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

I feel privileged to write a message in each issue of CityWide, the McMaster GIM Newsletter. Our Co-editors, Drs. John You and Daniel Brandt Vegas have put together an excellent spring edition for 2016.

As you will note, this issue features two major themes by two of our junior faculty members. Dr. Zara Khalid has been working in Global Health and you will find her experience and perspectives very interesting. You will also read about Dr. Juan Guzman, who has been involved in clinical research in the area of syncope and autonomic disorders. Drs. Khalid and Guzman have been recipients of our Internal Career Awards from the Department of Medicine.

The Division of General Internal Medicine meets quarterly and during those meetings we have updates from the site leads of all the academic sites in Hamilton. The meetings are well attended and we have a lot of discussions about clinical, educational, and research activities.

As part of our division updates, you will see that we now have new Co-directors of the Clinical Teaching Unit at St. Joseph’s Healthcare Hamilton, Dr. John Neary and Dr. Jason Cheung. The Division would like to thank Dr. Raj Hanmiah for his many years of CTU Directorship. We have all benefited from his work as the Director. You will also note that Dr. Jenny Legassie has been appointed Head of Service of GIM at St. Joseph’s Healthcare Hamilton. She has taken over from Dr. Joe McMullin, who contributed extensively to GIM activities at SJHH. The Division would like to thank Joe McMullin for all of his work over the course of many years.

The Division of General Internal Medicine hosted the 8th McMaster University Review Course in Internal Medicine in Hamilton, attended by over 850 registrants. In fact, the course was so successful that we had to close the registration 8 weeks before the review course. The review course was initiated by the Division of General Internal Medicine and this has been extremely successful over the last 8 years and we now have national recognition.

Once again, I would like to thank Dr. John You and Dr. Daniel Brandt Vegas for putting together the Spring Edition of the GIM CityWide Newsletter, which highlights the activities occurring in the Division of GIM.
NEWSWORTHY ITEMS

New recruits

- Amna Ahmed will be a Clinical Scholar, effective July 1, 2016
- Serena Gundy, will be a Clinical Scholar, effective July 1, 2016

Awards, honours, new appointments

- John Neary and Jason Cheung appointed as co-directors of the CTU at St. Joseph’s Hospital.
- Jenny Legassie appointed as Head of Service of General Internal Medicine at St. Joseph’s Healthcare Hamilton.
- Juan Guzman received the AFP Internal Career Research Award from the Department of Medicine

Other newsworthy items

- Mohamed Panju turned 40!
UPCOMING EVENTS

May 2016

- Martha Rocks, featuring GIM division members Juan Guzman, Tim O’Shea, and John You, returns to the stage at the legendary Corktown pub in Hamilton on **Saturday May 14th at 9 pm**. All proceeds from the evening will be donated to benefit Notre Dame House, Hamilton’s only shelter for homeless or precariously housed youth. We hope to see you all there!

  The musicians of Martha Rocks also wish to thank everyone who came out for the benefit concert in support of our colleague Dr. Will Harper last fall. Thanks to all who contributed: a total of $2,334 was raised in support of the Hamilton Health Sciences Foundation.

- Please mark your calendar for the next Regional General Internal Medicine Dinner Meeting being held on **Thursday May 26th, 2016** at 6:00pm at the Ancaster Mill Restaurant – Millview Room. Please note that the GIM Resident Journal Club will precede the Regional GIM Meeting at 5:00pm.

June 2016

- Hold the date for a celebration of Brian Haynes’s retirement **Thursday June 9, 2016** starting at 3:30pm. Details to follow.

- The inaugural McMaster University Health Professions Education Research Day takes place **Friday June 10, 2016**. Open to ALL Health Professionals. Abstract submissions are welcome online: [http://hsed.mcmaster.ca/abstract.html](http://hsed.mcmaster.ca/abstract.html)

- Jim Douketis will be performing in a chamber music concert at Gallery on the Bay, 231 Bay Street North, **Saturday June 18th at 8 pm** (Mendelssohn Octet, Greig Holberg Suite, Elgar Serenade)
GIM RESEARCH SPOTLIGHT

Research Grants

*Congratulations to GIM AFP Research Grant (2015-2016) competition winners*

Khalid Azzam received a GIM AFP Research Grant, “Effectiveness of test enhanced learning in novice physician learners in continuing medical education” ($10,700)

Ameen Patel and Haroun Yousuf (PGY-3, Internal Medicine) received a GIM AFP Research Grant, “A randomized control trial comparing two different ECG instruction and feedback strategies” ($6,000)

*Other grants*

Jim Douketis, along with Sam Schulman and Mansoor Radwi, received a HAHSO AFP Innovation Grant entitled “Anticoagulant Decay of Direct Oral Anticoagulants in Patients having Elective Surgery” ($3,500)

John You is co-investigator for a Canadian Frailty Network Catalyst Grant, “Developing and piloting an automated tool to identify patients at high risk of one-year mortality at the time of admission to hospital” ($100,000)
RISING STAR: JUAN GUZMAN

Congratulations to Juan Guzman on receiving the 2015-2016 AFP Internal Career Research Award from the Department of Medicine at McMaster University.

Biosketch

After receiving his MD in Bucaramanga, Colombia, Dr. Guzman completed his Internal Medicine Residency training, a Clinical Fellowship in Autonomic Disorders, and his MSc in Health Research Methodology at McMaster University. Dr. Guzman has built an active clinical practice in the field of syncope and autonomic disorders at the Hamilton General Hospital. He runs the Syncope and Autonomic Disorders (SAD) service and supervises procedures conducted in the Autonomic Laboratory at HGH.

Dr. Guzman is a network investigator for the newly funded Cardiac Arrhythmia Network of Canada (CANet). CANet is supported by a **$26.3 million grant over five years from Canada’s Networks of Centres of Excellence (NCE) program**. CANet brings together health care professionals, academia, government, industry, not-for-profit organizations, and patients to support new ideas and groundbreaking research in syncope by developing and implementing clinical trials, population based studies, patient registries and clinical practice guidelines.
FOCUS ON GLOBAL HEALTH

Resident reflections on their volunteer experience in Guyana
by Zara Khalid

It has been an amazing journey over the last one year working with the internal medicine residency training program at Georgetown Public hospital Corporation in Guyana. The residency program was set up 3 years ago and has grown under the leadership of Dr Joanna Cole, a US based internist and infectious disease specialist. The program currently consists of seventeen residents in total. I was very privileged to be involved in the graduating process for the six final year residents who will be working as senior registrars in the hospital and will be the first graduates of the program.

The main purpose of my last trip to Guyana was to organize and facilitate the written and OSCE examination. As I needed standardized patients and external resident observers, two PGY3s, Abu Baker Khalifa and Sultan Chaudhary, volunteered to come (on their vacation time) to help out with the exam process. During the week, they also had an opportunity to work as resident teachers and mentors with the PGY1-2s on the ward. The following are their reflections on this global health experience.
“Ladies and gentlemen, it is time for rows 10 to 28 to board the flight heading to Georgetown.” It was at that moment that it hit me. After all these years reading about medical humanitarian work and debating the complexity of its ethics, I am finally packing up my stethoscope and boarding this flight with my long-time friend and medical colleague, Sultan Chaudhry. Zara Khalid, an internist and friend from McMaster, was waiting for us in Georgetown. Her instructions were simple; “You arrive at 7:30 am and we will be expecting you at rounds by 8:45 am.” We checked into the El Dorado Inn and before unpacking our luggage, we were walking down the medical halls of Georgetown Public Hospital. It was exactly what we wanted!

I have been reading about medical humanitarian work over the past few years and have come to the realization that its complexity isn’t just limited to the lack of resources but also influenced by sociopolitical realities (e.g., distribution of resources among the different regions, competition with the private sector). Good intentions and altruism are essential elements in any field within the vast sea of global health. They are, however, simply not enough. They have to be complemented with a collaborative approach that not only acknowledges the needs of the local community but also engages them to be leading the table for transformative sustainable healthcare development.

We arrived and got introduced to a friendly group of residents and medical interns that welcomed us. I had prepared for this moment. I knew it was a critical moment and I was consciously cautious. I wanted to make sure that I was not perceived as the “Canadian-North American trained medical resident” that is coming here to change the world. It was simple. I just wanted to work alongside the residents and staff with the exact same attitude as I would with my team back in Hamilton.

I found myself performing a focused neurological exam in the first 15 minutes and discussing the diagnostic dilemma surrounding this 25 year-old pleasant lady with unclear peripheral neuropathy and weakness. We reviewed the case just like we would back home and challenged the team exactly like we did in our Clinical Teaching Unit. Very quickly, I realized that the overall structure and organization of the Medical In-patient unit was similar to what I was used to. Initially, I played the senior role dividing the tasks of the team and challenging junior medical residents with diagnostic approaches and medical management plans. After discussions, I readjusted my approach completely! I was reminded by my attendings that my role wasn’t to implement my particular style of clinical practice but to support the local senior resident to enhance their clinical acumen. Admittedly, I was wrong and within a day I noticed that this change allowed me to further connect with the team and provide more useful guidance and teaching.

It was a steep learning curve to realise that management of patients was limited by what was available, e.g., limited mechanical ventilators, antibiotic supplies running out, bloodwork taking more than 24 hours to be reported, etc. I was aware before boarding the flight that this clinical environment is complicated with financial constraints and resources limitations. I knew that the solution to engaging residents and practicing clinical medicine effectively in this foreign environment wasn’t to constantly express this frustration but to “patiently adapt.”

Max Mckeown, an English writer and strategy consultant, eloquently described adaptation as a cornerstone of success: “All failure is failure to adapt, all success is successful adaptation.” It is easy to get not only disgruntled by this healthcare imbalance relative to our privileged Canadian standards but to become disengaged from “practical resource-conscious” medical practice and education. It is this dichotomy that I witnessed that pushed me to practice what Max dedicated his career to: “adapting.”
We worked together as a team, including residents and medical interns, while reviewing cases in our morning rounds. “Adapting” to the clinical limitations, I found myself teaching residents clinical cases using diagnostic approaches and therapeutic options available to us in Guyana. In a classroom setting, I found the engagement of the residents peaked at 3,000 feet above sea level when the cases were practical ones dealing with issues that the Guyanese people would face. This re-adjustment to my clinical teaching and practice, driven by my emphasis “to adapt”, allowed me to work hand-in-hand with my fellow Guyanese residents as “one team.”

It took me a few days to understand the level of training of the students, interns and residents and their overall medical educational system compared to our own. I wasn’t truly aware of the expectations each trainee had and their overall prior experience. Although slightly uncomfortable in the beginning with being the “outsider” coming for a week and implementing a few hours of teaching every day, it was necessary. The gaps in knowledge became clear on the first day and I started focusing on bed-side as well as classroom teaching to ensure that all learners were going home with an approach to a diagnostic dilemma or a treatment plan for a common or sometimes even a more obscure disease. Some junior residents were exceeding expectations from a managerial and health advocacy role, others were barely meeting expectations from a knowledge perspective. This exists in any residency program and needs the educational team to work hard to ensure that such residents have a practical educational plan and a mentor. I hope that my involvement with this project isn’t limited to this short trip but continues with a long-term mentoring initiative.

Alongside the clinical work, it was an honour to be involved in the final examination for the graduating Post-Graduate Year 3 (PGY-3) Internal Medicine class. I saw the dedication by our staff, particularly Zara Khalid and her fellow comrade Dr. Joanna Cole, to ensure that this process was completed successfully and with attention to adhering to high-standards of ethics. Their focus was undeniably clear; ensuring a sustainable long-term educational strategy that is rooted in Internal Medicine training. Not only did they work to “adapt” to their current situation, but their collaboration and vision was clear as daylight. They didn’t want to be considered as “the outsiders”. They weren’t looking to receive a particular “humanitarian award.” They weren’t seeking recognition from a respected government body. Simply put, their goal was to train highly capable Internal Medicine residents that can lead a strong department in the years to come. It made me reflect on my future in this career. It made me acknowledge not only the sacrifices that you have to make on a daily basis, but the importance of a long-term vision, one that ensures that global health work is rooted within the local community and one that ensures our presence isn’t guided by unrealistic expectations enforced in a way that reminds us of the European colonial era. Finally, a vision that “adapts” to the ongoing healthcare needs of the local community while being constantly aware of local cultural and sociopolitical influences.

Landing in Pearson International Airport seven days later, I found that I came back with a valuable “perspective.” I had seen tropical health diseases that we seldom manage in our Clinical Teaching Units. I had also seen common clinical problems that we see in a daily basis in Hamilton. I had witnessed a teaching environment that had a similar overall structure to what I was used to do. I had observed residents get tested in an almost identical format as my fellow “Canadian-North American trained medical residents”. I came back with a perspective that global medical education needs to be a sustainable effort that builds a generation of doctors who will hopefully lead healthcare reform within their local community.
The Guyana Visit
by Sultan Chaudhry (PGY-3 Internal Medicine)

Visiting Georgetown Public Hospital (GPH) in Guyana was an experience I have never had before. Though quite daunting at first, I felt comfortable knowing there was always someone supervising me. My three priorities going into this experience included teaching local students and residents, providing quality care to the inpatients at the GPH and, lastly, assessing and expanding my own knowledge in the area of Internal Medicine.

First, teaching local residents and students was very exciting. Luckily, both the residents and medical students had a thirst for knowledge, which made things very comfortable. I was involved in running the morning cold case one day, and running two interactive teaching sessions with a large group of medical students. Being part of two teaching teams and doing walk-around rounds with various residents allowed me to do some bedside teaching with the JMRs as well as the SMRs. Furthermore, it allowed me to isolate cases that required procedures and teach the JMRs and SMRs bone marrow biopsies and how to prepare slides for the aspirates. When rounding with the residents, we reflected on the importance of thorough daily assessments to monitor patients’ progression. This was important in this setting given the lack of nurses (1 nurse would be responsible for more than 10 patients) and lack of continuous clinical monitoring. We would prioritize our sickest patients and the SMRs and JMRs would make decisions on whether the patient was improving or worsening, and the underlying reasons behind it, and any changes in management that we should be doing. Among the things that excite me in Internal Medicine is this opportunity to teach and learn, with anyone and anywhere, and this visit to Guyana highlighted that.

Secondly, the variety and quality of medicine I saw was remarkable. Most colleagues or staff physicians, when discussing disease in developing countries, focus on tropical illnesses and infectious diseases. Although there were various tropical infections that I had not seen before, there were an equal number of patients with acute coronary syndromes, congestive heart failure, diabetes-related complications, aspiration pneumonia, stroke, chronic obstructive pulmonary disease exacerbations and drug toxicities or ingestions. Having good training in those areas allowed me to not only teach, but manage patients suffering from those illnesses and discuss this with the fellow residents. It wasn’t that it was easier to treat patients there, it was rather more difficult. Far more difficult. One of the challenges was only having to rely on the available resources, for both diagnostic testing and for management. Resources are limited and you have to make the best of what’s available.

Lastly, working at the GPH also allowed me to see my own limitations at every level of my assessment: history taking, physical examination and coming up with management plans. This required reading after work, every day. This is a life-long process, and just when you start to feel confident in one area, you need reminders that there are many other areas of medicine, even internal medicine, that need your time and need improvement. It was indeed a humble reminder.
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Systematic reviews experience major limitations in reporting absolute effects.

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