Weekly Calendar

1/2: Noon report: Green team (NRR)
1/3: Noon report: GI team (MSB 5051)
1/4: Grand rounds: Mystery! MSB 5051
1/5: AHD: Liver Disease; Senior Prep: Neuro exam
1/6: Noon report: Blue team (MSB 5051)

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://www.med.uc.edu/intmed/residency/internal-medicine/residency-feedback

Our very own Left Shark, Ashley Cattran.
7NW Interdisciplinary Improvement Team Huddle
Come be part of improving patient care through interdisciplinary teamwork!
EVERY Tuesday at 2pm Location: UH 7104 (NRR)

Finding Meaning in Medicine
When: January 10th, 6-8pm
Where: Caroline Mueller’s home, see RSVP for details
Theme: Purpose
What: Last year we started this group where physicians at all levels of training can gather together in a supportive environment to reflect and share their experiences about their values, their humanity, and the meaning they find in their work in medicine.
RSVP: https://goo.gl/forms/KRkMqbBApQz2Wccc2
Please email Caitlin if you would like to be included in the email list!

VA UPDATES: QI/PS Corner
Everyone will be participating in team-based Quality Improvement projects as they rotate through the VA! This month, the projects will kick off, and will continue through the following months! The projects include routine lab testing, continuous telemetry monitoring outside the ICU, adherence to COPD treatment guidelines, and documentation and adherence to CHF core measures. Each team will learn about the basics of quality improvement projects and will be actively working on a project that will hopefully have meaningful impact on our veteran patients! Make sure you attend Owen’s QI talk at the VA on January 10, and at UH on January 9!

EPIC Reminders!
Please remember that before you sign your discharge summaries, you need to refresh so that all of the smart links have the updated med rec, most recent vitals, etc. Please also ensure that you update the date of the discharge summary. It is helpful to start the d/c summary earlier in the hospitalization, but if you don’t update the date, it doesn’t appear in the right place in the chart, and that can be confusing on chart review. As you know, the discharge summary is the first place you look when reviewing a patient’s prior hospitalization, and its’ used to communicate with the receiving facility or outpatient physician, so it’s important that it is correct.

***Reminders (do not erase until ready to sign the note):
(1) Utilize the “route” function within Epic to deliver this summary to the primary care physician, James L. Kojo, DO, and any other physician who will be involved in transitional care
(2) Update the actual date of discharge note so that it appears at the appropriate place in the medical record
(3) Refresh smart links before signing, but after running the discharge navigator (particularly the med list)
Q: Who should receive prophylaxis for spontaneous bacterial prophylaxis?

A. A patient with a history of spontaneous bacterial peritonitis
B. A patient with cirrhosis and ascites admitted for an upper GI bleed
C. A patient with cirrhosis and a serum creatinine of 2, and ascites total protein of 1.4
D. All of the above

A. The correct answer is D, all of the above. In the AASLD guidelines regarding the prevention of SBP, the indications for SBP prophylaxis are patient with a prior history of SBP, patients with ascites and gastrointestinal bleeding, and patients with low protein ascites (<1.5) and one of the following: creatinine >1.2, BUN >25, or liver failure (Child score >9 and bilirubin >3). What is the justification for these guidelines? In patients with a history of SBP, the recurrence has been reported to be as high as 69% in 1 year, so prophylactic antibiotics makes sense in this group. For patients with gastrointestinal bleeding and cirrhosis, a meta-analysis of 5 trials showed a survival advantage of 9.1% in the group of patients treated with prophylactic antibiotics, and another research study in Europe showed a reduction in hospital mortality from 43% to 15% for patients with variceal hemorrhage, and much of this is thought to be due to the use of antibiotics for SBP prophylaxis. Use ceftriaxone 1g/day for 7 days for these patients. For patients with low protein ascites, 4 randomized trials showed a reduction in mortality, and a meta-analysis showed a 72% reduction in mortality at 3 months and demonstrated that only 6 patients needed to be treated to prevent one additional death (that’s pretty good!) SBP prophylaxis in the above patient populations are all Class I level A evidence, so do it!

BOARD REVIEW WITH THE CHIEFS:

As the dumpster fire of 2016 comes to a close, some of us took some time to think of the New Year Resolutions we have for 2017.

Caitlin Richter: “I want to teach myself to play the ukulele. Get ready for a concert!”
Nabeela Siddiqi: “I want to start running again and do a 5k before the end of next year.”
Owen Baldwin: “To be Quality, and to Improve”
Thomas Getreu “I want to regain the 4-pack.”
Danielle Weber: “To prepare for my half marathon in April!”
Natalie Hood: “My New Year’s resolution is to get more ‘SCOOP shout outs.”
Sean Maloney: “Mine is to casually incorporate the phrase ‘rode hard and put up wet’ into at least one conversation per week.”
Elyse Harris: “Diet, exercise, drink less, be kind, world domination.”
Eric Niespodzany: “Hang out with Caitlin at least weekly.” Awww!
Danielle Clark: “Cut back on the Dews and cheese sticks. Does that count?”
Lauryn Benninger: “I want to be smart so I pass my boards.”
Brendan Collins: “Mine is to get 100% of my dietary vegetables and fiber from the silver fridge and eat one snack pack a day.”
Sarma Singam: “I want to Tinder less and study more”
Gene Novikov: “I want to spread knowledge. Knowledge of good and healthy bowel habits. Too often, in this country of ours, we are forced to ignore our longest organ because of a demanding lifestyle or lack of coffee. It is a sad state of affairs that people don’t get to experience the catharsis-bordering-on-edge-of-enlightenment that people with regular bowels get to have daily, sometimes even BID. I will quit residency and go spread the word. Buy stock in fiber.”
Weekend to-do!


   New Year’s Eve 2016: Speakeasy, 8 p.m., Taft Theatre, 317 E. Fifth St., Downtown. www.cincinnatipops.org.
   Midnight in Munich New Year’s Eve Dinner Party, 4:30-9 p.m., Mecklenburg Gardens, 302 E. University Ave., Corryville. Authentic German beer specials and live music. At midnight in Munich (6 p.m. Zinzinnati time), celebrate with champagne toast, balloon drop and live stream of Brandenburg Gate fireworks in Berlin. Dinner follows celebration. $32. Reservations required. bit.ly/2gRq7Xa.

Sunday: Bud Light Tailgate Zone, 10 a.m.-1 p.m., The Banks. Live music, food, drinks, Bud Light Tailgate Bar and more. Free admission. bit.ly/2esmx42.

First correct answer wins a $5 Starbucks gift card!

Guess the applicant Pictionary clue!

TRIVIA

Congrats to Rachel John for correctly guessing borborygmi from the above applicant Pictionary clue!

SHOUT OUTS!!!

- To last night’s Night Medicine Team Beverly Srinivasan, Jon Janiczek, Gregg Mott, Zulma Swank, and Sean Maloney, for their courage under fire last night during a busy night and being one intern down. You guys are the real MVPs!
- An additional shout out to Beverly Srinivasan and Sean Maloney for taking care of a very sick patient overnight, and for keeping the patient’s attending informed. Thank you!
- To Chris “Thor the Doctor” Johns for his awesome skills when interacting with difficult patients. “He has skills I haven’t seen in third year residents!” Thank you for the work that you do!
- To Gene Novikov for cracking me up with his tales of a manual disimpaction for a patient. Thanks for the belly laughs!
- To Weixia Guo for doing a good outpatient work-up on one of her TRAC patients!