

CAEP Communiqué

December 2012



President's Message

"As a matter of self-preservation, a man needs good friends or ardent enemies, for the former instruct him and the latter take him to task."
– Diogenes

"You are only given a little spark of madness. You mustn't lose it."
– Robin Williams

Ah the New Year... It's 2013! Of course as I write this it is still 2012, but those pesky little things called deadlines make it so that I must think about these things a month in advance.

Traditionally with the celebration of the New Year, comes a time to think about friends. Friends are important; they complete the circle that is your life.

CAEP as an association is fortunate; we have many friends in this profession. For instance, I just recently spoke with the President of the American Academy of Emergency Medicine (AAEM). We discussed areas where we could collaborate such as patient care. Although Canadian and American politics are clearly different, it is our friendships that can help establish that common ground and can result in making a difference to improve emergency medicine.

As President of CAEP the last six months has afforded me the opportunity to build my circle of friends through the international meetings I have attended on your behalf. I have also been able to renew connections with old friends like Jill McEwen, who will take over as President from me in 2014, and who was my senior in residency many years ago. It is also because of CAEP membership that we are able to reestablish friendships. For many of us without CAEP we wouldn't have been able to do so. If you still haven't renewed your membership for 2013 or are considering joining CAEP as a member for the first time, remember one of the association's key objectives is to bring emergency physicians together from coast to coast. It is the new friends you will make and old ones you come reacquainted with that will help expand your professional circle.

As we move into a New Year, key issues in emergency medicine continue to be at the top of our mandate. CAEP has heard from many critics on the sensitive issue of the DC / DC initiative, and as Diogenes illustrates above, CAEP appreciates everyone's time and effort in presenting new points of view and possibilities for the future. As we move into 2013 there will be other opportunities for CAEP to advocate for on your behalf and we need to hear from you, or better yet, we will need you to get involved.

Finally, the turning of the yearly calendar also plunges us into the depths of winter. As cold, snow and darkness plague most the country, perhaps it's a time where we need to heed Robin's advice and rekindle

a little bit of that madness within; do something a little crazy, or different from our normal routines. This time last year I was a locum in a small ER in New Zealand where I had a difficult time adjusting to try and sleep with the sun up so late. That was my little slice of "madness", and surely an experience I won't ever forget. What will it be for you?

Bruce McLeod, MD, FRCPC
CAEP President

CAEP Researcher Profile Series Continues

In the final issue of the CAEP *Communiqué* for 2012, we continue our series of profiling CAEP Research Grant winners. We want to catch up with them and see how their grant from the Canadian Association of Emergency Physicians has helped shape their careers.

In this issue, we hear from Dr. Corinne Hohl. In 2005 Hohl entered the CAEP Grant Competition. She was awarded a \$5,000 grant for her project entitled "Compliance with Emergency Department Discharge Prescriptions".

Dr. Hohl explains just how exactly her research grant helped change her perspective and open a new career opportunity.

Anyone interested in the CAEP Research Grant Program is asked to contact Jennifer Lafreniere, Coordinator – Member Services & Committees, at membership@caep.ca or 613-523-3343 ext.17

Sincerely,
Dr. Paul Atkinson, MD, FCEM

Corinne Hohl: Research Brings A New Perspective

If you had suggested to me that I might become a health researcher in medical school, I would have looked at you dumbfounded, and secretly wondered whether you were on crack. I had found bench research as an undergraduate nothing short of boring, and preferred to go skiing rather than to attend teaching sessions in Epidemiology during medical school. In my trajectory from a rather absent-minded and somewhat unfocused medical trainee to becoming a (still somewhat absent-minded) health researcher in emergency



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Photo courtesy of Vancouver Coastal Health Research Institute (VCHRI)

medicine, the CAEP research grant was pivotal. It provided me with a small but essential amount of infrastructure support that I required to complete the first of a series of studies that sparked my interest in health research. I would not have been able to attract funding from another organization at that early stage in my training, and would have struggled to attract larger grants from other organizations without showing successful completion of a smaller study with the start-up funds provided by CAEP.

Today, I work clinical shifts at Vancouver General Hospital, am an Assistant Professor in the University of British Columbia's Department of Emergency Medicine, and a Scientist at the Centre for Clinical Epidemiology and Evaluation. My main research interests are in emergency medicine, drug safety and effectiveness, adverse drug event surveillance, and the development of interventions to improve the identification and treatment of patients presenting to emergency departments with adverse drug events. I am presently working on the development, validation and implementation of clinical decision rules to increase adverse drug event recognition and treatment in the emergency department, by enabling triage nurses to identify high-risk patients and refer them to clinical pharmacists for evaluation. I also work on projects in rapid sequence intubation, subarachnoid hemorrhage, transient ischemic attacks and atrial fibrillation. In 2012, I was awarded a New Investigator Award from the Canadian Institutes of Health Research.

I look forward to contributing to our profession by attempting to facilitate the evaluation of complex

medical and geriatric patients in emergency departments through my continued work on adverse drug events. I hope to find ways to target specialized resources to this patient population. My hope is that this will increase the quality of care than Canadians receive in emergency departments and improve patient outcomes, reduce cost, and enhance our professional role and job satisfaction when encountering these complex and sometimes challenging patients.

I am indebted to the members of CAEP for having entrusted me with a start-up grant. It opened my eyes to a new career path and a field of investigation I would otherwise not have chosen. I hope that this tradition will continue for the younger and brighter minds that follow!

New Communiqué Format in 2013

CAEP has listened to its members and is bringing exciting new changes to the *Communiqué* format.

Starting early in the New Year, CAEP Members will receive the *Communiqué* bi-weekly in an electronic newsletter.

This new model is designed to keep members up to date on happenings at the Head Office and at the Board Level on a regular basis. It will also provide updates in other key areas of CAEP including CME Roadshow listings, updates on the CAEP Annual Conference and new information available on the CAEP website. The electronic version of the *Communiqué* will also provide members with direct access to interesting and relevant emergency medicine related stories.

It is expected that members will receive their first electronic *Communiqué* in late January.

If anyone has any questions regarding the new *Communiqué* e-newsletter format, please contact CAEP Manager of Communications & Marketing Lee Arbon at 613-523-3343 ext. 15 or larbon@caep.ca.

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The *CAEP Communiqué* is published by the Canadian Association of Emergency Physicians. Comments and suggestions are welcomed. All correspondence should be forwarded to:

CAEP Communiqué
Suite 104, 1785 Alta Vista Drive
Ottawa ON K1G 3Y6

TEL: 613-523-3343
FAX: 613-523-0190
EMAIL: admin@caep.ca

Please contact us if you have any questions or would like to share a comment or ideas: admin@caep.ca