UH Weekly Calendar

6/11: NR with Hosp 2 Intern
6/12: Board Review
6/13: MGR: w/ Dr. Scaglioni
6/14: Independent Study
6/15: Research Round Table

VA

Team 2 NR
Code Sim (1/2)
Code Sim (3/4)

R3/R4 Graduation

Come celebrate with the seniors after their graduation Sunday night at AC Marriott Courtyard!

Seniors, the banquet is this Sunday, June 10 at 6pm. Make sure you RSVPd!

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
Driven by thrombotic microangiopathy, DIC is a consumptive coagulopathy that originates within the microvasculature and causes the fibrinolytic system to be overactivated thereby causing organ dysfunction. Most cases have an underlying medical conditions, which include sepsis (#1 cause), cancer, obstetric complications, intravascular hemolysis (eg – transfusion reaction), or trauma.

DIC usually presents as hemorrhage, whereby the consumption of coagulation proteins and platelets produces a bleeding tendency. In fulminant DIC, the consumption and exhaustion of platelets and coagulation proteins usually results in oozing at vascular access sites and wounds but occasionally causes profuse hemorrhage.

Labs will denote thrombocytopenia, a prolonged coagulation times, hypofibrinogenemia, and elevated levels of fibrin degradation products. The following tables shows diagnostic evaluation.

### Table 2. Diagnostic Scoring System for Disseminated Intravascular Coagulation (DIC), *

<table>
<thead>
<tr>
<th>Risk assessment: Does the patient have an underlying disorder known to be associated with overt DIC?</th>
<th>Score the test results as follows:</th>
</tr>
</thead>
<tbody>
<tr>
<td>If yes, proceed with this algorithm</td>
<td>Platelet count: 50,000 to 100,000 per mm$^3$, 1 point; &lt;50,000 per mm$^3$, 2 points</td>
</tr>
<tr>
<td>If no, do not use this algorithm</td>
<td>Elevated fibrin-related marker (e.g., d-dimer, fibrin degradation products): no increase, 0 points; moderate increase, 2 points; strong increase, 3 points</td>
</tr>
<tr>
<td>Order global coagulation tests (prothrombin time, platelet count, fibrinogen, fibrin-related marker)</td>
<td>Prolonged prothrombin time: &lt;3 sec, 0 points; ≥3 sec but &lt;6 sec, 1 point; ≥6 sec, 2 points</td>
</tr>
<tr>
<td>Score the test results as follows:</td>
<td>Fibrinogen level: ≥1 g per liter, 0 points; &lt;1 g per liter, 1 point</td>
</tr>
<tr>
<td>a5 points: compatible with overt DIC; repeat scoring daily</td>
<td>Calculate the score as follows:</td>
</tr>
<tr>
<td>&lt;5 points: suggestive of nonovert DIC; repeat scoring within next 1 to 2 days</td>
<td></td>
</tr>
</tbody>
</table>

* Data are adapted from Toh and Hoots* on the basis of the scoring system developed by the International Society on Thrombosis and Hemostasis.

The cornerstone of management remains treatment of the underlying condition. Guidelines for management are based mainly on expert opinion, which suggests care is directed at coagulation abnormalities replacement of coagulation proteins and platelets in patients who are bleeding. Platelet transfusion may be indicated along with administration of fresh-frozen plasma as a source of fibrinogen. When DIC presents predominantly as excessive coagulation activation (thrombotic DIC), low-dose unfractionated heparin administration can be considered, although evidence of its efficacy is sparse. No conclusive evidence supports repletion of specific anticoagulant proteins or clotting factors.

**Sources:**

NEJM 360

Click [Here](#) for an article written by our EM friends!
We are so grateful to each and every one of you for allowing us to be your Chiefs! Thank you for making this such a memorable year!
Group Visit Programming

What are Group Visits?
- An integrative medicine model of care that features patient care in a non-traditional format
- Groups patients with the same or similar medical conditions for monthly visits
- Offer Basic and Advanced cohorts for chronic conditions

What are the goals?
- Providing greater access to medical care visits
- Educating patients about their medical condition
- Honing self-management skills for lifestyle and behavioral change
- Empowering patients by giving them the tools to successfully manage their medical condition

What types of conditions do we cover?
- Diabetes
- Pregnancy
- Parenting
- Healthy Lifestyles and Weight Management
- Chronic Pain
- Care and Recovery for pregnant mothers in recovery from opioid addiction

What do visits look like?
- Each session has a dedicated topic related to the medical conditions
- Patients have vital signs taken, a medication reconciliation done with a pharmacist, and a short, directed individual check-up.
- Patients then participate in the group
- Whereas most traditional medical appointments feature 15-20 minutes of face-to-face time, Group Visits offer about 90 minutes of patient interaction with providers

What does the Resident role look like?
- Interested Residents will be trained in group facilitation and act as a co-facilitator with the Attending Physician
- Residents will also conduct individual visits with the patients and participate in the group discussion.
- The program also relies on referrals from providers in the Resident Clinic
- Patients deemed as good candidates can be referred by Residents by explaining program to the patient during routine follow ups and letting the front desk person know to schedule them as they check out

“I decided to try what worked for other people so I tried the yoga we learned and sleeping with the body pillows. I have gone from taking one pain pill every day to only taking two pills since last month’s visit.” —Chronic Pain Management Patient
Twinsies of 2017-18

The Couch Corner

On Wednesday’s we wear pink (except Don)
Award Winners

Faculty (Vilter) Award: Katie Broderick, MD
Award given yearly to a full-time faculty member in the Department of Medicine who has exemplified the physician as teacher.

Resident Teacher Award: Robert Franklin, MD
The senior resident who best exemplifies the tradition of teaching excellence in Internal Medicine.

Jerome H. Herman Award for Excellence in Patient Care: Megan Caroway, MD
The senior resident who best exemplifies Dr. Herman’s dedication and commitment to excellence in patient care. The award winner was nominated by the Faculty of the Department of Medicine.

Herbert C. Flessa Physician’s Physician Award: Robert Franklin, MD
The senior resident who best exemplifies the highest ethical standards, demonstrates compassion in all patient encounters, and a comprehensive understanding of the field of Internal Medicine.

James M. Huey Award: Betsy Larder, DO
Honors the senior resident who exemplified a positive professional, collegial attitude while promoting wellness as well as respect for our Veterans, their families and all VA staff. This resident demonstrated a strong interest in collaboration, patient centered/inter-professional care in a manner that embodied the I-CARE principles and the VA mission.

Outstanding Fellow Award: Patrick Kosciuk MD (PulmCC) & Michael Hellmann MD (PulmCC)
The fellow who exemplifies professionalism and enthusiasm for his subspecialty and is supportive of the residents and augments the educational experience of their subspecialty service.

Outstanding Nurse Award: Molly Robben, RN (MICU) & Diane Porta, RN (Hoxworth)
The nurse who best exemplifies the skills of professional nursing care in Internal Medicine.
We are getting close to the 15th and want to make sure that we reserve enough canoes for all that want to go! We are starting at 2 pm so get there no later than 1:30 to be ready!! The group rate for the canoe/kayak rentals is $20 person. The shuttle price would be $10 per boat. They will transport everyone up river to our put-in.

Email/text Lili Hastings to RSVP! lhastings3@gmail.com 513-379-3636

Medical Trivia

Name the exam finding and the genetic condition with which this can be seen?

Congrats to Patricio Alzamora—he was the first to name 3 indications to obtain a TTE in an asymptomatic patient.
Weekend To-Do!

**Friday:** Banana Split Festival, noon-10 p.m. Friday, 9 a.m.-10 p.m. Saturday, Denver Williams Park, 1326 Fife Ave., Wilmington. Features free concerts, continuous entertainment, cruise-in of classic cars, crafts and collectibles, games, rides, unique food and more. Free. bananasplitfestival.com.

**Italianfest**, 5-11:30 p.m. Friday, 10 a.m.-11:30 P.m. Saturday, noon-9 p.m. Sunday, Festival Park, Riverboat Row, Newport. Authentic Italian food and live Italian music performances. Free. www.newportky.gov.


**Saturday:** Covington Garden Tour, 10 a.m.-4 p.m. Saturday, 11 a.m.-4 p.m. Sunday, Old Seminary Square Neighborhood, Russell Street, Covington. Old Seminary Square and Covington's Westside host annual garden tour. 20 gardens and parks open to visitors. Ticket good for both days. Event held rain or shine. $15. No phone; covingtongardentour.com.

**The Off Market**, 10 a.m.-4 p.m., MadTree Brewing 2.0, 3301 Madison Road, Oakley. Artists, bakers, chefs, scavengers, mobile boutiques, and more at indoor market. Free.; theoffmarket.org.

**Sunday:** NKY Pride Festival, noon-7 p.m., Goebel Park, Philadelphia Street between Fifth and Sixth, Covington. Live entertainment, food, drinks, vendors, games and more. meyerb5@nku.edu.

**Second Sunday on Main**, noon, Main Street, 14th and Main streets, Over-the-Rhine. Street fair on Main featuring craft and food vendors, entertainment, demonstrations and more. Free. 513-910-8845; secondsundayonmain.org.

**Cincinnati Soap Box Derby**, 7:30 a.m.-5 p.m., Town Hall Park, 1805 Larch Ave., College Hill. Youth gravity-racing event. Ages 7-17 build cars and race downhill powered by gravity at speeds reaching up to 30 miles-per-hour. Free. bit.ly/2KMu9OY.

**Ride Cincinnati**, 6 a.m.-1:30 p.m., Yeatman's Cove, 805 Pete Rose Way, Downtown. Weekend of cycling, entertainment and volunteerism to benefit cancer research. All rider-raised funds go to charity. Distances range from 8-100 miles for riders of all abilities. Benefits The Barrett Cancer Center. $75. Registration required. 513-235-9542; ridecincinnati.org.

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**SHOUT OUTS!!!**

- To the R3/4s who are graduating this weekend!
- To Joe Cooley for his recent publication. Check it out HERE!
- To **Yellow & Purple teams in MAY** for discharging patients by 9am!
- To Nedhi Patel for helping a co-resident accommodate a schedule change!
- To Amanda, Liz, and Jillian for helping the Chiefs with oh so many things!
- To Dr. Warm for his amazing mentorship this year.
- To Scott Varga for going the extra mile and providing nail care for his patient!
- To Molly Hillenbrand for making me happy cry. Twice.
- To Rita Schlanger who became a Godmother last weekend!
- To the (no-longer-rising) Chiefs for their hard work this month! You guys are gonna crush it! #istherenoonreporttoday