A Message from the General Internal Medicine Division Director: Dr. Akbar Panju

Once again, I would like to congratulate Drs. John You and Daniel Brandt Vegas for putting together an exciting Fall 2016 issue of CityWide. In addition to the newsworthy items that they put in the issue, they have also given us the list of publications done by the members of the Division of General Internal Medicine at McMaster University. This issue also contains a nice summary on Medical Assistance in Dying in Ontario.

Drs. Daniel Brandt Vegas, Mitch Levine, and Christian Kraeker have nicely put the argument for and against wearing a “white coat” during hospital rounding. It is true that the white coats have become almost extinct among physicians in the hospital. I am not sure if this is a good thing or not, and one will have to make up their own mind about it. I am sure our members have visited other medical centres, particularly in developing countries, where physicians and all healthcare professionals wear starched white coats on a regular basis.

The Division of GIM at McMaster is made up of an extremely active group where members are involved in providing exemplary clinical care, excellent teaching activities for both undergraduate medical students and postgraduate learners in medicine, and a lot of the members are involved in research activities as evidenced by the publications noted in this issue.

I hope you enjoy reading the Fall issue of CityWide!

- Akbar Panju
NEWSWORTHY ITEMS

Awards, honours, new appointments

- Dr. Akbar Panju appointed as Acting Chair for the Department of Medicine
- Dr. Ally Prebtani awarded the inaugural 2016 McMaster University Global Impact Award

Incoming GIM Residents

Please join us in welcoming our incoming residents who began their training in July 2016:

- PGY-4/5 GIM: Andrew Cheung, Emily Jones, Abubaker Khalifa, Haroon Yousuf
- PGY-4 IM: Sunita Narang, Madiha Abuzar, Nabeel Syed

Other newsworthy items

- Dr. Betty Chui had a baby girl, Christina Tam, in August 2016!
- A heartfelt welcome back to Dr. Will Harper who recently returned to his outpatient Endocrinology practice.
- Congrats to Drs. Vanessa Ocampo (Core Internal Medicine resident) and Shariq Haider for their case report published in the October 20, 2016 issue of the New England Journal of Medicine, “Cutaneous Lupus—“The Pimple That Never Went Away”

MAID in Ontario

Medical assistance in death (MAID) is now an option throughout Ontario. The MOHLTC, CPSO, and CMPA are working to develop and implement clear procedures and guidelines to process patient requests and assist clinicians participating.

Across the city, our hospitals are working to develop an infrastructure and system to assist patients making these requests, and clinicians willing to help them. At SJHH, the institution has clearly established a position in which it will not be directly affiliated with the act of MAID, but will still provide assistance to patients making such requests by addressing their suffering, and supporting referral to appropriate centres and healthcare providers. At HHS, a group of physicians are working to develop a system to address patients’ requests and provide clear guidelines on ways to proceed if deemed appropriate.

As Ontario physicians, members of our group have the option of being involved in the MAID program. This certainly represents an important change in the practice of healthcare, and one that generates a wide variety of opinions and perspectives, pushes us to reflect on our values and role as healthcare providers, and generates much discussion.

Over time we'll see how different stakeholders make use of this option, and whether its merits outweigh the concerns that have been raised in various forums.
Upcoming Events

Internal Medicine Gala

December 16, 2016

Please come out and support this event for our colleagues in Uganda! If you would like to donate to the silent auction, please contact Dr. Ally Prebtani, Faculty Chair of the IM Gala, at: prebtani@hhsc.ca

Martha Rocks

Featuring GIM-ers

Tim O’Shea (drums)
Juan Guzman (bass)
John You (guitar)

in support of

The Mark Preece Family House

Friday December 2nd at 9:00 pm
Corktown Pub

Mark Preece House is a caring place to call home for families of patients in Hamilton area hospitals. It depends on community donations to achieve its mission (www.markpreecehouse.ca).
GIM RESEARCH SPOTLIGHT

Call for Proposals: GIM AFP Research Grants

Submissions are invited for this year’s 2016-2017 GIM AFP Research Grants. There is $45,000 available for this year’s competition, with a maximum budget of $20,000 per project.

Applicants are required to submit an electronic copy (single pdf file) of a complete application package by email to Gail Laforme (laformeg@hhsc.ca) by Monday, November 28, 2016, 5:00pm EST. Any questions about the competition can be directed to Dr. John You (jyou@mcmaster.ca).

Other grants

Dr. Christina Katsios, staff physician in General Internal Medicine at Hamilton General Hospital, was awarded a Royal College Professional Development Grant entitled, “Should this elderly patient be intubated in the emergency department? Development and validation of a clinical prediction tool for informed decision making” ($4,000)
GIM Faculty Research Profile

There are several members of our Division who are making a truly international impact with their research. In this edition of CityWide, we would like to highlight and celebrate the work of Dr. Jim Douketis, who continues to be a superb role model for clinical research in GIM.

Dr. Jim Douketis: Biosketch

Dr. Douketis is a Professor of Medicine at McMaster University and Staff Physician in General Internal Medicine at St. Joseph’s Healthcare. His research and clinical expertise is in perioperative anticoagulation, the clinical course of thromboembolism and its recurrence, and in general internal medicine.

Over his career, he has given more than 300 invited presentations, and currently holds several high profile editorial and executive posts, including Lead Editor of the American College of Chest Physicians Guidelines of Perioperative Management of Antithrombotic Therapy, Associate Editor of the Journal of Thrombosis and Hemostasis, President of Thrombosis Canada (www.thrombosiscanada.ca), and Chair of the Guidance and Guidelines Committee of the International Society on Thrombosis and Haemostasis.

Dr. Douketis is principal investigator on a CIHR-funded ($2.8 million) and Heart and Stroke Foundation-funded ($240,000) study involving over 3,000 patients who are receiving a direct oral anticoagulant (DOAC) and require elective surgery to determine best practices regarding optimal interruption and resumption in the perioperative period.

In just the past 3 years, Dr. Douketis has published 53 peer-reviewed journal articles (15 as first author), including 3 first author papers in the New England Journal Medicine on bridging anticoagulation in patients with atrial fibrillation.

While doing all of the above, Dr. Douketis still finds time to continue his musical pursuits, performing as an accomplished cellist.

Congratulations Jim on all of your accomplishments – the Division is very proud to have you as one of our own!!
Emerging Research Opportunities at McMaster

On June 20, 2016 the Institute for Clinical Evaluative Sciences (ICES) (www.ices.on.ca), opened a satellite site at McMaster University in a 2,300 square foot facility on the 4th floor of the MUMC building on the main campus.

ICES McMaster is a health services research facility that provides researchers and trainees with access to over 80 health-related database holdings that can be linked for a comprehensive overview of health care delivery and outcomes in Ontario. Some databases include the entire Ontario population eligible for universal health coverage – 13 million people annually. The breadth and scope of ICES data is a resource for population-based evidence to inform health policy, planning and evaluation.

ICES database holdings include: physician billings (i.e. OHIP claims), hospital and emergency department visits, prescription drug claims (age 65+), special registries and collections, population-based surveys and more.

There are several ways our GIM faculty can access ICES data. If you are interested in learning more, please contact Dr. John You (jyou@mcmaster.ca). Dr. You is an Adjunct Scientist at ICES and has a role as faculty mentor to build research capacity at the newly launched ICES McMaster satellite site.
“White Coating”

Standing at a busy nursing station in a teaching hospital, you may struggle to tell apart the staff physician, from the medical student, from the RN, from the RPN, from the pharmacist. Although in some instances there are very telling signs (an older person being followed by a posse of younger people is sure to be the attending, a woman wearing bright colored scrubs filling out a vital signs flowsheet is almost certainly a bedside nurse), we’ve all been in the awkward position of having to ask someone what their role is, or even worse, being corrected after mistakenly addressing them for issues unrelated to their profession (asking the physiotherapist whether the patient as had a bowel movement or received a certain treatment ordered, or realizing that the person you were just discussing the case with is in fact a pharmacy student who politely nodded in agreement while not understanding most of what you said).

In the specific case of medical doctors, what physical feature identifies us best? The white coat has traditionally been an important part of our professional identity. In the late 1800’s, physicians started wearing long white coats as both a symbol of cleanliness and sterility, as well as a transition of the profession towards science and empiricism. In the last decade the use of a white coat has become increasingly less of a standard. Some studies have suggested an increase in bacterial dissemination among hospital patients due to the whitecoat or other garments that become contaminated and are subsequently in contact with many patients as physicians make rounds. The term “whitecoat hypertension” and the studies supporting its existence, although not specific to the whitecoat, also suggest that wearing a whitecoat may have negative effects towards patient care. It seems, from an unstructured, observational perspective, that younger generations use the whitecoat less and less. This may also be driven from the idea of breaking barriers that separate physicians and patients, humanizing doctors, helping build trust and empathy. However, in this regard, several survey studies have shown patients largely prefer physicians wearing whitecoats or scrubs, than those dressed casually or even in business attire. Furthermore, there is an emerging concept called “enclothed cognition” which, through social psychology experiments, suggests individuals perform better at tasks depending on what they’re wearing. A specific study had non-physicians solve math problems. They compared three groups, one wearing whitecoats described as doctor’s coats, another wearing whitecoats described as painter’s coats, and a final group not wearing whitecoats. They found the group with the doctor’s white coats performed considerably better than those not wearing whitecoats. The group wearing painter’s coats performed worse than those not wearing whitecoats.

There seem to be reasons to support wearing whitecoats, as well as reasons not to do so. In keeping with this, members of our GIM division appear divided on this issue, as can be seen in any of the Hamilton Hospitals. We thought we would ask division members why they do or don’t wear whitecoats, and include pro and con positions in this and future editions of the newsletter. We hope you find reading these answers both thought provoking and fun. Enjoy!
Yes to White Coats
by Mitch Levine

I am one of the few relics that still wears a white coat in the hospital on the General Internal Medicine service. So I would like to dispel some myths and explain why I continue to hold onto a fashion style of a previous century. First, I do not do it to create white coat hypertension and therefore get to treat one of the few conditions where there are so many therapeutic options that even a clinical pharmacologist won’t get bored. Also, I do not do it because I am 5 feet 6 inches and have short man syndrome and need a prop to address self-esteem issues (at least that is what my therapist says). The most important part of the white coat is the pockets! I get to put my stethoscope, patient lists, notes and pens into those deep pockets and know that when I leave a ward they are coming with me. If I am not wearing the coat there is a better than 50% chance my stethoscope will remain on a desk top somewhere and I will discover that it is missing two or three wards later and then spend the next 25 minutes retracing all my steps. So unless I pin my stethoscope to my clothes like my mother did with my winter mittens when I was five years old, I suspect I will continue to wear the white coat and buck the fashion trends of the 21st century.
No White Coat
by Christian Kraeker

Why I choose not to wear the white coat.

1. It is ugly.

2. It does not pair well with plaid shirts and Birkenstocks.

3. I do not believe people that say they wear it for the pockets. What could you possibly need that many pockets for?

4. It gets dirty so easily and most of the time is more of a light beige coat.

5. It raises people’s blood pressure.

6. (This is the serious one) As a general internist in Hamilton I can make as much money in a few weeks time as most of the patients I serve will earn in an entire year. This means that I cannot even begin to understand their lives and circumstances and they mine. I believe that anything that widens the divide between a physician and patient is detrimental to the therapeutic relationship, and I believe the white coat contributes to this divide. I understand the cultural relevance of the white coat and all that it symbolizes. I appreciate the history and “prestige” the white coat as a symbol carries. I appreciate the “white coat ceremony” where we make medical students feel special just for having entered into this profession. I also, however, realize that the white coat can make our patients uncomfortable, occasionally scared and can contribute to an unintentional power differential. For me not wearing this symbol is a way of attempting to relate to my patients and hopefully them to me.

7. Regardless of your opinion, it is still aesthetically unappealing to the eye (AKA ugly).

8. I will also admit that as I was writing this piece my wife reminded me of that time last week when I sat next to a patient on his bed and promptly felt that warm wet feeling on my rear that was quickly identified as this elderly gentleman’s urine. It was at this moment that I wished I had my white coat.
The Golden

What is this light
That came floating down
From the sky
Falling over the grass
The road
My hand,
Turning them all
into a dusty picture
of melancholy and life past
or soon to be

What is this glow
in her eyes, and her hair
humming of the heart
pulling me down
drawing me closer
making me sad to have lost her
or soon will

What is this color
that takes over leafs
changing over skin
children turned into adults
a daughter into a mother
places disappeared
songs forgotten
ages gone by

What is this color
that takes over life
when we get close
to the end of the day
the end of a dream
end of the year
when we turn to autumn
trees red, yellow, orange, bright
before undressing its branches
and forgetting
it was ever spring

What is this Golden
beautiful light
spreading over the crepuscule
and horizon
announcing
the cold
dark
night
is only one
step
away

DBV
A narrative review and novel framework for application of team-based learning in graduate medical education.

Assessment of Postresuscitation Volume Status by Bioimpedance Analysis in Patients with Sepsis in the Intensive Care Unit: A Pilot Observational Study.

Bridge Therapy Outcomes in Patients With Mechanical Heart Valves.

4 risk assessment models had good calibration but poor discrimination for VTE in hospitalized medical patients.

Perioperative Aspirin for Prevention of Venous Thromboembolism: The PeriOperative I(Schemia Evaluation-2 Trial and a Pooled Analysis of the Randomized Trials.

Portal vein thrombosis in patients with cirrhosis: underdiagnosis and undertreatment?


Cerebral Oximetry Monitoring to Maintain Normal Cerebral Oxygen Saturation during High-risk Cardiac Surgery: A Randomized Controlled Feasibility Trial.

**Patient values and preferences on transcatheter or surgical aortic valve replacement therapy for aortic stenosis: a systematic review.**

**Transcatheter versus surgical aortic valve replacement in patients with severe aortic stenosis at low and intermediate risk: systematic review and meta-analysis.**

**Prognosis after surgical replacement with a bioprosthetic aortic valve in patients with severe symptomatic aortic stenosis: systematic review of observational studies.**

**Introduction to BMJ Rapid Recommendations.**

**Transcatheter or surgical aortic valve replacement for patients with severe, symptomatic, aortic stenosis at low to intermediate surgical risk: a clinical practice guideline.**

**Review: In severe aortic stenosis, TAVI and conventional surgery do not differ for ≤ 30-day or ≤ 1-year mortality.**

**Perioperative Aspirin for Prevention of Venous Thromboembolism: The PeriOperative ISchemia Evaluation-2 Trial and a Pooled Analysis of the Randomized Trials.**

**Multivariable fractional polynomial interaction to investigate continuous effect modifiers in a meta-analysis on higher versus lower PEEP for patients with ARDS.**

**Association between progression-free survival and health-related quality of life in oncology: a systematic review protocol.**


When and how to update systematic reviews: consensus and checklist.

Arthroscopic surgery for knee pain.
Järvinen TL, Guyatt GH.

Limited responsiveness related to the minimal important difference of patient-reported outcomes in rare diseases.

GRADE Evidence to Decision (EtD) frameworks: a systematic and transparent approach to making well informed healthcare choices. 2: Clinical practice guidelines.

GRADE Evidence to Decision (EtD) frameworks: a systematic and transparent approach to making well informed healthcare choices. 1: Introduction.

Comparative Effectiveness of Phosphate Binders in Patients with Chronic Kidney Disease: A Systematic Review and Network Meta-Analysis.

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Glucagon-like peptide-1 receptor agonists and heart failure in type 2 diabetes: systematic review and meta-analysis of randomized and observational studies.
Efficacy and safety of proton pump inhibitors for stress ulcer prophylaxis in critically ill patients: a systematic review and meta-analysis of randomized trials.

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Recommendations for kidney disease guideline updating: a report by the KDIGO Methods Committee.

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Toward Fairness in Data Sharing.

One-Year Outcomes in Caregivers of Critically Ill Patients.

CYCLE pilot: a protocol for a pilot randomised study of early cycle ergometry versus routine physiotherapy in mechanically ventilated patients.

A very low number of national guidelines of the World Health Organization guidelines for HIV and tuberculosis reported their processes.
Quality Indicators but Not Admission Volumes of Neonatal Intensive Care Units Are Effective in Reducing Mortality Rates of Preterm Infants.
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The effect of a monetary incentive for administrative assistants on the survey response rate: a randomized controlled trial.
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The skills and experience of GRADE methodologists can be assessed with a simple tool.

The GRADE evidence-to-decision framework: a report of its testing and application in 15 international guideline panels.

World Allergy Organization-McMaster University Guidelines for Allergic Disease Prevention (GLAD-P): Vitamin D.

MACVIA clinical decision algorithm in adolescents and adults with allergic rhinitis.

Schünemann H.

Using GRADE to respond to health questions with different levels of urgency.
Thayer KA, Schünemann HJ.
Interpreting GRADE’s levels of certainty or quality of the evidence: GRADE for statisticians, considering review information size or less emphasis on imprecision?

Schünemann HJ.

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Barriers and facilitators for goals of care discussions between residents and hospitalised patients.

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Agreements between Industry and Academia on Publication Rights: A Retrospective Study of Protocols and Publications of Randomized Clinical Trials.


Educational interventions to train healthcare professionals in end-of-life communication: a systematic review and meta-analysis.

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Oczkowski SJ, Chung HO, Hanvey L, Mbuagbaw L, You JJ.

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