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

Once again it gives me great pleasure to write this message for the McMaster GIM Newsletter and I would like to congratulate Dr John You and Dr Daniel Brandt Vegas for producing it.

I hope you enjoy reading this spring edition. Its main feature is devoted to highlighting the rejuvenation and renaissance occurring in GIM at McMaster and across the country.

Dr You discusses the creation of a “clinician investigator” stream within the GIM Residency program at McMaster. This initiative will lead to training, supporting and mentoring of trainees wanting to pursue a GIM career in clinical research. Dr Raj Hanmiah, our GIM sub-specialty programme director, narrates the journey of the creation of an accredited 2 year GIM Fellowship program, which is already attracting high caliber individuals and has become a highly competitive program to match to. Lastly, Dr Ahraaz Wyne, our first GIM fellow to do the 2 year program, shares his positive experiences with us.

In addition, the newsletter provides us with a list of the scholarly activities of our members, including both the publication of high impact articles and the recipient of research grants.

Lastly, on behalf of our division, I would like to congratulate members who have received honours and awards in the last few months.

Enjoy.

Akbar Panju
NEWSWORTHY ITEMS

Promotions

Congratulations to our members for their recent promotions!

Ally Prebtani to Full Professor

Shariq Haider to Full Professor

Awards and Honours

• Raj Hanmiah, Akbar Panju, and Will Harper will receive the “Internal Medicine Clerkship Program Faculty Award” at an awards dinner on Mar 31st.

• Ally Prebtani has received the 2015 PARO (Professional Association of Residents of Ontario) Excellence in Clinical Teaching Award for McMaster University. Ally has also received the Department of Medicine Postgraduate Teaching Award.

• Raj Hanmiah and Zara Khalid have been certified by the Royal College of Physicians and Surgeons of Canada in the General Internal Medicine subspecialty.

• Khalid Azzam has received the Certified Physician Executive (CPE) designation by the Certifying Commission in Medical Management.

• Akbar Panju has been appointed the McMaster Representative at CPSO

• Anne Holbrook, for several years running, remains the top Academic Merit points earner in the Department of Medicine for education and research activities.

• Recently, the Internal Medicine Winter Gala raised over $10K for the Uganda medical school system.
Incoming GIM Residents

Please join us in welcoming our incoming residents for the PGY-4/5 program:
  Leslie Martin
  Arthur Wong
  Steven Wong
  Sweta Sriram

Let’s also welcome the incoming residents for the PGY-4 program:
  Nada El-Mazariky
  Steve Giilck
  Alex Meadley

Upcoming events

• The next Regional General Internal Medicine Dinner Meeting will take place on Tuesday April 28th at the Ancaster Mill Restaurant. The Resident Journal Club will take place from 5:00 – 6:00pm, followed by the Regional GIM Dinner Meeting at 6:00pm. We hope to see you there.

• Our local Rock sensation “Martha And The Fulford” is scheduled to play on May 9th at the Pour House on Fennel at Upper Ottawa. We expect huge crowds around 9 pm.

• Dr Betty Chui will be getting married this coming May 23 at the Bayview Glen Alliance Church in Toronto. Everyone is more than welcome to attend!

• The 25th Annual McMaster University Resident Research Day in Medicine will take place on May 27 at The Hamilton Golf and Country in Ancaster. General attendance is encouraged starting at noon.
Poem

The Team

Welcome,
follow me
let me teach you
   show you the tricks and tips
give you the privilege
to care for my patients

come with me
as we walk a path
filled with life and death
alternated triumph and pain
frustration and gratitude
intense fatigue

you will blend days with nights
you will be examined and critiqued
you will talk and touch
complete strangers as if
they were your closest family
you will teach and be taught
asked infinite questions
your answers often edited
your own questions often
handed back for you to review

I will guide and teach
I will do my best to hide
my own fears and pain
I will try to make you
the best clinician you can be
make you feel supported
hear your opinions
even when they're wrong
I will role model
my own version of excellence
and hope you agree

Welcome,
follow me
whatever happens
you will not be alone
remember,
   this group is a team

DBV
SPRING NEWSLETTER THEME: GIM PGY4/5 PROGRAM

Over the past couple of years there has been an impressive amount of work and effort put into a process that eventually gave way to a Royal College of Physicians and Surgeons of Canada accredited GIM two year subspecialty training program at McMaster. Far from ending at that, the hard work and effort is ongoing as this program is taking shape and growing in many different and exciting ways.

For this edition of the Newsletter we chose to highlight this new program as the central theme. Raj Hanmiah will give us a perspective as the main driver of this process, Ahraaz Wyne will describe his experience as the pioneer resident in this program, and John You will highlight the program’s mission to capture and develop the future Clinician Investigators for our Division. We hope you find these articles both informative and fun to read.
GIM Residency Program: Leading the rejuvenation of GIM research at McMaster

Our division members play diverse roles in health research. Some supervise our residents in the development and execution of their projects. Some act as site leads for multi-centre studies. Others write grants and publish. All of these activities are crucial to advancing knowledge, improving patient care and outcomes, and ensuring the success of the research enterprise. Many of our division members are doing research that is recognized and having an impact in diverse areas at the national and international level. But as a division of General Internal Medicine (GIM), we can do even more.

The launch of our GIM Residency (PGY4/5) program can be an instrument for this change and position McMaster University at the leading edge of health research related to GIM. Why do I say this? It is the new recruits to our division who will be the driving force behind this sort of change. With strategic planning, our GIM Residency program can be shaped into an ideal environment which will attract and groom these agents of future change.

Specifically, a “clinician investigator” stream within the GIM Residency program would provide a mechanism to identify, recruit, and support trainees who have aspirations for a career in health research. In collaboration with the Clinician Investigator Program (CIP), which provides additional salary support, trainees in a “clinician investigator” stream would pursue formal research training through locally available (and high caliber) graduate programs, such as the Health Research Methodology program, and others. Importantly, faculty within our division who are recognized as outstanding mentors and successful clinician investigators will need to mentor these trainees, enabling them to reach their full potential. After GIM Residency and graduate studies, transition into a Clinical Scholar role will provide a crucial time to hone and consolidate their research skills before joining the division as a faculty member.

It is a privilege for me to serve on the GIM Residency Education Committee and to develop the research component of the training program. I am energized about the possibilities that lie before us and eager to start on this journey.

--- John You
The GIM Sub-Specialty Program: The Program Director’s View

John and Daniel have asked me to write a piece about the GIM Residency program. I would like to start by expressing my congratulations and thanks to both of them for their efforts in putting together this GIM newsletter. The newsletter is part of what I see as a renaissance of GIM here in Hamilton.

As everyone knows by now, GIM has become a Royal College subspecialty of Internal Medicine within the last 5 years. Here at McMaster, we successfully submitted our application for accreditation last year and became an approved residency program last year. Technically, our program is considered to have started in July 2013 with Ahraaz Wyne being our first resident to go through the 5th year of training in GIM. Ahraaz is presently finishing a year of training in Obstetrical Medicine in Toronto and will become our first GIM subspecialty resident from McMaster as of June 30, 2015.

The journey to GIM residency has been an interesting one locally. I think I can speak for many people when I say I was surprised when the Royal College gave the approval for GIM to become a formal subspecialty of Internal Medicine. This application had been tried before unsuccessfully and, for many reasons, people thought it unlikely that the application would be successful on another attempt. However, the application was accepted and this began a process locally of transformation into a formal subspecialty. We have run an R4 program with the core program for many years, but I can truly say that the transition to a formal two-year subspecialty has been a major shift and required a considerable amount of work from many people, particularly the Residency Education Committee. A significant amount of structure has had to be put in place and it has forced us to think about what defines a general internist and what is required in the training. This process has been very exciting for me and on a personal level has reinvigorated my passion for the true practice of GIM. I think this reinvigoration of a passion for the consultant, multi-system specialist role GIM can uniquely serve, is perhaps the most important outcome of becoming a two-year subspecialty program and having a residency program.

I think that GIM in Hamilton is truly undergoing a renaissance, with ever increasing interest in the sub-specialty as a career goal. In fact, our application numbers are now comparable to the most competitive subspecialties within Internal Medicine. GIM has become a very competitive subspecialty now and is truly no longer a “backup” program. The applicants who get into GIM now are indeed all applying only to GIM. This is a major shift from even just five years ago and the speed at which this has shifted is remarkable. The renaissance has many reasons behind it, but I think the residency definitely is playing a leading role. Perhaps most striking, and I think one of the most important benefits, has been the rejuvenation of outpatient medicine within the GIM practice. The resident clinics have forced us as a division to re-engage in outpatient clinics, and I think this will be one of the most important and productive transitions we will undergo in rejuvenating our division. To put this into perspective, we will have seven clinics for just the
GIM residents next year, and when you add in the two clinics for the Internal Medicine R4 residents, that gives us a total of nine resident clinics in GIM!!! This will be in addition to the IMRAC, GIMRAC, Ambulatory CTU, and West 5th clinics that will also be running in the next year! As a division, for the first time in recent memory, we will be in a position where we can serve the GIM outpatient consultation needs of the community.

With regards to the Internal Medicine R4 program, Hamilton is certainly somewhat unique in our relationship between the GIM residency and the IM R4 program. We have maintained a strong tie between the two programs, realizing that the GIM residency grew out of the R4 program. We have a shared academic curriculum within the R4 year, and this is a relatively unique relationship within the country. There will be a separate IM R4 rotation coordinator, but there will continue to be a close relationship between the two programs and in fact this coordinator will sit on the GIM residency committee. This relationship has been a source of debate, but the consensus is that this arrangement is a positive one for the residents. This will undoubtedly be an area of ongoing development and discussion over the years, but I think we should be proud of our ability to support and foster both programs.

Finally, I would like to say that this program is in truth, very young and very much in evolution. We have many ideas for growth and there many challenges ahead (can anyone say competency based education?!!) The goal is to create the strongest and most balanced residents we can, but also to challenge the faculty to continue to grow and evolve within this new subspecialty of GIM. Accreditation is coming and we shall see what it brings. Whatever the results of accreditation, I have no doubt that the journey of this residency is just beginning and there will be many changes coming in the next few years.

Raj Hanmiah
"The GIM PGY-5 Year: Kind of like your first taste of coffee"

Remember the first time you tasted coffee? I do. I was seven years old and sitting on a transcontinental flight, far far away from my parents' reach! As the stewardess came around taking drink orders, I proudly announced, “Coffee. Black please. 2 sugars,” as if I were a seasoned connoisseur, while in reality, simply copying what the passenger in front of me had asked for. As I took a sip of the dark frothy swirls, I'll never forget the expression that smeared across my face! That is what Raj Hanniah saw, from across the table, when he asked me, "So Ahraaz, are you thinking about a GIM R5 Year?"

When I started my GIM specialty training I never envisioned that I would be doing a 5th year of fellowship. Watching my PGY-4 peers transform from being the jovial Jay, Andrew, and Samir, to the esteemed Drs Cheung, Duncan and Raza, come July 1st 2014, was truly inspiring. But for me, that inspiration quickly turned to yearning and longing, when the ER Unit clerk yelled: "Ahraaz! You didn't fill out an Echo Req...Sigh! I don't get these residents!!" or better, when the porter dressed in blue, said: "Hey bud, we're moving this patient to express, finish your history upstairs!" I think you understand my dilemma.

I decided to embark on the R5 journey for a number of reasons. I wanted to experience a niche area within GIM, something to call my very own, a sub-specialty within a specialty, my own baby of sorts (no pun intended). From back in 3rd year of clerkship when I almost convinced myself to train in Ob/Gyn, to working under some notable mentors in residency who managed medical complications in pregnancy; at some point I realized that caring for pregnant women would be my calling. Being the first McMaster R5 GIM Resident was also nerve-racking, as it is to be the "first" in any walk of life. Coordinating funding; attending academic half-days, participating in longitudinal clinics, travelling between downtown Toronto and Hamilton, presenting journal club sessions, attending committee and subcommittee meetings, designing and carrying out a research project, and doing all of the above again at Mt.Sinai hospital, was always going to be a challenge, to say the least.

However it’s been a fantastic year! I have come to realize the immense potential in caring for a very special population during a very special time in their lives. A population that most non-obstetricians are uncomfortable looking after, let alone prescribing medications for. My patients come to me with a pen, notepad and all ears. They are all under 50, except one. They have beautifully illustrated charts of their blood pressure measurements, good enough to rival any 24-hr Ambulatory BP Report. They even bring chocolate truffles in the winter break and flower-pots in spring! I have the privilege of watching dynamic pathology evolve over three trimesters, and often disappear completely. Best of all, I have been part of the highly organized and efficient system that is Mt. Sinai Hospital, with high-risk Maternal Fetal Medicine specialists, Obstetricians, Obstetric Internists, and Sub-specialists with expertise in obstetrical medicine, working together to deliver high quality, timely and world-class care.

Back home at McMaster, things have also been great. I have had dedicated one-on-one "custom-tailored" R5 academic half days; learning about topics ranging from viral hepatitis and sudden cardiac death to leadership and career-building from the likes of Drs. Zara Khalid, Akbar Panju and Ameen Patel. I have also had the opportunity to share my career focus with the PGY-3s and PGY-4s through small group teaching sessions and journal club presentations. Recently I was involved in coordinating a mock OSCE for the R4s which was very well received. I've learned
how efficient teleconference can be, while virtually attending meetings through the Wi-Fi equipped TTC “Rocket” subway, Go Train and my car’s Bluetooth speaker system. Finally, I have enjoyed immense independence and flexibility in my longitudinal clinics, thanks to Raj Hanmiah and Kimmy Rolfe, which has no doubt been instrumental in honing my clinical decision making skills, one last time.

So, while I clearly remember my first sip of coffee, I also now realize that it’s an essential in my daily routine. I have experimented with various roasts and different styles from mocaccinos to americanos to lattes to home-made. I’ve even recently purchased an old-style Italian stove-top espresso maker and will be roasting my own coffee beans. In the same light, the R5 year has grown on me. It has certainly been an experience well worth the time invested. I would be fully supportive of GIM trainees interested in pursuing the extra-year and making it their very own, as a stepping stone of sorts, towards a fulfilling academic career.

To be continued.

Ahraaz Wyne

GIM Fellow, PGY-5
McMaster University
Research updates:

1. Congratulations to the 2014-2015 McMaster GIM Research Grant awardees:

Daniel Brandt Vegas for his project entitled “Validity, reliability, and feasibility of chart stimulated recall as an assessment tool for reviewing overnight GIM consults with post-call night-float residents: a mixed-methods study" ($13,000)

Ameen Patel and Karim Ladak (PGY2) for their project entitled “Adequacy of lipid management in patients with rheumatoid arthritis, and the barriers to doing so” ($4,783)

2. Research grants awarded (September 2014 – March 2015):

John You is co-investigator on “Improving palliative care in long term care homes using participatory action research”, a 2 year Strategic Impact Grant from TVN (Technology Evaluation in the Elderly Network) ($607,520)

3. Upcoming local funding opportunities:

The Regional Medical Associates Research Scholarship supporting original research carried out by medically qualified registered postgraduate trainees of the Faculty of Health Sciences, McMaster University. Written applications will be considered in September and must be received no later than August 31 2015.

As in the past the Physicians’ Services Incorporated Foundation (P.S.I.) has made available five prizes of $2,000 to recognize excellence in resident research. The deadline for nominations is May 31, 2015.

The Quality Assurance Awards for the best work done among residents in the area of quality assurance. The deadline for nominations is May 31, 2015.

For further details or information regarding the above local research opportunities please contact Donnie Arnold, John You, or Jan Taylor.
Anticoagulation therapy: Perioperative anticoagulation—are we at ‘a bridge too far’?

D-dimer testing to select patients with a first unprovoked venous thromboembolism who can stop anticoagulant therapy: a cohort study.

Direct oral anticoagulants: new drugs and new concepts.
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Treatment for overweight and obesity in adult populations: a systematic review and meta-analysis.
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Prevention of overweight and obesity in adult populations: a systematic review.
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Approach to the new oral anticoagulants in family practice: part 2: addressing frequently asked questions.
Douketis J, Bell AD, Eikelboom J, Liew A.

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Douketis J, Bell AD, Eikelboom J, Liew A.

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Factors that predict thrombosis in relatives of patients with venous thromboembolism.
Couturaud F, Leroyer C, Tromeur C, Julian JA, Kahn SR, Ginsberg JS, Wells PS, Douketis JD, Mottier D, Kearon C.
Graduated compression stockings to treat acute leg pain associated with proximal DVT. A randomised controlled trial.

Barriers to Goals of Care Discussions With Seriously Ill Hospitalized Patients and Their Families: A Multicenter Survey of Clinicians.

Management of chronic neuropathic pain: a protocol for a multiple treatment comparison meta-analysis of randomised controlled trials.

A forgetful experience: a case of transient global amnesia.
Shah K, Sheasgreen C, Patel A. CJGIM (Accepted)

Adherence to guidelines for Cardiac Catheterization Referrals and Secondary Prevention Strategies in Patients with Non-ST Segment Elevation Acute Coronary Syndrome.

Pathophysiology, diagnosis, and management of hepatic encephalopathy.
Sheasgreen C, Lu L, Patel A.

Perioperative aspirin and clonidine and risk of acute kidney injury: a randomized clinical trial.

Nonbeneficial treatment Canada: definitions, causes, and potential solutions from the perspective of healthcare practitioners.

What really matters in end-of-life discussions? Perspectives of patients in hospital with serious illness and their families.
You JJ, Dodek P, Lamontagne F, Downar J, Sinuff T, Jiang X, Day AG, Heyland DK; ACCEPT Study Team and the Canadian Researchers at the End of Life Network (CARENET).

Activity-based funding of hospitals and its impact on mortality, readmission, discharge destination, severity of illness, and volume of care: a systematic review and meta-analysis.

'Conditional candour' and 'knowing me': an interpretive description study on patient preferences for physician behaviours during end-of-life communication.
Abdul-Razzak A, You J, Sherifali D, Simon J, Brazil K.

A practical approach to evidence-based dentistry: V: How to appraise and use an article about diagnosis.
Brignardello-Petersen R, Carrasco-Labra A, Glick M, Guyatt GH, Azarpazhooh A.

Which Surgical Treatment for Open Tibial Shaft Fractures Results in the Fewest Reoperations? A Network Meta-analysis.
Foote CJ, Guyatt GH, Vignesh KN, Mundi R, Chaudhry H, Heels-Ansdell D, Thabane L, Tornetta P 3rd, Bhandari M.
Clin Orthop Relat Res. 2015 Feb 28. [Epub ahead of print]
Kidney Function Alters the Relationship between Postoperative Troponin T Level and Death.

Hip fracture evaluation with alternatives of total hip arthroplasty versus hemiarthroplasty (HEALTH): protocol for a multicentre randomised trial.

Decision aids that really promote shared decision making: the pace quickens.
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Guideline panels should not GRADE good practice statements.
Guyatt GH, Schünemann HJ, Djulbegovic B, Akl EA.

A practical approach to evidence-based dentistry: IV: How to use an article about harm.
Brignardello-Petersen R, Carrasco-Labra A, Glick M, Guyatt GH, Azarpazhooh A.

World Health Organization strong recommendations based on low-quality evidence (study quality) are frequent and often inconsistent with GRADE guidance.

A practical approach to evidence-based dentistry: III: how to appraise and use an article about therapy.
Brignardello-Petersen R, Carrasco-Labra A, Glick M, Guyatt GH, Azarpazhooh A.

What is a network meta-analysis and how can we use it to inform clinical practice?
Brignardello-Petersen R, Rochwerg B, Guyatt GH.
Systematic reviews of observational studies of risk of thrombosis and bleeding in urological surgery (ROTBUS): introduction and methodology.

Copresentation of relative and absolute effects is essential to promote optimal interpretability of treatment effects.
Busse JW, Guyatt GH.

Economic evaluation of the prophylaxis for thromboembolism in critical care trial (E-PROTECT): study protocol for a randomized controlled trial.

Evaluating the Individualized Treatment of Traditional Chinese Medicine: A Pilot Study of N-of-1 Trials.

Failure of anticoagulant thromboprophylaxis: risk factors in medical-surgical critically ill patients*.

A practical approach to evidence-based dentistry: How to search for evidence to inform clinical decisions.

Impact of missing participant data for dichotomous outcomes on pooled effect estimates in systematic reviews: a protocol for a methodological study.

**Generating health technology assessment evidence for rare diseases.**
Epub 2014 Nov 19.

**A systematic review of contemporary trials of anticoagulants in orthopaedic thromboprophylaxis: suggestions for a radical reappraisal.**
Chan NC, Siegal D, Lauw MN, Ginsberg JS, Eikelboom JW, Guyatt GH, Hirsh J.

**Cost-effectiveness of dalteparin vs unfractionated heparin for the prevention of venous thromboembolism in critically ill patients.**

**A practical approach to evidence-based dentistry: understanding and applying the principles of EBD.**
Brignardello-Petersen R, Carrasco-Labra A, Glick M, Guyatt GH, Azarpazhooh A.

**Patients' values and preferences of the expected efficacy of hip arthroscopy for osteoarthritis: a protocol for a multinational structured interview-based study combined with a randomised survey on the optimal amount of information to elicit preferences.**

**Development of a novel, multilayered presentation format for clinical practice guidelines.**

**Evidence-based practice is not synonymous with delivery of uniform health care.**
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A GRADE Working Group approach for rating the quality of treatment effect estimates from network meta-analysis.
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Sanders DW, Bhandari M, Guyatt G, Heels-Ansdell D, Schemitsch EH, Swiontkowski M, Tornetta P 3rd, Walter S; SPRINT Investigators.

Review: In pulmonary embolism, thrombolytic therapy reduces all-cause mortality but increases major bleeding.
Akl EA, Guyatt GH.

In intermediate-risk acute PE, tenecteplase plus heparin reduced hemodynamic decompensation but increased stroke.
Akl EA, Guyatt GH.

Comparison of weight loss among named diet programs in overweight and obese adults: a meta-analysis.

Adaptation of trustworthy guidelines developed using the GRADE methodology: a novel five-step process. 

Midodrine for orthostatic hypotension and recurrent reflex syncope: A systematic review. 

Nifedipine versus Terbutaline, Tocolytic Effectiveness and Maternal and Neonatal Adverse Effects: A Randomized, Controlled Pilot Trial. 

Patient reports of the frequency and severity of adverse reactions associated with biological agents prescribed for psoriasis in Brazil. 

Fluid resuscitation in sepsis: a systematic review and network meta-analysis. 

Management of Bell palsy: clinical practice guideline. 

Functional outcome after successful internal fixation versus salvage arthroplasty of patients with a femoral neck fracture. 
Technology-mediated interventions for enhancing medication adherence.

Interventions for enhancing medication adherence.

Gaps in Medical and Device Therapy for Patients with Left Ventricular Systolic Dysfunction: The EchoGap Study.

Evidence summaries (decision boxes) to prepare clinicians for shared decision-making with patients: a mixed methods implementation study.

Increasing the quantity and quality of searching for current best evidence to answer clinical questions: protocol and intervention design of the MacPLUS FS Factorial Randomized Controlled Trials.

The validity of recommendations from clinical guidelines: a survival analysis.

Adherence measurement and patient recruitment methods are poor in intervention trials to improve patient adherence.
High-performance information search filters for CKD content in PubMed, Ovid MEDLINE, and EMBASE.
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Management of Pancreatic Cysts in an Evidence-Based World.
Moayyedi P, Weinberg DS, Schünemann H, Chak A.


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Reviews: Rapid! Rapid! Rapid! ... and systematic.
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The role of Cochrane reviews in informing international guidelines: a case study of using the Grading of Recommendations, Assessment, Development and Evaluation system to develop World Health Organization guidelines for the psychosocially assisted pharmacological treatment of opioid dependence.

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[GRADE guidelines: 14. Going from evidence to recommendations: the significance and presentation of recommendations],

Anticoagulation for people with cancer and central venous catheters.
Akl EA, Ramly EP, Kahale LA, Yosuico VE, Barba M, Sperati F, Cook D, Schünemann H.

Assessment of faculty productivity in academic departments of medicine in the United States: a national survey.
Kairouz VF, Raad D, Fudyma J, Curtis AB, Schünemann HJ, Akl EA.

Nonsurgical management of urinary incontinence in women: a clinical practice guideline from the American College of Physicians.
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A summary to communicate evidence from systematic reviews to the public improved understanding and accessibility of information: a randomized controlled trial.

Considering intellectual, in addition to financial, conflicts of interest proved important in a clinical practice guideline: a descriptive study.
Akl EA, El-Hachem P, Abou-Haidar H, Neumann I, Schünemann HJ, Guyatt GH.

Economic evaluation of dialysis therapies.
Klarenbach SW, Tonelli M, Chui B, Manns BJ.