

East Valley Internal Medicine Residency Program Newsletter

April 30, 2022

The true student defies definition, but there are three unmistakable signs by which you can recognize the genuine article- an absorbing desire to know the truth, an unswerving steadfastness in its pursuit, and an open, honest heart, free from suspicion, guilt and jealousy.

- **Sir William Osler** The Student Life in
A Way of Life

Dignity Health East Valley Internal Medicine Program Receives its ACGME Accreditation

On April 12, 2022 we were notified that DHEV Internal Medicine Residency program received its initial accreditation. This is usually a two year accreditation that will be followed by a full site visit to determine if we are meeting all the elements of a residency training program to receive a full 10 year accreditation.

“We are thankful to all the faculty, staff, and administration on supporting us for this successful accreditation” said Dr. Allan Markus, Internal Medicine Residency Program Director. “Now comes the fun part of interviewing and selecting our first group of residents and then implementing the vision for creating a great learning environment for our residents to succeed.”

Valerie Hill, the IM Residency Program Coordinator has been contacting faculty to get information for our soon to be released website. Since most interviews are now virtual and

likely to stay that way going forward, we have to tell our story on our website about the great faculty, staff, facilities, and learning environment we have here in the East Valley. We will need to make sure we have information about our faculty and why they are excited about the program, who they are as people, our values of humankindness for colleagues and patients, and the opportunities to learn and be innovative in our approaches to learning.

It is also important that we ensure that we do our best to interview and select the residents who have compassion, resiliency and emotional intelligence. We will be working with Heather Rabin PhD and our colleagues (Dr. Jaya Raj, Audrey Foster) at the Creighton Alliance Internal Medicine Residency programs at St. Joseph’s Hospital and Medical Center/Valleywise Health to ensure our processes decrease potential biases and promote diversity and inclusion. In order to do this there will be training at our faculty retreat in the late summer early fall prior to interview season. Keep an eye out for announcements. If you specifically want to be involved in the selection of our residents, please reach out to Valerie Hill at Valerie.Hill900@commonspirit.org

DHMG-Internal Medicine Chandler Residency Clinic Construction Process Moves Forward

The DHMG-Internal Medicine Chandler construction process at the Presidio is moving forward. We are working with Orcutt-Winslow to finish the construction designs and plans for our new Internal Medicine residency clinic. When completed it will have 17 exam rooms, a resident huddle room with space for 8 residents, a mother’s room/zen den, space for four Internal Medicine faculty offices and an Associate PD office.

Associate Program Director Dr. Chaliki will be starting one of the few outpatient palliative care practices in the East Valley while also working in the hospital providing inpatient palliative care consults. Dr. Markus will be a primary care provider and preoperative evaluations along with being a “firm” director. Dr. Murari will be a primary care provider in the clinic focusing on lifestyle interventions to help prevent and treat diabetes and hypertension.

ACP National Meeting Key Takeaways

Allan L Markus MD MS MBA FACP

I recently attended the national ACP meeting in Chicago, IL. Along with attending the scientific sessions I was able to attend the ACP Convocation Ceremony where a number of our membership received their fellowship titles and received recognition for their awards. I would love to see some of our faculty and staff being recognized for their work in future meetings. Please contact me as the new ACP-AZ Governor Elect on how you can get involved and potentially be recognized by the largest internist organization in the world.

The scientific sessions were very informative and even for a person like myself who prides myself on life-long learning and keeping up with the literature it was a humbling experience. These were just a few of my takeaways from this year's scientific sessions:

Lipids-

1. Along with using the ASCVD 10 year risk calculator one must also include Risk Enhancers for those who are borderline 5-7.5% or intermediate risk 7.5%-20% risk. These include those risks discussed by Dr. Rachel Bond at our Grand Rounds. These include family hx of premature ASCVD, persistent elevation of LDL >160, CKD, Metabolic syndrome, pre-eclampsia, premature menopause, chronic inflammatory disorders like RA, psoriasis, and HIV, South Asian descent. Discussion should be to treat with moderate intensity statin.
2. A Meta-analysis recently showed that the lower you go the lower the Major coronary event rates without a j-shaped curve.
3. Despite their costs, the PCSK9 Inhibitors do have clinical outcomes data that show an absolute risk reduction in CV events by 2% or NNTT of 1 in 50.
4. In those WITHOUT an allergy to fish and high triglycerides when Icosapent ethyl was added to a statin it provided a 5% absolute risk reduction compared to statins alone.

Update in Ambulatory Care

1. Empagliflozin reduced heart failure and CV death in patients with preserved EF, improved

quality of life and reduced all-cause mortality.

This was likely a class effect but did not find this for Ertugliflozin.

2. Do not stop statins because patients turn 75 year old as it increases their risk of MI, stroke, TIA, revascularization, or death.
3. For patients with symptomatic Paroxysmal Afib ablation was more effective at controlling symptoms and healthcare utilization and those with Afib and CHF ablation with pacing had a mortality benefit with a NNTT of 5 patients at 4 years.
4. DO NOT taper opiates faster than 10% per month as it has been show to increase risk of depression, anxiety and suicide attempts.
5. Check out the new ACP guidelines on Diverticulitis diagnosis and management including treating uncomplicated/immunocompetent patients without antibiotics.

Clinical Pearls for Periop Medicine & Rheum

1. Sodium zirconium cyclosilicate is an effective treatment for preoperative hyperkalemia. It works within 4 hours.

2. [SPAQI](#) offers evidenced-based guidance on preoperative medications. SGLT-2 inhibitors should be held three days prior to surgery.
 3. Myocardial Injury after non-cardiac surgery is common 17.9% and is a marker of high risk for future cardiac events. Those pts should receive cardiac prevention measures including statins. Consider NT-proBNP preop testing for higher risk individuals for post op monitoring.
 4. FRAILITY is a very strong predictor of perioperative risk and should be screened for and accounted for in the preoperative assessment along with NSQIP and RCRI risk calculators.
 5. Topical NSAID's should be the first choice for those with osteoarthritis pain of the hands.
 6. Urate lowering therapy should be recommended ONLY to patients with first gout flare and serum urate greater than 9, CKD Stage 3 or those with urolithiasis.
- ### New Drugs for Primary Care
1. Nirmatrelvir boosted by Ritonavir (Paxlovid) is now the first line treatment of choice, reduces the risk of hospitalization by 89%, BUT you have to screen and adjust for frequent drug interactions. It is now more available by looking at [this website tool](#) which also shows availability of monoclonal Ab treatment as well.
 2. CGRP antagonists Ubrogapant and Rimegepant do improve freedom from headache at two hours probably less effective than triptans (but no head to head trials) Lasmiditan effective but high risk of sedation and thus should be 3rd line agent.
 3. Lefamulin is a novel, very expensive antibiotic with side effects of diarrhea, nausea and potential QT prolongation but may be an alternative to those who cannot tolerate quinolones.



Program Coordinator's Corner

Valerie Hill- DHEV IM Program Coordinator

COMING ATTRACTIONS AND INTERVIEWING!!

Greetings Everyone!

Wow – it's hard to believe that I've been a part of the Internal Medicine Residency Program for almost four months now! The time has passed so quickly! It has been a challenging, yet exiting road, and the best is yet to come!

By now I'm sure you know that our residency program received its accreditation! On Tuesday, April 12 at 11:57 a.m., we received notification from ACGME. That, by far, was the most exciting day I have experienced since I've begun working with Internal Medicine! About ten minutes prior to receiving the news, I received my first call from a potential applicant inquiring about our program. The call caught me off guard at first, but then I knew that something important had just happened! From that day forward I have received a steady stream of emails from potential applicants, requesting information and/or wanting to apply to our program.

Dr. Markus and I have discussed applicant interviewing before, but now that we are accredited, we seriously need to get down to business. The time is almost upon us; soon we will begin the process of interviewing our first class of Internal Medicine residents! Our key action item need to be implemented soon and I will need all the faculty help:

- 1) To create an interview schedule, starting September 2022 through the end of January 2023, which will involve interviewing approximately 300 IM applicants to fill our 10 categorical and 3 preliminary residency spots!
- 2) Please watch your email; when the interview schedule is ready it will be made available to you. We will be asking all of our Core faculty and Subspecialty Directors to assist with the interview process by selecting days and times to interview. If other faculty want to be involved please let me know by email Valerie.Hill900@commonspirit.org
- 3) Just think, YOU are going to be part of the historical team who interviewed and selected the first Internal Medicine Residents for Dignity Health East Valley! Sounds exciting, doesn't it?
- 4) Training- Keep in mind that even before interviewing begins, training needs to happen so that we're all on the same page to choose the best

UPCOMING INTERNAL MEDICINE GRAND ROUNDS SCHEDULE

SAVE THE DATES First Tuesday of each month from 1-2 pm in the Morrison Auditorium and Via Zoom [Link through Zoom](#) Passcode 390203
CME and MOC Credit available for attendees

May 3, 2022- Higher Serum Creatinine the Better, Fact or Fiction- Clyde Mendonca MD

June 7, 2022- Coccidiomycosis- More than Just a Blood Test and Fluconazole- Michael Amoa-Asare MD

July 5, 2022- Avoiding Hospital Readmissions- A Comprehensive Approach- Amit Waghray MD

August 2, 2022- Talk Nerdy to Me: The Best Papers of 2021-22- Andi Wolff MD FACEP FAAEM

September 6, 2022- Covid-19 and Cancer Outcomes- Azam Farooqui MD

October 4, 2022- Bedside Manner: The Other Side of Medicine- Anthony Salibi DO

November 1, 2022- Neurology Updates- Jonathan Hodgson DO

December 6, 2022- High Yield Basics of Pain and Symptom Management in Palliative Care- Shalini Chaliki MD

residents. One of the first articles I wrote for our IM newsletter focused on bias; how unconscious bias affects our attitudes and beliefs, and that training is one of the best methods to mitigate bias.

A few weeks ago I sent out a survey link, asking your opinion on the day/time of day for our Fall Faculty Educational Retreat. The majority of you voted in favor of a weekday, dinnertime meeting.

We have scheduled this for THURSDAY AUGUST 25, 2022 from 6-8 pm. More info will be coming on location. PLEASE BLOCK YOUR CALENDARS!!

I will finally have the opportunity to meet all of you!!!

That's all for now! Remember to watch your emails for further information on our coming attractions: the Fall Educational Retreat and interview scheduling.

Until next time...

Valerie

Faculty Spotlight

Dr. F. Michael “Mike” Maguire



Dr. F. Michael “Mike” Maguire is a practicing critical care physician, board-certified in internal medicine, critical care medicine and neurocritical care. He serves as the Director of Critical Care Services at CRMC, and as the director of our newly established Extracorporeal Membrane Oxygenation (ECMO) program. A prior core faculty

member supporting the Syracuse Upstate New York Residency, he was awarded educator of the year at his institution for several years. He relocated to Arizona in 2018 and has been a pillar of our ICU growth since.

He belongs to the “Intensivists in practice” group under the Society of Critical Care Medicine (SCCM) having served as an abstract reviewer, presenter and moderator at several nation conferences. He prefers a team approach to multidisciplinary critical care, in a collegial, education-rich environment, fostering efficient and effective care while avoiding moral insult and all with the utmost respect for our profession.

Q: What are you most excited about with the new residency

A: Education and effective communication are at the heart of medicine and true to the Hippocratic Oath. As is often quoted, we stand on the shoulders of giants, and to be able to continue the fundamentals of knowledge sharing, especially in a time of such volatile misinformation or at least misrepresentation, we owe it to ourselves to always strive to be more, and a brand new residency give such rebirth to such vast potential.

Q: What is your favorite thing to do when you are not working?

A: I travel. Well, the wife and I travel. Or the wife, I and a couple kids travel. Or the wife, the seven kids, and I travel. There’s a lot to learn and do out there.

Q: Where is your favorite place to go out to eat in Chandler or Gilbert?

A: The best we did so far was Bourbon and Bones in San Tan. We went opening night and it was spectacular. (We ditched the kids for that one). When we have all the kids out for dinner we prefer Osaka for Hibachi.

Q: Other than being a physician, what other careers interested you when growing up?

A: Space. Space is fascinating, but as physicians we get to go to inner-space more so; Unfortunately, I think I’m one of those: if I wasn’t a doctor I don’t know what I’d be.

Q: Something you would like to do on your life "Bucket List" that you have not already done

A: I’ve been lucky in life to travel often; skydive; scuba; ice climb; trapeze; etc, but, I’ve never flown the plane. That I need to do someday. Be the pilot.

Q: If you had the ability to interview anyone from the past or present, who would you choose and what would you ask?

A: My dad. My dad unfortunately passed away my first year of medical school, and you always wonder what he would think about life today, but that’s not the most interesting for me: I would rather want to know at the time life concludes do you ever know if your life made a difference? ...Or is that exactly what makes you the difference maker?



ACP-AZ Governor Elect Allan Markus with fellow ACP Governor’s Elect at ACP National Meeting