Rap #42
Post: IDK

Author: Mark Wong     Reviewed by: Max Beck

<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>
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<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>Yes, but there are only a few (1-2) valuable or multiple (&gt;3) less valuable educational pearls</td>
<td>Is this article reflect evidence based medicine (EBM) and thus lack bias?</td>
<td>Minimally EBM based</td>
<td>Mostly EBM based</td>
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<tr>
<td>Useless information</td>
<td>Low value: No valuable pearls</td>
<td></td>
<td>Not EBM based, only expert opinion (and thus more biased)</td>
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<tr>
<td>Not really interesting, not really new, changes nothing</td>
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<td>Interesting and new, but doesn't change practice</td>
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<tr>
<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></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></td>
<td>Yes exclusively EBM based (unbiased)</td>
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</tbody>
</table>

Your Score  2  3  1

I scored the above BEEM rating because:

The patient's advice in this letter is something our residency does a good job at reinforcing - specifically, taking patients' symptoms seriously, avoiding anchoring, and practicing humanistic medicine. This relates especially to our bounce-back patients who have persistent/worsening symptoms, cases in which most of our attendings will push us to ask: "what are we missing?" For these reasons, I did not find this to be new, practice-changing material, and it will likely not affect my own practice.

The educational pearls include:

- It's OK to acknowledge your own uncertainty in front of patients.
- Empower patients by letting them know what they are experiencing is real and not just in their heads.
- For bounce-back patients who have persistent or worsening symptoms without a diagnosis, ask yourself: "what am I missing?"

I chose the above EBM rating because:

This was purely an opinion piece written by a patient that was not EBM-based.

Edited by Diliana Stoimenova, Zach Finn, Andrew Hasebrook, Ryan Johnsen, Jake Binder and Joe Walter
Post: Covid airway

Author: Scott Weingart Reviewed by: Graci Gorman

I scored the above BEEM rating because:

Very relevant information given the current state of the pandemic. COVID patients are not our typical respiratory failure patients and we need to take additional precautions to protect ourselves and others from viral spread.

The educational pearls include:

- Many of our most relied upon oxygenation tools (NIPPV, HFNC, nebs) aerosolize viral particles and should be avoided in COVID patients if possible.
- PPE review, including benefit of PAPRs (if taken off correctly).
- Small adjustments to typical intubation procedure: video laryngoscopy, viral filter, avoid bagging patient, don't auscultate for lung sounds, most experienced provider intubating to increase first pass success.

I chose the above EBM rating because:

Limited EBM because at time of this podcast release, there wasn't much information on COVID. A lot of the conversation was expert opinion and information extrapolated from SARS or MERS outbreak.

Edited by Diliana Stoimenova, Zach Finn, Andrew Hasebrook, Ryan Johnsen, Jake Binder and Joe Walter
Post: Tamilfu: Does it work?

Author: Justin Morgenstern    Reviewed by: Karl Lafleur

I scored the above BEEM rating because:

I think it is relatively already agreed upon, at least amongst our ED, that Tamiflu is generally not a good medication. I don't think it will change practice because the official result was a "positive" correlation between Tamiflu and duration of symptoms, even though Morgenstern demonstrates why this research is so poorly done. It is really just a new study done in a poor format that shows no objective results.

The educational pearls include:

The breakdown of the post with regards to the article shows exactly how NOT to carry out research. Using a non-blinded study to test subjective measures gives almost no scientific or clinical value. The post also does a reasonable job of talking about how research can become influenced and biased.

I chose the above EBM rating because:

The trial is very poorly performed. Subjective decrease in symptom duration was noted (6.7 to 5.7 days with tamiflu) but no objective measure was changed (hospitalization, x-ray pneumonia, ibuprofen usage). The treatment arm was "Tamiflu plus usual treatment" while the control was "nothing plus usual treatment." Choosing this over giving a placebo is entirely irrational. While measuring subjective symptoms is reasonable for a medication meant to be used as an outpatient, giving it without a placebo proves almost nothing about the medication. Interestingly, patient's given the medication also had an increase in nausea/vomiting, but could this be related to the idea of receiving medication all by itself?

Edited by Diliana Stoimenova, Zach Finn, Andrew Hasebrook, Ryan Johnsen, Jake Binder and Joe Walter
Post: [Connecting with patients](#)  

Author: Vivian Lei    Reviewed by: Mike Zwank

I scored the above BEEM rating because:  
The five practices described in this article can be implemented in any clinical setting in medicine. The article does mention several times how implementing these five practices can actually save time for the clinician.

The educational pearls include:  
- Connect with the patient's story - Consider the patient's context, including sociocultural background and life circumstances  
- Acknowledge the patient's efforts positively, offer praise, and celebrate small successes.  
- Explore emotional cues - Be sensitive to verbal and nonverbal cues, elicit emotions, and offer validation.

I chose the above EBM rating because:  
The author's completed a very intensive study effort that included a thorough literature review. Their Delphi-based protocol allowed them to systematically include most/all of the valuable papers that have been written on the topic.
I scored the above BEEM rating because:

Although this post is relevant to the field of medicine as a whole, global health and public health in particular, I did not find it directly related to the field of Emergency Medicine in terms of this affecting my daily practice. However, it is important to take away some of the points made about specific populations at greatest risk, including overwhelmed systems in low-income nations. This correlates to underserved populations for which the disease can rapidly spread ex nursing home, elderly, disabled, homeless, etc that we help on a daily basis in the ED.

The educational pearls include:

Covid-19 is transmitted efficiently. The average infected person spreads the disease to 2-3 people. This is an exponential rate of infection. Making matters worse, is that minimally symptomatic or even pre-symptomatic individuals can spread the virus, making it very difficult to contain.

It is a complex challenge for a system to create a safe and effective vaccine or antiviral, get them approved, and deliver billions of doses to those in need within a few months after the discovery of a novel fast-moving pathogen. This process requires jumping through numerous obstacles and also demands partnership between government, private, and public sectors and on a global scale.

Additionally, donor governments can and must help low to middle income countries to prepare for a pandemic. This is important as these systems are already stretched thin and easily overwhelmed by a new pandemic. Thus, it should be recognized that we have to strategize to

*Edited by Diliana Stoimenova, Zach Finn, Andrew Hasebrook, Ryan Johnsen, Jake Binder and Joe Walter*
help these systems in lower income countries to create infrastructure to fight epidemics, deliver vaccines, monitor disease patterns and to alert the world to potential outbreaks before they occur.

**I chose the above EBM rating because:**

First, we are early into the current pandemic, and are already limited on evidence due to limited information and studies/data available. Additionally, this was not an academic piece of literature. This was primarily a well-respected and global leader (Gates) encouraging the cooperation of private and public sectors on a global basis to work together and to properly allocate resources/funding to combat the current pandemic, but to realize the importance of planning for future pandemics well before they occur.

*Edited by Diliana Stoimenova, Zach Finn, Andrew Hasebrook, Ryan Johnsen, Jake Binder and Joe Walter*