I scored the above BEEM rating because:

Although the initial NEJM article found no difference between delayed cardioversion (follow up in 48 hours for repeat evaluation and cardioversion if remained in atrial fib) vs immediate cardioversion, this was assessed at 4 weeks and did not account for the actions and care needed during those weeks. Interesting that 70% of cases spontaneously cardioverted during the 48 hours, but unlikely to change management in the ER as immediate cardioversion has so many benefits and overall low risk.

The educational pearls include:

- 70% of atrial fibrillation cases spontaneously resolve in 48 hours
- This indirectly supports safety of cardioversion in the first 48 hours of symptoms in the ER (risk is the same of cardioversion in the ER vs spontaneous cardioversion with discharge home and follow up which occurs in the majority of individuals).

I chose the above EBM rating because:

Based on a NEJM article.
Post: Choosing wisely (hepatology)

Author: Ryan Radecki  Reviewed by: Amy Borys

I scored the above BEEM rating because:
This seems to be a new consensus statement put together by an expert panel from Canada. This was interesting and new to me and changes my practice about ordering ammonia levels on patients for diagnosing encephalopathy.

The educational pearls include:
Don't order ammonia to diagnose hepatic encephalopathy. Diagnose clinically. No need to try to "correct" liver coagulopathy prior to doing abdominal paracentesis, endoscopic variceal band ligation, or any other minor invasive procedures.

I chose the above EBM rating because:
This is an expert consensus based on the available evidence.
Post: **FQ/ Sudden death**

Author: Clay Smith   Reviewed by: Brad Stroik

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<table>
<thead>
<tr>
<th>BEEM Rater Scale</th>
<th>Score - choose only 1</th>
<th>Educational Utility</th>
<th>Score - choose only 1</th>
<th>EBM</th>
<th>Score - choose only 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assuming that the results of this article are valid, how much does this article impact on EM clinical practice?</td>
<td>Are there useful educational pearls in this article for residents?</td>
<td>Is this article reflect evidence based medicine (EBM) and thus lack bias?</td>
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<tr>
<td>Useless information</td>
<td>Low value: No valuable pearls</td>
<td>Not EBM based, only expert opinion (and thus more biased)</td>
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<td>Not really interesting, not really new, changes nothing</td>
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<td>Interesting and new, but doesn't change practice</td>
<td>Yes, but there are only a few (1-2) valuable or multiple (&gt;3) less valuable educational pearls</td>
<td>Minimally EBM based</td>
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<td>Interesting and new, has the potential to change practice</td>
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<tr>
<td>New and important: this would probably change practice for some EPs</td>
<td>Yes, there are several (&gt;3) valuable educational pearls, or a few (1-2) KEY educational pearls that every resident should know before graduating</td>
<td>Mostly EBM based</td>
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<tr>
<td>New and Important: this would change practice for most EPs</td>
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<td>This is a &quot;must know&quot; for EPs</td>
<td>Yes, there are multiple KEY educational pearls that residents should know before graduating</td>
<td>Yes exclusively EBM based (unbiased)</td>
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</table>

**Your Score** 5 3 3

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I scored the above BEEM rating because:

The author concludes that fluoroquinolones (FLQs) are strongly associated with sudden death and even states that cyanide is safer. Author of this piece wrongly quoted some of the study design and did not mention numerous limitations of the study or that the previous case control and RCTs have failed to prove a relationship or cause and effect. Overall too broad and convinced statement that FLQs cause sudden cardiac death (SCD).

**The educational pearls include:**

- FLQs have been associated with numerous adverse reactions.
- There are safer choices out there.

I chose the above EBM rating because:

The writer misquoted exactly how the study was performed and did not address any of the limitations of the study and made a very over confident and broad statement that FLQs are associated with SCD.

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*Edited by Diliana Stoimenova, Zach Finn, Andrew Hasebrook, Ryan Johnsen, Jake Binder and Joe Walter*
I scored the above BEEM rating because:

Freestanding EDs are becoming more common in the US. It is important to be aware of what they are and how they are impacting emergency medicine but not currently directly changing practice for most providers.

The educational pearls include:

- Freestanding EDs are facilities that provide emergency care without being physically attached to a hospital.
- The goals of this type of facility is to decrease ED congestion and increase access to care.
- Quality and cost appears similar to traditional EDs.
- These tend to see lower acuity concerns and cater to more affluent areas while not actually expanding access to emergency services.
- There are concerns about price transparency (ie patients may view these as urgent care but are usually billed as ER visits).

I chose the above EBM rating because:

The majority of the articles that were referenced in the article were opinion-based.
I scored the above BEEM rating because:
Not that it's entirely useless information, but more a call to action for larger scale changes. Won't necessarily affect the way we practice clinical medicine day to day.

The educational pearls include:

- Burning fossil fuels generates roughly 80% of our country's carbon pollution and the bulk of other air pollutants.
- Burning fossil fuels are known to cause or exacerbate a host of ailments (COPD, MI, stroke, lung cancer, T2DM, pneumonia, dementia(?)) and actions that reduce carbon pollution may save lives and health care cost.
- What I found most insightful is things we can do now to help & prepare patients: advising patients how to stay safe in case of natural disasters (heat waves, heavy rains, fires, etc.).

I chose the above EBM rating because:
References mostly linked to policy documents (not research on how pollution affects health and how improving pollution will improve health, strategies that have shown to improve health, etc.). Some useful EBM (stats about how new ACE may not reduce carbon emission). Statistics aren't always backed up by referenced articles. Politically biased undertone, heavy opinion.