Ascension St. John Hospital

Research Vitals

Ascension St. John Hospital | August 2024 | Volume 8, Issue 3

Welcome to all of the new medical students, residents and fellows who joined Ascension St. John Hospital this summer. On behalf of the Research Department staff, let me extend our warm welcome and tell you that we are looking forward to working with you in the years to come.

The GME Research Department is here to help medical students, residents, fellows, and faculty with every step involved in research and scholarly activity. Count on us for assistance with writing protocols, computing sample sizes for studies, analyzing data, assisting with posters...and answering any questions that you might have. When in doubt about anything related to research or IRB, the best thing is to just ask a question. Feel free to start with me—please email me at susan.szpunar@ascension.org. If you have questions about travel for research, reimbursement or other questions, please contact Ms. Debbie Spampinato at Deborah.spampinato@ascension.org.

We are here to help you—please don't be reticent about asking for information or assistance.

One important reminder is about case reports. Please remember that **you need to obtain written patient consent** prior to writing a case report. If the patient is unable to provide consent, you need to request it from the next of kin (see page 4).

Best wishes in this academic year,

Dr. Susanna Szpunar

Director, Biomedical Investigations and Research

Fast Stats

Bias in Clinical Research

There are two types of error that occur in clinical research: random error and systematic error, also known as BIAS. Random error is sometimes referred to as sampling error or measurement error. It is a less serious form of error because we can measure it and control for it statistically. Bias, however, is a more serious kind of error, because it is a systematic deviation from the underlying truth that arises from a feature of the study design or conduct. Bias can lead to an overestimation of effect, an underestimation of effect or a nullification of effect. Bias cannot be controlled for statistically—once a bias is present, it cannot be removed. Therefore, the only way to minimize bias is to consider all possible sources of bias—and how to minimize them—when designing the study.

Over **50** different types of bias in clinical research have been identified. These biases can occur pre-study, during the conduct of the study, or during the data analysis. Case-control (also known as retrospective or backward-looking) studies are the most subject to bias. Here are some of the more common forms of bias:

Detection (surveillance): tendency to look more carefully for an outcome in one of the comparison groups.

Recall: occurs when patients who experience an adverse outcome have a different likelihood of recalling an exposure than patients without the outcome.

Misclassification: occurs when patients are incorrectly classified with respect to either exposure or outcome.

Selection: occurs when the criteria used to recruit and enroll subjects into study cohorts are inherently different.

Chronology: occurs when historic controls are used as a comparison group for patients undergoing an intervention, if secular trends may have changed how a disease is diagnosed, treatments are administered, or outcomes are measured.

Thank you, Dr. Minnick!

In July, 2024, Dr. Steven Minnick retired from the position of Designated Institutional Official (DIO) at Ascension St. John Hospital, after 38 years of service in that role. Dr. Minnick became the DIO in 1986 and in the ensuing years, he fostered the education of countless medical students, residents, and fellows. If you multiply the number of medical trainees x the number of patients each of those practicing physicians now treats, you get a tiny glimpse of the impact that Dr. Minnick has had on medical education and patient care (and will continue to have for many years to come)! In addition to his impact on trainees, Dr. Minnick has been a leader and a role model for dozens of faculty and staff members. He has been a tireless supporter of research and scholarly activity.

Dr. Minnick earned his Bachelor of Science degree in Zoology at Michigan State University and then crossed the green/blue divide to earn his Doctor of Medicine and MBA at the University of Michigan. So which football team did he root for? Both! He rooted for the underdog and celebrated everyone's victories.

Dr. Minnick had a long history of leadership in medical education and continuing medical education. He served as the Chair of the Accreditation Council for Continuing Medical Education (ACCME). He also served as the Chair of the Monitoring Committee from 2003-6 and was a member of the Executive Committee and ACCME's Representative to the Association for Hospital Medical Education (AHME) from 1995-2000. Dr. Minnick is thought of as a leader in Continuing Medical Education and serves as a resource to CME programs around the country to this day.

Dr. Minnick was the President of AHME from 1999-2001 and the Chair of the AMA's Ad hoc Committee on Physician Performance Development from 2001-2004 (who developed the first guidelines for Performance Improvement Continuing Medical Education for AMA-PRA Category I credit). He later when on to sponsor several PI-CME projects at Ascension St. John. St. John has always had a cadre of trainees from around the world. These trainees have all benefitted from Dr. Minnick's long-term service as a leader in various roles for the Education Commission for Foreign Medical Graduates (ECFMG) (2007-2014).

The memberships, leadership roles, accolades and awards for Dr. Minnick span several pages of his CV; however, none of these items successfully depict Dr. Minnick's career-long contribution to Ascension St. John. Among many improvements tied directly to patient quality and safety, Dr. Minnick oversaw the creation on the Alexander Nick Simulation Laboratory, a state-of-the-art Sim Center with a variety of high-fidelity simulators. In addition, he spearheaded the integration of easy-to-use population management software in our Internal Medicine Residency Program to ensure that every resident learns about quality improvement, quality metrics, and how to handle a panel of patients.

Thank you, Dr. Minnick for everything you have done for medical education at Ascension St. John and in the broader sphere of medical education. Thank you for being such a generous, kind, thoughtful and inspiring leader. We will miss you terribly! Best wishes on this next chapter of your life!

Recent Publications

Saravolatz LD, Pawlak J. Rhodomyrtone: a new anti-*Staphylococcus aureus* agent against resistant strains. JAC Antimicrob Resist. 2024 Jul 3;6(4):dlae097.

De Rose L, Sorge J, Blackwell B, Benjamin M, Mohamed A, Roverts T, Szpunar S, Saravolatz LD. Determining if the prognostic nutritional index can predict outcomes in community acquired bacterial pneumonia. Respir Med. 2024 May;226:107626.

Baracy MG, Jr., Kerl A, Hagglund K, Fennell B, Corey L, Aslam MF. Trends in surgical approach to hysterectomy and perioperative outcomes in Michigan hospitals from 2010 through 2020. J Robot Surg. 2023;17(5):2211-20.

Eisenschink J, Leveille D, Leveille R, Mollica A, Rhodenizer J. Postoperative Opioid Consumption Following Hallux Valgus and Rigidus Surgery: A Guide to Postoperative Prescription Writing. J Foot Ankle Surg. 2023;62(5):873-6.

Elazzamy H, Bhatt M, Mazzara P, Barawi M, Zeni A, Aref A. Pattern of Residual Submucosal Involvement after Neoadjuvant Therapy for Rectal Cancer: A Rationale for the Utility of Endoscopic Submucosal Resection. Medicina (Kaunas). 2023;59(10).

Alshanqeeti S, Szpunar S, Anne P, Saravolatz L, Bhargava A. Epidemiology, clinical features and outcomes of hospitalized patients with COVID-19 by vaccination status: a multicenter historical cohort study. Virol J. 2024;21(1):71.

Aref A, Abdalla A, Bhullar J, Knoll E. Perspective on the PROSPECT: The Conundrum of Managing T3n0-N1 Mid and Upper Rectal Cancer. Dis Colon Rectum. 2024

Cohen GI, Saleb K, Troy P, Hagspiel KD, Lalonde T. The enigma of fine mobile structures on the aortic surface in a patient undergoing transcatheter aortic valve replacement: a case report. Eur Heart J Case Rep. 2024;8 (6):ytae263.

Coriasso N, Daher E. Utility of magnetocardiography (MCG) in the assessment of obstructive coronary artery disease before and after percutaneous coronary intervention: A case series. Am Heart J Plus. 2024;45:100425.

Graham I, Boston A, Hayward R, Berri R. Outcomes following cytoreductive surgery (CRS) and hyperthermic intraperitoneal chemotherapy (HIPEC) for peritoneal malignancies: 10 Year experience. Am J Surg. 2024;230:78-81.

Hruska J, Darke M. Management of an Entrapped Epidural Catheter. Cureus. 2024;16(3):e56919.

Kale-Pradhan PB, Pacitto R, Giuliano CA, Johnson LB. Evaluation of High-dose versus Standard-dose of Dexamethasone on Mortality among the Mechanically Ventilated COVID-19 Patients. Curr Drug Saf. 2024;19 (3):350-5.

Malik A, Szpunar S, Sharma M, Johnson LB, Saravolatz L, Bhargava A. Predictors of prolonged length of stay in adult patients with respiratory syncytial virus infections - a multi-center historical cohort study. Front Microbiol. 2024;15:1385439.

Consent for Case Reports

It is required that you obtain consent from patients or next-of-kin when you plan to write a case report. We have a standard consent form that should be used. The consent needs to be in writing; a verbal consent is not sufficient. Please remember to both sign and date the consent form as the requesting author. Please contact Dr. Szpunar for a copy of the consent form and instructions, if needed.

Remember that none of the 18 elements of PHI should never be included in a case report. The 18 elements are:

1. Patient names
2. Geographical elements
3. Dates related to the health or identity of individuals
4. Telephone numbers
5. Fax numbers
6. Email addresses
7. Social security numbers
8. Medical record numbers
9. Health insurance beneficiary numbers
10. Account numbers
11. Certificate/license numbers
12. Vehicle identifiers
13. Device attributes or serial numbers
14. Digital identifiers, such as website URLs
15. IP addresses

Upcoming SEMCME Programs

Fall Chief & Senior Resident Workshop
Sept. 6, 2024 Noon-4:00 pm EST
Information and registration

Research Workshop Series
Wednesdays, Sept. 4—Dec. 11, 2024
Noon-1:00 pm EST via Zoom
Information and registration

Improving Professionalism through EI Skills
Sept. 11, 2024 Noon-1:00 pm EST via Zoom
Information and registration

Physician Impairment: A Personal Journal
Sept. 17, 2024 Noon-4:00 pm EST via Zoom
Information and registration

Fundamentals of Quality Improvement Bootcamp
Oct. 2, 2024 1:00-4:00 pm EST
Mazurek Educational Commons, Detroit, MI
Information and registration

For more information: https://semcme.org/

Upcoming CME Programs

Mental Health and Primary Care
November 1, 2024, 7:30 am - 1:30 pm EST
Grosse Pointe War Memorial

For more information: Nancy.derita@ascension.org

Research Staff

Susanna Szpunar, PhD	Director, Biomedical Inv. & Research	Susan.szpunar@ascension.org
Deborah Spampinato	Administrative Asst. II	Deborah.spampinato@ascension.org
Karen Hagglund, MS	Clinical Scholar	Karen.hagglund@ascension.org
Alice Mar, BA	Clinical Scholar	Alice.mar@ascension.org
Shelby Miller, MPH	Clinical Scholar	Shelby.miller@ascension.org
Mary (Chase) Trost, MA	Research Assistant	Mary.chase@ascension.org