

Department of Emergency Medicine

Calgary Zone

weekly email updates for ED Physicians

Natalie

Operations

Notes from Eddy - Leadership Transition Edition

Dear colleagues,

As our department looks forward to welcoming a new clinical and academic department head, I would like to share some sentiments and reflections as my second term in this leadership role comes to an end.

First and foremost, I would like to express what an incredible privilege and honor it has been to serve this group in that capacity over the past 11 years. Well 10 1/2 to be exact with one extra year as the interim head and six months of sabbatical between my first and second term – thank you to Drs. Walker and Collins for making that possible and covering in my absence.

At the CAEP meeting in Saskatoon a Canadian department head colleague of mine who was stepping away from their leadership position asked me if knowing what I know now and presented with the possibility of going back in time would I apply for this role again. I actually never considered this question before but after a fairly short period of reflection my answer was and remains definitely yes.

While there have been some challenging and tumultuous moments over the last 11 years, one thing I wish to acknowledge without hesitation is that the job as department head has been made so much more enjoyable, rewarding and manageable because of so many our department members.

In no specific order, I would like to thank following groups and individuals who have contributed so importantly to the growth and success of this department on both the clinical and academic side with the latter celebrating its 12th birthday this year i.e. the creation of the academic department of emergency medicine at the Faculty of Medicine, University of Calgary

1) Mr. Scott Banks who has served steadfast as our departmental manager since before my recruitment to Calgary in 2009.

2) The many administrative staff who have supported both the clinical and academic mission of the department. Special thanks to our amazing team lead Lilian Prudencio and longstanding contributors Madhavi and Tris Talasila as well as my administrative assistants over the years, most recently Jordan-Rose Detilleux. Special shout out to Natalie Sun who leads our newsletter and annual report write-up.

3) Three amazing deputy department heads / operational leads who have worked tirelessly and made significant headway on a range of issues over the years: Drs. Laurie-Ann Baker, Neil Collins and James Andruchow.

4) Our fabulous nursing leaders including my operational dyads over the years Pam Holberton, Karen Foudy, Michael Suddes and most recently Emma Folz as well as our many passionate and dedicated site managers.

5) Our educational leaders who have made our programs shine garnering success and recognition at so many levels and training so many of who we can now claim as our own exceptionally well-trained and empathic physicians. Drs. Bryan Young, Sarah McPherson, Marc Francis, Todd Peterson, Aaron Johnson, Margriet Greidanus, Catherine Patocka, Fareen Zaver, Brittany Sunderani, Charles Wong, David Fu, Anjali Pandya, Meira Louis, Melanie Sohn, Gavin Greenfield, Clare Acton, Kelsey Ragan, Trevor Langhan and Matthew Erskine. Our many dedicated members of the RPC and the countless longitudinal preceptors have also contributed to where we are now.

6) The many hard-working and dedicated site chief and assistant site chiefs as well as QI / patient safety leads who have served over the years. Drs. Nancy Zuzic, David Fu, Meira Louis, Haley Cochrane, Andrea Boone, David Mainprize, Dan Joo, Carly Hagel, David Lendrum as well as Rick Morris, Chris Bond, Alyssa Morris, Andy Anton, Ian Walker, Gavin Greenfield and Cathy Dorrington, Cam McGillivray and Phil Ukrainetz to name the most recent leaders. Special shout out to Dr. Adam Oster who has led the safety portfolio and Shawn Dowling who served as the Effectiveness Coordinator. Brad Granberg both as our Disaster preparedness lead and the medical director of the Integrated Operational Center.

7) My impressive research colleagues including Drs. Andrew McRae, Grant Innes, Kathryn Crowder, Stephanie Vandenberg, Katie Lin, James Andruchow, Catherine Patocka and most recently Jessalyn Holodinsky.

8) Other critically important leaders in our department who have led important portfolios include Drs. Gordon McNeil and Meaghan Mackenzie for Sim. Drs. Tom Rich, Matt Grabove and Chris Hall for their IT leadership and Danny Peterson, Mark Bromley and Colin Bell for our vital ultrasound program. Dr. Bryan Weber, Zone Airway lead. Geriatric and Mental Health liaison roles to Drs. Marge McGillivray, Jen Nicol and Ayesha Khory. And of course, Dr. Sarah McPherson for leading our Wellness program.

9) Last on this list but certainly not the least, are you, the 240 Emergency MDs that provide excellent and compassionate clinical care to nearly 1000 Calgarians every day. Working at all four sites has allowed me to witness firsthand the dedication to the craft as well as collegiality and professionalism that is unique to our discipline and supported by our working conditions. I know very well that many of you contribute well beyond the time that you are seeing patients in our emergency departments and in very important roles both explicitly and with titles and implicitly and as caring MDs wanting to improve our department.

10) One of the great privileges that comes with being long in the tooth in an academic medical career is the opportunity to contribute to the career paths of trainees interested in scholarship. I'd like to thank the dozens of medical students, undergraduate students, graduate students and residents who have reached out to me for supervisory assistance and mentorship and for whom I hopefully was able to guide and contribute to their growth in some way.

As you can see there are a great number of people who have made this department what it is today, and I will be forever grateful to all for their contributions and support. Also, sincerest apologies for anyone who I may have inadvertently forgotten from this list.

This also marks my 31st year as a practicing emergency physician and I can also say without a doubt that I won the lottery when I chose this career path. Somewhat self-deprecating and on a lighter note but here are some resonant YouTube videos to support my contention.

Emergency medicine residency interview

<https://www.youtube.com/watch?v=J9tfj2mi0LA&t=5s>

Emergency medicine consults

<https://www.youtube.com/watch?v=01sbG1RMUI4>

<https://www.youtube.com/watch?v=rasEIDEGxKA>

The Cumming School of Medicine has graciously agreed to renew my GFT contract, and I will be remaining in Calgary both to work as an emergency physician and support both the leadership transition as well as my new department head in whatever capacity they think I would be most helpful.

I wish you all a fabulous and restful and enjoyable summer with you and your loved ones.

Respectfully, thankfully and with admiration,

Eddy

Shigella Sonnei in Calgary's Unhoused Population

[Guidance for Physicians - Shigella](#)

When you are planning to discharge from hospital an unhoused patient with Shigellosis, please email (from your AHS email) **their demographics (ULI & name), anticipated discharge date, likely discharge location, and active GI symptom status** to MOHCONSULTYYC@ahs.ca.

Connect Care Update

Hi Everyone

Here is the Connect Care Update for this week:

1) FAST Clinics and CERA / C-Endo are Paperless!

I have been in touch with the staff at the FAST clinics (urology, vascular surgery, ortho/spine, general surgery) and the CERA / C-Endo clinic and they have indicated that they do not require separate paper forms for referrals from the ED. The automatic referral letter that is generated by the external referral process in Connect Care has proven to be acceptable to them so all you have to do is fill in the pertinent clinical details in the Comments section of the ambulatory referral order. No more printing / sending paper forms! Yay! ([The CZ Referral Workflows Document](#) has been updated to reflect this.)

2) CPSA Physician Practice Improvement Projects (PPIP) and Connect Care

As many of you know, the CPSA mandates that we all participate in 3 PPIP activities over a 5-year period. 'Connect Quality' is an initiative developed by the Chief Medical Information Office (CMIO) of AHS to provide the resources, training, reporting tools, and documentation required for you to meet the CPSA's PPIP requirements. Check out the following link to find more details about how you can use Connect Quality to achieve your PPIP goals: <https://manual.connect-care.ca/Training/connect-quality>

3) IT Bed IFT Workflow

I am still hoping to receive feedback from anyone who has had recent experiences with the IT Bed transfer workflow. Good, bad, or ugly please let me know your feedback at chris.hall@ahs.ca

As always, if you have any questions, please don't hesitate to ask.

Chris Hall

Grand Rounds and Journal Club

*****GRAND ROUNDS on JUNE 20, 2024 are CANCELLED******

Please note that due to an unforeseen circumstance there will be no grand rounds on June 20. Those looking for some alternate CME may consider reviewing the CPSA PIPP website which includes new information about how to fulfill your PIPP projects (every regulated member of the CPSA is required to fulfill one of three different projects every five years). <https://cpsa.ca/physicians-competence/ppip/>

[To view archived grand rounds, please visit our website.](#)

Department News

Kudos Corner

Congratulations to Dr. Bobby Johnston, Dr. Kira Genise, Dr. Scott Wakeham and Dr. Duncan Simmons on having officially passed their RCPSC examinations!

-Anjali & Kelsey

Life Saving Care in the ED When Patients Present with Self-Harm

In collaboration with Psychiatry and Emergency Medicine, this Practice Note has been developed for practitioners regarding the provision of emergency life-saving treatment to patients in ED settings who have self-harmed and the patient is refusing treatment. Clear communication between Protective Services and the treatment team is important in maintaining patient safety. The information below does not replace clinical judgment, and is subject to policy in place at the time of the patient's presentation in the ED:

- Form 1 under the Mental Health Act allows the patient to be detained and restrained if necessary, to prevent them from leaving the department until a

mental health evaluation is completed (within the legislated timeframe). Mental Health Act criteria must be met to issue the Form 1. The Form 1 does not itself authorize treatment for physical health without informed consent.

- [Emergency Health Care: Documentation of Exception to Consent form](#) (AHS Login needed for this form) can be used in situations where it is deemed that an emergency procedure/treatment for physical health is necessary to preserve the patient's life and the physician is satisfied the patient does not have the capacity needed to consent or refuse treatment. See the Emergency Care Algorithm linked below for the **full criteria**. If there is a reasonable belief that a patient's mental health/illness is affecting their decision-making capacity, the presumption of capacity does not apply. Each procedure or treatment must be clearly identified on the form (i.e.: insertion of central line, insulin infusion and administration of specific medications). This Emergency Care Exception to Consent form documents the legal authority for treating the patient in the absence of consent. Protective Services may restrain the patient if needed to enable provision of the procedure or treatment.

Please see the Considerations on Page 2 of this document:

<https://www.albertahealthservices.ca/assets/info/acp/if-acp-guidance-document-on-gcd-orders-and-pds-during-response-to-an-apparent-suicide-attempt.pdf>

The Emergency Care Algorithm can be found here: **(AHS Login Needed for link below)** <https://insite.albertahealthservices.ca/Main/assets/tms/hpsp/tms-hpsp-consent-algorithm-emergency-health-incapable.pdf>

A short two- or three-line documentation in the chart providing examples of why you feel the patient lacks capacity to make a decision and your reasoning to provide treatment is important.

If you contacted an alternative decision maker (guardian, agent under an activated personal directive, or a 'specific decision maker' selected under the Adult Guardianship and Trusteeship Act) to obtain consent, document your conversation and their verbal consent to treatment on the [Consent to Treatment Plan or Procedure form](#) instead of relying on the Emergency Exception to Consent.

If you have any questions, please do not hesitate to reach out to the CMPA and/or CPSA.

Feel free to reach out to me if you have any concerns or any case in which there is difficulty with our Allied Health Team in providing care. Thank you,
ayesha.khory@ahs.ca

Important Information Regarding MedSIS 3C

The University of Calgary CSM PGME will be transitioning to a new platform for completion of EPAs for all RCPSC trainees and eventually for all evaluations for all PGME trainees. This platform is called MedSIS and will first replace ePortfolio, and later One45 for PGME trainees. In order to access it, you will need your UCalgary SSO credentials. Please review the following document for more information, and on how to confirm your UCalgary account information: [LGI Education \(MedSIS 3C\)](#)

For questions, please contact Anj at anjali.pandya@gmail.com or aupandya@ucalgary.ca

Research

Physician Input Required

Thanks to all of you who completed the survey on modalities for collecting data on chest pain patients. The lucky winner of the gift card draw is Dr. Colin Bell.

The most popular methods were a hyperlink from connect care to an online data collection portal and a common chest pain history/physical template. Most people agreed that a 60-90 second time to completion is a good target.

We would like to ask for 2-3 physicians to beta-test some data collection forms in the coming weeks and provide advice on how to make them more clinician-friendly. This will likely take 3-4 hours cumulative time over the next month, and physicians will be compensated for their time. Please contact Dr. Andrew McRae (amcrae@ucalgary.ca) if interested.

Research Recruitment and Congrats

We continue to recruit at FMC for RAFF4 and at both FMC and SHC for EMED. Please consider referring your paroxysmal Afib patients considered for cardioversion, or your patients with opiate use disorder considered for at-home buprenorphine-naloxone induction. Our research assistants and coordinators: Netanya, Aysha, Christina and Eric will be in the departments to facilitate all study processes. We thank you for your continued support and stay tuned for new trials coming in Fall 2024!

A Big Congratulations to all Calgary presenters and moderators at CAEP2024 in Saskatoon June 9-12! Special acknowledgement to Drs. Jessalyn Holodinsky, Catherine Patocka, Eddy Lang, Andrew McRae and Colin Bell, as well as residents Drs. Mary Freymond and Cody Dunne on their work presenting and moderating! We look forward to CAEP/ICEM 2025 in Montreal!

Congratulations to Drs. Lang, Vipond and Battison on their publications this week:

[Chun S, Khatib N, Sithamparapillai A, DeSouza K, Pritchard J, Erak M, Landes M, Bartels S, Battison AW, Hunchak C, Oyedokun T, Stempien J, Eggink K, Collier A, Johnson K. Global emergency medicine: four part series on best practices : Paper 1: Introduction and overview of global emergency medicine. CJEM. 2024 Jun 10. doi: 10.1007/s43678-024-00690-8. Epub ahead of print. PMID: 38856939.](#)

[Contreras DG, McLane P, Barber CEH, Lin K, Elliott MJ, Chomistek K, McQuitty S, Davidson E, Hildebrandt C, Katz S, Lang E, Holroyd BR, Barnabe C. Emergency department utilization by persons with rheumatoid arthritis: a population-based cohort study. Rheumatol Int. 2024 Jun 8. doi: 10.1007/s00296-024-05627-z. Epub ahead of print. PMID: 38850323.](#)

[Greenhalgh T, MacIntyre CR, Baker MG, Bhattacharjee S, Chughtai AA, Fisman D, Kunasekaran M, Kvalsvig A, Lupton D, Oliver M, Tawfiq E, Ungrin M, Vipond J. Masks and respirators for prevention of respiratory infections: a state of the science review. Clin Microbiol Rev. 2024 Jun 13;37\(2\):e0012423. doi: 10.1128/cmr.00124-23. Epub 2024 May 22. PMID: 38775460.](#)

Updated Newsletter Process

Submissions can be sent to: natalie.sun@ahs.ca and CC Jordan-Rose.Detillieux@ahs.ca.

- Submissions will run for a period of one week
- Body copy will be edited at the discretion of the editor to optimize communication
- The deadline is **Tuesdays at noon**

For reoccurring submissions, **there is a max three week run** which needs to be requested. If you would like to re-run your submission after three weeks, please submit with updates.

In Case You Missed Last Week

Department News

Career Development Week (pre-clerks) Observership

In end of June and beginning of July, we will have our next group of pre-clerks (“pc” on Metricaid) rotating through the ED. As a reminder, these are first year UofC medical students who have chosen an observership in emergency medicine. This is many of their first clinical exposure. Therefore it is entirely appropriate to treat this shift as an observership shift only as their clinical experience is zero to limited. It is also reasonable to send them home a bit early if that works better for you. I have tried to schedule them equitably and so most people should not have more than 1 pre-clerk shift this summer.

As a reminder, here is the staff primer for all FAQs related to off service residents and elective residents/clerks:

[Primer for staff working with elective learners and off-service residents](#)

Claire Acton

R5 Graduation Gifts

We are getting ready to celebrate the upcoming graduation of our R5's: Jason Elzinga, Cara McCulloch, Natasha Goumeniouk and Cody Dunne. To send them off in style, we would love to continue the tradition of graduation gifts. If they have ever brightened your day, kept you sharp on shift, lifted your overnight morale or stolen your procedures, please consider donating to their send-off.

We will collect the funds and purchase the gifts, to be distributed at the grad BBQ in June. As always your support is much appreciated. Please reach out with any questions.

E-transfers can be directed to: meaghan.mackenzie2@ucalgary.ca

Thank you, Meg, Sean, Zoe and Dana (the R6's)
