Welcome to the *Chiefs' Corner*, a curated list of up-to-date educational supplements for the busy UA IM residents on the go.

**Friday, Oct. 25, 2019**

As recommended by **Dr. Christopher Angus**, a Cardiology Fellow, "Treating heart failure isn’t always more Lasix. That makes treating it potentially complex. Many studies have used slightly different inclusion criteria meaning that treating your individual patient within the bounds of a study can be challenging. Using the TreatHF app makes it easy to define which medications are appropriate for your patient. It’s available in the [AppStore](https://apps.apple.com) and on [Google Play](https://play.google.com). It was developed by legendary heart failure specialist, Clyde Yancy from Northwestern, as an effort to make getting with the heart failure guidelines easier."

In this [original quiz](#) created by **Dr. Abaseen Afghan** (ID Fellow), test your knowledge regarding immunizations and vaccine hesitancy, one of the top 10 threats to global health as recognized by the World Health Organization (WHO). Answers are scored based on each question's difficulty level and the first resident who achieves 100% on the first try or the resident with the highest score will be receive a $25 Amazon gift certificate and be recognized in the next edition of The Chiefs' Corner. Answers and explanations will be published in the next month's edition.
Drs. Faraz Jaffer (Pulm/CC Fellow) and Matthew Adams (ID Fellow) recommend reading a new joint update on the CAP guidelines. As per Dr. Jaffer, “For a recent update, the American Thoracic Society (ATS) partnered with the Infectious Disease Society of America (IDSA) to update the Community Acquired Pneumonia guidelines which would be useful for IM residents for obvious practical purposes. Of specific interest would be indication for blood cultures limited to patients with Severe CAP (characterized in the article), strong recommendation for broadening the threshold for sputum studies and refrain from urine studies for high risk populations.”

Major differences include:
• Recommending against the use of procalcitonin to assess need for initial antibacterial therapy
• Reserving sputum and blood cultures for populations with “severe disease” and all inpatients being empirically treated for MRSA or P. aeruginosa
• Abandoning the “Healthcare-Associated Pneumonia (HCAP)” categorization
• Stronger evidence to favor treatment of severe CAP with β-lactam/macrolide combination ± MRSA/P. aeruginosa coverage over β-lactam/fluoroquinolone combination ± MRSA/P. aeruginosa coverage (although both are accepted)

Other recommendations are summarized in this table, which was published in the above article.

In this case vignette from NEJM, two experts put forth two differing treatment opinions for a patient who presented with a subsegmental
pulmonary embolus. Gives a good evidence-based overview on both sides, with citations and information regarding anticoagulation. varying degree of changes. This recently published NEJM article makes sense of the most recent recommendations, with an overview of current cholesterol lowering agents and other emerging approaches. (NEJM account needed)

Your Co-Residents' Suggestions

Are you tired of using QBanks to study for boards? Dr. John Dicken suggests using Harrison's Podclass, a podcast brought to you by the editors of Harrison's Principles of Internal Medicine. Each podcast is vignette-styled and under 10 minutes for easy bite-sized listening.

Feedback/contributions are welcome. If you stumble upon an interesting article/podcast, etc. and want the rest of the residency to know, send it to jvondrak@deptofmed.arizona.edu and we can feature you in next month's newsletter!

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