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FEBRUARY 7, 2022

MESSAGE FROM THE CHAIR OF EMERGENCY MEDICINE

We are not all in the same boat. We are in the same storm. Some have yachts, some have canoes, and some are drowning. Just be kind and help whomever you can.

Adapted from a quote by Damian Barr.

DR. JOEL TURNER, ASSOCIATE CHAIR CLINICAL PRACTICE

Hello everyone,

As the various clinical practice subcommittees are hard at work with their respective initial projects, I thought that I would take the opportunity to use the newsletter to provide some Best Practice guidelines and important news from the EM literature that I have come across through the key resources such as ERcast, Emergency Medicine Cases, EMCrit, etc... Whenever possible, I will also include the link to the information for a more complete review of the topic. Enjoy, and please get in touch with me if you have any comments/suggestions.

Routine N/G tubes for SBO. <https://emergencymedicinecases.com/em-quick-hits-august-2021/>

From a recent EM Cases Quick hits: that is the routine use of N/G tubes in patients with SBO (and in whom surgery often asks for). 3 critical points were brought up on the podcast:

1. No single RCT has ever shown a benefit of routine N/G tube placement for SBO
2. The only research looking at this question were two observational (biased) studies that in fact showed harm (longer LOS, more complications) in those patients who received N/G tubes.

3. Of all the procedures performed in the ED/ward (including central lines, intubation and foley catheters), patients listed the N/G tube as the most painful procedure they experience!

As a result, I think we need to advocate for our patients by questioning the practice that surgery undergoes when they ask nurses to routinely place N/G tubes in SBO patients.

So, who benefits from an N/G? There is no data, but I would start by suggesting only patients with SBO and persistent vomiting, or patients with proven (by CT or POCUS) gastric outlet obstruction should have them inserted.

And of course, just another reminder that the abdominal series is only 65%-70% sensitive/specific to diagnose SBO and should not be obtained (POCUS is >90% and CT >90%)

For those who want to listen to the podcast, here is the link:

<https://emergencymedicinecases.com/em-quick-hits-august-2021/>

The 8am positive blood culture. (erCast on Hippo Education – Discussion with Dr. Greg Moran)

We've all been there (happened to me this morning). You start your shift and the lab calls you with a positive blood culture from a patient discharged the day before. What should you do? Calling the patient back to the ED is not always needed. A great discussion on an ED Doc's approach to managing a lab call regarding a positive blood culture in a patient already sent home with UTI/pyelonephritis. Here are some quick tips:

1. 25% of all patients with pyelonephritis will have positive blood cultures with the same bug that grows in the urine, and will hardly ever result in a change in treatment. All patients should be contacted by phone. Not everyone needs to return to the ED, especially if they are feeling better.
2. If they are on antibiotics that is susceptible. They can finish their antibiotics at home. Since it takes 2-3 days for fever to remit, ongoing fever is not necessarily a concern.
3. If **gram stain** shows **gram negative rod**: this is unlikely a contaminant, is almost always urinary (which you are treating), and that patient could be called back when final culture result returns.
4. If **gram stain** shows **gram positive cocci**. This is more often a contaminant. But check patient's high-risk factors for a real Staph Aureus infection (IVDU, PICC lines, dialysis catheter, etc.). If it's a low-risk scenario and they are feeling well, let them know it is more likely a contaminant and that you will call them back once sensitivities return.
5. If it comes back as **S. Aureus**, or if the patient is **high risk**, they should come back as there is higher risk of metastatic seeding (endocarditis, discitis, spinal abscess, etc...)
6. If the culture comes back **Coag Neg Staph** or **Staph. Epi**, this is very likely a contaminant unless the patient is at high risk of a true bacteremia (immune compromised, has implanted devices, central line, dialysis catheter).
7. If patients are brought back to the ED, repeating blood cultures are probably warranted.
8. If ≥ 2 blood cultures are positive, the chances that it's real increases (but a contaminant remains a possibility).

Finally, the source of the initial infection does affect your treatment plan.

1. For **pyelonephritis**, the presence of bacteremia rarely changes treatment.
2. For **diverticulitis**, the presence of bacteremia (usually gram negative rods) should trigger a repeat exam, imaging if not already done
3. For **pneumonia**, (commonly *Strep pneumoniae*). If the patient was discharged, contact him/her by phone. If they're doing well and on an effective antibiotic (such as a beta-lactam which is preferred over a macrolide or doxycycline), they don't necessarily need to return immediately for a recheck.

DR. ROBERT PRIMAVESI, ASSOCIATE CHAIR EDUCATION

Congratulations to Dr Phyllis Vetere who has been reappointed as **Clerkship Course Director for Emergency Medicine**. The Clerkship Course Director, MDCM Program, Montreal Campus is responsible for the overall organization, pedagogy, function, and quality of the medical student experience in the clinical clerkship course as well as the logistical aspects of the course in Montreal Campus. This includes quality of teaching, type and quantity of clinical and academic activities, assessment of students, and physical and psychological safety of the learning environment for the students. Phyllis has strong leadership skills, a keen interest in medical education, and excellent organizational skills. Her innovative approach and track record in the position make her the ideal person for this job.

Congratulations to Dr Anali Maneshi who has been appointed to the **FRCP-EM Residency Competence Committee** as a member-at-large. The Competence Committee's goal is to ensure that all Emergency Medicine residents achieve all the requirements of the specialty of Emergency Medicine. The Competence Committee achieves this goal through the synthesis and review of qualitative and quantitative assessment data at each stage of training, and then by providing recommendations to learners on their future learning activities. The Competence Committee is a subcommittee of the Residency Program Committee and reports to the RPC via the Program Director. Anali's perspective as a recent grad, her experiences as Chief Resident, and her expertise in medical education including curriculum design, assessment and remediation, will be invaluable to the Competence Committee, the residents and the program.

Check out our New Med Ed Fellowship: *Talent Without Teaching Is Only Potential (Anonymous)*.

https://www.mcgill.ca/pgme/files/pgme/emergency_medicine_fellowship_in_medical_education_september2021.pdf

The McGill University Medical Education Fellowship in Emergency Medicine (EM) is designed to prepare future EM faculty to become clinician educators and maximize the potential of their learners.

This one-year fellowship provides supervised teaching experiences combined with a monthly core curriculum, a focused area of scholarship and clinical medicine. It is designed to complement, but not replace, a Master's in Health Professions Education (MHPE) by providing practical experience in clinical teaching, simulation, and curriculum design.

Concurrent enrolment or completion of a MHPE program is encouraged but not required.

DR. LARS GRANT, ASSOCIATE CHAIR RESEARCH

1. Publication output was up by 50% last year compared to the baseline of previous years.

This is a great accomplishment, and we hope the same trend will continue this year. Congratulations to all our members who published peer-reviewed work last year (2021)! Congratulations to Drs (in no particular order):

- Valerie Homier
- Francois de Champlain
- Joe Nemeth
- Joel Turner
- Jean-Marc Troquet
- Greg Clark
- Scott Delaney
- Sanjeet Saluja
- Jason Szabo
- Robert Primavesi
- Vincent Poirier
- Sophie Gosselin
- Marc Afilalo
- Eli Segal
- Josh Wang
- Jason Szabo
- Antony Robert
- Lars Grant

If we have missed one of your publications, it is probably because of indexing issues and Scopus (see below). We apologize! Please let me know (lars.grant@mcgill.ca). We want to recognize your work! It can help with knowledge translation and getting your publications more visibility.

I have attached the list of publications we found, so that authors can check and make sure we found all your publications. Please take a look.

We will also be updating the publications list at the Department of Emergency Medicine website (<https://www.mcgill.ca/emergency/research/recent-publications-0>) very soon. It will be organized by topic to make browsing easier. Please take a look!

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- 2. Please update your Scopus Profile:** Please go to [Scopus preview - Scopus - Welcome to Scopus](#) and update your research profile.

This is the database the DEM uses to track research output. If you would like your publications to be recognized, please make sure that your Scopus profile is linked to all your work.

Sometimes, work is published under slightly different names or affiliations and appears as 2 different authors, OR someone else has the same name as you and their work appears on your profile.

Please take a look and make sure your profile is clean and up to date.

You should be able to log in with your McGill credentials.

- 3. NCER (Network of Canadian Emergency Researchers)** – a subcommittee of CAEP that brings together EM researchers across Canada – has postponed its annual conference this year. Instead there will be a virtual coffee house style event. **March 1st 12pm-3pm**. Researchers will present early protocol ideas or grant ideas in 5 minutes or less, followed by 15 minutes of discussion.

I encourage you all to come! It will be fun and very interactive.

Contact me if interested in presenting.

And register as a NCER member <https://ncer.ca/>

Will share a link when date is closer, but put it on your Calendar.

- 4. Opportunities: Harvard Global Clinical Scholars Research Training** program (Applications deadline May 18). <https://postgraduateeducation.hms.harvard.edu/certificate-programs/global-clinical-scholars-research-training>

- 5. Funding opportunities: CIHR spring competition** registration deadline has been delayed to Wednesday February 16, 2022 because of the Omicron wave. <https://cihr-irsc.gc.ca/e/52811.html>

ANNUAL ACADEMIC EVALUATION EXERCISE – 2021 REFERENCE PERIOD

The 2021 Academic Performance Evaluation Exercise is about to launch for Full-time CAS Clinical faculty members. Stay tuned - more information to follow in the coming weeks!


WELLNESS CORNER, DR. MONICA CERMIGNANI, WELLNESS DIRECTOR



SAVE THE DATE! Our First **ADEM Wellness Event** will occur **Friday, Feb. 14 @ 12noon**.

We are very pleased to welcome Dr. Rob Orman to be our featured speaker for this event, which is open to all Emergency Physicians across all our McGill DEM sites. Don't keep putting off your own wellness. Start 2022 off on the right foot. Practice some self-compassion and **Show Yourself**

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a Little Love this Valentine's Day  by joining us for this inaugural event. A formal event flyer and ZOOM link will be sent out shortly.



Dr. Rob Orman received his medical degree from Emory University and completed his emergency medicine residency at Denver Health Medical Center, where he served as chief resident. He spent the next 20 years as a community emergency physician and now works full time as a medical educator and physician coach.

A multiple award-winning lecturer, Dr. Orman is the former chief editor and host of EM:RAP, creator of the Stimulus and ERcast podcasts, and is co-director of Essentials of Emergency Medicine, the largest single track EM conference in the world.

Rob's current focus is working with emergency physicians to build resilience in the non-clinical aspects of medical practice, deconstructing ideas and strategies to live and work with intent. Don't just suck it up, think differently.

The ADEM Wellness Committee members hit the ground running in January and are already working hard to develop a strategy to address our department's wellness needs. The committee is comprised of representatives from all 6 McGill ED sites and both McGill EM training programs. Please don't hesitate to get in touch with anyone on the committee should you have questions, concerns, or ideas you would like to share with us. We are here for you.

Dr. Monica Cermignani (Chair)

Dr. Robert Foxford (MUHC)

Dr. Sara Ahronheim (JGH)

Dr. Chryssi Paraskevopoulos (SMH)

Dr. Vanessa Knight (LGH)

Dr. Elise Roberge (Campus Outaouais)

Dr. Nina Di Nicola (FRCP Residents)

Dr. Nare-Gacia Topouzian (CCFP-EM Residents)

A needs survey will be sent out in the coming months that will help us to identify and address Department member's wellness priorities. Please help us by filling it out and sharing your thoughts and ideas.

DR ZACHARY LEVINE, CHIEF (MUHC ED)

Please find below some notable highlights from 2021

New Faculty

- Joanna Jiang (July 2021)
- Lorraine Lau (July 2021)
- Emmeline Ruka (July 2021)

Appointments

- Sophie Gosselin - ED Chief, CISSS Montérégie Centre (January 2021)

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- Scott Delaney - Medical Director of the NHLPA (January 2021)
- Monica Cermignani - MUHC ED Wellness Director (January 2021) & Wellness Director, Academic Department of EM (November 2021)
- Carine Haggart - Associate Chief, MUHC (September 2021)
- Gregory Clark - Medical Director, BC Bike Race (November 2021)
- Dat Nguyen-Dinh - ICU Chief, Verdun (December 2021)

Awards

- Robert Primavesi - CAEP President's Award (September 2021)

Completion of Advanced Degrees

- François de Champlain – Master's Degree in Health Leadership, McGill (October 2021)
- Jorge Fontg - Certificat en gestion financière, HEC (December 2021)

Memorable Moments at AMUQ

- Presentations' by Martin Laliberté *, François de Champlain, Joe Nemeth and Valerie Homier (November 2021)
- Poster presentations by Marc Béïque's team, Greg Clark and Audrey Marcotte

*Dr. Laliberte has presented 31 times

Summary of Publications in Scientific Journals in 2021

MUHC ED faculty were authors or co-authors in **13 publications**. Congratulations to Francois de Champlain who had 5 publications and to Valerie Homier, who had 4! This is incredible considering the challenges we experienced during this COVID year. Greg Clark, J. Scott Delaney, Sanjeet Saluja, Joe Nemeth and Jean-Marc Troquet also figured among the list of authors this year.

Great work to all and look forward to see what future research our department can accomplish in the coming year.

Below is a summary of our 2021 publications.

- Valeriano A, Van Heer S, **de Champlain F**, Brooks SC. Crowdsourcing to save lives: A scoping review of bystander alert technologies for out-of-hospital cardiac arrest. Resuscitation. 2021 Jan158:94-121
- D'Amours L, Negreanu D, Briard JN, **de Champlain F, Homier,V**. Assessment of Canadian Public Automated External Defibrillator Registries. CJC Open. 2021 (1-6)
- Kollek D, Barrera D, Stobert E, **Homier V**. The EDIT Survey: Identifying Emergency Department Information Technology Knowledge and Training Gaps. Disaster medicine and public health preparedness. 2021 Mar 15:1-6.
- **Nemeth J**, Ackery A, **de Champlain. F**. Prehospital. Tranexamic acid: READY for primetime? CJEM. 2021 03; 23(2): 143-144.

- **Homier V**, Brouard D, Nolan M, Roy MA, Pelletier P, McDonald. M, **de Champlain F**, Khalil E, Grou-Boileau F, Fleet R. Drone versus ground delivery of simulated blood products to an urban trauma center: The Montreal Medi-Drone pilot study. *The Journal of Trauma and Acute Care Surgery*. 2021 03 01; 90(3):515-521.
- El Bashtaly A, Khalil E, Méthot F, Ledoux-Hutchinson L, Franc JM, **Homier V**. Tourniquet application by schoolchildren—a randomized crossover study of three commercially available models. *J Trauma Acute Care Surg*. Apr 1;90(4):666-672.
- Paquette K, Sweet D, Stentersom R, Stabler SN, Lawandi A, Akhter M, Davidson A, Gavrix M, Jinah R, Saeed Z, Demir K, Sangsari S, Hunag K, Mahpour A, Shamatutu C, Cava C, **Troquet JM**, **Clark G**, Wong T, Yansouni CP, Cheng MP. Neither Blood Culture Positivity nor Time to Positivity Is Associated With Mortality Among Patients Presenting With Severe Manifestations of Sepsis: The FABLED Cohort Study. *Open Forum Infect Dis*. 2021 Jun 17; 8(7).
- **Nemeth J**, Hwang P. PICA? Check a hemoglobin. Iron deficiency anemia? Ask about pica. *CJEM*. 2021 Jul; 23(4).
- Stiell IG, Archambault PM, Morris J, Mercier E, Eagles D, Perry JJ, Scheuermeyer F, **Clark G**, **Gosselin S**, Vadeboncoeur A, Parkash R, de Wit K, Patey A, Thiruganasambandamoorthy V, Taljaard M, RAFF 3 Study Investigators. RAFF-3 Trial: A Stepped-Wedge Cluster Randomized Trial to Improve Care of Acute Atrial Fibrillation and Flutter in the Emergency Department. *Can J Cardiol*. 2021 Jul 1.
- Tourigny JN, Paquet V, Fortier E, Malo C, Mercier E, Chauny JM, **Clark G**, Blanchard PG, Boucher V, Carmichael PH, Gariépy JL, Émond M. Predictors of neurosurgical intervention in complicated mild traumatic brain injury patients: a retrospective cohort study. *Brain Inj*. 2021 Sep 7;1-8.
- Stiell IG, Eagles D, Nemnom MJ, Brown E, Taljaard M, RAFF Investigators, Archambault PM, Birnie D, Borgundvaag B, **Clark G**, David P, Godin D, Hohl CM, Mathieu B, McRae AD, Mercier E, Morris J, Parkash R, Perry JJ, Rowe, AD, thiruganasambandamoorthy V, Scheuermeyer F, Silvilotti MLA, Vadeboncoeur A. Adverse events associated with electrical cardioversion in patients with acute atrial fibrillation and atrial flutter. *Can J Cardiol*. 2021 Aug 30.
- **Delaney JS**, Al-Kashmiri A, Alalshaikh A, Al-Ghafri S, **Saluja S**, Correa J. Prevalence of midline cervical spine tenderness in the non-trauma population. *Emerg Med J*. 2021 Sep 21.
- Marcotte A, **de Champlain F**. Is ambulatory management of primary spontaneous pneumothorax safe and effective? *CJEM*. 2021 Nov; 23 (6): 750-751.
- **Homier V**, Gangatharan H, Bouchard M, **Beique M**. Impact of major health information technology failures on the emergency department. *CJEM* 2021. 23 (Supple1). ABSTRACT

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