CityWide

The McMaster GIM Newsletter

Fall 2017 edition

Co-editors: John J. You and Daniel Brandt Vegas

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

Welcome to the Fall 2017 edition of CityWide.

Since the last edition, you will note that the Division of GIM continues to be academically productive with multiple scholarly manuscripts published since April 2017. In addition, we have had changes in the GIM leadership. Dr. Ameen Patel, who was the CTU Director at McMaster Medical Centre and then successfully transitioned the Clinical Teaching Unit to the Juravinski Hospital, has completed over 10 years as the CTU Director. We thank him and his assistant, Sharon Hendershott, who took care of Clinical Teaching Unit activities over many years and did it extremely well. Dr. Samir Raza has moved from Deputy CTU Director to CTU Director at the Juravinski Site. We would also like to welcome Dr. Joe McMullin who has now taken over as the GIM Head of Service at St. Joseph’s Healthcare. We would like to thank Dr. Jenny Legassie who contributed to this role for 3 years.

You will note the profile of our newest member to the Division. Dr. Maura Marcucci joins us as a research educator in the Division of GIM.

Our Program Director in Internal Medicine, Dr. Lori Whitehead, and her team, are now getting everything ready for the Competency by Design (CBD) rollout. Individuals have been identified in leadership roles for CBD, and the whole Division of General Internal Medicine will be involved in the role out. Dr. Raj Hamniah, our Program Director in General Internal Medicine, is also working to incorporate the roll out for our GIM Fellowship. This will involve a lot of commitment and effort by each and every member of the teaching faculty in the GIM Division.

You will find an interesting discussion on whether physicians should wear white coats and you will probably have your own opinion with regards to that. It should be noted that wearing white coats is becoming a rarity in our Division and in the city.

As always, I would like to thank our co-editors, Dr. John You and Dr. Daniel Brandt Vegas, who put together the semi-annual CityWide edition and keep everybody apprised of our GIM activities.

Akbar Panju
Division Director of General Internal Medicine
NEWSWORTHY ITEMS

Welcome

Please join us in welcoming the following individuals to our group:

- Clinical Scholars: Amna Ahmed, Leslie Martin, Kajenny Srivaratharajah, Arthur Wong, Steven Wong
- General Internal Medicine (PGY4/5) residents: Adam Mazzetti, Gavin Mazzetti, Seth Stern, and Conor Cox.
- Internal Medicine (PGY4) residents: Sara Piran and Jomana Hashim.

New appointments

John Neary, Deputy Program Director, Internal Medicine Residency Program

Mohamed Panju, Deputy Program Director, Internal Medicine Residency Program and Co-chair, Internal Medicine Competence Committee

Samir Raza, CTU Director, Juravinski Hospital site

Joe McMullin, GIM Head of Service, St. Joseph’s Hospital site

Zara Khalid, IM Program, Chair of simulation working group

Daniel Brandt Vegas, IM Program, CBD Field Officer
Awards

Congratulations to GIM Division members who received the following awards:

**Leslie Martin**, recipient of the inaugural Postgraduate Medical Education Resident Leader Award:

“This award recognizes a resident who has demonstrated outstanding contributions to residency education in their own program, or provincially and/or nationally. The Resident-Leader has had a positive impact through exemplary teaching skills, development of educational curricula in teaching and assessment, advocacy of residency education, and any other efforts that have enhanced the educational experience, and/or contributed to innovation in residency education.”

**Jim Douketis**, recipient of the 2017 Canadian Society of Internal Medicine Dr. David Sackett Senior Investigator Award

**Ameen Patel**, recipient of the Hamilton Health Sciences Medical Staff Association Stephen Garnett Distinction Award

**2016 - 2017 Internal Medicine Teaching Awards** (awarded by the Internal Medicine residency program):

St. Joseph’s Hospital site: Raj Hanmiah

Juravinski Hospital site: Samir Raza

Hamilton General Hospital site: John You
Upcoming events

Annual Internal Medicine Winter Gala

Friday, December 15, 2017

Waterfront Centre, 555 Bay Street North, Hamilton

Cocktails at 6:30pm (cash bar), Dinner at 7:30pm

Please come out and support this fun filled and worthy event for our colleagues/friends 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

Blair Leonard (lead vocals)
Rick Loreto (lead guitar)
Jerry Verhovsek (bass/keyboards)
Juan Guzman (bass/keyboards)
Tim O’Shea (drums)
John You (rhythm guitar)

Saturday December 2, 2017

The Corktown Pub
175 Young St.

Come out for a great time and to support our local community!
Research Spotlight

GIM AFP Research Grants: Call for Applications

This year’s call for 2017-2018 McMaster GIM AFP Research Grants is out. Key information:

- Total of $30,000 available in this year’s competition. Maximum budget request per project is $15,000.
- Submit an electronic copy (single pdf file) of a complete application package to Gail Laforme (laformeg@HHSC.CA) by 5:00pm EST, Monday, November 20, 2017, consisting of: Application Form, Budget Template and Budget Justification, Research Proposal (3 pages, not including references or appendices), REB approval letter(s), if available.
- Contact Dr. John You (jyou@mcmaster.ca), Division Research Coordinator, for any questions about the competition.

GIM Faculty Research Profile

The Division welcomes Dr. Maura Marcucci back to McMaster University. Maura completed her fellowship in Hematology and her Master’s degree in Health Research Methodology at McMaster and we are delighted to have her back in Hamilton.

Dr. Maura Marcucci completed her medical training and her residency in Internal Medicine in Italy (University of Perugia). During her residency at the Internal and Vascular Medicine – Stroke Unit in Perugia she started her research activities in the thrombosis and hemostasis field (venous thromboembolism, atrial fibrillation, hemophilia) and on general internal medicine topics (multimorbidity and polypharmacy in older patients). In 2013, she completed her Master’s in Health Research Methodology and a clinical fellowship in Hematology/Internal Medicine at McMaster University, under the supervision of Prof. Lehana Thabane and Prof. Alfonso Iorio. During the period at McMaster University, she continued developing her interests in research methods, in particular in systematic reviews, aggregate and individual patient data meta-analyses, derivation and validation of clinical prediction models based on survival analyses, traditional and alternative analytical methods to deal with confounding in observational studies, and Bayesian methods.

Since the end of 2016, she has been working in the field of the perioperative medicine in collaboration with the team lead by Prof. PJ Devereaux at the Population Health Research Institute of Hamilton. In particular, her academic interest is now focused on cardiovascular complications in noncardiac surgery. She is involved in the Vascular events In noncardiac Surgery patients COhort evaluationN (VISION) study, and is participating in the design of VISION-II. She is also the project officer of the upcoming PeriOperative ISchemic Evaluation (POISE)-3 trial.
Update on Competency Based Medical Education (CBME)
By Meera Luthra (Department of Medicine, Director of Faculty Development, CBME)

With a Competence by Design (CBD) rollout date of July 1, 2018 for the Internal Medicine program, there is a critical need for participation in faculty development initiatives to prepare for this change.

As per the Royal College, one of the changes that will be most notable for clinical teachers as they transition to CBD is the need for more frequent observation with coaching, feedback and documentation. Some clinical teachers are already using regular, direct observation of trainees as an effective tool to provide feedback to help learners improve. In CBD, there is an increased emphasis on direct and indirect work-based observation to facilitate resident learning. The role of faculty must evolve from one of supervision to one that includes more observation of the work residents are doing day to day.

To facilitate this transition, the faculty development committee is preparing workshops to introduce key concepts related to CBD such as EPAs and milestones and how they fit into the big picture of resident assessment.

We are developing a newsletter with links to online modules and clinical vignettes to provide the faculty with practical tips on how to fit these assessments into their busy schedules and complete new forms while continuing to provide patient care.

We will also deliver workshops with a focus on direct observation and feedback given that this is a key element of CBD. AFP points can be claimed for attending each of these sessions; certificates of attendance and meals will be provided.

Please feel free to provide suggestions regarding strategies that you think will be most helpful or effective for your learning.
Poem

Precious

Our lives are precious
our love,
    health,
    time,
    people,
    days
are moving
    changing

Our lives are
    precious
and unpredictable

let's recognize
here and now
take this opportunity
to be
    thankful.

DBV
“White Coating”
Despite a clear local trend for physicians not to wear white coats, within our group there is still a subgroup who persistently use it. Why or why not? We asked two of our members to tell us.

Why I wear a white coat: “Make White Coats Great Again”
by Samir Raza

My rationale for wearing a white coat is simple. To reinforce hierarchy and prestige. We must make White Coats Great Again and fight back against the hipster ways of modern medicine.

OK. The real reason I wear a white coat is the pockets. I can’t get enough, I have 3 pockets on my lab coat and that barely does the job. I just ordered another lab coat with 6 pockets. Why do I need so many pockets? Let’s take a look:

- Digital Stethoscope with headphones
- Chromebook
- Cell phone
- Team patient list
- Granola bar (chocolate covered)
- 3-5 pens
- Billing cards
- Reflex hammer... just joking
- Handheld U/S (within the next year)

If pockets are your thing and you need a lab coat, I got you covered...I know a guy.
Why I don’t wear a white coat
by John Neary

Growing up in a healthy nonmedical family, most of my limited interactions with physicians before I started medical school were in primary care environments where white coats were rarely if ever worn. I didn't watch medical dramas on television, and my mental archetype of a physician didn't involve a white coat. Actually, it probably didn't specify any particular type of dress at all.

I remember being told about the "white coat ceremony" in my first year of medical school and wondering what the point of it was. Then in clerkship I remember learning about the distinctions that different institutions drew between different professions and levels of training with respect to who did, or did not, wear white coats, and how long those coats were allowed to be. It all seemed unnecessarily hierarchical and practitioner-centric.

My high-water mark in terms of dress in the clinical setting was undoubtedly the beginning of my PGY-1 year. I had come from Toronto to McMaster and I wanted to look sharp. I would wear a tie and cuff links (and sometimes a white coat) for what was then 28-hour call. Two realities intervened. First, I realized that my attending physicians (Hugh Fuller, among others) were failing to notice when I was post-call. Secondly, there was an overnight shift in which a patient’s family wanted to hear the opinion of the tall well-dressed man rather than the shorter woman in scrubs, who happened to be the SMR, Zara Khalid. That wasn't a good dynamic to encourage. So I dropped the tie, the cuff links, and the white coat all around the same time.

I think that one's manner of dress is one of the ways in which one signals one's professional role. I am comfortable doing that without wearing a white coat; on a related note, I feel awkward introducing myself as "Doctor", and usually instead say "My name is John Neary, and I'm the doctor in charge of your care." But I understand why many other people find the white coat to be a useful tool. (In particular, female physicians have to fight uphill so much to be recognized as physicians, that I imagine it is way easier to wear a white coat than to be constantly explaining one's role.) Sometimes I think the absence of the white coat makes me look less authoritative, but at other times I think it makes me look more approachable. It's a tradeoff.

Oh, and I can't stand the weight of *anything* around my neck. That's why my stethoscope is always draped around one shoulder.
Publications by members of GIM AFP (April 2017 – September 2017)

Extended-duration versus short-duration pharmacological thromboprophylaxis in acutely ill hospitalized medical patients: a systematic review and meta-analysis of randomized controlled trials.

Cardiovascular testing in patients with postural tachycardia syndrome and Ehlers-Danlos type III: authors’ response.

Internal Medicine Residency Program in Guyana: A Collaborative Model for Sustainable Graduate Medical Education in Resource-Limited Settings.

Antipsychotic prescription and mortality in hospitalized older persons.

Quality of reporting in abstracts of RCTs published in emergency medicine journals: a protocol for a systematic survey of the literature.

Predicting risk and outcomes for frail older adults: an umbrella review of frailty screening tools.

Occult Amoebic Liver Abscess as Cause of Extensive Inferior Vena Cava and Hepatic Vein Thrombosis.

Internal Medicine Point-of-Care Ultrasound Curriculum: Consensus Recommendations from the Canadian Internal Medicine Ultrasound (CIMUS) Group.
A remote metastatic giant cell tumour to the skull.
Kalani A, Lovett M, Stewart L, Popovic S, Panju A.
eCollection 2017 Jul.

Piran S, Delaney J, Schulman S, Salib M, Panju M, Pai M.

Evaluating the effect of instruction and practice schedule on the acquisition of ECG interpretation skills.

Association of Postoperative High-Sensitivity Troponin Levels With Myocardial Injury and 30-Day Mortality Among Patients Undergoing Noncardiac Surgery.

Cardiovascular risk management in rheumatoid arthritis: A large gap to close.
Ladak K, Hashim J, Clifford-Rashotte M, Tandon V, Matsos M, Patel A.

Ethnic Differences in Visceral Adiposity Measured in Early Pregnancy.
Srivaratharajah K, Abramson BL, Jairam J, Park AL, Berger H, Ray JG.

Is Daily Low-Dose Aspirin Safe to Take Following Laparoscopic Roux-en-Y Gastric Bypass for Obesity Surgery?

Subclinical hypothyroidism in pregnancy.
No abstract available.
Outcomes that Define Successful Advance Care Planning: A Delphi Panel Consensus.

Discordance between patients' stated values and treatment preferences for end-of-life care: results of a multicentre survey.

Development and psychometric properties of a survey to assess barriers to implementing advance care planning in primary care.

Validation of quality indicators for end-of-life communication: results of a multicentre survey.

Broadening End-of-Life Comfort to Improve Palliative Care Practices in Long Term Care.

Patient-family agreement on values and preferences for life-sustaining treatment: results of a multicentre observational study.

Barriers to Goals of Care Discussions With Patients Who Have Advanced Heart Failure: Results of a Multicenter Survey of Hospital-Based Cardiology Clinicians.
Premature Discontinuation of Pediatric Randomized Controlled Trials: A Retrospective Cohort Study.


Defining Advance Care Planning for Adults: A Consensus Definition from a Multidisciplinary Delphi Panel.


Bleeding impacting mortality after noncardiac surgery: a protocol to establish diagnostic criteria, estimate prognostic importance, and develop and validate a prediction guide in an international prospective cohort study.


2017 American College of Rheumatology Guideline for the Prevention and Treatment of Glucocorticoid-Induced Osteoporosis.


Corticosteroids for treatment of sore throat: systematic review and meta-analysis of randomised trials.


Requirements of health policy and services journals for authors to disclose financial and non-financial conflicts of interest: a cross-sectional study.


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


Antiretroviral therapy for pregnant women living with HIV or hepatitis B: a systematic review and meta-analysis.

Antiretroviral therapy in pregnant women living with HIV: a clinical practice guideline.

Predictors of 1-year mortality in heart transplant recipients: a systematic review and meta-analysis.

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

GRADE equity guidelines 4: guidance on how to assess and address health equity within the evidence to decision process.

Factors Associated with Health-Related Quality of Life in Patients with Open Fractures.

Answering medical questions at the point of care: a cross-sectional study comparing rapid decisions based on PubMed and Epistemonikos searches with evidence-based recommendations developed with the GRADE approach.
**Implantable cardiac defibrillator and mortality in non-ischaemic cardiomyopathy: an updated meta-analysis.**

**Fluids in Sepsis and Septic Shock (FISSH): protocol for a pilot randomised controlled trial.**

**In patients receiving DAPT after coronary stents, the PRECISE-DAPT score predicted bleeding moderately well.**

**Towards the development of a comprehensive framework: Qualitative systematic survey of definitions of clinical research quality.**

**Perspective: Improving Nutritional Guidelines for Sustainable Health Policies: Current Status and Perspectives.**

**Structural valve deterioration after transcatheter aortic valve implantation.**

**Surgery: Falling out of love with knee arthroscopy.**

**Corticosteroids in sepsis: an updated systematic review and meta-analysis (protocol).**
Effect of corticosteroid administration on neurologically deceased organ donors and transplant recipients: a systematic review and meta-analysis.

In severe aortic stenosis with intermediate surgical risk, TAVR was noninferior to SAVR for death or disabling stroke.


Clinical Practice Guidelines: Incorporating Input From a Patient Panel.


Incretin-based treatments and mortality in patients with type 2 diabetes: systematic review and meta-analysis.

Adjustment Strategies in Studies of Therapy-Reply.

2017 American College of Rheumatology Guideline for the Prevention and Treatment of Glucocorticoid-Induced Osteoporosis.

2017 American College of Rheumatology Guideline for the Prevention and Treatment of Glucocorticoid-Induced Osteoporosis.

A systematic survey on reporting and methods for handling missing participant data for continuous outcomes in randomized controlled trials.

A systematic survey of the methods literature on the reporting quality and optimal methods of handling participants with missing data for continuous outcomes in randomized controlled trials.

EBM has not only called out the problems but offered solutions.

GRADE guidelines 17: assessing the risk of bias associated with missing participant outcome data in a body of evidence.


Withholding Pantoprazole for Stress Ulcer Prophylaxis in Critically Ill Patients: A Pilot Randomized Clinical Trial and Meta-Analysis.

Authors of clinical trials reported individual and financial conflicts of interest more frequently than institutional and nonfinancial ones: a methodological survey.

GRADE equity guidelines 1: health equity in guideline development-introduction and rationale.

Approaches to interpreting and choosing the best treatments in network meta-analyses.

Factors associated with the duration of disability benefits claims among Canadian workers: a retrospective cohort study.

GRADE equity guidelines 3: health equity considerations in rating the certainty of synthesized evidence.

Response to "Clarification from the College of Physicians and Surgeons of BC on commentary about limitations of the CDC guideline for prescribing opioids".
Stakeholders apply the GRADE evidence-to-decision framework to facilitate coverage decisions.

Low intensity pulsed ultrasound for bone healing: systematic review of randomized controlled trials.

Procedure-specific Risks of Thrombosis and Bleeding in Urological Cancer Surgery: Systematic Review and Meta-analysis.

Procedure-specific Risks of Thrombosis and Bleeding in Urological Non-cancer Surgery: Systematic Review and Meta-analysis.

Fracture fixation in the operative management of hip fractures (FAITH): an international, multicentre, randomised controlled trial.

Effects of different phosphate lowering strategies in patients with CKD on laboratory outcomes: A systematic review and NMA.

Vasopressor use following traumatic injury: protocol for a systematic review.

Progress in evidence-based medicine: a quarter century on.
Evidence for underuse of effective medical services around the world.

Systematic survey of randomized trials evaluating the impact of alternative diagnostic strategies on patient-important outcomes.

Congruence between patient characteristics and interventions may partly explain medication adherence intervention effectiveness: an analysis of 190 randomized controlled trials from a Cochrane systematic review.


Decision-making about healthcare related tests and diagnostic strategies: International guidelines show variability in their approaches.

Decision-making about healthcare related tests and diagnostic strategies: a qualitative study with experts suggests that test accuracy data alone is rarely sufficient for decision-making.
Comment on "Perspective: NutriGrade: A Scoring System to Assess and Judge the Meta-Evidence of Randomized Controlled Trials and Cohort Studies in Nutrition Research".

Decision-making about healthcare related tests and diagnostic strategies: A systematic review shows limitations in most tools designed to assess quality and develop recommendations.

Decision-making about healthcare related tests and diagnostic strategies: A review of methodological and practical challenges.

Living systematic reviews: 3. Statistical methods for updating meta-analyses.

Living systematic review: 1. Introduction-the why, what, when, and how.

Living systematic reviews: 4. living guideline recommendations.


Parenteral anticoagulation in ambulatory patients with cancer.
The SPARK Tool to prioritise questions for systematic reviews in health policy and systems research: development and initial validation.

Development and use of a content search strategy for retrieving studies on patients' views and preferences.

Cytology versus HPV testing for cervical cancer screening in the general population.

Allergic Rhinitis and its Impact on Asthma (ARIA) guidelines-2016 revision.

Incorporating patients' views in guideline development: a systematic review of guidance documents.

Guidance for Modifying the Definition of Diseases: A Checklist.

Using patient values and preferences to inform the importance of health outcomes in practice guideline development following the GRADE approach.

GRADE equity guidelines 1: health equity in guideline development-introduction and rationale.

A methodological survey identified eight proposed frameworks for the adaptation of health related guidelines.

Rating the certainty in evidence in the absence of a single estimate of effect.