



Quote of the Month

"Plans are only good intentions unless they immediately degenerate into hard work."

Peter Drucker

(i.e. if you never actually GO to the medical records department and work on your charts, the fact that you said you would do so doesn't really help much!)

Trivia Question

What are the RIFLE criteria?

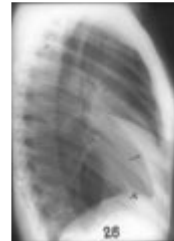
Medical History Quote

"In later antiquity Artemidorus of Daldis [second century Greek physician] was regarded as the greatest authority on dream-interpretation ..."

Sigmund Freud, *The Interpretation of Dreams*

CASE OF THE MONTH

A seventy year old male with a persistent cough and low-grade fever. He denies increased sputum production, hemoptysis, or weight loss. He stopped smoking 15 years ago, has never had pulmonary function studies. On physical exam he appears well-nourished, has mild kyphosis and an increased AP chest diameter. Breath sounds are heard throughout with prolonged expiratory phase but no wheezing or crackles. His PA and lateral chest x-rays are seen here. What is your radiologic diagnosis? What are some possible clinical etiologies?



ONE HOUR ADMISSION ORDER – CAN YOU DO IT?

At both Good Samaritan and Miami Valley Hospitals, we are striving to reduce patient time in the emergency department. This will improve patient satisfaction, reduce the need for re-routing ambulances to other hospitals, and hopefully improve the quality of patient care for all. One way our teams can help is by giving the order to “find a bed” as soon as possible. Our target elapsed time from first notification about the patient to the “get a bed” order is one hour. Recent sample data from MVH shows we typically exceed this target, but we’re doing better than many expected! We will now be receiving monthly reports on all team admissions at MVH. Let’s do our best to reduce the wait time for our patients. Here are some suggestions:

1. Senior residents - go ASAP to at least briefly see each patient referred for potential admission.
2. If it is apparent from a “quick check” that the patient requires admission AND it is clear to which unit they should go, give a written order to find a bed immediately. Then go back (or have the RI and/or student see the patient) to get more data and write a more complete set of orders for treatment, additional diagnostics, etc.
3. When the need for admission is in doubt or the patient’s condition is changing (for better or worse) and that might affect selection of treatment area, take as much time as needed to do what’s right for the patient.
4. If you are extremely busy or get several patients referred for admission at the same time, bring in the second call back-up resident for assistance.

NO “SWING SENIOR” TRIAL

Some of you may have heard about a proposed two week experiment using a different schedule for resident staff team coverage, with a “swing senior” and no night float. It was discussed extensively among chief residents and core faculty, and although many thought it might improve continuity of care and eliminate the stress of night float, there were concerns about resuming overnight calls. In the final analysis, there was not enough enthusiasm from residents to go forward with a trial of the new schedule. We’ll continue with the current float schedule at all sites for the foreseeable future! Thanks to Charlotte Shealy and others for their creative thinking and willingness to try something new for improved patient and resident well-being!

PUBLICATION

Congratulations to Allison Buel (R1) for her publication Getting to the Heart of the Matter Jack M. Bernstein, MD; William Leasure, MD; Allison Buel, MD SKINmed: Dermatology for the Clinician. 6:6:290-292 (November/December 2007)

DID YOU KNOW?

Sixty-seven percent of respondents to an internet survey several years ago made three or more New Year’s resolutions! For 7 percent, reducing the use of tobacco, alcohol, caffeine, or other drugs was one of the resolutions. The most common (37 percent) was the intent to exercise more often.

**Answer to Trivia
Question:**

“RIFLE” is an acronym for assessment of acute renal failure in critically ill hospitalized patients. The criteria include Risk of renal dysfunction, Injury to the kidney, Failure of kidney function, Loss of kidney function, and End-stage kidney disease. Studies to determine validity of these criteria in various patient populations are currently being reported.

THANK YOU AND GREAT JOB!



Don Martin (R2) was praised by his colleagues for pitching in with extra help at Wright-Patterson Medical Center during some busy days in November. Thanks for the great teamwork!

From Sherri Robinson, the nurse manager on 3 South at VAMC to Drs. Bashir and Challa:

I just wanted to take the time and compliment EVERY team this month of November. The senior residents on each team were very effective in facilitating care, and they were all very efficient and knowledgeable. Please give them all a very big KUDOS from 3S. This has been the most wonderful month of the year!!!!!! Great job to EVERYONE. (Team members were R3s Naveen Thota, Sean Wang, Sara Elrefai, R2 Erica Taylor, and R1s Muddassir Mehmood, Mannan Mohammed, Angela Floyd, and Jody Meredith. **Terrific job!**)

CALLING ALL COOKS AND TALENT – FEBRUARY 9TH

Mark your calendars for Saturday, February 9th for the WSUIM Nearly Annual Dinner and Talent Show! Plan to attend with your family, bringing a favorite homemade (or “store-bought”) dish from your favorite cuisine. We’ll be looking for singers, dancers, musicians, jugglers, mimes ...you get the idea... of any quality to provide entertainment. Details to follow!

TWO LOCAL CME PROGRAMS FEBRUARY 20TH

Residents are encouraged to take advantage of one of these local CME programs IF on an elective or ambulatory rotation AND okay with your supervising attending or preceptor. (Sorry Wednesday clinic residents, continuity clinics cannot be cancelled or rescheduled to allow attendance).

Future Health: Is Preventive Care the Future of Health Care?

David H. Ponitz Sinclair Center

8:00 a.m. Registration/Continental Breakfast

8:30 a.m. Program begins, speakers until 1:00 p.m. (lunch 12:00 to 1:00); breakout sessions and reports 1:00 to 3:45 p.m.

Speakers include those from Wright State Univ. Boonshoft School of Medicine, United HealthCare, Mercy Health Partners, Ohio Dept. of Health

Topics include economics of prevention, measuring outcomes, health behaviors, public health

Registration fee \$10. for WSU residents and students – deadline 2/5/08

Contact pam.mondini@wright.edu or 937-258-5555

Kettering Cardiology Colloquium

David H. Ponitz Sinclair Center

11:00 a.m. Lunch and registration

12:00 Program begins; concludes at 5:00 p.m.

Speakers include those from Kettering Medical Center, Vanderbilt University, Baylor College of Medicine, Ottawa Heart Institute, Univ. of Southern California

Topics include pharmacogenomics, emerging therapies for CHF, myocardial imaging PET/CT

Free to all, REGISTER: <http://www.kcvi.org/cardio2008> or call Lee Jean Heller 937-395-8359


ANSWER TO CASE

Right middle lobe atelectasis. Possible endobronchial lesion (carcinoma, foreign body, mucus plug) or “middle lobe syndrome” from recurrent infections and/or inflammation.

ERRORS IN THE MKSAP AUDIO COMPANION SEQUENCE

If you’re listening to the nephrology section of the MKSAP Audio Companion (available for free checkout from the residency office), you might notice some of the tracks are out of sequence. The “key points” don’t always follow the section just discussed and on one of the CDs some key points are on track 5. Don’t miss the rest of that CD by thinking you are at the end of the session! It’s all good information, just a little mixed up!

JANUARY BIRTHDAYS

	Charlie Abraham	R1	1/02
	Omar Ahmad	R2	1/04
	Thomas Grana	R2	1/13
	Rubina Hasan	R2	1/12
	Paige Hixson	R1	1/02
	Andrew Humpert	R2	1/05
	Bilal Quraishi	R2	1/01
	Kanan Sharma	R3	1/15

