

# MEDICAL STAFF

Huntington Hospital NEWSLETTER

VOLUME 50, NUMBER 4 April 2012

## From *The President*



*All right everyone, line up alphabetically according to your height.*

– Casey Stengel

*I intend to live forever.*

*So far, so good.*

– Steven Wright

*There is no more science in surgery than in butchering.*

– Lord Thurlow (Parliamentary debate on the establishment of a Royal College of Surgeons, 1811)

Ambroise Paré, sixteenth century French surgeon, stated surgery is “to eliminate that which is superfluous, restore that which has been dislocated, separate that which has been united, join that which has been divided, and repair the defects of nature.”

Since the invention of tools, humans have employed their talents to develop surgical techniques, each time more sophisticated than the last. However, it was not until the Industrial Revolution that surgeons became capable of overcoming three principal obstructions, which had plagued the medical profession from its infancy: bleeding, pain and infection. Advances in these fields have transformed surgery from a risky “art” into a scientific discipline.

Historically, the surgeon has been considered the technician, while the physician, more historically related to the priest and shaman, was the true healer. During the development of modern medicine, both disciplines were taught together, and one could

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## Summary of the *Minutes for MEC*

### Executive Committee Meeting

As provided by the Bylaws of the Governing Body and as the designated sub-committee of the Governing Board the following items were presented and approved by the Medical Executive Committee of March 5, 2012 and by the Governing Board on March 22, 2012.

#### ADMINISTRATIVE REPORTS

##### Report from the Vice President of Quality and Performance Improvement/CMO:

Dr. Paula Verrette reported on the following items:

- Meditech Upgrade

A recent upgrade to the Meditech system resulted in the computer system crashing. Following this event, it was discovered that the Meditech system was unable to maintain DEA expiration date updates within the system.

- Clinical Integration

Huntington has formed a steering committee composed of medical staff members to evaluate models of clinical integration. Currently under discussion is a federally sanctioned Clinical Integration Network and ACO. We anticipate a final decision by the end of the second quarter.

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### *Inside:*

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# Summary of the Minutes

## Executive Committee Meeting

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### **Report from Director of Healthcare Services:**

Ms. Gloria Gomez, CPMSM reported on the following items:

- **Meeting Attendance Rewards**  
Ms. Gomez reported that the winners for the February Medical Staff Meeting attendance were:
  - ▶ John Vogt, MD – Neonatology
  - ▶ Edmund Clinton, MD – Internal Medicine
- **Lounge and Conference Rooms**  
The Doctors' Lounge and Conference Rooms A, B, C and the Harvey Room will be getting a 'face-lift', including new carpeting and re-upholstered furniture.
- **Doctor's Day**  
Doctor's Day is Friday, March 30. The invitations have been sent out. Breakfast and lunch will be served and gifts will be provided to the physicians. This day will also be utilized to launch the physician satisfaction survey. Physicians participating in the survey will be entered into a drawing to win an iPad. Two iPads will be raffled off.

### **AMENDMENTS TO MEDICAL STAFF RULES AND REGULATIONS:**

The following proposed amendments to the Medical Staff Rules and Regulations were presented and recommended for approval:

- **Section 1.7 – Substitute/Covering Physician** – Reinstitution of the Substitute/Covering Physician requirements.

### **NEW/REVISED PRIVILEGE SHEETS:**

- Psychiatry Privilege Sheet – revised to modify the criteria for addiction medicine

### **CLINICAL POLICIES AND PROCEDURES:**

The following Clinical and Administrative Policies were recommended for approval:

- Medication Reconciliation

### **ORDER SETS:**

The following Order sets were recommended for approval:

- Nephrectomy Post-Operative orders
- Cystectomy Post-Operative orders
- Clinical Observation Unit orders
- Robotic Prostatectomy orders
- Nerve Block Continuous Infusion for Pain Management orders
- Adults and Pediatric Patient Controlled Analgesia (PCA) orders
- Epidural Continuous Infusion for Pain Management orders
- Orthopedic Post-Operative orders
- Critical Care Adult Post Cardiac Surgery orders
- Transfer Orders – Adult Post Cardiac Surgery
- Generic Post Operating orders
- Thoracotomy Post Operative orders
- Nuclear Medicine Scan orders

### **STANDARDIZED PROCEDURES:**

The following standardized procedures were reviewed and recommended for approval:

- Pediatric Fever 2 months – 3 years
- Hyperbilirubinemia Management

### **DEPARTMENTAL POLICIES AND PROCEDURES AND ORDER SETS:**

Please go to SharePoint -> Medical Staff Services -> Board Approved Items -> 2012 and select March.

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# Summary of the Minutes

## Executive Committee Meeting

continued from page 2

### MEDICAL STAFF APPOINTMENTS



**Clarke Anderson, MD –**  
**Pediatric Hematology/Oncology**  
1500 E. Duarte Road  
Duarte, CA 91010  
626-301-8426 (office)



**John Artenos, MD –**  
**Obstetrics and Gynecology**  
1505 Wilson Terrace, Suite 160  
Glendale, CA 91206  
818-409-8084 (office)



**Howard Askins, MD –**  
**Psychiatry**  
960 E. Green Street, Suite 202  
Pasadena, CA 91106  
626-793-7792 (office)



**Rizwan Bhatti, PhD –**  
**Ophthalmology**  
800 S. Fairmount Avenue, Suite 312  
Pasadena, CA 91105  
626-568-8838 (office)



**Kamal Bijanpour, MD –**  
**Psychiatry**  
3831 Hughes Avenue, Suite 506  
Culver City, CA 90232  
310-280-9670 (office)



**Jennifer Chang, MD –**  
**Endocrinology**  
55 E. California Boulevard, Suite 204  
Pasadena, CA 91105  
626-397-8323 (office)



**Andrew Fishmann, MD –**  
**Pulmonary Disease**  
1245 Wilshire Boulevard, Suite 407  
Los Angeles, CA 90017  
213-977-4979 (office)



**Della Fong, MD –**  
**Obstetrics and Gynecology**  
625 S. Fair Oaks Avenue, Suite 255,  
South Lobby  
Pasadena, CA 91105  
626-304-2626 (office)



**Wes Hill, MD –**  
**Oral/Maxillofacial Surgery**  
301 S. Fair Oaks Avenue, Suite 107  
Pasadena, CA 91105  
626-440-0099 (office)



**Shahriar Jarchi, MD –**  
**Internal Medicine**  
9573 Garvey Avenue, Suite 17  
South El Monte, CA 91733  
626-442-5200 (office)



**Bernard Kim, MD –**  
**Pulmonary Disease**  
1245 Wilshire Boulevard, Suite 407  
Los Angeles, CA 90017  
213-977-4979 (office)



**Adame Kowalski, MD –**  
**Diagnostic Radiology**  
1746 Cole Boulevard, Suite 150  
Lakewood, CO 80401  
303-914-8800 (office)



**Stephanie Mackanic, DO –**  
**Pediatrics**  
55 E. California Boulevard  
Pasadena, CA 91105  
626-449-7740 (office)



**Howard Nam, MD –**  
**Otolaryngology**  
8920 Wilshire Boulevard, Suite 301  
Los Angeles, CA 90211  
310-360-9245 (office)

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# Summary of the Minutes

## Executive Committee Meeting

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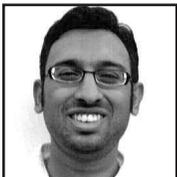
### MEDICAL STAFF APPOINTMENTS continued



**Vicky Pai, MD –  
Ophthalmology**  
210 S. Grand Avenue, Suite 106  
Glendora, CA 91742  
626-335-0535 (office)



**Timothy Pylko, MD –  
Psychiatry**  
2400 Mission Street  
San Marino, CA 91108  
626-403-8965 (office)



**Hari Charan Reddy, MD –  
Diagnostic Radiology**  
1745 Cole Boulevard, Suite 150  
Lakewood, CO 80401  
303-914-8800 (office)



**Alexander Sheng, MD –  
Physical Medicine  
and Rehabilitation**  
2627 E. Washington Boulevard  
Pasadena, CA 91107  
626-463-0135 (office)

### ALLIED HEALTH PROFESSIONAL APPOINTMENTS:

- Tara Abbondanza, Nurse Practitioner
- Phoebe Chang, Research
- Valerie Freeman, Physician Assistant
- Annie Huang, Physician Assistant
- Sona Nikoghossian, Nurse Practitioner
- Charlene Parker, Nurse Practitioner
- Rebecca Straub, Nurse Practitioner
- Yi-Ping Wen, Nurse Practitioner

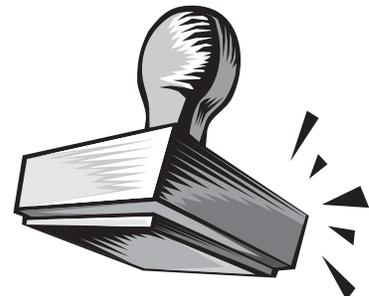
### MEDICAL STAFF RESIGNATIONS

- Arnel Balbuena, MD – Family Medicine
- David Bryan, MD – Diagnostic Radiology –  
to Emeritus status
- Edward Carbonell, MD – Hospice & Palliative Medicine
- Raymond Chang, MD – Cardiovascular Disease
- Nazareth Darakjian, MD – Ophthalmology –  
to Emeritus status
- Stephen Docherty, DO – Emergency Medicine
- M. Michael Glovsky, MD – Allergy and Immunology –  
to Emeritus status
- David Josephson, MD – Urology
- Ara Kassarian, MD – Diagnostic Radiology
- Joseph Mutch, MD – Obstetrics and Gynecology
- Michael Noronha, MD – Diagnostic Radiology
- Preedar Oreggio, MD – Family Medicine
- Renee Penn, MD – Otolaryngology
- William Reynolds, MD – Urology
- Richard Vanis, MD – Orthopedic Surgery

### ALLIED HEALTH PROFESSIONAL RESIGNATIONS:

- Danae LaBar, CCP
- Chryle Whalen, Nurse Practitioner
- Cres-Anne Uy, Nurse Practitioner

**James Shankwiler, MD**  
*Secretary / Treasurer, Medical Staff*



## From *The President* continued from page 1

obtain qualification to practice medicine and surgery (please note the title of your California medical license).

The first surgical techniques were developed to treat injuries and traumas. Archaeological studies offer insight into man's early methods of suturing lacerations, amputations, drainage of abscesses, and cauterization of wounds. Asian tribes used a mixture of sulfur and saltpeter and ignited it to cauterize wounds; Dakota Indians used a feather quill attached to an animal bladder to drain purulent material; the discovery of needles from the stone age suggest they were used for suturing; ancient tribes from India and South America developed ingenious methods of sealing minor wounds by applying termites or scarabs who ate around a wound's edges, and then twisted the insects neck leaving their mandibles rigidly attached like staples.

The oldest operation for which evidence exists is trephination, in which a hole is drilled or scraped into the skull. Head wounds were at times treated with surgical interventions to diagnose the nature of the wound, remove bone fragments, and post-operative treatments to avoid infection and help the healing process. Evidence has been found of these procedures dating back to Mesolithic times, approximately 1,200 BCE. Remains suggest a belief that trephination could cure seizures, migraines, and mental disorders. Out of one hundred twenty prehistoric skulls found at one burial site in France, dating 650 BCE, forty had trephination wounds. Healing skulls indicated that as many as fifty percent of individuals survived the operation. Among other treatments, Aztecs would reduce bone fractures by "splinting and extension (reduction), and if that was not sufficient, an incision was made and a branch of fir was inserted in the medullary canal (!).

Ancient Egypt contributed a treatise on surgery written by Imhotep (2700 BCE), who would be deified as the Egyptian God of Medicine. The Temple of Memphis shows the oldest engraving of a surgical procedure, a circumcision, along with the surgical tools. The Eber papyrus is one of the oldest medicinal

documents, dating to 1,550 BCE, and includes recipes, a pharmacopoeia, and descriptions of numerous diseases; it mentions how to surgically treat crocodile bites, serious burns and abscesses. Other papyri describe the treatment of dislocated cervical vertebrae.

An early compendium of surgery was penned by ancient Indians. Sushruta extensively described various surgeries, including rhinoplasty, labioplasty, and caesarian delivery. Rhinoplasty was a treatment for the common punishment of the cutting off of one's nose. Also of note, Hua Tuo was an acclaimed Chinese physician of the Eastern Han and Three Kingdoms Era, who was described as performing surgery, including organ transplants, with the aid of anesthesia.

Ancient Greek physicians were trained to use their hands to carry out medicinal processes, including care of battle wounds and broken bones. The multiple volumes of the Hippocratic Corpus and the Hippocratic Oath elevated and separated the standards of proper medical conduct and principles from folk practitioners. Galen of Pergamum was a very accomplished Greek surgeon of the Roman period, who carried out complex surgical operations and added significantly to the understanding of human physiology and the art of surgery.

For the first six hundred years of its existence, medicine in Ancient Rome relied on folk remedies practiced by the head of the household. It was not until the arrival in Rome of Hellenistic Greeks and Asians did medicine change. Rome adapted these surgical principles, and as Rome expanded into Europe, carried these surgical building blocks to the outreaches of its empire.

By the Middle Ages, Islamic medical practices reached Europe, as exemplified by Abulcasis, an Arab physician who practiced in Cordoba. His texts, which combined Islamic and Greco-Roman medicine, shaped European surgical procedures until the Renaissance. He is regarded as the Father of Surgery. Concomitantly, many European towns demanded that physicians have

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## From *The President* continued from page 5

several years of study or training before they could practice. Universities became interested in the academic side to surgery, and by the fifteenth century, surgery was a separate university subject to medicine. Surgery had a lower status than pure medicine, beginning as a craft tradition, until Rogerices Salernitanus composed his *Chirurgia*, which laid the foundation for occidental surgical manuals, influencing them up to modern times.

Bloodletting is one of the oldest medical practices, having been used among diverse ancient peoples, including Mesopotamians, Egyptians, Greeks, Mayans, and Aztecs. The theory was held that disease was caused by plethoras, or overabundances, in the blood, and these plethoras could be treated, initially by exercise, sweating, reduce food intake and vomiting. Eventually, Greek advocates of bloodletting gained popularity, and the technique became more than common in Europe during the Renaissance. There were bloodletting calendars that recommended appropriate times to bloodlet during the year, with claims to cure inflammation, infection, stroke, and psychosis.

Ambroisé Pare pioneered treatment of gunshot wounds as Napoleon's chief physician. The first modern surgeons were battlefield physicians of the Napoleonic Wars, who were primarily involved with amputations. Naval surgeons of the time were often barber surgeons who combined surgery with their primary jobs as barbers. The traditional white and red striped barber pole, which was a symbol of blood and bandages, communicated to the illiterate masses that this barber was a surgeon. These barbers cut hair, pulled teeth, and performed "simple operations such as amputations and setting broken bones."

The Glossary of the Unfamiliar (1870):

- Antibiotics
- Sterile field
- Rubber gloves
- Appendicitis
- Bovie
- Transfusion
- Anesthesiologist
- NG suction
- Chest x-ray
- Endotracheal tube

The transition to modern surgery required solving the three major problems of bleeding, infection, and pain. Historically, surgical procedures carried a very real threat of bleeding to death. The earliest technique involved cauterization, but had limited application, severe pain, and very poor outcome. The next breakthrough was the invention of ligatures, believed to originate with Albucasis, and improved upon by Ambroise Paré. The ligature's usefulness was greatly diminished by the lack of the concept of infection control. Another barrier was the problem of replacing blood loss; bloodletting was used to treat almost every disease, and thought to prevent infection. Before amputation, it was customary to remove a quantity of blood equal to the amount believed to circulate in the limb to be removed. The practice was only abandoned in the late nineteenth century.

Development of anesthetics dramatically changed surgeries. Previously, severe intra-operative pain limited surgery to rapid amputations and external growth removals. With the development of anesthetic chemicals in the mid-1800s, more intricate operations could be undertaken. This encouragement of more surgery inadvertently increased bleeding and infection problems. The concept of infection was unknown at the time, and only gradually did physicians recognize its cause and prevention with the work of Louis Pasteur, Joseph Lister and Robert Koch. Their work was groundbreaking and ushered in such concepts as sterile technique, rubber gloves and steam sterilization. Within fifty years, modern aseptic operating rooms were widely used.

Rapid advances followed. World War II created the necessity and demand for innovation in trauma care, wound management, antibiotic use, transfusions, and organization of field hospitals; it became a tremendous watershed for the progression of modern surgical techniques and development of the surgical sub-specialties that exist today.

**Jim Buese, MD**  
*President Medical Staff*

# From the Health Science Library

## Huntington Hospital launches website to help teens and their parents make better health and lifestyle choices

**H**untington Hospital has launched a new website designed to address common teen health and lifestyle issues while fostering awareness of community support resources. The site was also designed as a valuable tool physicians can use to help their teen patients and teen-parents access important information on such health issues as chemical dependency, eating disorders, mental health and more.



Visit  
[www.HealthyTeensPasadena.org](http://www.HealthyTeensPasadena.org)  
for information about nutrition,  
dating, substance abuse and more.

*Together we can make a difference!*

Huntington Hospital's Health Sciences Library –  
working to promote teen health in our community!



  
Huntington Hospital

“Teens are commonly thought to be one of the healthiest segments of society, but the increasing availability of addictive substances and the prevalence of unhealthy lifestyle choices have resulted in negative health consequences, said Paula Verrette, MD, Huntington Hospital’s vice president of quality and performance improvement, and a pediatrician. “This program will address these issues head on in an accessible and informative way.”

In addition to inspiring teens to make well-informed choices, the program is intended to support physicians as they work with families to better manage the challenging issues that many teens face. Toward that end, the site provides comprehensive resources and education on a wide range of lifestyle issues including dating, housing, birth control, tutoring and volunteering.

“Pasadena’s 2010 Community Needs Assessment report clearly indicates that health education outreach to teens and their parents is a seriously unmet need,” said Sherrill Olsen, Manager of Huntington Hospital’s Health Sciences Library.

The “HealthyTeens” website – [www.healthyteenspasadena.org](http://www.healthyteenspasadena.org) – is funded, in part, through an award from the National Network of Medical Libraries. The award will allow the hospital and its medical library to forge partnerships with the Pasadena Unified School District and the Pasadena Public Library and collectively promote awareness and use of teen/parental health resources in the Pasadena community. The partnership will also include speakers, displays and other informational handouts at local high school, public libraries and throughout the community at large.

Launch of this teen-oriented website comes just 16 months after Huntington Hospital became the first hospital in the country to partner with the Healthy Communities Institute to offer a one-stop, online source of publicly available data about community health. That website, known as Healthy Pasadena ([www.healthypasadena.org](http://www.healthypasadena.org)), helps community members and policy makers learn about health-related issues and local resources so that individuals can make informed, healthy lifestyle choices for themselves and their families.

# Physician Informatics

## **Update on CMS' Incentive (and Penalties) associated with ePrescribing**

Some physicians may be receiving letters from the Department of Health & Human Services (CMS) indicating 'you are subject to a payment adjustment under the Medicare Electronic Prescribing (eRx) Incentive Program because you did not meet the program requirements for the 6-month reporting period of January 1, 2011 through June 30, 2011.' This letter goes on to state for 2012, this payment adjustment will result in a 1% reduction in the fee schedule amount that would apply to your Medicare Part B covered professional services for all 2012 dates of service for your TIN and NPI combination.

The letters do not take into account whether or not you submitted an eRx significant hardship exemption request through the Quality Reporting Communication Support page on or before November 8, 2011. CMS is still processing the significant hardship exemptions received. If you requested a significant hardship exemption, CMS will separately notify you whether your request was approved or denied using the email address that was provided with your request.

In the event that you did report the eRx measure in 2011 and want additional information on your claims data received by CMS, please contact CMS' contact – QualityNet Help Desk. You can reach the QualityNet Help Desk 7 a.m. – 7 p.m. CST Monday-Friday at 866-288-8912 or via email at [gnetssupport@sdps.org](mailto:gnetssupport@sdps.org)

## **Avoiding the 2013 eRx Payment Adjustment:**

- Those who reported the eRx measure for at least 25 eligible visits from January 1, 2011 through December 31, 2011 will qualify for a

1% incentive for 2011 AND be exempt from a 1.5% payment adjustment for 2013.

- You can still avoid the 2013 payment adjustment by reporting the eRx measure via claims for at least 10 eRx events during the 6-month reporting period of January 1, 2012 through June 30, 2012. Unlike the 2012 eRx payment adjustment requirements, these 10 eRx events do not need to be associated with the codes in the eRx measure's denominator.

## **Avoid the 2014 eRx Payment Adjustment:**

- Those who report the eRx measure for at least 25 eligible visits from January 1, 2012 through December 31, 2012 will qualify for a 1.0% incentive for 2012 AND be exempt from a 2.0% payment adjustment for 2014.
- You also have an opportunity to avoid the 2014 payment adjustment by reporting the eRx measure via claims for at least 10 eRx events during the 6-month reporting period of January 1, 2013 through June 30, 2013.

Please visit the eRx Incentive Program website at <http://www.cms.gov/ERxIncentive.gov/> for additional information about future eRx payment adjustments.

## **Physician Informatics Office:**

**626-397-2500 or email:**

Becky Pangburn:

[becky.pangburn@huntingtonhospital.com](mailto:becky.pangburn@huntingtonhospital.com);

Vera Ma:

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Joe Limmer:

[joe.limmer@huntingtonhospital.com](mailto:joe.limmer@huntingtonhospital.com)

## From Arvid Underman, MD – Director of Graduate Medical Education

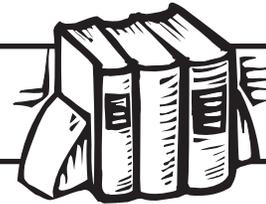
**A**nthony G. Koerner, MD has announced that he will step down from his position as Program Director of the Internal Medicine Residency at Huntington Hospital as of July 1, 2013. Since its inception over 60 years ago by Dr. Robert Randall, the program has had outstanding leadership including Dr. Koerner's predecessors: Richard Bing, MD, and Myron J Tong, PhD, MD.

During Dr. Koerner's tenure, the program has grown to 25 residents and achieved a full six year accreditation from the ACGME (Accreditation Council for Graduate Medical Education). The program has trained many of the internists now practicing in the Pasadena area.

A search committee has been formed to select Dr. Koerner's replacement. Announcements will be out by end March with a timeline for selection by December 1, 2012.

Members of the Medical Staff who have inquiries about the position, either for themselves, or for someone they feel would be a candidate are encouraged to direct inquiries along with *curriculum vitae* to [tracy.hetherington@huntingtonhospital.com](mailto:tracy.hetherington@huntingtonhospital.com), or to myself.

## CME Corner



### UPCOMING FIRST THURSDAY:

**Topic:** Dermatology  
**Date:** April 5, 2012  
**Time:** 8 a.m.  
**Place:** Research Conference Hall  
**Gap Analysis:** TBD  
**Objectives:** TBD  
**Audience:** Primary Care Physicians, Internists, and Dermatology  
**Methods:** Lecture  
**Evaluation:** Post-activity evaluation form  
**Speaker:** Marilyn Mehlmauer, MD  
**Credit:** 1 *AMA PRA Category 1 Credit*<sup>TM</sup>

**Gap Analysis:** Testicular cancer is now a treatable and frequently curable disease. Unfortunately, many providers do not know how to screen for it and are unaware of the treatment options. This lecture will help give providers the systematic tools for screening testicular cancer.

**Objectives:**

1. Better screening for at risk populations.
2. Better counseling regarding treatment options.
3. Better understanding of diagnostic testing.

**Audience:** Primary Care Physicians, Oncologists, and Urology

**Methods:** Lecture  
**Evaluation:** Post-activity evaluation form  
**Speaker:** Eila Skinner, MD – USC  
**Credit:** 1 *AMA PRA Category 1 Credit*<sup>TM</sup>

### UPCOMING MEDICAL GRAND ROUNDS:

**Topic:** Update on Testicular Cancer, Diagnosis and Treatment  
**Date:** April 6, 2012  
**Time:** Noon  
**Place:** Research Conference Hall



HUNTINGTON MEMORIAL HOSPITAL  
100 W. CALIFORNIA BOULEVARD  
PASADENA, CALIFORNIA 91105

ADDRESS SERVICE REQUESTED

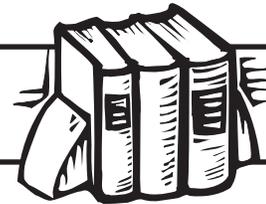
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# MEDICAL STAFF

N E W S L E T T E R

April, 2012

## CME Corner *continued*



### UPCOMING SPECIAL COURSES:

**Topic:** Hyperprolactinemia

**Date:** April 2, 2012

**Time:** 12:15 – 1:30 p.m.

**Place:** North/South Room

**Gap Analysis:** The differential diagnosis for hyperprolactinemia has evolved over the years and posed a challenge to doctors. The conference aims to update providers in the screening and treatment of hyperprolactinemia.

**Objectives:**

- 1) Identify the causes of hyperprolactinemia.
2. Differentiate between the various etiologies.
3. Adequately screen patients with similar clinical presentations.
4. Manage patients who present with hyperprolactinemia.

**Audience:** OB/GYN

**Methods:** Lecture

**Evaluation:** Post-activity evaluation form

**Speaker:** Aykut Bayrak, MD

**Credit:** 1 AMA PRA Category 1 Credit™