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## **Internal Medicine Residency Newsletter, April 2023**

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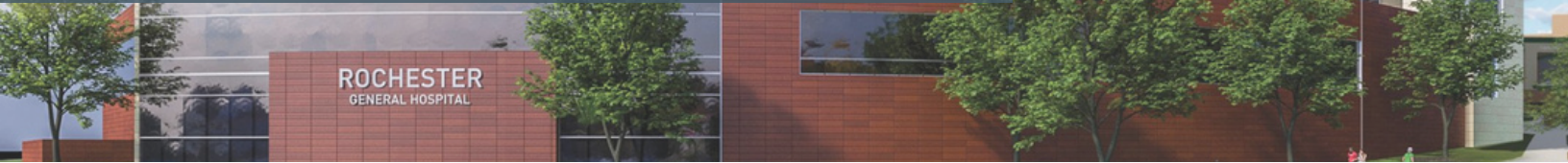
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# INTERNAL MEDICINE RESIDENCY NEWSLETTER



## A WORD FROM THE PROGRAM DIRECTOR



Dear residents,

I want to begin by extending my heartfelt thanks to the residents and program staff who have taken the initiative to remodel our newsletter. Your creativity and dedication have given our publication a fresh and engaging look, and I truly appreciate your efforts.

I am delighted to share some exciting updates from our program. First and foremost, we had a highly successful match this year.

I want to express my gratitude to everyone involved in the recruitment process. Another exciting development is incorporating lifestyle medicine into our internal medicine training. The curriculum will be available to all residents, allowing them to become board eligible at the end of their residency.

I want to thank our Chief Residents, Dr. Oh, Dr. Firoze, and the program staff for their diligent work in making this happen. More information on this new initiative will be shared soon.

On a lighter note, I managed to take two quick overseas trips and even learned to ski this winter. Trust me; it was all downhill from there! I am eagerly looking forward to spring and the beginning of a new academic year.

In closing, thank you for being the driving force behind our program's success.

Best,  
Nagesh

## This issue:

1. A word from the PD
2. News & announcements
3. Resident Corner
4. Awards and scholarship
5. Conferences and deadlines
6. Introducing IMRC
7. Article of the month
8. Community outreach activities
9. Happy Birthday!
10. Crossword Puzzle



## News & Announcements (Program Office & Chiefs)

- R2's if you plan on applying for Fellowship this season, please email Monica or Michelle with the subspecialty you are applying to and the names of your letter writers.
- It is recommended that you have your personal statement reviewed by Dr. Jadhav or an APD. Please leave yourself enough time for review and any potential revision.
- **Fellowship 2024 Application Timeline:**
  - **June 8, 2023:** EFDO (ERAS Fellowship Documents Office) will release Tokens to fellowship applicants.
  - **July 5, 2023:** July cycle fellowship applicants may begin submitting applications to programs at 9 a.m. ET.
  - **July 19, 2023:** July cycle fellowship programs may begin reviewing applications at 9 a.m. ET.
- For cardiac and thoracic issues at RGH in the evenings and overnights, please reach out to **PAs at 585-922-3327 (CTICU main line)**. PAs can offer their expertise for inpatient issues (handling chest tubes and minor procedures) and they can inform attendings surgeons if and when needed.
- For residents presenting at Grand Rounds: Please reach out to Lisa Phillippsen and inform her about your topic and name of attending you are working with at least 6 weeks in advance. Please ensure that your attendings are available to present on your date.
- R2s: Please check AMION and reach out to respective chiefs for your senior talk at least 4 weeks prior to your presentation.
- R2s: Fill out survey if you are applying for fellowship to help us plan for next academic year's schedule.
- R1: Fill out survey indicating majors clinic that you would like to do.
- Please complete vacation requests by 4/9!
- **Important dates:**
  - **Curriculum Nights:**
    - R1 meeting is scheduled for 4/13/23 at 6:00 pm at the Irondequoit Public Library (Room 115).
    - R2 meeting is scheduled for 4/20/23 at 6:00 pm at the Irondequoit Public Library (Room 114)
  - **Rising R3 Outdoor activity:** May 1, 2023
  - **Poster Day:** May 18
  - **White Coat Photo Day:** June 6, 2023
  - **Graduation:** June 8
  - **R2 Teaching Day:** June 12, 2023
  - **R2 Outdoor Activity:** June 13, 2023
  - **New Interns arrive:** June 15

"Whenever the art of medicine is loved, there is also a love of humanity"

HIPPOCRATES



Did you know?

- Intravenous magnesium can be effective in acute COPD exacerbation patients who experience limited benefit from short-acting inhaled bronchodilators. ([10.1002/14651858.CD013506.pub2](#))
- TTE and/or TEE are indicated for bacteremia with staphylococcus aureus, viridians streptococci, streptococcus gallolyticus, enterococci, and persistently positive blood cultures and fever with atypical IE-causing organisms. (Modified Duke's criteria).



## Resident Corner



### Awards and Scholarship:



- **Congratulations!** to our rising cardiologist **Salman Zahid** on his election as a review editor on the Editorial Board of Heart Valve Disease section of Frontiers in Cardiovascular Medicine Journal.
- **Congratulations!** to all our Cardiology enthusiasts for having > 30 abstracts accepted in ACC 2023, representing RGH. next are some photos from their ACC experience!
- **Congratulations!** to **Ido Goldenberg** for winning the 1st place in the UofR research/QI Week.
- Below are the full manuscript publications for our RGH residents for the year 2023. **Great Work!**
  - Zahid S, Khalouf A, Hashem A, et al. Safety and Feasibility of Staged Versus Concomitant Transcatheter Edge-to-Edge Mitral Valve Repair After Transcatheter Aortic Valve Implantation. The American Journal of Cardiology. 2023/04/01/ 2023;192:109-115. doi:<https://doi.org/10.1016/j.amjcard.2023.01.037>
  - Mohamed MS, Ali OA, Hashem A, et al. Trends and Outcomes of Transcatheter Tricuspid Valve Repair and Surgical Tricuspid Valve Repair in Patients with Tricuspid Valve Regurgitation; A Population Based Study. Current Problems in Cardiology. 2023/03/24/ 2023;101714. doi:<https://doi.org/10.1016/j.cpcardiol.2023.101714>
  - Hashem A, Mohamed MS, Alabdullah K, et al. Predictors of Mortality in Patients With Refractory Cardiac Arrest Supported With VA-ECMO: A Systematic Review and a Meta-Analysis. Current Problems in Cardiology. 2023/06/01/ 2023;48(6):101658. doi:<https://doi.org/10.1016/j.cpcardiol.2023.101658>
  - Zahid S, Hashem A, Rai D, et al. Same-Day Discharge after Percutaneous Left Atrial Appendage Closure: Insights from the Nationwide Readmission Database 2015-2019. Current Problems in Cardiology. 2023/05/01/ 2023;48(5):101588. doi:<https://doi.org/10.1016/j.cpcardiol.2023.101588>.
  - Abdelhay, A., Mahmoud, A. A., Mostafa, M., Al Ali, O., Gill, S., & Jamshed, S. (2023). Acute venous thromboembolic events in patients with monoclonal gammopathy of undetermined significance: An analysis of the national inpatient sample. Thrombosis Research, 225, 28-32. <https://doi.org/10.1016/j.thromres.2023.02.014>

*if you have any award, recognition, conference presentation or publication that you would like to be included in the next newsletter issue, please email: [amani.khalouf@rochesterregional.org](mailto:amani.khalouf@rochesterregional.org). your participation is essential to keep this initiative going!*



Research/QI, 1st Place: Ido Goldenberg, MD





## Conferences and Deadlines, 2023:

### **Cardiology:**

1. *AHA Hypertension Scientific Sessions 2023:*

<https://professional.heart.org/en/meetings/hypertension>

Date: September 7–10, 2023

Deadline Submission: Abstract submission closes May 25

Venue: Sheraton Boston Hotel | Boston, Massachusetts

2. *American Association of Cardiovascular and Pulmonary Rehabilitation*

*(The 38th AACVPR Annual Meeting):* <https://www.aacvpr.org/Learn/38th-AACVPR-Annual-Meeting>

Date: September 13-15, 2023

Deadline: April 26, 2023

Venue: Milwaukee, Wisconsin

3. *AHA scientific sessions, 2023:*

<https://professional.heart.org/en/meetings/scientific-sessions>

Date: November 11–13, 2023

Deadline: April 12 – June 8, 2023 at 6:00 p.m. CT

Venue: Pennsylvania Convention Center | Philadelphia, Pennsylvania

4. *HFSA Annual Scientific Meeting 2023:* <https://hfsa.org/hfsa-annual-scientific-meeting-2023>

Date: October 6-9, 2023

Deadline: April 4, 2023

Venue: Huntington Convention Center Of Cleveland

5. *Transcatheter Cardiovascular Therapeutics (TCT 2023):*

<https://tct2023.crfconnect.com/topics-categories-guidelines>

Date: October 23–26, 2023

Deadline: Tuesday, July 11, 2023, 2:00 PM EDT (UTC –4)

Venue: Moscone Center, San Francisco, CA

### **Nephrology:**

1. *ASN Kidney Week, 2023:* <https://www.asn-online.org/education/kidneyweek/archives/future.aspx>

Date: November 1 - 5, 2023

Deadline: May 24, 2023

Venue: Pennsylvania Convention Center, Philadelphia.

### **Gastroenterology:**

1. *American Association for the Study of Liver Diseases:*

<https://www.aasld.org/the-liver-meeting/aasld-abstract-submission-process>

Date: November 10-14, 2023

Deadline: May 24, 2023

Venue: Boston, Massachusetts.

2. *American College of Gastroenterology (ACG) Annual Scientific Meeting and Postgraduate Course, 2023:*

[https://www.abstractscorecard.com/cfp/submit/login.asp?](https://www.abstractscorecard.com/cfp/submit/login.asp?EventKey=KFDXPQFU)

[EventKey=KFDXPQFU](https://www.abstractscorecard.com/cfp/submit/login.asp?EventKey=KFDXPQFU)

Date: October 20-25, 2023

Deadline: June 5, 2023, at 11:59pm (ET).

Venue: Vancouver, Canada

### **ID:**

1. *Infectious Diseases in Adults 2023: Live streaming:*

<https://lid.hmscme.com/>

Date: May 1-5, 2023

2. *American Society for Microbiology (ASM) Microbe:*

<https://asm.org/Events/ASM-Microbe/Home>

Date: April 20, 2023

Deadline: June 15-19, 2023

Venue: Houston, Texas

3. *ID week 2023:* <https://idweek.org/>

Date: Oct. 11-15, 2023

Deadline: May 3 at 11:59 p.m. ET

Venue: Boston, Massachusetts

### **Hem/Onc:**

1. *The 65th American Society of Hematology (ASH) Annual Meeting and Exposition, 2023:* <https://www.hematology.org/meetings/annual-meeting>

Date: December 9-12, 2023

Deadline: August 1, 2023

Venue: San Diego, California



## Resident Education:

### INTERNAL MEDICINE RESIDENT COLLABORATION (IMRC):

Dear residents,

We are excited to introduce to you, the Internal Medicine Resident council (IMRC), a newly formed committee aimed at enhancing the education and training of our residents. The IMRC is resident-run committee, dedicated to providing a robust educational opportunity that meets the needs of all our residents.

The primary goal of the IMRC is to identify relevant teaching topics that are integral to our day-to-day practice, and that are often not addressed in the more expert-focused lectures. We aim to foster an academic experience where volunteer residents would undertake the task of thoroughly learning and teaching a certain topic to a group of fellow residents. We believe that these sessions provide a unique opportunity for residents to share their knowledge, skills, and experiences with one another, and to learn from each other in a collaborative and supportive environment.

Our resident-led teaching sessions will cover a variety of topics, ranging from clinical skills to research methods and professional development. These sessions will be interactive and engaging, designed to encourage participation and discussion. This will help build residents' leadership skills through recognizable impact during their residency training.

We invite all residents to get involved in this passionate project and help shape the future of medical education at our beloved RGH. There are tremendous new opportunities that could be built with your contribution including', but not limited to, subspecialty focus, public health, research, and journal clubs. More information to come in the near future!

If you have any ideas or suggestions, please do not hesitate to reach out to the program office.

Sincerely,

IMRC team



### CLINICAL PEARLS

Intravenous iron supplementation should be considered in symptomatic patients with HFrEF (LVEF <45%) and iron deficiency, defined as serum ferritin <100 ng/mL or serum ferritin 100-299 ng/mL with TSAT <20%, to alleviate HF symptoms, improve exercise capacity and QOL. (ESC HF guidelines 2021)

#### Drug Highlights:

- In addition to acute variceal hemorrhage, other indications for the somatostatin analog Octreotide include: hepatorenal syndrome, carcinoid syndrome, acromegaly, sulfonylurea-induced hypoglycemia, high output fistulas, and malignant bowel obstruction.
- The platelet IIb/IIIa receptor blocker Abciximab is a Fab antibody fragment of a chimeric human-murine monoclonal antibody. Patients can develop “anti-mouse antibodies” when exposed to Abciximab, leading to more profound thrombocytopenia on re-administration.



## Article of the month (Adopted from NEJM Journal Watch):

### Lower Mortality in Patients Treated with Hydrocortisone for Severe Community-Acquired Pneumonia:

NEJM, 21 March 2023

Are corticosteroids beneficial for patients with community-acquired pneumonia (CAP)? Earlier this year, a randomized, controlled trial of patients with severe CAP showed no benefit for steroids (Intensive Care Med 2022; 48:1009. opens in new tab). Just last month, a meta-analysis of 16 randomized trials also showed no effect on mortality (NEJM JW Gen Med Apr 15 2023 and Chest 2023; 163:484). Interestingly though, the meta-analysis showed that patients treated with corticosteroids were less likely to need intubation.

French investigators randomized 800 patients who were admitted to the intensive care unit with severe CAP to receive hydrocortisone (intravenous 200 mg daily) or placebo. Patients began treatment within 24 hours of developing severe CAP and were treated for 4 days and then tapered over 4 or 10 days depending on clinical improvement. About one quarter of patients were intubated at enrollment, and 40% were receiving high-flow nasal cannula oxygen. No standardized microbiologic investigation was done.

This trial began prior to the pandemic, and enrollment was halted in March 2020. Mortality at 28 days was significantly lower with hydrocortisone than with placebo (6% vs. 12%); this benefit persisted at 90 days. The hydrocortisone group was also less likely to require mechanical ventilation and less likely to develop shock. Hyperglycemia was more common in patients treated with hydrocortisone, but other adverse events were similar between groups.

#### Citation:

Dequin P-F et al. Hydrocortisone in severe community-acquired pneumonia. N Engl J Med 2023 Mar 21; [e-pub]. (<https://doi.org/10.1056/NEJMoa2215145>)

**Table 2. Primary and Secondary Outcomes.\***

Outcome	Hydrocortisone	Placebo	Treatment Effect (95% CI)	P Value
<b>Primary outcome</b>				
Death by day 28 — no./total no. (%)	25/400 (6.2)	47/395 (11.9)	Difference, -5.6	0.006
95% CI — percentage points	3.9 to 8.6	8.7 to 15.1	-9.6 to -1.7	
<b>Secondary outcomes†</b>				
Death by day 90 — no./total no.	36/388 (9.3)	57/389 (14.7)	Difference, -5.4	
95% CI — percentage points	6.4 to 12.2	11.1 to 18.2	-9.9 to -0.8	
Patients not receiving any mechanical ventilation at baseline — no./total no. (%)				
Cumulative incidence of endotracheal intubation by day 28	40/222 (18.0)	65/220 (29.5)	HR, 0.59 (0.40 to 0.86)	
Cumulative incidence of noninvasive ventilation by day 28	15/222 (6.8)	24/220 (10.9)	HR, 0.60 (0.32 to 1.15)	
Cumulative incidence of endotracheal intubation by day 28 in patients not receiving endotracheal intubation at baseline — no./total no. (%)	60/308 (19.5)	86/310 (27.7)	HR, 0.69 (0.50 to 0.94)	
Cumulative incidence of initiation of vasopressors by day 28 in patients not receiving vasopressor at baseline — no./total no. (%)	55/359 (15.3)	86/344 (25.0)	HR, 0.59 (0.43 to 0.82)	
<b>Safety outcomes‡</b>				
Cumulative incidence of hospital-acquired infection by day 28 — no./total no. (%)§	39/400 (9.8)	44/395 (11.1)	HR, 0.87 (0.57 to 1.34)	0.54
Ventilator-associated pneumonia	32/152 (21.0)	38/171 (22.2)		
Bloodstream infection	5/400 (1.2)	9/395 (2.3)		
Cumulative incidence of gastrointestinal bleeding by day 28	9/400 (2.2)	13/395 (3.3)	HR, 0.68 (0.29 to 1.59)	0.38
Median daily dose of insulin by day 7 in patients receiving insulin therapy (IQR) — IU/day¶	35.5 (15.0 to 57.5)	20.5 (9.4 to 48.5)	Median difference, 8.7 (4.0 to 13.8)	>0.001
Median weight change from baseline to day 7 (IQR) — kg	2.0 (-0.5 to 5.0)	1.0 (-3.0 to 6.0)	Median difference, 1.0 (0 to 2.0)	0.18

\* HR denotes hazard ratio.

† For secondary outcomes, the widths of the confidence intervals have not been adjusted for multiplicity and may not be used in place of hypothesis testing. Other secondary outcomes are reported in Table S5.

‡ Safety outcomes are detailed in Table S6.

§ Some patients had both ventilator-associated pneumonia and bloodstream infection. Other infections were not detailed if they involved fewer than 5 patients.

¶ Insulin was administered to 231 patients in the hydrocortisone group and to 177 patients in the placebo group.

|| Data on weight change were available for 168 patients in the hydrocortisone group and 193 patients in the placebo group.



## CLINICAL PEARLS

Vaccine-induced thrombocytopenia (VIIT) should be suspected when thrombocytopenia and thrombosis occur 5 to 30 days after administration of adenoviral-vectored COVID vaccines (Astra Zeneca or J&J). Low fibrinogen, high D-Dimer, and positive PF4 antibodies are supportive laboratory findings. ([10.1111/jth.15341](https://doi.org/10.1111/jth.15341))



## Wellness and Lifestyle:

### Upcoming Social Events:

- 4/5: Open Skate at the Gene Polisseni Center – (200 Lomb Memorial Dr, Rochester, NY).
- 4/14: Red Hot Chili Peppers Concert – (Jma Wireless Dome, Syracuse, NY).
- 4/15: Galactic Getdown: Yuri’s Night – (RMSC, 657 East Avenue, Rochester, NY).
- 4/22: Rochester Knighthawks vs Georgia Swarm – (Blue Cross Arena, Rochester, NY).
- 4/25: Brit Floyd Concert – (Rochester Auditorium Theatre, Rochester, NY).



### Restaurant Highlights:

#### THE OWL HOUSE

Focusing on flavor and culinary imagination, the Owl House specializes in fresh, made-from-scratch new American food and inventive cocktails, The Owl House menu features nightly specials and inventive entrees, soups, salads, sandwiches and small plates with ingredients sourced from local providers whenever possible.



### Hobbies in Residency:

Our very talented Chief Krupa! has been creating pet portraits and was generous to share the following pieces of her work with us. if you are interested, reach out to Krupa for further details on design and purchase!



*if you have any photos from social gatherings or resident outings, hobbies (such as writing, painting, poetry, or any others), that you would like to be included in the next newsletter issue, please email: [amani.khalouf@rochesterregional.org](mailto:amani.khalouf@rochesterregional.org). your participation is essential to keep this initiative going!*





## Volunteering opportunities:

### COVID and Flu vaccination clinic:

- It is a collaboration between RRH and IBERO (a non-profit organization targeting the Latin X underserved population).
- This is available on a monthly basis. dates and times are yet to be decided. kindly reach out to Fola ahead of time, if interested in participation.

HAPPY  
Birthday



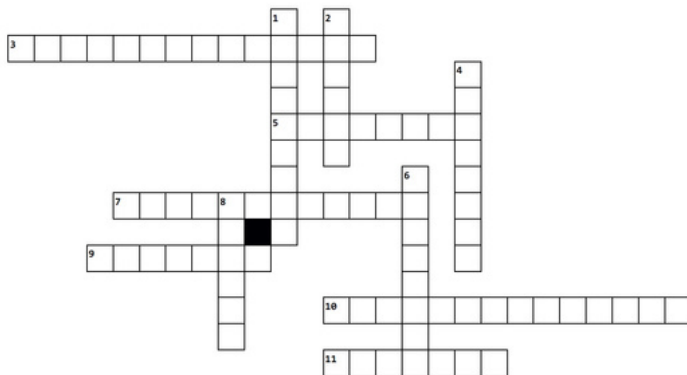
To All April Celebrants

Resident's Name	Date of Birth
Niraj Neupane	4/1
Zachary Teibel	4/4
Omar Al Ali	4/11
Andrew Takla	4/12
Nauman Naeem	4/13
Umer Farooq	4/20
Ali Mohamed	4/22
Hassan Saeed	4/23
Chenyu Jia	4/24
Saarwaani Vallabhajosyula	4/25
Varun Bhalla	4/29
Nada Hafez	4/30



## Crossword Puzzle (Answers in next issue):

Crossword puzzle of the month



#### Across

- origin of arrhythmogenic activity in a fib
- ECG finding in severe hyperkalemia
- treatment for PDA
- marker of hypoperfusion
- most common cause of viral cardiomyopathy
- an inotropic medication

#### Down

- aortic regurgitation + head bobbing
- typical cardiac chest pain
- weakened area of an artery
- GDMT medication
- most common affected valve in RHD

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