

New academic year information, On-site Writing Workshop
Scholarships, *Evidence-Based Practice*
June 2015, and this month's PURLs
journal club toolkit



FPIN Community Bulletin

June 2015

Good Evening <<First Name>>,

We know this time of year is busy as you all are saying goodbye to graduating residents and inviting new interns to begin their journey in family medicine. Amidst the rush, we wanted to take a few minutes (or lines) to share with you the "need to know" info for the new academic year. We are looking forward to working with you all over the coming months!

Top 5 Things You Need to Know!

1. Universal Member Password Update --

The member universal password has been updated starting July 1, 2015. The new password is: **family1516**

This password is for everyone at your program as we no longer have individual u/p.

You can use this password to:

- [Access the FPIN Institute](#), including the PURLs Journal Club
- [Sign-up or propose you own questions](#)
- [Read past issues of *Evidence-Based Practice \(EBP\)*](#)
- [Access past FPIN Community Bulletins](#)

If you need additional support with accessing the website content, you can email membership@fpin.org or call 417-501-8651.

2. The EMS is Here --

FPIN's Editorial Management System (EMS) is here! With the July 1 launch date this week, we want to take this time to highlight some of the key things that will be important during this exciting transition. The EMS is an online editorial management system. Overall, it will lead to a more efficient editorial process and a faster turn-around time to publication for HelpDesk Answer authors. [Click here](#) for a sneak peak at some of the amazing features of the EMS! **You can also visit our [EMS Author Help Page](#) for additional instructions and audio-visual tutorials.** Any questions regarding the EMS can be directed to Adelina Colbert by calling 573-256-2066 or by emailing Adelina@fpin.org.

3. Onsite Writing Workshop Deadline Approaching Soon --

For the first time ever, FPIN is offering scholarships to support funding for the onsite workshops we offer. A full scholarship will be awarded to ONE program in the amount of \$5500 and 19 scholarships will be awarded in amount of \$1000. These workshops are designed to help jumpstart scholarly activity at residency programs and **WE'RE EXTENDING THE DEADLINE FOR APPLICATIONS TO JULY 21, 2015!**

Benefits of an FPIN workshop:

- Workshops provide faculty development opportunities and programs receive on-sight coaching from an FPIN faculty leader.
- Programs that publish manuscripts following the FPIN writing workshop model publish 56% faster than programs that implement FPIN scholarly projects without hands-on training workshops for faculty.
- FPIN published authors report a higher degree of satisfaction having had learned the foundational EBM concepts in the FPIN model of writing workshops.

[Apply for the Workshop Scholarship](#)

4. Refer a Family Medicine Residency Program to FPIN --

Nobody can tell the FPIN story better than our members! We've always been a word of mouth organization, so let us thank you for what you are already doing. Now we'll give you a \$100 Amazon gift card as a token of our appreciation when you refer a new FPIN member. [Click here to see details.](#)

5. Set-up Your Annual Implementation Call with FPIN --

With the new year starting, this is a great time to set up a call with us to discuss your goals for the year. There are also additional opportunities for faculty to participate in furthering FPIN's mission and get involved in a rewarding faculty development endeavor. FPIN can match your skill sets with the needs of the organization to create a win-win. [Click here](#) to see examples of how you can get involved at a local and national level.

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FPIN
presents
**Evidence-Based
Practice**

This issue highlights these topics and more!

- Contraindications to the influenza vaccine
- Timing of cord clamping in newborns
- Alpha-blockers for ureteral stones

[View the June Issue](#)

CME

Evidence-Based Practice

A Peer-Reviewed Publication of the Family Physicians Inquiries Network VOLUME 18 NUMBER 6 JUNE 2015

EDITORIAL

3 Overview of the C.E. course

DRIVING FOR PURL

4 PEG in place of lactulose for treatment of acute hepatic encephalopathy: skip the drip when prescribing PEGs for high-risk bleeding ulcers

5 Atipronolol: An old drug revitalized for CVD? The best way to discontinue PEGs is still in doubt

EBM ON THE WARDS

6 Dial vs subcutaneous vitamin K

RELEASED ANSWERS

7 Coumadin therapy

8 Antihypertensives for erectile dysfunction

9 Contraindications to influenza vaccine

10 OMT and neck pain dysfunction

11 Topical alternatives to long-acting topical antihistamines for allergic conjunctivitis

12 Timing of cord clamping

13 Probiotics for *C. difficile* diarrhea in immunocompetent adults

14 Cephalosporins, quinolones, and spontaneous bacterial infection

15 Common bacterial pathogens in nursing home-acquired pneumonia

16 Breathing exercises for lowering blood pressure

17 Surgical vs nonsurgical treatment for ACL tears

18 Chronic PPI use and fracture risk

19 Single breast disease as a risk factor for breast cancer

20 Croup and humidified air

21 Food triggers for migraines

22 Routine skin exams for skin cancer

23 Medication for hypertension

24 Dietary interventions for treating fatty liver disease

SPOTLIGHT ON PHARMACEUTICALS

14 Beta-blockers for amblyopia

CME TEST

15 June 2015



IN DEPTH

Are beta-blockers safe to use in patients with asthma or COPD?

Evidence-based answer

Beta-blockers (cardioselective and nonselective) appear safe in patients with mild to moderate asthma or chronic obstructive pulmonary disease (COPD) and do not produce significant adverse respiratory effects (SOR: **A**, systematic review of RCTs). Beta-blockers are not associated with increased hospital admissions or length of stay and are, in fact, associated with fewer outpatient clinic visits. Avoiding beta-blockers in patients with asthma or COPD who present with acute coronary syndrome is associated with increased mortality (SOR: **B**, cohort studies).

Evidence summary

A Cochrane meta-analysis of 29 RCTs examined the effects of cardioselective beta-blockers in adults with mild to moderate asthma or COPD. The age range of participants was 20 to 65 years (mean age 40 years).¹ Single-dosed cardioselective beta-blockers reduced forced expiratory volume in 1 second (FEV1) by 7.5% compared with placebo (19 trials, n=240; mean difference [MD] -7.5%; 95% CI, -9.3 to -5.6), without clinically significant adverse respiratory effects (specifically wheezing, dyspnea, or asthma exacerbation).

The change in FEV1 with use of a beta-2-agonist after a beta-blocker was larger than the change with the use of a beta-2-agonist after placebo (15 trials, n=444; MD 4.6%; 95% CI, 2.5-6.8). Continuous beta-blocker treatment that lasted 2 to 28 days produced no change in FEV1 (10 trials, n=136; MD =0.42%; 95% CI, -3.74 to 2.91), respiratory symptoms, or inhaler use compared with placebo. Most of the participants were relatively young, had only mild to moderate airway obstruction, and no recent asthma exacerbations. Many of the studies were of short duration.

A retrospective cohort study using Veteran's Administration inpatient and outpatient records in Iowa and Nebraska examined possible associations between healthcare resources used (clinic

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PURLS Journal Club



July 2015: Another good reason to recommend low-dose aspirin

Includes:

Instructions

Detailed presenter/speaker notes

This month features the teaching points: **Publication bias and funnel plots**

Journal club worksheet

Copy of the published PURL

Potential PURL review form

Log into the [FPIN Institute](#) to access the journal club toolkits. Remember to enter the new universal password: family1516

“FPIN supports a collaborative learning community for primary care clinicians, learners, and faculty to promote and disseminate evidence-based scholarship. We improve patient care by translating research into practice.”

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