



Commencement...an interesting word. Consulting the Oxford dictionary, the word means “a beginning or start”, but also “a ceremony in which degrees or diplomas are conferred on graduating students.” So is commencement an ending or a beginning? At this time of year, for our residents and fellows, it is both. It is an ending to the time you spent as a resident or fellow (or both) at our ever-changing health system and also the beginning of your next adventure.

Similar to the COVID-19 cohort of residents and fellows, today’s graduates have faced many challenges in addition to the rigors of training. They faced all of the uncertainty and ongoing change related to the Joint Venture, the cyberattack, the strike in the ED and also many other bumps in the road along the way. You started off working at one hospital—Ascension St. John—but now you are graduating from Henry Ford St. John!

Congratulations to all of you on your hard work, dedication to patients and your resilience during these difficult and ever-changing times. The one thing that we know is constant is change. And now, our graduates are embarking on another set of life changes.

The Research Department and I have enjoyed working with you. We will miss you and wish you the best in all your future endeavors.

And for the rising residents and fellows and our new residents and fellows, we cannot wait to get to know you better!

Congratulations

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## Fast Stats

### Superiority, Equivalence and Non-Inferiority

When you are reading a journal article about a randomized controlled clinical trial (RCT), you will come across the words “superiority”, “equivalence” and “non-inferiority.” So, what’s the difference?

1. Superiority trials: Superiority trials are the types of RCTs that we are most familiar with. The goal in these studies is to determine if an experimental treatment is **superior** to a placebo or to an existing treatment. The primary objective is to determine the magnitude of increased benefit of the experimental intervention over standard therapy on effectiveness outcomes.
2. Equivalence trials: These RCTs seek to determine that an experimental treatment is “**neither better nor worse**” (beyond a pre-specified margin) than the standard.
  - These trials require an *a priori* definition of the smallest difference in outcomes between the interventions that patients would consider large enough to justify a preference for the superior.
  - For the researchers to claim equivalence, the confidence interval (CI) for the estimated treatment effect at the end of the trial should exclude that difference.
3. Non-inferiority trials: These RCTs try to establish whether an experimental treatment is “**not much worse**” than a standard treatment, i.e. not so inferior that it would cause a concern. Non-inferiority is of interest if the new intervention has some other advantage, such as lower costs or fewer side effects, that mitigate the trade-off in effectiveness.

Remember that one of the determinants of sample size is the magnitude of the difference you are trying to detect. In both equivalence and non-inferiority trials, the magnitude of the difference will be very small, so these studies typically require large sample sizes. Thus, they are often multi-site, even multi-national studies.

## Resident Research Day 2025

### Congratulations to this year's winners!

#### **Research Presentations:**

##### **First Place:**

Ahmad Sater, MD

*A Retrospective Comparison of the AHA/ACC ASCVD Risk Assessment and Statin Recommendations Versus the Prevent Equation.* Department of Internal Medicine .

##### **Second Place:**

Alessandra Jannette, DO

*Comparison of Cystotomy in Midurethral Sling Procedure With and Without a Rigid-Catheter Guide.* Department of Obstetrics and Gynecology.

##### **Third Place Tie:**

Samuel B. Raterink, MD

*Assessing Advance Directive Completion for Subsequent Medicare Patients with CFH and COPD at Two Henry Ford St. John Internal Medicine Clinics.* Department of Internal Medicine.

Yasser Ellaicy, DO.

*Internal Medicine High Sensitivity Troponin: Impact on Hospital Resource Utilization.* Department of Internal Medicine.

##### **Honorable Mention:**

Samantha Itchon, MD

*Evaluating Adverse Effects Associated with Continuous Veno-Venous Hemodialysis in Critically Ill ICU Patients.* Department of Internal Medicine.

#### **Track II (Scholarly Activity):**

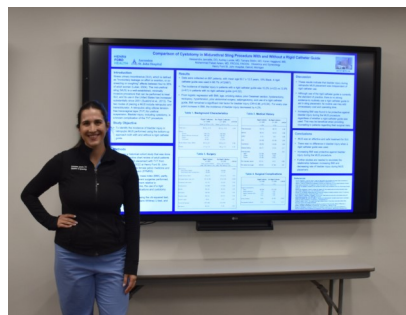
##### **First Place:**

Madelyn Aittama, MD

*Emergency Medicine Forged in Crisis: A Year of Resilience in Emergency Medicine.* Department of



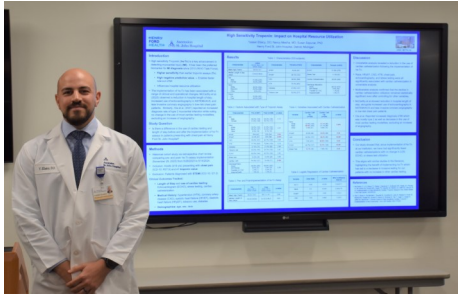
Ahmad Sater, MD



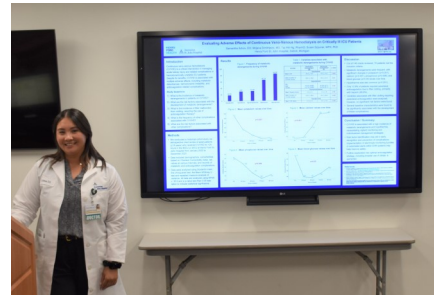
Alessandra Jannette, DO



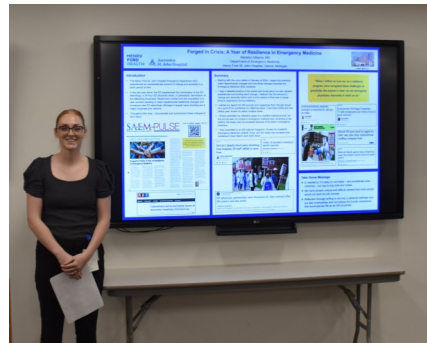
Samuel Raterink, MD



Yasser Ellaicy, DO



Samantha Itchon, MD



Madelyn Aittama, MD

### Recent Publications

Ahluwalia J, Babu S, Hauptert M, Thottam P. Safety outcomes of balloon dilation eustachian tuboplasty in pediatric patients: a follow-up study. *Otol Neurotol*. 2025 Jan 1;46(1):67-71.

Ahluwalia J, Babu S, Hauptert M, Thottam P. Outcomes of concurrent balloon eustachian tuboplasty and tympanostomy tube placement in children. *Laryngoscope*. 2024 Nov;134(11):4799-4802.

Aref A, Abdalla A, Bhullar JS, Knoll E. Perspective on the PROSPECT: The conundrum of managing T3n0-N1 mid and upper rectal cancer. *Dis Colon Rectum*. 2024 Oct 1;67(10):1229-1231. doi: 10.1097/DCR.0000000000003291. Epub 2024 Jul 17. PMID: 39016394; PMCID: PMC11373888.

Dobry P, Edwin SB, Haymart B, Barnes GD, Kaatz S, Ali MA, Giuliano C. Treatment of atrial fibrillation and venous thromboembolism with factor Xa inhibitors in severely obese patients. *J Thromb Haemost*. 2024 Dec;22(12):3500-3509. doi: 10.1016/j.jth.2024.08.009. Epub 2024 Sep 5. PMID: 39243861.

Hanke P, Domingo ME, Salanio G, Ahmed K, Hu J, Hendricks K, Howard J, Hashimura T, Guiliano C, Haan BJ, Ng TH, Kelley D, Knight T, Koopman K, Obstoj M, Breeden T, Sirbu D, Romano M, Harpenau A, Konneker R, Acevedo J, Pan N, Edwin SB. Apixaban versus warfarin for treatment of venous thromboembolism in patients with severe renal impairment: a multicenter study. *J Thromb Thrombolysis*. 2025 Mar;58(3):380-390. doi: 10.1007/s11239-025-03075-5. Epub 2025 Feb 22. PMID: 39987314.



### Consent for Case Reports

**The consent form has been updated with the new hospital name; contact Dr. Szpunar if you need a copy!**

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. Remember that none of the 18 elements of PHI should ever 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
16. Biometric Identifiers
17. Full face photographic images
18. Any other unique identifying number, characteristic or code

### Upcoming SEMCME Programs

#### 2024-2025 Research Workshop Series

**August 1, 2025** Fetal Assessment

**September 5, 2025** Fall Chief & Senior Resident Workshop

**September 5, 2025** Fundamentals of Quality Improvement Bootcamp

**September 10, 2025** The Intersection of Professionalism and Physician Well-Being

**September 12, 2025** Personality and Leadership Style Behavioral Assessment

**September 17, 2025** Patient and Physician Impairment: Creating Lasting Change

**October 3, 2025** Imposter Syndrome in Education

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



### Upcoming CME Programs

#### Update in Radiology Conference

July 30, 2025  
virtual conference

For more information: [nderita1@hfhs.org](mailto:nderita1@hfhs.org)

### Research Staff

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