Weekly Calendar

9/28: Noon Report: Senior Wards Orientation

9/29: Noon Report: Intern Wards Orientation

9/30: Grand Rounds: Ruchi Bhabjra, MD, PhD: "Hyperprolactinemia: Think Outside the Pituitary"

10/1: Weesner Prep: Neuro Exam

Academic Half-Day: Meningitis with Li’ and Dr. Fichtenbaum

10/2: Noon Report: Intern and Senior Noon Reports

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
**Risk**

Risk = How likely an event is to happen

There are only 2 things to do when comparing risk:

- Subtract (Absolute Risk Reduction)
- Divide (Relative Risk)
- Subtract and Divide (Relative Risk Reduction)

**ARR** = Risk_{intervention} - Risk_{control}

Example at right: ARR = 15% - 50% = -35%

**Relative Risk** = Risk_{intervention} ÷ Risk_{control}

Example at right: RR = 15% / 50% = 0.3

**Relative Risk Reduction** = ARR / Risk_{control}

Example at right: RR = -35% / 50% = -0.3

What does Relative Risk really mean?
How does the risk of a single outcome of treatment compare with the standard/placebo?

- Relative Risk of <1 means the risk is LOWER in the treatment compared to standard/placebo.
- Relative Risk of 1 means the risks are the same.
- Relative Risk of >1 means the risk is HIGHER in the treatment compared to standard/placebo.

**Risk vs. Odds**

Risk = Probability (percent chance) that something will happen

Odds = How likely an event IS to happen VERSUS how likely it IS NOT to happen

Compare Risk versus Odds in this figure (the likelihood of having an orange circle).

A risk of 0.1 is equivalent to odds of 0.1 BUT a risk of 0.8 is equivalent to an odds of 4.

Be very careful with the terms in discussing likelihoods of events as Risk and Odds are not synonymous and not equivalent.
There was a tremendous showing of resident and student scholarly activity on Wednesday’s celebration of trainee research. Congratulations to all Grand Rounds and poster presenters for superbly showcasing the great work you have accomplished!

Round of applause for all of the presenting residents:

Cassie Ackerley  
Hani Alkhatib  
Robert Bach  
Alicia Caldwell  
Catherine Donnelly  
Nick Favela  
Steven Gannon  
Korey Haddox  
Kalyn Jolivette  
Timothy Lee

Perry Lin  
Hilary Miller-Handley  
Malini Reddy  
Whitney Whitis  
Jessica Scott  
Nabeela Siddiqi  
Charlotte So  
Adedeji Sodeinde  
Anna Yan
Wellness & Resiliency

On Monday, the Steering Committee for resident wellness and resiliency met to start planning programs and initiatives for the year. We engaged in a lot of individual and group reflection and brainstorming. What would make you feel more supported, resilient, and overall filled with more wellness? If you have ideas, we want to know! Email Rachel Bensman if you want to join the Steering Committee.

“Find joy in the struggle.” ~Kantha Medepalli

Master Teacher Program

On Tuesday, the MTP group had a fantastic discussion about learning styles with case-based group problem solving facilitated by Dr. Jen O’Toole. Did you know that our residency has a major slant towards visual learners? Are you an active learner or a reflective learner? Knowing your own learning style as well as the learning styles of your “students”, whomever they may be, is very helpful to direct teaching modalities as well as to approach assessment. If this discussion sounds interesting to you, consider formally joining the MTP learning pathway (email Ben Kinnear for more information) and coming to future meetings.
**BOARD REVIEW WITH THE CHIEFS:**

**DUST OFF THOSE OLD STETHOSCOPES, FOLKS. IT’S TIME TO START GEARING UP FOR BOARDS.**

**Q:** A 19-year-old man is admitted to the hospital with an acute pain crisis. He has sickle cell anemia and has developed macrocytic red cell indices over the past 6 months. He experiences pain crises two times per year. Medications are hydroxyurea and folic acid both started 9 months ago. On physical examination, temperature is 36.7 °C (98.0 °F), blood pressure is 127/68 mm Hg, pulse rate is 108/min, and respiration rate is 17/min. BMI is 25. The patient has moderate pain in his upper and lower extremities. The remainder of the physical examination is normal. Laboratory studies indicate a hematocrit of 21%, a hemoglobin level of 7.4 g/dL (74 g/L), and a mean corpuscular volume of 106 fl. A peripheral blood smear shows sickled erythrocytes and rare nucleated erythrocytes and macrocytes but is otherwise normal. A chest radiograph is normal. What is the etiology of his macrocytic anemia?

**A:** Hydroxyurea has been shown to decrease the incidence of painful crises in patients with sickle cell anemia. Hydroxyurea is an RNA-reductase inhibitor that causes macrocytosis because of its effect on DNA synthesis. In fact, adherence to hydroxyurea therapy can be confirmed by identification of an increased mean corpuscular volume (MCV). Patients with sickle cell anemia who are not treated with hydroxyurea typically have a normal MCV, and the hemoglobin abnormality does not in and of itself lead to increased cell volumes.

**PMID: 3790210**

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**VA UPDATES**

**Things we've already accomplished to improve resident experience:**

- Hospitalists attending are assisting by doing paperwork for ICU transfers and assisting in discharge work for their team.
- Gastroenterology, Pulmonology, and Interventional Radiology are admitting their own post-procedure patients with a medicine co-management consult.

**Areas we are still looking to improve:**

**Long-term (Slow changes)**

- Working with the ED to help determine criteria for admission and when a patient is not an appropriate admission.
- Discussing with Hematology-Oncology about admitting their own chemotherapy patients and Cardiology admitting their post-procedure patients, both with a medicine co-management consult.
- Continuing to evaluate and discuss surgical patients on medicine team and how to assure they are accepted by the correct team to provide the right care for each and every patient.

**Short-term (Quick changes)**

- Develop clear criteria of patients who are only waiting on placement needs to be “off-loaded” and be purely managed by the Hospitalist Attending of the team (This is already occurring but we would like to come up with clear criteria for when this can occur).
- Create a pop-off valve for high-census days. Determine when overall medicine cap reaches a certain number, as well as when there is a limited number of admitting spots for the day that there is activation of additional hospitalist. This hospitalist would be activated and become an additional team member who will manage their own set of patients allowing them to be quickly admitted and discharged separate of team rounds.
- Evaluate at the end of October or beginning of November if there is a need and enough staffing for a short-stay team (non-resident team) for chest pain rule-outs. If this is implemented and successful may evaluate for other quick admit and discharge diagnoses.

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**THE STETHOSCOPE**
Weekend To-Do: So much happening!


Sept. 25-27: CliftonFest, Friday 6-10 p.m. (Jazz with Wade Baker Collective, wine tasting.), Saturday 11 a.m.-11 p.m. (Street performers, food trucks, vendors, circus activities.), Sunday 10 a.m.-6 p.m. (Yoga, live music, Kids Zone, pet parade.), Clifton Gaslight District. Free. 513-751-4783.


Sept. 27: Mainstrasse Village Bazaar, 9 a.m.-3 p.m., MainStrasse Village, Main Street, Covington. Antiques and collectibles available for sale along MainStrasse’s Promenade. Free admission. 859-491-0458; [www.mainstrasse.org](http://www.mainstrasse.org).

TRIVIA

Name this ECG finding.

Congratulations to Pankti Shah for correctly identifying Jaccoud’s Arthropathy!

First correct answer to Stephen wins a $5 Starbucks gift card!

SHOUT OUTS!!! (Let us know who Rocks)

-to the entire Tanner Stage 5 team, including interns Betsy Larder, Nedhi Patel, and Erin Connolly and a host of amazing med students, for winning the first AHD Jeopardy of the year!

-Kudos to Alicia Caldwell, Kalyn Jolivette, Malini Reddy, Steve Gannon, Nabeela Siddiqi, and Katie Donnelly for presenting their research at Grand Rounds!

-Congrats to Charlotte So, Hani Alkhatib, Tim Lee, and Jess Scott, and for winning 1st, 2nd, and 3rd place (tie) (respectively) in the clinical vignettes poster competition!

-To Hospitalist Team Drs. Arshia Ali and Brad Abraham from former chief Steven Gay for taking excellent care of his family member in the hospital.