Spring 2022

The Perspective

A quarterly newsletter published by the National Med-Peds Residents’ Association in collaboration with the Med-Peds Program Directors Association & the AAP Section on Med-Peds

What’s Inside

1 // Current Executive Board
2 // President’s Welcome
4 // From the AAP
6 // Q&A with new Directors
10 // Classifieds
11 // Spotlight On
14 // Essays
17 // Cases
19 // NMPRA Notes
Dear Med-Peds family,

The longer days of sunshine and warmer weather spreading across the country mark a multitude of new beginnings, not only in the change of seasons but also in the lives of our Med-Peds colleagues. Our fourth-year residents are concluding their final weeks of training and preparing for exciting new chapters in their upcoming roles as chief residents, subspecialty fellows, and attending physicians. We are so incredibly proud of all their amazing accomplishments and remain forever grateful for their countless contributions to our NMPRA community over these past four years. We look forward to celebrating their continued successes in the future and witnessing the positive impact they are bound to have in the lives of their patients and on our profession. We are also delighted to celebrate our residents in other years of their training who are looking toward completion of yet another stage of residency. The numerical change in PGY number each year represents an impressive amount of hard work, dedication, scholarship, and professionalism which together are shaping the future leaders of our specialty. Finally, we would be remiss without congratulating our medical student members, especially our fourth years, who are preparing to begin their intern years in Med-Peds programs across the country. We are so excited to welcome them into our family and support them during this exciting period of transition.

This time of year also lends itself to reflection on the past twelve months of growth and development of our organization. Our exceptionally talented Board of Directors has accomplished so much in such a short period of time. From a successful National Conference focused on transition care to webinar-based educational opportunities offered throughout the year, from quarterly newsletters highlighting the countless talents of our community to ever-expanding diversity initiatives, the dedication shown by each Board member to this organization and its continued success has been nothing short of incredible. It truly has been the honor of a lifetime for me to serve as the leader of this group, and month after month I have been blown away by the Board’s love not only for this organization but also for the greater Med-Peds community spread across the country. I also want to thank each member of NMPRA from the bottom of my heart for entrusting me with this presidency over the past year. I have been overwhelmed by the talent, creativity, and support offered at every turn by each one of you, and I am so grateful to have had the opportunity to lead the organization which played such a crucial role in my own decision to pursue Med-Peds training five years ago. You often made a difficult job easier, and our success as an organization would not have been possible without members like you.

As I look forward to continued support of NMPRA from my new role in the Past President position this next year, it is my privilege to pass off the leadership baton to a new Board of Directors for the 2022-2023 academic year, headed by the fantastic Dr. Maria Siow at the University of Cincinnati. While we have many new events planned for the months ahead, we are especially excited to commemorate our 55th Anniversary as a specialty this year, and we hope to celebrate the momentous occasion with many of you in person at our National Conference later this fall.
Thank you again for everything you have done for our Board and our organization over the past year. It is your membership and support which allow us to remain truly resident-run, and we are so proud to have the privilege to serve you and your programs. As always, do not hesitate to provide us with your feedback and suggestions in order foster continued growth and progress within our community.

Yours in Med-Peds,

Sophia Urban
NMPRA President 2021-2022
president@medpeds.org
Internal Medicine/Pediatrics PGY-4
Medical University of South Carolina
Fellowships, new careers, graduation, and new adventures. The 2021-2022 Academic year is coming to a close. It is during this past year that we can reflect on our resilience and the support of our friends and families. As clinicians, we can be proud of our service to our patients and our communities.

We can also celebrate the first in-person ACP in two years. It was great to have an in-person Med-Peds educational session on Sickle Cell disease. Dr. Martha Mims gave a great talk on the transitional care of patients with sickle cell disease, the challenges patients face as they navigate from pediatric to adult specialty care, and the role of Med-Peds physicians can make in their care. Finally, it was fantastic to see so many Med-Peds clinicians, residents, and medical students at the Med-Peds reception.

While at the ACP meeting, the Section on Med-Peds Executive Committee met with representatives from physicians-in-training, NMPRA, and MPPDA. Dr. Brooke Baggett has been elected to serve as the voting resident member of the SOMP Executive Committee; we welcome her!

During the meeting, there was great discussion focusing on a broad range of ideas for our Med-Peds members. Through NMPRA, we have started the DEI mentoring program. We will be updating our Med-Peds 101 to provide information for early physicians, updating MOC requirements, and reviewing plans for an update to the Med-Peds workforce survey. We are working on ways to partner with NMPRA, MPPDA, and other sections within AAP and ACP for educational programming, networking, regional activities. As always, the Section of Med-Peds is here for you. Let us know what you want in YOUR Med-Peds community. As a reminder for Med-Peds residents who are graduating, remember to continue your involvement with the Section of Med-Peds by continuing your AAP membership and selecting the Section on Med-Peds on your registration.

And get ready for the 55th anniversary of Med-Peds to be celebrated at the AAP National Conference in Anaheim, California! Registration is now open (aapexperience.org/conference-registration)! The educational session will be a focus on DEI in the Clinical setting. We have had a large number of submitted abstracts, which will make for an exciting poster and networking session. The Med-Peds program is scheduled for Sunday, October 9 from 1-4 PM in the Anaheim Convention Center (ACC) Room 263C. There will be a reception from 5-6 PM, ACC Katella Terrace.

As we end this academic year and as the Section on Med-Peds continues to move forward on a variety of strategic goals, I am reminded of quote from Atul Gawande: “Find something new to try, something to change. Count how often it succeeds and how often it doesn’t. Write about it. Ask a patient or a colleague what they think about it. See if you can keep the conversation going”.
Congratulations to all the Med-Peds graduates!! From the poem, Gaudemamus Igitur, "for this is the day of joy which has been fourteen hundred and sixty days in coming and fourteen hundred and fifty-nine nights. Therefore, let us rejoice."
Be safe and stay safe.

Jayne
Jayne Barr MD MPH
Chair, AAP Section on Med-Peds
The results of 2022-2023 NMPRA Director elections were just announced last month, and we welcomed four new faces to the NMPRA Board! To get to know our newest additions better, NMPRA held a brief Q&A with Amara, Lawrence, Salima, and Nathan. Check out the screenshots below!

Q&A with New 2022-2023 Directors

Amara Davidson

Hi Amara! Welcome to NMPRA. Where do you call home?

Hi NMPRA! New York City!

What is your go-to karaoke song?

Dance with Somebody by Whitney Houston

Which emoji do you use the most?

 emojis

Which celebrity would you have dinner with?

James Baldwin

medpeds.org
Welcome to NMPRA, Lawrence! Where is your hometown?

Hi NMPRA! I'm from Atlanta, GA.

What is your favorite dessert?

Sweet potato pie

Great choice. Which emoji do you use the most?

Bilateral tears crying down the face with the circle mouth (use for laughter)

What's your go-to karaoke song?

A Milli by Lil Wayne
Welcome to NMPRA, Salima! Where do you call home?

Hi NMPRA! I've moved around my entire life. I was born in Karachi, Pakistan. I lived in Dallas, Texas as a child and then Southeast Michigan as a teenager.

Which emoji do you use the most?

What is your favorite dessert?

Berry cobbler with vanilla bean ice cream
Welcome to NMPRA, Nathan! Where do you call home?

Nice to meet you! Allegan, Michigan.

Which celebrity would you want to have dinner with?

Rafael Nadal (tennis icon and all-around wonderful human)

What is your most used emoji?

😊 (but, like...is it a hug? Excited hands? One of life's great mysteries....)
Introducing the new Med-Peds Academic Channel (MPAC)!

- Forum created to promote scientific advancement and dissemination of knowledge in the field of Med-Peds

- Peer-reviewed publications on various topics unique to the practice of Med-Peds

- Open to submissions including original articles, review articles, case reports, technical reports, editorials, and posters!!

Check out more details on the website:
https://www.cureus.com/channels/med-peds

**Please submit under “academic channels” to submit to MPAC rather than to cureus.com**
Med-Peds Quality Improvement project wins first prize for work on safety reporting amongst Internal Medicine and Pediatrics Residents

Submission by Alexia Jauregui (PGY-1), Jillian L Smith (PGY-2), Mahsa Madani (PGY-3), Annirudh Balachandran (PGY-3), Ryan Le (PGY-4) and Natasha Maqsood (PGY-4) at the Internal Medicine-Pediatrics Program at UT Houston Health and Science Center, McGovern School of Medicine

The University of Texas at Houston Department of Internal Medicine held its annual Internal Medicine Quality Improvement Fair on March 6, 2022, to allow residents the space to showcase their quality improvement projects. UT Houston’s Med-Peds program with the leadership of QI resident leader, Dr. Jillian Smith spearheaded the Med-Peds QI project this year entitled “Improving Resident Involvement in Variance Reporting.” The project won 1st place at the fair amongst all selected abstracts. The Med-Peds project explored barriers in resident reporting safety events (also known as “Variance Reports”), while also looking at the difference between Internal Medicine and Pediatric residents in the number of reports completed and their barriers. Prior to the intervention, trainee participation was noted to be generally low for both programs. After teaching residents how to complete Variance reports, there was an increase in the number of participating residents. Interestingly, 62% of reports submitted were from Pediatrics trainees, and only 20% from IM trainees. Dr. Smith and the rest of the Med-Peds program intend to extend the duration of this project in order to explore what barriers may lie in reporting events, and what the differences between reporting patterns in IM and Pediatrics can teach us. Our goal is to ensure our colleagues in both categorical programs feel safe and empowered to voice safety concerns both throughout their residency, and beyond graduation.
Reflections on AAP Advocacy Day

Except for 2020, the AAP has held a Legislative Conference since 1988. This year, the AAP Advocacy Conference was held March 20-22 with over 300 virtual attendees! The conference was a mixture of topics, skill development workshops, and keynote speakers, that cumulated with congressional meetings to discuss mental health policy. The Section on Med-Peds sponsored 3 applicants. Below are some of their reflections.

Submission by Kirthi Machireddy, OMS 3:

This was my first year attending the AAP Advocacy Conference. I am a third-year medical student from VCOM, serving as the District IV Assistant District Representative for medical students. I have been super interested in getting more involved with advocating for a population that needs us to speak up for, and I was so excited and grateful to have been selected by the Section on MedPeds to attend the AAP Advocacy Day.

Day 1 started with a really nice intro and learning how properly make your stance. I attended several sessions on various topics that were spoken about. Day 2 had several amazing speakers and we learned how to advocate and get prepared for our day at Capitol Hill. We also had a networking opportunity at the end! In the end we met with our state team to prepare for Capitol Hill. On day 3, I was able to speak to Capitol Hill, learn basic advocating skills as a trainee and new advocate, and learn how to work as a team to get our message through. It was so great working with my team from the Maryland chapter to convey our message to Senators and House of Representatives. It was my first time doing this and I learned so many valuable skills. I am so excited to continue my advocating journey, using all of the skills I gained from conference!

Submission by Jayne Barr, MD, MPH:

I have never had formal Advocacy training, but given current political issues, it has become an important aspect that physicians must learn. I was thrilled to be selected by the Section on MedPeds to attend the AAP Advocacy Day.

Through Pedialink, there were several pre-recorded sessions which I spent a lot of time reviewing and taking notes. One of the underlying themes was the position of not only using our clinical expertise but being able to tell a story in order to highlight the importance of an issue and the relevance that it has to our communities. The 2-day virtual event was highlighted by various speakers, including First Lady Dr. Jill Biden, HHS Secretary Xavier Becerra, HHS Assistant Secretary for Health, Admiral Rachel...
Levine, MD, FAAP, and MCHB Associate Administrator Michael Warren, MD, MPH, FAAP. Finally, there was networking and discussions with other attendees as we prepared for our congressional meetings with our respective state delegations on day 3. It was a whirlwind of activity! At the end, I gained an insight on how to speak with my delegates on issues important to all of us; that I can use Facebook or Twitter or other social media sites to post and communicate; that I can write op-ed or letters to the editor or be open to giving media interviews on radio and TV. With these tools, all clinicians, including myself, can use our expertise to discuss important issues such as mental health, nutrition, gun violence, climate change, immunizations, and any other topics that many of us may have a passion. You can go to aap.org/advocacy for more information and resources. In addition, the AAP has media professionals that can advise and assist. My advocacy door has been opened!
Not Alone

Amanda Duggan, MSIII
St. George’s University

It is early morning as I walk into the Pediatric Intensive Care Unit with fresh scrubs on, coffee in hand and ready for another twelve-hour shift.

“Report will be a bit long because this kid has stuff going on in every body system” the night nurse greets me.

“No problem, I am an intensive care nurse after all!” I smiled, ready for the challenge.

Little did I know, there would be nothing to smile about for the remainder of the day.

Little did I know, I would be staring, frozen, at the heart rate monitor as the heart rate went down, and down, and down.

Genitourinary system: why is he producing so much urine?

Nervous system: why are his pupils suddenly so dilated?

Respiratory system: why is his end-tidal carbon dioxide so high?

Little did I know, the patient’s mother would make a noise like a wounded animal as CPR was started on her baby.

Little did I know, I would be struggling to keep up with the charting of my first ever code blue.

Little did I know, I would hear the words “This is a non-survivable injury.”

Respiratory system: my breaths are coming in huge gasps as I sob in the hospital courtyard.

Little did I know, I would hear a big sister beg us to save her baby brother.

Digestive system: I feel a lead weight in my stomach.

Little did I know, I would watch a mother hold her baby for the last time.

Cardiovascular system: I think my heart is breaking.
Little did I know, I would feel insecure and ineffective.

Little did I know, I would feel intense grief for a child I met only that day.

Musculoskeletal system: a comforting arm around my shoulders.

Little did I know, I would hear the words “It’s not your fault.”

Little did I know, my colleagues would feel the same emotions as I did.

What I DID know was... that I was not alone.
Why I Chose Medicine

“But you’re my doctor,” she said when I mentioned that the attending physician would soon be in to examine her. “And I ordered something special for you.” She unfolded a napkin on her breakfast tray. Inside lay single-serving packets of peanut butter and grape jelly, an ode to my professed love of the Smucker’s Uncrustables peanut butter and jelly sandwiches that had helped me get through my first year of residency. In that moment — after a harrowing year in the trenches of the pandemic — I remembered why I chose medicine. — Dr. Miriam Robin

The peanut butter and jelly packets my patient ordered for me.
Favorable Outcome of Cerebral Air Embolism after Percutaneous Lung Biopsy

Justin Davidson, MSIII; Neil Mehta, MD
PRISMA Health/University of South Carolina School of Medicine Columbia

Introduction

Lung biopsies are a relatively common procedure used to diagnose lung pathologies. Common complications of the procedure include pneumothorax, parenchymal hemorrhage, and hemoptysis. A less common, but well described, complication of percutaneous lung biopsy is the development of an air embolism within the cerebral vasculature. The understanding of this risk is critical due to the neurologic deficits and mortality associated with cerebral air embolism, and the importance of prompt recognition and initiation of treatment in the immediate post-procedural period. Air emboli have been shown to have a multifactorial pathologic effect on blood vessels including arterial obstruction, vessel wall inflammation, and subsequent distal tissue ischemia and vasogenic edema. Cerebral blood vessels in particular are susceptible to these processes leading to poor outcomes, significant disability, and mortality.

Case Description

A 60-year-old female with past medical history significant for breast cancer status post chemotherapy, radiation, and bilateral mastectomy in remission for 18 years presented to the hospital for evaluation of a 1.2 cm x 1.9 cm lung nodule that was found incidentally on CT abdomen/pelvis for left sided abdominal pain. During her admission, she underwent a CT-guided percutaneous lung biopsy which was complicated by pneumothorax, removal and replacement of the stylet, and multiple needle repositionings. Intra-procedural CT imaging demonstrated air present in the left atrium. Ten minutes post-procedure, the patient was found to be acutely encephalopathic, unable to follow commands, was unable to move any of her four extremities, and lacked sensation to both her face and forehead bilaterally. MRI at the time showed multifocal acute infarcts in bilateral MCA/PCA distributions as well as bilateral air emboli. At this point, diagnosis of cerebral air embolism was made and the patient was emergently transferred to the nearest level one trauma hospital with hyperbaric oxygen therapy capability. She then underwent a total of 4,190 minutes of hyperbaric oxygen therapy until a plateau of neurologic recovery was reached. After therapy, the patient regained full cognition and could spontaneously move three out of four extremities. She was eventually discharged to a rehabilitation facility in stable condition with residual left arm deficits.

Discussion

Cerebral air embolism is a rare and morbid complication of percutaneous CT-guided lung biopsy and can be fatal if unrecognized. Hyperbaric oxygen therapy is the mainstay of
treatment but access may be limited due to the availability of institutions with hyperbaric chambers. This case demonstrated a favorable outcome considering the significant deficits on presentation and was likely due to expedient diagnosis and transfer to a level one trauma center with hyperbaric oxygen therapy capability. Other cases in the literature have demonstrated delays in diagnosis, misdiagnosis for other causes of stroke, and delay in transfer and were associated with poorer outcomes.

Take-away points

Lung biopsies are a relatively common procedure performed on hospitalized patients that med-peds physicians will care for in the inpatient and critical care settings. Having knowledge of this rare but fatal complication is critically important as outcomes are predicated on expedient recognition and transfer to a hyperbaric oxygen therapy capable facility if one is not available at the patient’s current location.

References

New Initiative! Calling all interested residents and medical students!

All residents and medical students interested in advocacy are invited to join NMRPA’s Advocacy Task Force as we work to develop and execute advocacy projects on issues relevant to Med-Peds providers and our patients.

Please reach out to nicole.danit.damari@gmail.com with any questions or for additional information.
This newsletter is published as a collaborative effort between the following organizations: