Weekly Calendar

3/7: Noon Report: Green Team
3/8: Noon Report: Blue Team
3/10: Weesner Prep: Sepsis with Stephen
        AHD: IBD with Rachel
3/11: Senior/Intern Noon Report: Hem/Onc Team

Congratulations to Orange Iguanas for taking first place in the 2016 Residency Olympics!

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
Resident Olympics Week 2

Bowling Individual
First: Eric Niespodzany
Second: Tim Reed
Third: Rachel Bensman

Bowling Team
Orange Iguanas
Green Monkeys
Silver Snakes

Surgical Amphitheater
Junior Mint Toss

First: Peter Arrabal
Second: Elliott Welford, Robbie Bach
Third: Matt Lambert
Resident Olympics Week 2

Make a Meme

7:45pm: 44740

When the family wants to talk to a doctor

But you’re just cross covering


Admit to medicine

God, show me a troponin of 0.06

So I can admit the patient to cardiology

Clockwise from bottom left: Long Davalos, John Reid, John Reid, Rachel Bensman, Elise Henning (see all submitted Memes in the additional file)

[Dr. warms] hmm, results from our 112th survey this year show we are making progress. Let’s add these aims to residency 3.23456A.1 for next year.

Watch for details on the Olympics prize: a roller skating party!
Resident Olympics Week 2

Pentathlon

First: Eric Niespodzany
Second: Matt Smith
Third: Kevin Tran

Open Art

First: Sherri Smart

Broken Pager curling

First: Courtney Ohlinger
Second: Bo Franklin
Third: John Reid, Jesse Rhodes

Penny Wars

First: Red Jaguars
Second: Silver Snakes
Third: Orange Iguanas

Final Standings

Third Place: Red Jaguars
33 points

Second Place: Green Monkeys
50 points

First Place: Orange Iguanas
61 points

Fourth Place: Blue Barracudas
30 points

Fifth Place: Silver Snakes
22 points

FYI, if you need someone to finish your discharge summaries, Kevin Tran types 100 words per minute...just sayin’
Q: 57-year-old man is evaluated in follow-up for a right pleural effusion. He initially presented with dyspnea and a constant dull ache on his right side. He also has lost 20.0 lb over the last 6 months. Medical history is unremarkable; he takes no medications, never smoked and is employed as an auto mechanic. Initial CXR showed a moderate-sized, free-flowing pleural effusion on the right; the left lung field was unremarkable. Thoracentesis showed 3500/µL (3.5 × 10⁹/L) nucleated cells with 45% lymphocytes and an exudative profile with negative Gram stain, culture, and cytology. Chest CT following thoracentesis showed no parenchymal lesions but several areas of pleural thickening. A repeat thoracentesis performed 2 weeks later showed similar results, also with negative cultures and cytology. PE: AF, 128/72, 81, 18, BMI 23. There is no jugular venous distention. Heart sounds are normal with no murmurs. Dullness to percussion and decreased breath sounds are noted over the lower third of the right hemithorax. The left lung is clear to auscultation. No lower extremity edema is noted. Repeat CXR shows reaccumulation of the right pleural effusion.

What is the next best step in diagnosis?

A: If repeat pleural fluid cytology is negative and the suspicion for malignancy is high in an exudative effusion, thoracoscopy is the next step in the evaluation; it has a diagnostic sensitivity for malignant disease of greater than 90%. The most appropriate diagnostic test to perform next is thoracoscopy. This patient has an unexplained unilateral exudative effusion. Owing to his occupation as an auto mechanic, he has a history of potential asbestos exposure (car brakes previously contained asbestos). This potential exposure increases his risk for mesothelioma, which is suggested by his clinical presentation (exudative pleural effusion, chronic chest pain, weight loss) and imaging findings (pleural thickening). Thoracoscopy allows for the direct visualization of the pleural surface and enables biopsy of pleural sites likely to have a high diagnostic yield. It has a diagnostic sensitivity for malignant disease of greater than 90%. Thoracoscopy is indicated in this patient in whom imaging and thoracentesis have not achieved a diagnosis, which occurs relatively frequently with mesothelioma.

PMID: 20696692

Bachelor Bad Blood: https://vimeo.com/157688982
Weekend to-do!: Beer, Beards, and the Circus


Weekend: Ringling Bros. and Barnum & Bailey Circus, 3 and 7 p.m. Friday, 11 a.m., 3 and 7 p.m. Saturday, 1 and 5 p.m. Sunday, U.S. Bank Arena, 100 Broadway, Downtown. Theme: Xtreme.


Saturday March 4th: Extreme Midget Wrestling, 7 p.m., Bogart’s, 2621 Vine St., Corryville. $12 www.bogarts.com.

MEME_ CAPTION CONTEST

Each week, we provide a painting/cartoon/picture in need of a meme/caption. You, the reader, submit your caption, and the chiefs select the best response.

SHOUT OUTS!!!

“I would like to give a KUDOS to Dr. Bo Franklin who just completed his GI rotation on 8 East. He has great bedside manners, very nice, caring, listened to patients, empathetic, and supportive. He communicated well with the nurses and would come to our unit before the change of shift to ask if nurses needed anything and gave charge nurse and nurses an update on the sickest patients...Patients loved him as well.” 8 East Nurses

-shout out to all the residents who helped make this an Olympics to remember, especially our ultra-participants: John Reid, Robbie Bach, Eric Niespodzany, Kevin Tran, Matt Lambert, Matt Smith, Pankti Shah, Elliott Welford, Hani Alkhatib, Daniel Tim, Sherri Smart, Long Davalos, Whitney Whitis, Peter Arrabal, Caitlin Richter, Aditi Mulgund, Bo Franklin, Geoff Motz, and others we may have failed to mention.