he is currently serving as Professor, Department of Diagnostic Radiology, Division of Diagnostic Imaging and Medical Advisor, School of Allied Health, Radiology Program, Division of Diagnostic Imaging. Dr. Matamoros' special interests are in gastrointestinal, gynecologic, genitourinary and hematologic malignancies. He is presently involved as a collaborator in 25 protocols.



Donald M. Pell, MD, FCCP is an award-winning pulmonologist with over 40 years of experience in the treatment of respiratory diseases. He is a Clinical Assistant Professor of Medicine at the University of South Florida and Respiratory Director at Edward White Hospital, in St. Petersburg, Florida. Dr. Pell is the inventor of a patented breathing apparatus including a low work of breathing endotracheal tube and adaptors, and a bronchodilator for evaluating airway response.



Paula Oliver Pell, MD, FACEP, FAAP has been practicing Emergency Medicine in Southwest Florida since 1991 and was appointed Clinical Assistant Professor of Medicine at the University of South Florida in 1992. She is currently in private practice with All Children's Hospital in St. Petersburg, Florida. Dr. Pell is an ATLS Provider and PEPP Course Director, an ACLS instructor and is currently the EMS-C Medical Director for Pinellas County.



William S. Rea, MD is Vice Chair of Psychiatry at the Carilion Clinic, Psychiatry & Behavioral Medicine in Roanoke, Virginia.



C. Wayne Weart, PharmD, BCPS, FASHP, FAPhA, is Professor of the Department of Clinical Pharmacy and Outcome Sciences in the South Carolina College of Pharmacy, Medical University of South Carolina (MUSC), as well as Professor of Family Medicine in the College of Medicine, MUSC.

DISCLOSURE OF RELEVANT FINANCIAL RELATIONSHIPS/OFF-LABEL DISCUSSIONS

SMA Faculty Disclosure Policy and Conflict of Interest Resolution In accordance with the ACCME's Standards for Commercial Support, it is SMA's policy that all individuals involved with planning and implementation of the content of an SMA CME/CE activity are required to disclose to the audience 1) any relevant financial relationships with a commercial interest producing, marketing, re-selling, or distributing health care goods or services consumed by or used on, patients and 2) unlabeled/unapproved uses of drugs or devices discussed in their presentation. Perceived conflicts of interest (COI) will be resolved prior to the activity.

Assembly Chair and Invited Faculty

Mark S. Williams, MD, MBA, JD, CPE

- No relevant financial relationships to disclose

Jan N. Basile, MD

- Research – Grant Research Support – NHLBI (SPRINT)
- Consultant/Speaker's Bureau – Honorarium – Eli Lilly
- Consultant/Speaker's Bureau – Honorarium – Forest Labs
- Consultant/Speaker's Bureau – Honorarium – Daiichi-Sankyo
- Consultant/Speaker's Bureau – Honorarium – Takeda

Frank H. Biascardi, MD, FCCP, FASSM

- No relevant financial relationships to disclose

Jeffrey R. Brant, MD

- No relevant financial relationships to disclose

Frederick Carlton, Jr., MD

- No relevant financial relationships to disclose

Christina Cassady, RN, BSN

- No relevant financial relationships to disclose

Jeffrey Clark, DO

- No relevant financial relationships to disclose

Clement P. Cotter, Jr., MD

- No relevant financial relationships to disclose

Mr. Denny Flint

- No relevant financial relationships to disclose

Mark D. Kilgus, MD, PhD

- No relevant financial relationships to disclose

Robert M. Kruger, MD, FACP

- No relevant financial relationships to disclose

Rose Kuplesky, RN

- No relevant financial relationships to disclose

Mark G. Martens, MD, FACOG, NCMP

- Research Investigator – Grant – MDL Lab
- Research Investigator – Grant – BRLI Lab
- Research Investigator – Grant – Sanofi

- Unlabeled Use or Not Yet Approved by the FDA: Discussion of research in progress

Aurelio Matamoros, Jr., MD

- No relevant financial relationships to disclose

Donald M. Pell, MD, FCCP

- Speaker – Honorarium – Mercury Medical
- Speaker – Honorarium – Bayfront Medical Center

Paula Oliver Pell, MD, FACEP, FAAP

- No relevant financial relationships to disclose

William S. Rea, MD

- No relevant financial relationships to disclose
- Unlabeled Use or Not Yet Approved by the FDA: Discussion of anticonvulsants and other drugs for substance use disorders

C. Wayne Weart, PharmD, BCPS, FASHP, FAPhA

- Outcomes Research Advisory Board
- Consultant – Honorarium/Expenses – Merck
- Formulary Advisory Board for Apixaban – Honorarium/Expenses – BMS/Pfizer
- Unlabeled Use or Not Yet Approved by the FDA: Discussion of any off label or investigational meds that are asked about by attendees

CONTENT REVIEWERS-INVITED FACULTY

P. Roger DeVersa, MD, MBA, CPE

- No relevant financial relationships to disclose

Ajoy Kumar, MD

- No relevant financial relationships to disclose

Stuart Goodman, MD

- No relevant financial relationships to disclose

Joseph Roberts, MD

- No relevant financial relationships to disclose

Steven Strode, MD

- No relevant financial relationships to disclose

Michael C. Gosney, MD

- No relevant financial relationships to disclose

Oral and Poster Abstract Presenters, CoAuthors, Reviewers, and Staff

Below is a listing of all individuals who were involved in the planning and implementation of the content for abstracts being presented during SMA's Scientific Assembly. These individuals, unless otherwise noted, had no relevant financial relationships to disclose. In addition, off-label discussions are included.

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Dhaval Adhvaryu, MD, FACS
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Adham B. al Hariri, MD
Helmut Albrecht, MD
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Clayton C. Bettin, MD
Whitney Black, MD
Wayne Blount, MD, MPH
Ravi Bobba, MD
Michael Bolton, MD
Sunil Buddaraju, MD

C

Lui Caleon, MS
Veronica Caudill-Engle, DO
Unlabeled Use or Not Yet Approved by the FDA:
Discussion of Evaluating the ability of achieving therapeutic
Anti factor Xa for VTE prophylaxis using enoxaparin 0.5
mg/kg twice daily dosing compared to the standard 40 mg
once daily dosing in obese patients
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Heath Chung, MD
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Scott Herskovitz, MBBS
Jason Hew, MD
Trevanne Matthews Hew, MD
Unlabeled Use or Not Yet Approved by the FDA:
Discussion of investigational use of endobronchial valves
in the treatment of persistent air leaks
Amber Howell, MD
Joseph Horvath, MD

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Iliia Iliev, MSII

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L. Keith Scott, MD
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Abhishek Seth, MD
Darshana Shah, PhD
C. Norman Shealy, MD
Franklin Shuler, MD, PhD
Saad A. Siddiqui, MBBS

Unlabeled Use or Not Yet Approved by the FDA:

Discussion of ECP treatment in Orthostatic Hypotension
Amita Singh, MD
Amolak Singh, MD, FACP, FACNM
Jeremy T. Smith, MD
Patrick M. Stagg, MD
Cody Stauffer-MacDowell, MS2
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• No relevant financial relationships to disclose

ASSEMBLY OVERVIEW

SMA is committed to meeting the needs of the whole physician, and strives to provide a mix of education, service and camaraderie that empowers members to achieve both personal and professional goals. SMA's Scientific Assembly has always been its "premier" event, providing an interdisciplinary forum to enhance the sharing of information, knowledge and experience to advance the practice of medicine, and an opportunity for all generations of physicians to interact and learn from each other. The 2013 Annual Scientific Assembly has been designed and developed to meet the ongoing continuing education needs of its members and constituents. The format includes plenary and breakout sessions that will address, through invited guest speakers and abstract presentations, both clinical and non-clinical topics. This educational intervention will enhance the ability of SMA members and all healthcare professionals to serve their patients, to fulfill credentialing requirements, and to encourage collegial interaction. Areas of focus include: Infectious Disease, Cardiovascular Disease, Psychiatry/Mental Health, Neurology, New Drugs Update, e-Communication/Risk Management, Health Reform, Medical Errors, and ICD-10 implementation. A session devoted to "Hot Topics in Medicine" will represent topics from SMA's multispecialty membership, and abstract presentations, in the form of oral and posters, satisfy areas of the ACGME's competencies.

LEARNING OBJECTIVES

Through a combination of evidence-based didactic lectures, case presentations, and faculty and audience Q&A and interaction, attendees will have the opportunity to gather and exchange information regarding current and emerging treatments in the top health threats and common patient complaints. After participating in this activity, participants should have increased knowledge and have developed strategies to take back to practice to:

- Identify diagnostic and management options for a variety of commonly encountered conditions including cardiovascular disease, psychiatry/mental health, infectious disease, and neurology
- Recognize the latest information in various specialty fields of medicine contributing to a multi-specialty approach of patient care
- Discuss highlights and updates about the Affordable Care Act and its implications
- Define actions necessary to achieve a successful ICD-10 implementation
- Describe risk management and patient safety issues related to various forms of electronic communication – including text messaging, email, and social media
- Identify risk factors and strategies to prevent medical errors
- Apply current information concerning newly FDA approved medications (including pharmacology, pharmacokinetics, efficacy and safety data, drug interactions, dosing, monitoring and cost), in the selection of evidence-based pharmacotherapy

TARGET AUDIENCE AND SCOPE

Sessions presented will be of benefit to physicians, physician assistants, and nurse practitioners specializing or certified in the areas of internal medicine, family or general medicine, geriatric medicine, emergency medicine, pediatrics and adolescent medicine, and obstetrics and gynecology. Other specialists may also benefit from the wide array of topics.



Southern Medical Association

Prevention of Medical Errors

Mark S. Williams, MD, MBA, JD, CPE

Thursday, October 31

4:00-6:00 pm

Magnolia B/C

Lecture Summary and Objectives: Although many initiatives have been implemented and great strides have been achieved in improving patient safety and reducing preventable medical errors, progress towards achieving “zero” avoidable harm continues to be slow. This session will address common medical errors, their recognition, potential for harm and the psychological and financial costs. The concepts of human factors, system design and the high reliability organization will be reviewed. New approaches in reducing harm and restoring trust will be described along with the opportunity for physician leadership.

Upon completion of the lecture, attendees should be better prepared to:

- Acquire an understanding of the concept of a “medical error”
- Appreciate the safety movement
- Understand the culture of safety
- Illustrate real examples of adverse events and their sequelae
- Identify a high reliability organization

References and Resources:

- 1) Safe Hospitals, Smart Hospitals: How One Doctor’s Checklist Can Help Us Change Health Care from the Inside Out, Peter Pronovost (available on Amazon.com)
- 2) The Best Practice: How the New Quality Movement is Transforming Medicine, Charles C. Kenney (available on Amazon.com)

Lecture Notes



Friday, November 1
7:25-7:35 am
Magnolia B/C

- Identify procedures for preoperative assessment of the geriatric patient, including screening tests, as defined by collaboration between ACS-NSQIP and AGS.

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Southern Medical Association

Hot Topics in Medicine: Ob/Gyn
Innovations in Ob/Gyn
Mark G. Martens, MD

Friday, November 1
7:35-7:45 am
Magnolia B/C

Lecture Summary and Objectives: New technology is being approved at an increasing rate, and often identified through biased vendors. Peer professional organizations should determine the utility of new technological products, and providers should have an objective method to evaluate new technology.

Upon completion of the lecture, attendees should be better prepared to:

- Understand the applicability of new technology to practice

References and Resources:

1. Gemzell-Danielsson K, Schellschmidt I, Apter D. A randomized, phase II study describing the efficacy, bleeding profile, and safety of two low-dose levonorgestrel-releasing intrauterine contraceptive systems and Mirena. *Fertil Steril*. 2012 Mar;97(3):616-22.
2. Robles R, Aguirre VA, Argueta AI, Guerrero MR. Laparoscopic radiofrequency volumetric thermal ablation of uterine myomas with 12 months of follow-up. *Int J Gynaecol Obstet*. 2013 Jan;120(1):65-9.

Lecture Notes



Friday, November 1
8:15-8:25 am
Magnolia B/C

Upon completion of the lecture, attendees should be better prepared to:

- ### References and Resources:

- ## Lecture Notes

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Friday, November 1
8:25-8:35 am
Magnolia B/C

Lecture Summary and Objectives: Classification of psychiatric disorders is currently based on the DSM-IV-TR and coded according to ICD-9-CM as required by 3rd party payors for authorization and reimbursement of clinical services. In May of this year, the American Psychiatric Association at long-last published an updated nosology, DSM-5, that markedly departs from previous editions by emphasizing the etiological basis for mental illness. The corresponding ICD-10-CM codes will be required in the United States for reimbursement beginning October 1, 2014. There is a slight delay in implementation as third party payors redesign forms and processes.

- Recognize and understand the philosophical basis for the substantive changes in DSM-5.

1. American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition. Arlington, VA: American Psychiatric Association, 2013.

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Lecture Summary and Objectives: CPAP has been available for decades but use remains limited. New designs may help improve use and treatment of CHF. CPAP has been shown to improve CHF outcomes without drug interactions.

Upon completion of the lecture, attendees should be better prepared to:

- Evaluate use of CPAP in acute CHF

References and Resources:

1. Noninvasive Positive-pressure ventilation, Gumersindo Gonzales Diaz, CHEST 2005; 127; 952-960.
2. Effect of Continuous Positive Airway Pressure, Matthews, CIRCULATION 1995;91;1725-1731.

Lecture Notes

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Lecture Summary and Objectives: Currently, the evidence-base for what we recommend in the care of those with hypertension is non-evidence and is more opinion-based. While clinicians may be somewhat confused as to when to start drug therapy, they are certainly confused as to what the BP goals of antihypertensive therapy should be and what drugs should be used initially to achieve those goals.

Upon completion of the lecture, attendees should be better prepared to:

- Know when to initiate antihypertensive treatment (threshold to start)
- Identify what the BP goals should be in those with hypertension, and in various populations such as the diabetic, chronic kidney disease, and the elderly patient
- Know which antihypertensive drugs should be used initially to control BP

References and Resources:

1. Diabetes Care 2013; 36 (suppl 1): 529
2. NEJM 2010; 362:1575

Lecture Notes

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.



Southern Medical Association

Breakout 1 – Cardiovascular Diseases
New Guidelines in Dyslipidemia
Jan N. Basile, MD

Friday, November 1
9:15-11:45 am
Magnolia B/C

Lecture Summary and Objectives: Physicians often do not lower LDL-C to its goal in those at risk for Coronary Artery Disease and even if they do address LDL-C, they fail to address the non-HDL cholesterol (Total C-HDL-C), especially when the triglyceride concentrations are elevated. Non-HDL-C contains all atherogenic lipoproteins associated with residual risk after LDL-C is at goal. This presentation will highlight statin therapy as the evidence-based, first-line therapy for lowering LDL-C, discuss goals after achieving reduction in LDL-C, and address management of high risk individuals.

Upon completion of the lecture, attendees should be better prepared to:

- Recognize that statin therapy is first-line therapy for lowering LDL-C; they have been clinically proven to reduce CVD events at all levels of baseline LDL-C. Based on ATP 3, after achieving a 30-40% reduction in LDL-C, the LDL-C goal should be <70 mg/dL (as a therapeutic option) in the highest risk individuals
- Comprehend that once a patient reaches their LDL-C goal, the non-HDL cholesterol (Total C-HDL-C) is an important predictor of residual risk and should be calculated and addressed when the triglycerides are > 200 mg/dL.

References and Resources:

1. Ridker PM et al. NEJM 2008; 359(21):2195-2207
2. AIM High-Investigators. NEJM 2011; 365:2255-2267

Lecture Notes



Southern Medical Association

Breakout 1 – Cardiovascular Diseases Atrial Fibrillation: Stratifying Risk and Reducing Stroke with the New Oral Anticoagulants

Jan N. Basile, MD

Friday, November 1
9:15-11:45 am
Magnolia B/C

Lecture Summary and Objectives: Clinicians often fail to understand the risk of stroke in those with non-valvular Atrial Fibrillation and often fail to use either the CHADS2 and CHA2DS2-VASc score to assess stroke risk in these same patients. In doing so, they fail to recognize the benefits versus risks of antithrombotic therapy for stroke risk reduction in AF patients. Clinicians should use the CHADS2 and CHA2DS2-VASc score to stratify risk for stroke.

Upon completion of the lecture, attendees should be better prepared to:

- Understand the 3 important clinical strategies to consider when treating the patient with Atrial Fibrillation
- Be familiar with the evidence for rate vs. rhythm control in patients with Atrial Fibrillation
- Understand the CHADS2 and CHA2DS2-VASc score to assess stroke risk in patients with AF
- Recognize the benefits vs. risks of antithrombotic therapy for stroke risk reduction in AF patients
- Be familiar with the new oral anticoagulants and the evidence-based studies that allowed them to be FDA approved.

References and Resources:

1. Granger CB et al. N Engl J Med 2011; 365:981-992.
2. Patel MR, et al. N Engl J Med. 2011; 365(10):883-891

Lecture Notes



Friday, November 1
9:15-11:45 am
Magnolia A

Upon completion of the lecture, attendees should be better prepared to:

- ### References and Resources:

- ## Lecture Notes

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Southern Medical Association

Breakout 1 – Psychiatry/Mental Health
Challenges of Incorporating Psychiatry with Primary Care
Mark D. Kilgus, MD, PhD

Friday, November 1
12:45-3:15 pm
Magnolia B/C

Lecture Summary and Objectives: Mental illness often goes undetected or untreated because of limited access to psychiatric care and decreased funding for public mental health centers. Also, the highest utilizers of medical care often have comorbid mental illness that influences the course of medical illness and vice versa. With the limited access to psychiatry, new integration models must be explored to recognize and effectively treat mental illness in general medical settings through collaborative efforts of psychiatrists and primary care clinicians.

Upon completion of the lecture, attendees should be better prepared to:

- Understand why integrating psychiatry with primary care is essential
- Know what constitutes integration
- Become familiar with how integration may be accomplished
- Identify some current programs where integration is being attempted
- Recognize the major barriers to implementing integrated care

References and Resources:

1. Peek CJ and the National Integration Academy Council. Lexicon for Behavioral Health and Primary Care Integration. Agency for Healthcare Research and Quality (AHRQ) Publication No. 13-IP001-EF. Rockville, MD: 2013. Available at <http://integrationacademy.ahrq.gov/sites/default/files/Lexicon.pdf>
2. Croghan TW, Brown JD. Integrating Mental Health Treatment Into the Patient Centered medical Home. Agency for Healthcare Research and Quality (AHRQ) Publication No. 10-0084-EF. U.S. Department of Health and Human Services, Rockville, MD: 2010. Available at pcmh.ahrq.gov/portal/server.pt/community/pcmh__home/1483/PCMH_Tools&Resources_Patient-Centered_v2

Lecture Notes



Southern Medical Association

Breakout 2 – Practice Management Sessions

Achieving ICD-10 Implementation Success

Mr. Denny Flint

Friday, November 1

12:45-2:00 pm

Magnolia A

Lecture Summary and Objectives: During this workshop, a “mock” practice is used for attendees to interactively participate in an ICD-10 implementation. The workshop follows an ICD-10 transition from initial organizational steps through post-ICD-10-implementation assessment. Beginning with Project Organization, attendees will assign roles, tasks, milestones, deadlines, and accountability and conduct thorough impact assessments. This is a “hands on” workshop whereby attendees will conduct mock gap analyses, simulated phone calls to IT vendors and payers, and adjust processes and workflows to account for ICD-10’s significant impact. The goal is to demonstrate a stress-free, successful ICD-10 implementation is achievable if confronted in a sane, measured, and timely fashion.

Upon completion of the lecture, attendees should be better prepared to:

- Assign appropriate staff to relevant ICD-10 implementation roles
- Create deadlines and accountability for task completion
- Identify 40 key ICD-10 impact assessment questions to ask IT vendors and payers and what to do about their answers
- Create an estimated budget for ICD-10
- Know what to do if allocated funds are insufficient for actual cost
- Evaluate ICD-10 “role-based” training options and how to make the best choice for their practice
- Analyze post ICD-10 implementation metrics such as revenue by payer, provider productivity, denial reports, and staff expenses.
- Quickly identify ICD-10 problems that require immediate resolution

References and Resources:

1. www.cptcdpros.com
2. www.cms.gov

Lecture Notes



Southern Medical Association

Breakout 1 – Neurology
Diagnosis, Treatment, and Prevention of Dementia
Jeffrey Clark, DO

Saturday, November 2
7:00-9:30 am
Magnolia B/C

Lecture Summary and Objectives: Dementia is quickly becoming one of the most common, costly, and disabling problems in our nation as baby-boomer generation ages and population matures. Accurate diagnosis and early treatment of dementia are very important in maintaining function, but more than half of these patients are diagnosed either late in the course or not at all. Dementia needs to be diagnosed accurately and early for treatment to have maximum benefit and for the family to have the opportunity to adjust & adapt. Important issues and techniques related to early and accurate diagnosis of dementia will be discussed, along with review of issues and options related to treatment and management.

Upon completion of the lecture, attendees should be better prepared to:

- Recognize and diagnose dementia early in the course of the disease
- Understand and discuss available treatment options with patients and families
- Be aware of important risk factors and proper management related to potential prevention of dementia.

References and Resources:

1. Diet and Alzheimer's Disease Risk Factors or Prevention: The Current Evidence: Expert Rev Neurother. 2011;11(5):677-708
2. Neurology July 21, 2009; 73: 168-169

Lecture Notes



Southern Medical Association

Breakout 1 – Neurology
Spells in Neurology, “Don’t Be Fooled”
Jeffrey Clark, DO

Saturday, November 2
7:00-9:30 am
Magnolia B/C

Lecture Summary and Objectives: Seizures and spells/syncope are common, and often quite disabling. There are currently about 50 million people with epilepsy worldwide, and syncope itself accounts for 6 % of hospital admissions in the United States. Diagnosis and treatment can both be unnecessarily time consuming and costly unless accurate clinical information guides the medical evaluation. Providers need to be educated regarding common presentation features, diagnostic considerations, and treatment options so that patients are diagnosed and managed more efficiently. This presentation will include patient videos and clinical vignettes with the purpose of reviewing essential concepts in the diagnosis and management of seizures/spells.

Upon completion of the lecture, attendees should be better prepared to:

- Recognize and diagnose seizures (& spells/ syncope) based on limited and simple clinical information
- Efficiently evaluate and manage seizures and syncope in the outpatient and inpatient setting
- Explain and the difference (diagnosis and management) between the various types of seizures

References and Resources:

- 1) Arch Neurol. 2010;67(4):408-415
- 2) N Engl J Med 2001; 344:1145-1151 April 12, 2001

Lecture Notes



Southern Medical Association

Breakout 1 - Neurology

Neurology Jeopardy

Jeffrey Clark, DO

Saturday, November 2

7:00-9:30 am

Magnolia B/C

Lecture Summary and Objectives: Neurologic problems and symptoms are a very common reason for patient presentation. The most common neurologic problems can be diagnosed quickly with a limited amount of clinical information, based on high-yield data obtained during the history and physical. This need not be an extended exam or interview as long as the practitioner is able to focus on the most relevant information needed. However, many clinicians are reluctant to diagnose or manage neurologic patients for fear of missing an important finding or diagnosis (often labeled “neurophobia”). Clinicians should be comfortable with approaching clinical neurologic problems/patients. This presentation uses a fast-paced game show style series of case-based questions to teach/galvanize these concepts. Included will be relevant videos (of patients/exam findings), photos, slides, and short-answer questions. Use of similar case-based information has been shown to be the best method of learning short of actual clinical experience with patients.

Upon completion of the lecture, attendees should be better prepared to:

- List the essential elements required for a high-yield neurologic assessment
- Recognize important findings (clinical) in the more common neurologic disorders
- Formulate relevant clinical questions to help limit ordering of potentially unnecessary tests.

References and Resources:

1. Schon F, Hart P, Fernandez C: **Is clinical neurology really so difficult?** *J Neurol Neurosurg Psychiatry* 2002, **72**:557-559.
2. Clinical Neurology: From the Classroom to the Exam Room. J. Clark, Lippincott 2007

Lecture Notes



Southern Medical Association

Breakout 2 – Abstract Presentations – Part 1 SCHEDULE

Saturday, November 2
7:00-9:30 am
Magnolia A

6:55 am Welcome and Introductions, Clement P. Cotter, MD, Presiding

Cardiology

7:00 Stress Induced Cardiomyopathy: A Retrospective Cohort Study, Atef El Gassier, MD

7:10 Pericarditis – A Rare Cardiac Complication of Neurofibromatosis Type 1, Megha Sawhney, MD

Chest Diseases

7:20 Use of Arterio Venous CO2 Removal (AVCO2R) in a Patient with Hypercapnic Respiratory Failure, Taru Saigal, MD

Family Practice

7:30 Inner City Women with Chronic Disease and Without Advanced Directives, Sarah Thompson, MD

7:40 Purpural Septic Shock Due to Group A Streptococci: A Case Report of Pasteur's Dilemma in the Modern Era, Medgina P. Forestal, MD, RN

7:50 Thyrotoxic Periodic Paralysis: A Case Report and Review of the Literature, Brigitte Bekan-Homawoo, MD, MPH

Infectious Diseases

8:00 The Clinical Characteristics and Outcomes of Mucormycosis in Two Community Hospitals in West Texas: A Case Series, Mohammed Al-Janabi, MD

8:10 A Fatal Case of Cryptococcal Meningitis, Srikar Mapakshi, MD

8:20 A Case Report of Imported Cerebral Malaria, Shohala Numaira, MD

8:30 Disseminated Lactobacillus Osteomyelitis – Unique Radiographic Presentation, Kamla Sanasi-Bhola, MD

8:40 The Story of a Brain Abscess – A Classic 'Whodunnit'!, Abhishek Seth, MD

Medicine

8:50 A Case Report of Non-Hodgkin's Lymphoma with Metastasis to Pituitary Gland Resulting in Anterior Hypopituitarism and Hyperprolactinemia, Deepa Ponnusamy, MD

9:00 An Unusual Cause of SVT, Whitney Black, MD

9:10 Slow But Quinke: Delayed ACE-Inhibitor Induced Angioedema in a Hypertensive Patient, Lui Caleon, T4 MS

9:20 Antibiotic De-escalation in Bacteremic Urinary Tract Infections: Potential Opportunities and Effect on Outcome, Adnanul Karim, MD

9:30 Break



**Abstract Presentations – Part 2
SCHEDULE**

**Saturday, November 2
9:45-11:45 am
Magnolia A**

Obstetrics

9:45 Pregnancy Muddles the Picture, Marco Rajo Andrade, T4 MS

Oncology

9:55 Acute Kidney Failure in Plasma Cell Leukemia, Srikar Mapakshi, MD

10:05 Rare Metastasis of a Rare Cancer, Shohala Numaira, MD

Ophthalmology

10:15 Transcranial Orbitotomy Approach for Removal of a Retained Intraorbital Lead Pellet
Compressing the Optic Nerve, David Lazar, MD

Orthopaedics & Trauma Surgery

10:25 Statin-Associated Tendinopathy: Report of Two Cases and Review of the Literature,
Clayton C. Bettin, MD

Pathology

10:35 A Quantitative Approach to Estimate the Percentage of Tumor Associated Macrophages and
Reed-Sternberg Cells in Classical Hodgkin Lymphoma, Catherine S. Chaudoir, MD

10:45 Acute Spontaneous Papillary Muscle Rupture, Bradley J. Cheek, MD

Pediatrics & Adolescent Medicine

10:55 Local Antibiotic Sensitivities for Uncomplicated Urinary Tract Infections: 1st Generation
Cephalosporins vs 3rd Generation Cephalosporins, Scott Herskovitz, MBBS

Public Health

11:05 Evaluating the Effects of Park Improvements in North Little Rock, AR on Park Use and Physical
Activity, Al Bavon, PhD

Radiology

11:15 Limitations of Combined F-18 FDG and In-111 Octreotide Imaging in a Patient with
Undifferentiated Breast Cancer and Lung Carcinoid, Amolak Singh, MD, FACP, FACNM

11:25 CCK-Cholescintigraphy Helps in Distinguishing Choledochal Cyst from Gallbladder in a Patient
with Chilaiditi Syndrome, Srinu Takkallapalli, MD

11:35 Potential False Positive F-18 FDG Positron Emission Tomography (PET) Due to Extravasated
Contrast Material, Srinu Takkallapalli, MD

11:45 Adjourn



Southern Medical Association

New Drugs Update

C. Wayne Weart, PharmD, BCPS, FASHP, FAPhA

Saturday, November 2

9:45-11:45 am

Magnolia B/C

Lecture Summary and Objectives: The FDA is approving new medications at a fast pace and we are also seeing new Warnings on many of the existing medications as well as changes in the guidelines for many of the diseases seen in primary care. We are also seeing primary care providers being evaluated and incentivized for meeting quality indicators. Healthcare is trying to improve access to high quality, evidence-based and cost effective patient centered care. Patients working with their health care providers are achieving better health related outcomes using evidence-based and cost effective therapies

Upon completion of the lecture, attendees should be better prepared to:

- Discuss the FDA Warnings and label changes that relate to medication safety and how this information should be applied in the selection and monitoring of evidence-based pharmacotherapy to achieve better patient related outcomes
- Describe the current information concerning newly FDA approved medications (pharmacology, pharmacokinetics, efficacy and safety data, drug interactions, dosing, monitoring and cost) in the selection of evidence-based pharmacotherapy
- Compare and contrast these selected newer agents to the existing therapies and be able to recommend an appropriate medication regimen for a specific patient.

References and Resources:

- 1) FDA website: <http://www.fda.gov/drugs/default.htm>

Lecture Notes



Southern Medical Association

Poster Presentations

Friday, November 1
Saturday, November 2
Magnolia D/E

<i>Poster Number</i>	<i>Title</i>	<i>Presenter</i>
<i>Cardiology</i>		
CAR-1	A Rare Case of Noncompaction Cardiomyopathy Presenting with Unstable Angina	Trevanne Matthews Hew, MD
CAR-2	Sinus Arrest and Prolonged Asystole From a Peripherally Inserted Central Catheter	Melody Covington, MD
<i>Chest Diseases</i>		
CHEST-3	A Near Lethal Case of Secondary Spontaneous Pneumothorax with Persistent Air Leak	Jason Hew, MD
<i>Emergency Medicine</i>		
EM-1	Spontaneous Rectus Sheath Hematoma in a Healthy, Non-anticoagulated Female	Jeremy T. Smith, DO
EM-2	Does EMS Arrival Affect Patient Satisfaction with the Emergency Physician?	Amber Howell, MD
<i>Family Practice</i>		
FP-1	Herpes Zoster Prior to the Discovery of a GIST Tumor: A Case Review and Systematic Review of the Literature	Kenneth S. France, MD
FP-3	Medical Home Model of Patient-Centered Health Care	Jon Parham, DO, MPH
FP-5	Transcutaneous Acupuncture	C. Norman Shealy, MD, PhD
<i>Geriatric Medicine</i>		
GER-1	A Brief Educational Intervention to Improve Staff Management of Disruptive Behaviors in the Nursing Home	Lorene Nicole Rodriguez, MD

Poster Number	Title	Presenter
<i>Infectious Diseases</i>		
ID-1	A Unusual Case of CMV Encephalitis in an HIV Patient	Jason Hew, MD
ID-2	Defining the Rural HIV Epidemic in South Carolina: Correlation of Patient Survey Results and Standard Rural Definitions	Babatunde Edun, MD
ID-3	Silent Dysfunction: Compromised Cardiac Autonomic Reflex in a HAART-Naïve AIDS Patient	Elizabeth Waring, T4 MS
ID-5	Diagnostic and Therapeutic Dilemmas in AIDS-related Progressive Multifocal Leukoencephalopathy (PML): A Case Report	Anita Mannancheril, MD
<i>Medicine</i>		
MED-2	A Case of the Vanishing Hydrocele	Aurash Khoobehi, MD
<i>Oncology</i>		
ONC-1	An Unlikely Case of Aggressive Meningioma Presenting with Heminanesthesia	Jason Hew, MD
<i>Orthopaedic & Trauma Surgery</i>		
ORT-1	Teaching the Millennial Student: How Well Have the Baby Boomer/Generation X Teachers Adapted in an Academic Orthopaedic Department?	Franklin Shuler, MD, PhD
ORT-2	Quorum Sensing and Quenching	Thomas Emmer, MD
<i>Urology</i>		
UR-1	All Out: The Inglorious End of “Buckyballs”	Lawrence M. Wyner, MD