Weekly Calendar

5/23: Noon Report: Blue Team
5/24: Noon Report: Heme/Onc Team
5/25: Grand Rounds: Michael Luggen, MD: "ANCA Associated Vasculitis: We’re Almost There"
5/27: MM&I, Stephen

Anonymous Feedback

Our website has a section for anonymous feedback. Think of this like an electronic suggestion box that you can use at any time. The message will be sent directly to Dr. Warm, and is completely anonymous. If you have constructive feedback that you would like to share, please use this tool. The link is: http://intmed.uc.edu/education/residency/feedback.aspx
Spotlight on Resident Research:

Thanks to our R3 research extraordinaires: Denada Palm, Nida Hussain, and Katie Donnelly for presenting not only their research but their sage research advice this past week– check out their words-of-wisdom:

- Identify a career mentor: this should be someone you are comfortable discussing your strengths/weaknesses/fears with. Also should be someone who has experience, has lead a successful career and is willing to mentor you.

- With this person’s guidance, outline your career goals: lifestyle expectations, profession specific goals (i.e., academics, physician scientist, community practice or all of the above).

- Determine type of research you would like to accomplish: bench research, clinical research, etc.

- Complete all pre-research training required. ALL of it.

- Plan your research elective time with help from your chiefs. Earlier is better for fellowship applications although starting before you will feel overwhelmed before, during and after. This is normal.

- Take as many notes as possible while trialing your protocol.

- If something is not working for you, speak up because at the end of the day it is your time and your experience.

- Take chances, push your limits and try to have fun!!

- You bring a very unique clinical perspective, your input is more valuable than you realize.

One project may lead to another and seek these opportunities when they are reasonable but don’t commit to more than you have time for

- Outline specific goals for your research experience: publishing a manuscript, poster presentations, national meetings etc.

- Be realistic with your goals and the time needed to accomplish each time

- For poster presentations be familiar with submission deadlines

- Be realistic with your research PI and co-investigators about how much time your schedule will permit.

- If you accomplish something that your proud of with your research, email your top choices and tell them about it!

- Be prepared to discuss your research during your interviews. In fact, some programs will schedule interviews with specific faculty based on your research.

- Make sure to thank everyone that helped you along the way.

- There are different ways to make the research known: Annual conferences; Awards – travel award sponsored by ACR to attend conference; Workshops – Rheumatology Research Workshop sponsored by ACR

Radiation Treatment Increases Expression of Phosphatidylserine on Glioblastoma Cells – Indicates Potential Target for Therapy

Nida Hussain1, MD, Harold Davis1, PhD, Subrahmanya D. Vallabahpurapu1, PhD, Victor M. Blanco1, PhD, Zhengtao Chu1, PhD, Xiaoyang Qi1,2, PhD

The Vonz Center for Molecular Studies, University of Cincinnati Medical Center, Division of Hematology/Oncology, Department of Internal Medicine, Cincinnati OH 1

Cincinnati Children’s Hospital Medical, Department of Pediatrics, Division of Human Genetics, Cincinnati OH 2

Alterations in Left Ventricular Geometry in Chronic Pulmonary Hypertension is Unable to Disrupt the Relationship Existing Between Mitral Annular Relaxation and Ventricular Filling in Early Diastole

Denada Palm, MD; Francisco López, MD; Jean Elwing, MD; Angel López-Candales, MD
Clinic Corner
This week’s Pearl: "Decriminalizing Mental Illness" - from NEJM this month.


Parker is here!

Parker Bartholomew Rowley made his debut, May 12th, 2016—Li’ and Belden are simultaneously sleep-deprived and ecstatic. Congratulations!!!!!

Upcoming events:
Interns! AME 5/23-5/27 Galactorrhea – find in your Dropbox folder or in Medhub

Long Blockers! AAP 5/25 is Hypertension with Dr. Revis - he is awesome!

As seen on the wards...

(L) Bo arriving for nightfloat.

(R) Michael Hellman feigning work.

Dreaming of future UC football glory. Probably.
High Value Care

This week’s AHD focused on delivering cost-conscious, high-value care utilizing evidence based medicine. Adam and Courtney led us through some extremely thoughtful case exercises, including prizes to the group who most accurately estimated the cost of the care (office visit, labs, imaging, etc.) they provided. (shout-out to Drs. Warm, Mathis, Ashbrook, and Henning). High Value Care improves health, avoids harms, and eliminates wasteful practices. Plus it is on the in-training-exam and boards.

Step 1: Understand the benefits, harms, and relative costs of the interventions that you are considering.

Step 2: Decrease or eliminate the use of interventions that provide no benefits and/or may be harmful.

Step 3: Choose interventions and care settings that maximize benefits, minimize harms, and reduce costs (using comparative effectiveness and cost-effectiveness data).

Step 4: Customize a care plan with patients that incorporates their values and addresses their concerns.

Step 5: Identify system-level opportunities to improve outcomes, minimize harms, and reduce health care waste.

Bayes at the bedside y’all.

Further resources:
https://www.acponline.org/clinical-information/high-value-care
http://www.choosingwisely.org/

Ever wondered what that respiratory virus panel you just ordered cost?
https://healthcarebluebook.com/
40 year old female presents with acute left knee pain and swelling for the past 48 hours. She denies any other joint complaints, fever/chills, or rash. She recently underwent a total parathyroidectomy 7 days prior for primary hyperparathyroidism. Her post-operative course has been otherwise uncomplicated.

PMHx: IBS, GERD, mild intermittent asthma


**Laboratory:**
WBC 9,600; Hgb 12.1
Platelets 350,000
Serum Creatinine 0.7
ESR 46

**Joint aspiration** reveals 30cc of amber fluid
1,200 RBCs
13,400 WBCs
80% neutrophils
20% monocytes

Q: What is this patient’s diagnosis?

A: Pseudogout (aka acute attacks of CPPD-induced synovitis). Acute monoarticular arthritis following parathyroidectomy– parathyroidectomy can precipitate a pseudogout attack in the postoperative period due to an abrupt decrease in the serum calcium levels, which subsequently stimulates crystal shedding into the synovial fluid: “calcium pyrophosphate crystals previously deposited in articular cartilage within the joint are “shed” into the synovial fluid; this “crystal shedding” is caused by a fall in calcium levels, which reduces the solubility of calcium pyrophosphate crystals. It is the decrease in calcium levels rather than the actual calcium level that is the stimulus for a pseudogout episode.” (PMID: 18327773)

<table>
<thead>
<tr>
<th>Parameters</th>
<th><strong>GOUT</strong></th>
<th><strong>Pseudogout</strong></th>
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<tbody>
<tr>
<td><strong>Risk Factors</strong></td>
<td>Hyperuricemia, HTN, obesity, alcohol use, diuretics</td>
<td>Hypothyroidism, hemochromatosis, renal osteodystrophy, hyperparathyroidism and/or recent parathyroidectomy</td>
</tr>
<tr>
<td><strong>Joints affected</strong></td>
<td>MTP (50-90%), ankle, knee</td>
<td>Knee (most common), wrist, hip</td>
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<td><strong>Fluid analysis</strong></td>
<td>Negatively birefringent, needle shaped, uric acid crystals, 50-100,000 WBC</td>
<td>Positively birefringent crystals, linear or rhomboidal, calcium pyrophosphate crystals, 50,000-100,000 WBC</td>
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<tr>
<td><strong>Imaging</strong></td>
<td>Subcortical bone cysts with possible bony erosions</td>
<td>Chondrocalcinosis</td>
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Weekend to-do!

FRIDAY: Buckeye BBQ Fest, 5-11 p.m. Friday, noon-11 p.m. Saturday, The Square at Union Centre, 9285 Centre Pointe Drive, West Chester Township. BBQ teams compete. Live music, food vendors, microbrews, wine, BBQ demonstrations, classic car show, Kid Zone. www.buckeyebbqfest.org

SATURDAY: Over-the-Rhine 5K Run, Walk and Summer Celebration, 10 a.m.-4 p.m., Washington Park, 1230 Elm St., Over-the-Rhine. www.OTR5K.com.

City Flea 10a.m.-4 p.m., Washington Park, 1230 Elm St., OTR, www.thecityflea.com


TRIVIA

This dude conducted the first ever clinical trial. Who is he and what did he study?

First correct answer wins a $5 Starbucks gift card

SHOUT OUTS!!!

-to Denada Palm, Katie Donnelly, and Nida Hussain for presenting at this month’s Residency Research Roundtable.
-to our intrepid VA residents: Anna Yan, Caitlin Richter, Nabeela Siddiqi, Thomas Getreu, Michael Sabbah, Pankti Reid, Amanda Beyde, Grace Escamilla, Amar Doshi, Casey Philipsborn, Carson Van Sanford, Wesley Dutton, Betsy Larder, and Jane Neiheisel for weathering an unforeseen CPRS downtime like champions
-to Marc Guerini and Clay Turner: “They were both excellent and so gracious” on VA long call
-to Michael Hellman for getting his VA ICU interns to Academic Half Day
-from VA residents: to Adam Rose for showing up on a Saturday and “being a lifesaver” when CPRS went down

Congrats to Vaz O’Neal for identifying the pioneers of medical ultrasound.

This dude conducted the first ever clinical trial. Who is he and what did he study?