



UNIVERSITY OF CALGARY
CUMMING SCHOOL OF MEDICINE

July 15, 2025

Department of Emergency Medicine

Calgary Zone

weekly email updates for ED Physicians

DEM News Subscriber,

Operations

Notes from Catherine

It's been a challenging few weeks with both Stampede and unexpected downtimes. There is so much for the DEM to be proud of — which I'll highlight below — but I also want you to know that we are actively advocating at all levels to address some of the recent challenges.

Downtimes

I want to take a moment to acknowledge that our department has had to cope with numerous unexpected system downtimes recently. I was in the ED on July 12 and witnessed firsthand how challenging this was, including the moral injury that comes with providing care in an environment that doesn't fully support patient safety and quality. I have reached out to Zonal leadership to request a review of the circumstances surrounding these downtimes. While some downtime may be inevitable, it's critical that there is a shared understanding of how disruptive and potentially dangerous these events can be, and that the response to restore systems is proportional to the risks they pose. Stay tuned for updates.

AZMD Appointment

Dr. Nancy Zuzic has been appointed **Associate Zone Medical Director for Alberta Health Services, Calgary Zone**, bringing over two decades of dedicated emergency medicine service and leadership, including 11 years as Site Chief at Rockyview. Her collaborative approach and commitment to patient-centered care and physician wellness will strengthen the Calgary medical community. Congratulations!

Award

Congratulations to **Dr. Gord McNeil** Awarded the **Continuing Medical Education Award for Clinical, Adjunct, and Research Faculty** for his many years of dedication to inter professional simulation program in the DEM as well as his general engagement with education over the course of his career.

Clinical Promotions

Promotions/Reappointments — It was an absolute pleasure to present the following individuals to the CSM Clinical/Adjunct/Research Promotions Committee. For those interested in applying for promotion, we'll share details this fall, with expected deadlines in early January for submitting your CV and a summary of your educational contributions. I'm always happy to discuss promotion with any DEM member who would like guidance on their readiness.

Dr. Brit Sunderani – appointed to Clinical Assistant Professor, Brit has demonstrated outstanding leadership in emergency medicine education through her roles as Deputy Head of Education, Chair of the Academic Steering Committee, and a dedicated teacher and mentor in both adult and pediatric emergency medicine.

Dr. Omar Damji – appointed to Clinical Assistant Professor, Omar has demonstrated outstanding leadership and innovation in emergency medicine through his clinical excellence, development of immersive simulation technologies with VITAL XR, national recognition and research funding, and dedicated teaching and mentorship across multiple programs and specialties.

Dr. Bryan Weber – appointed to Clinical Assistant Professor, Bryan has made valuable contributions to the Department and to prehospital patient care through his work with STARS, resident airway education, research on airway management, and multi-disciplinary work on difficult airway management.

Dr. Kathryn Crowder – appointed to Clinical Associated Professor, Kathryn has demonstrated exceptional leadership in emergency medicine research in her role as research director. She has supported education through clinical teaching, and through working with the residency programs and has over 10 peer-reviewed publications.

Dr. Mel Sohn – appointed to Clinical Associate Professor, Mel has demonstrated outstanding leadership in emergency medicine education through her roles as Clerkship Director, Professional Role Course Director, and Chair of the CCFP-EM Competency Committee, while also excelling in curriculum development, learner assessment, mentorship, and national education reform.

Dr. Aaron Johnston – appointed to Clinical Professor. Please note we have only a handful of members in the DEM who have achieved Clinical Professor. In order to achieve professor, you must have contributions in all three of the following: research, education and administration. Aaron has made a huge difference in rural medical education and faculty development, helping to

expand training opportunities and shape national policy. He's contributed to programs like the Southern Alberta Medical Program, published important research on rural care, and taken on leadership roles that really move the field forward. His dedication has been recognized with awards and has helped ensure that future physicians are ready to serve communities that need them most. CONGRATULATIONS!

Gala Donations

The Gala team has collated all of the donations/auction results and are thrilled to donate \$8,000 each to Alpha House (formerly the DOAP Team), Wood's Homes, and the Calgary Women's Shelter, for a total of **\$24,000**.

A huge shout-out to Chris Bond, Jen Puddy, Haley Cochrane, Nancy Zuzic, Naminder Sandhu, Ayesha Khoury, Marcie Veitch, Jen D'Mello, Rachel Taylor, and Laurie-Ann Baker for making this possible!

Catherine

Connect Care Updates

Digital Medical Certificate of Death

With the recent updates to the Discharge Gateway, a new Digital Medical Certificate of Death is now available in Connect Care. The form will pull in a number of required pieces of information, which then currently needs to be printed/wet ink signed/faxed to Vital Statistics per usual processes. In the future, Vital Statistics will be moving to a workflow that will allow a digital signature and direct fax from Connect Care (anticipated late fall 2025). **For now, print and sign** - it will print to the nearest printer, similar to prescriptions.

The manual has an updated section here <https://manual.connect-care.ca/workflows/patient-movement/discharge-deceased#h.rrgk54yiirx> and a tip sheet is available here [Tip: Digital Medical Certificate of Death](#).

The "Progress Note" and "Death Summary" sections are not necessary in the ED assuming you have charted the events surrounding the patient's death in your ED Note.

DI Interventional Radiology

The DI Interventional Radiology sets that went live June 26th have been removed from PRD related to ServiceNow tickets that were received, and a deeper review of the content in the build is needed.

An analyst has checked regarding level of impact: no usage on the ambulatory sets and minimal usage on the inpatient sets. Please direct users to use previous orders for the procedures.

The following sets were removed from PRD Wednesday July 9 afternoon:

Inpatient

- Bedside Thoracentesis/Paracentesis/Pericardiocentesis
- Interventional Radiology Joint Aspiration/Injection
- Interventional Radiology Mass/Organ Biopsy
- Interventional Radiology Fluid/Abscess Aspiration/Drainage
- Interventional Radiology Thoracentesis/Paracentesis

Ambulatory

- Ambulatory Interventional Radiology Abscess/Fluid Aspiration/Drainage
- Ambulatory Interventional Radiology Tissue/Mass/Organ Biopsy
- Ambulatory Interventional Radiology Thoracentesis/Paracentesis
- Ambulatory Interventional Radiology Joint Aspiration/Injection
- Ambulatory Interventional Radiology Lumbar Puncture

Denise

Grand Rounds, Journal Club and Clinical Pearls

Grand Rounds Will Return September 4, 2025. Check back in August!

Grand Rounds Archive

Journal Club

Correction from last week's post regarding paralytic versus sedative first approach for intubation:

Overview: A single-centre US retrospective study comparing a paralytic-first strategy versus a sedative-first strategy in emergency department rapid sequence intubations to reduce first-pass failure. The site was Hennepin County Medical Center, an urban Level-1 adult and pediatric trauma centre with >100,000 annual ED visits. Interestingly it seems a paralytic-first strategy is quite common at this site with 57% of included patients undergoing this approach.

Bottom Line: Consider administering paralytic first followed by sedation in a rapid sequence fashion to potentially increase the probability of first-pass success in emergency rapid sequence intubations. **There should be no delay between paralytic and sedative if the paralytic is given first.** This may be especially appropriate in “apnea-intolerant” physiologically difficult airways (e.g., severe hypoxemia, acidemia). The paralytic first approach may reduce the duration of apnea caused by the sedative that can occur before the paralytic optimizes intubating conditions.

Summary: <https://www.calgaryem.com/admin/storage/uploads/2025/07/11/68714a0683c5fJune-2025---Sedative-versus-paralytic-first-strategy-for-intubation.pdf>

Cody and Omar

Clinical Pharmacology and Toxicology Pearl of the Week

This week's Clinical Pharmacology and Toxicology pearl is on [metformin-associated lactic acidosis](#).

Risk factors for this condition include patients with renal failure, liver failure, congestive heart failure, or sepsis.

The Clinical Pharmacology (CP) physician consultation service is available Mon-Fri, 8am-5pm, excluding stat holidays. The on-call physician is listed in ROCA on the AHS Insite page. CP consultations are also available through Netcare e-referral, Specialist Link, and RAAPID. You can also find us in the [Alberta Referral Directory](#) (ARD) by searching “Pharmacology” from the ARD homepage. Click [HERE](#) for more details about the service.

The Poison and Drug Information Service (PADIS) is available 24/7 for questions related to poisonings. Please call 1-800-332-1414 (AB and NWT) or 1-866-454-1212 (SK). Information about our outpatient Medical Toxicology Clinic can be found in [Alberta Referral Directory](#) (ARD) by searching “Toxicology” from the ARD home page.

More CPT Pearls of the Week can be found [HERE](#).

Mark Yarema

Department News

Kudos Corner – Patient Commendation

Dr. Nick Sajko, Nurse Stephanie

Despite an exceptionally long wait and a system downtime, **Dr. Nick Sajko and nurse Stephanie at the SHC ER** provided outstanding, compassionate care, demonstrating kindness, thoroughness, and calm support during a serious complication. Their exemplary bedside manner and dedication made a lasting impact during a time of significant strain on the system.

Teaching Opportunities

Preceptors Needed for POCUS

We're looking for two more preceptors (or four half-day spots) to help teach basic hands-on ultrasound (POCUS) to Physician Assistants.

- When: August 15 – AM & PM sessions
- Where: [TBD]
- UME rate: \$125/hour

So far, we have three preceptors confirmed. We just need two more to round out the day. The sessions will focus on practical, hands-on teaching, and it's a great opportunity to support PA learners and build your teaching hours.

For now, we'll proceed to book the space for August 15 AM/PM, and we'll confirm SP numbers once we finalize preceptor availability.

If you're interested or know someone who might be, please reply to this email.

Robert.Johnston1@ucalgary.ca

Thank you – Bobby

Job Postings

Leadership Opportunities – UME (Rural & Urban Opportunities)

UME has posted new leadership opportunities as of today. If you are interested in Medical Education, leading change and teaching in the MD Program, you will find posted some interesting and challenging positions.

Here is the link to the website where all the postings and job profiles are located:

<https://cumming.ucalgary.ca/mdprogram/faculty/educational-leadership-opportunities>

All applications can be directed to ume.manager@ucalgary.ca

Shannon Leskosky

Updated Newsletter Process

Submissions can be sent to: natalie.sun@ahs.ca and CC Ruchi Sharma (ruchi.sharma@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
- Deadline is **Tuesday at noon**
- **Late** submissions will run in the next edition

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

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