“Street vendors push brightly-painted carts that tinkle with the sounds of trinkets, jewelry and crafts. Live music whirs in the background as passersby sway to the tunes. Dozens of crimson red tent tops dot the street’s perimeters wafting with the smells of incense, soaps and fresh grilled street meats. Shimmering bulbs that crisscross overhead illuminate the night sky for the up to 20,000 people and 120 vendors who are walking, talking, laughing, shopping, mingling and, most importantly, eating. This is the scene of a traditional Asian night market. But you’re not in Taiwan, Malaysia, Thailand or the Philippines. You’re in Cleveland’s AsiaTown.

On the final Friday evening of every summer month (through September), Rockwell Ave., between the cross streets of East 21st and East 24th in AsiaTown, becomes home to Night Market Cleveland. The concept behind night markets came to be in places like Taiwan hundreds of years ago. Small open-air markets sprung up after dark in which vendors sold street food to hungry locals departing from late-day services at nearby temples. Today, these Asian-based night markets are tourist attractions and often where you can find some of the most unique food in the world (think grilled scorpions and fermented tofu). While Cleveland probably won’t be serving up insects-on-a-stick anytime soon, the market is rapidly becoming a must-visit event that showcases the very best of this eclectic Cleveland neighborhood.

With more than 120 vendors, the nighttime market is great for all ages, tastes and styles. Just make sure to carry some cash, as many of these independent artists and crafters can’t process plastic on site. Also, be sure to take advantage of the $10 parking located at the Firefighter’s Community Credit Union (2300 St. Clair Ave.) and Global X (1471 East 24th St.). During 2017, Night Market Cleveland is scheduled for July 28, Aug. 25, and Sept. 29 from 5-11 p.m. Admission is free.”
REMINDERS
1. For any call-offs, you MUST page the ambulatory chief at 31529. The chiefs are not always available on short notice by phone or email, but they ALWAYS have the pager.
2. For two senior ward teams: senior resident weekend days off are arranged amongst the two seniors such that each receives two weekend days during a 14 day half block.

CALENDAR LINKS

Electives
Please send your elective selection to Barb. You can always contact the chiefs for any suggestions. All reading electives must be approved by Dr. Armitage.
Barb – barbara.bonfiglio@uhhospitals.org

UH HOUSEDOC moonlighting calendar
Spots open up on a month-by-month basis. You will be notified by email from Kathy DeMarco when the monthly openings become available.
Please send your requests to uhhousedocs@gmail.com

MICU & CICU moonlighting calendar
Spots open up on a month-by-month basis. You will be notified by email from the Quality Chief Resident when the monthly openings become available.
Please send your requests to micu.uh@gmail.com

CURRENT CHIEFS

AMBULATORY CHIEF
Megan Chan
Pager: 31529
Office: VA ext. 5034
Megan.Chan@UHHospitals.org

VA CHIEF
Saurav Uppal
Pager: 31533
Office: VA ext. 5034
Saurav.Uppal@UHHospitals.org

QUALITY CHIEF
Charlie Burns
Pager: 36644
Office: UH ext. 43621
Charles.Burns@UHHospitals.org

UH CHIEF
Will Garner
Pager: 31250
Office: UH ext. 43621
Will.Garner@UHHospitals.org

Resident of the Week Award

This week’s Resident(s) of the Week Award is awarded to:

Dr. Toral Patel

Toral has been extremely helpful and hard-working during her DACR month. In the most recent example she helped the ratnoff team with a paracentesis at around 6 pm. I found out from the NACR this morning that she got a consult during the procedure and stayed to write a detailed and thoughtful consult note to spare the NACR. She really has done a great job this month

Please remember to submit your nominations for Resident of the Week to casechiefs@gmail.com.
ANNOUNCEMENTS

In Training Exam - Will be held August 24 – September 13. Schedule forthcoming.
Intern Boot Camp – Presentations will be uploaded to our website:
http://cwrumedicine.org/residency-program/residends/education/intern-boot-camp-lectures

CANDY ROUNDS
(VA teams get a fire bonus of +10 for surviving)

Scoreboard:
1) VA Green 90pts (2:54)
2) Weisman 80pts (3:17)
3) Ratnoff 80pts (3:50)
(Dworken Disqualified due to Rounding)

1) Federal law requiring health care institutions participating in Medicare/Medicaid to ask if a patient has an advance directive, to provide information about advance directives, and incorporate advance directives into the medical record
   a. Patient Self Determination Act of 1990
2) Syndrome found in middle-aged women characterized by cholestatic laboratory findings, significantly elevated alkaline phosphatase, and pruritus
   a. Primary Biliary Cirrhosis
3) Syndrome characterized by clinical and biochemical evidence of thyrotoxicosis, low 24-hour radioactive iodine uptake, nontender thyroid gland, and normal sedimentation rate
   a. Silent (lymphocytic) thyroiditis or factitious thyrotoxicosis
4) Important cause of recurrent abdominal pain in patients with paroxysmal nocturnal hemoglobinuria
   a. Portal or mesenteric thrombosis
5) Name of condition characterized by rapidly flowing, dancing-like involuntary movements occurring in a chaotic, nonstereotypic fashion
   a. Chorea
6) Diagnosis suggested by a severe community acquired pneumonia with pancytopenia in the setting of bird exposures
   a. Psittacosis
7) In Jurrasic Park, at what top speed did the InGen corporation record the Tyrannosaurus Rex?
   a. 32mph (credit given if within 10mph)
8) Who was the first performer inducted into the rock and roll hall of fame. Bonus pt if you can name the year.
   a. Several options but almost everyone put Elvis which is correct. Year: 1986.
A 60-year-old man is evaluated for increasing shortness of breath. He noticed progressive exertional intolerance 1 month ago. His symptoms have worsened, and he is now short of breath with walking mild inclines. He does not have chest pain, orthopnea, paroxysmal nocturnal dyspnea, cough, wheezing, or lower extremity edema. He has a history of atrial fibrillation but remains in sinus rhythm after his second catheter ablation procedure for atrial fibrillation 1 year ago. Medical history also includes hypertension and hyperlipidemia but is negative for heart failure or left ventricular dysfunction. Medications are warfarin, metoprolol, ramipril, and atorvastatin.

On physical examination, the patient is afebrile, blood pressure is 132/78 mm Hg, pulse rate is 70/min, and respiration rate is 18/min. Pulse oximetry demonstrates 98% oxygen saturation on ambient air. BMI is 30. Cardiac rate and rhythm are regular. He has bilateral breath sounds but no wheezes, crackles, or rhonchi. There is no prolongation of the expiratory phase.

The electrocardiogram shows normal sinus rhythm. A plain chest radiograph is normal, and pulmonary function tests demonstrate no obstruction. An echocardiogram demonstrates normal left ventricular function with a left ventricular ejection fraction above 55% and evidence of mild diastolic dysfunction.

Which of the following is the most likely cause of this patient’s dyspnea?

A) Chronic thromboembolic disease
B) Intracardiac shunting
C) Phrenic nerve injury
D) Pulmonary vein stenosis
UH CONFERENCE SCHEDULE

MONDAY, 8/7/17:
Resident Morning Report: 10:30 AM – 11:30 AM
Noon Conference: 12:00 - 1:00 PM

Intern Boot Camp: Pancreatitis
Abdullah Al-Shahrani, MD

TUESDAY, 8/8/17:
Intern Morning Report: 11:00 - 11:45 AM
Noon Conference: 12:00 - 1:00 PM

Intern Boot Camp: Chest pain
Dan Kobe, MD

WEDNESDAY, 8/9/17:
Resident Morning Report: 11:00 AM - 12:00 PM
Noon Conference: 12:00 - 1:00 PM

Intern Boot Camp: GI Bleed
Dan Kobe, MD

THURSDAY, 8/10/17:
Intern Morning Report: 11:00 AM – 12:00 PM
Noon Conference: 12:00 - 1:00 PM

Med Peds Grand Rounds

FRIDAY, 8/11/17:
Resident Journal Club: 11:00 – 11:55 AM
Morbidity & Mortality: 12:00 – 1:00 PM

M&M Conference
Kulas Auditorium

VA CONFERENCE SCHEDULE

MONDAY, 8/7/17:
Noon Conference: 12:00 - 1:00 PM

Attending Rounds
K119

TUESDAY, 8/8/17:
Resident Morning Report: 10:00 - 11:00 AM
Noon Conference: 12:00 - 1:00 PM

Intern Boot Camp: Pancreatitis
Abdullah Al-Shahrani, MD

WEDNESDAY, 8/9/17:
Resident Morning Report: 10:00 - 11:00 AM
Morbidity & Mortality Conference: 12:00 - 1:00 PM

Morbidity and Mortality
K119

THURSDAY, 8/10/17:
Intern Morning Report: 10:00 - 11:00 AM
Noon Conference: 12:00 - 1:00 PM

Attending Rounds
K119

FRIDAY, 8/11/17:
Noon Conference: 12:00 - 1:00 PM

Intern Boot Camp: Altered Mental Status
Siyab Panhwar, MD

CONTACT THE CHIEFS IF YOU HAVE ANY QUESTIONS OR CONCERNS!
**UH Weekend Coverage**

**Geriatrics:** Naji Mallat is off on Sunday and will be covered by Konstantin German.

**Carpenter:** Nicole Mongilardi and Mohammed Wazzan to arrange coverage amongst themselves.

**Dworken:** Abdullah Al Shahrani and Hisham Siddiqui to arrange coverage amongst themselves.

**Eckel:** Ahmed Al Khathlan and Mohamad Karnib to arrange coverage amongst themselves.

**Hellerstein:** JaMia Washington and Petar Saric to arrange coverage amongst themselves.

**Naff:** Aric Moran and Anu Bommakanti to arrange coverage amongst themselves.

**Ratnoff:** Julia Liebner and Joseph Wooley to arrange coverage amongst themselves.

**Wearn:** Steven Humphrey and Saud Al-Rawaf to arrange coverage amongst themselves.

**Weisman:** Ameen Al-Aghil and Matthew Wright to arrange coverage amongst themselves.

**Friday, August 4th, 2017**

NACR: JP Lopes

NF Residents: Claire Dolan, Dan Karb

NF Interns: Keith Albrektson, Maggie Hammond, Laura Coates, Michael Krause

MICU Moonlighter: Dharani Guttikonda

CICU Moonlighter: Muhammad Panhwar

**Saturday, August 5th, 2017**

NACR: Leben Tefera

NF Residents: Claire Dolan or Dan Karb

NF Interns: Keith Albrektson, Maggie Hammond, Laura Coates, Michael Krause

UH Saturday NF Coverage: Lei Lei

MICU Moonlighter: Will Hannah

CICU Moonlighter: Muhammad Panhwar

Admitting Coordinator: Yuri Shindo

**Sunday, August 6th, 2017**

NACR: Leben Tefera

NF Resident: Claire Dolan or Dan Karb

NF Interns: Keith Albrektson, Maggie Hammond, Laura Coates, Michael Krause

Admitting Coordinator: JP Lopes

**Senior Weekend Jeopardy:** Kunal Patel, Tarek Chami

**Intern Weekend Jeopardy:** Ibrahim Alshaghdali, Kevin Williams

**Intern Weekend Backup Jep:** Nico Conti, Chiara Maruggi

**VA Weekend Coverage**

**Saturday, August 5, 2017**

Hussain Khalid on Blue is on long call and covers his own team.

Toral Patel on White is off and will be covered by Daniel Kobe

Maxwell Reback on Green is off and will be covered by Talib Dosani

Emily Nizialek on Orange is on medium call and covers her own team.

VACR consults will be seen by Hussain Khalid and attending Dr. Jill Huded

VA MICU 24 hour resident is Tiffany Onger

VA Sat PM Resident is John Merriman

VA Sat PM Intern is Dennis Watson

**Sunday, August 6, 2017**

Hussain Khalid on Blue is on medium call and covers his own team.

Toral Patel on White is off and will be covered by Daniel Kobe

Maxwell Reback on Green is on long call and covers his own team.

Emily Nizialek on Orange is off and will be covered by Talib Dosani

VACR consults will be seen by Maxwell Reback and attending Dr. Scott Ober
MKSAP ANSWER

D – Pulmonary vein stenosis

The most likely cause of dyspnea in this patient is pulmonary vein stenosis. He has progressive, unexplained dyspnea and a history of multiple catheter ablation procedures for atrial fibrillation. During catheter ablation of atrial fibrillation, the tissue around each of the pulmonary veins is cauterized to achieve electrical isolation and prevent ectopic foci from triggering recurrent atrial fibrillation. Following this procedure, approximately 1% to 3% of patients can develop symptomatic pulmonary vein stenosis. The risk is higher after multiple procedures, but it can occur after a single procedure. Patients present with progressive dyspnea, but more severe pulmonary vein stenosis can be accompanied by cough, hemoptysis, or chest pain.

The most important step in the diagnosis of pulmonary vein stenosis is maintaining a high degree of suspicion when encountering a patient with dyspnea and prior atrial fibrillation ablation. Several diagnostic modalities can be used to make the diagnosis noninvasively, including CT angiography, magnetic resonance angiography, and nuclear lung perfusion scanning. Each method has advantages and disadvantages, and the preferred method of diagnosis often differs from institution to institution.

Chronic thromboembolic disease can cause progressive dyspnea, but it would be unlikely in a patient without prior venous thromboembolism and on chronic anticoagulation.

Although intermittent atrial fibrillation could cause symptoms after ablation, it is not likely to cause progressive dyspnea in the setting of sinus rhythm. Intracardiac shunting is rare after an ablation for atrial fibrillation. Although trans-septal catheterization is performed during ablation procedures, the puncture site usually seals off. The normal oxygen saturation in this patient makes the possibility of a symptomatic shunt unlikely.

Phrenic nerve injury can result from delivery of radiofrequency energy in the vicinity of the right superior pulmonary vein with bystander injury of the right phrenic nerve; however, this injury is observed immediately after ablation and is accompanied by an elevated hemi-diaphragm on chest radiograph.
MEET THE INTERNS

Name: Joanna Chen  
Home Town: New York City, Chinatown specifically  
Medical School: Tufts University School of Medicine in Boston  
Current Rotation: UCC at the VA

1. What is something interesting about yourself that most of us don't know yet?  
I flew around the globe to 3 continents for end-of-med school travels, going from US to London to Seoul and back. It was the coolest vacation I’ve been on!

2. What’s one of your favorite restaurants in CLE or elsewhere? What do you order?  
Still exploring, but so far I have gone to Pacific Grill several times. I like their noodles and shichimi fries.

3. Do you prefer to sit at the counter, table or booth? Why?  
Probably booth, it’s coziest!

4. Would you rather call or text?  
Depends, but might text first, often due to time limitation and random hours at times.

5. Do you have any life hacks that you plan to utilize during residency?  
Haven’t quite figured out the best ways to be efficient yet! Definitely looking for suggestions.