Canadian Association of Emergency Physicians

In this informative joint interview, President Bruce McLeod and incoming President-Elect Jill McEwen speak about the importance of emergency medicine training for physicians and how the Association is aiming to promote this emerging specialty in Canada and worldwide.

To begin, could you both introduce yourselves, outlining your academic and professional backgrounds?

BMc: Jill and I both trained in emergency medicine (EM) at Queen’s University in Kingston, Ontario, and were just one year apart. Jill now practices at the Vancouver General – a large teaching and research centre in British Columbia. I am working at a regional community hospital on the east coast, Nova Scotia.

JMc: I’m fortunate to have been practicing EM for 26 years. As one of the early residents in the Royal College Specialty Emergency Medicine training programme, I completed my postgraduate EM training at Queen’s University. I was taught by specialist EPs who used their years of experience in lieu of residency training, and who all were required to write and pass the Royal College exams. Although my mentors were not residency trained, they were fiercely proud pioneers in the new specialty of EM, and I share their pride to this day.

BMc: For most of my career, my passion has been to advocate for the inclusion of EM in the undergraduate training of all medical students, as I believe the emergency department (ED) is the best single place to learn medicine – given that we treat patients of all ages, from all walks of life, with all problems at any time of the day or night. To carve time in the undergraduate curriculum for EM was a challenge, and there are still some medical schools in Canada and many in the US where EM is not a mandatory clerkship rotation, but this is gradually changing. I am now involved more broadly in undergraduate education leadership at the University of British Columbia, where I serve as the Assistant Dean of Undergraduate Education for the Fraser campuses. It is gratifying to see how students in all years appreciate the rich clinical learning experience they receive in EM.

Could you explain how the Canadian Association of Emergency Physicians (CAEP) maintains its reputation as a national voice of EM?

JMc: CAEP was founded in 1978, around the same time EM became a medical specialty in Canada. For the past 36 years, the organisation has served Canada’s EPs in numerous ways: supporting research; providing competitive research grants; organising medical education courses on topics relevant; and hosting an annual national scientific conference. CAEP members also established the Canadian Journal of Emergency Medicine (CJEM) in 1999.
The Association connects EPs across Canada as they pursue a variety of interests. It supports postgraduate and undergraduate EM training by providing a venue for programme directors to collaborate, and advocates for EM research by providing seed grants to residents and junior researchers. In addition, it supports all EM-related matters, eg. EP overcrowding and access block, and alternative care providers. CAEP members develop board-endorsed position statements and practice guidelines, and respond to matters of public interest through its Public Affairs Committee.

**BMc:** Unlike the US, where there are at least three national organisations representing EPs, CAEP is the only one in Canada. We are recognised by the media as the go-to organisation when expert EM advice is required. We advocate at the government level, both federally and provincially. We are also extremely proud of our peer-reviewed *CJEM* (www.cjem-online.ca). It is published six times a year and is a leading journal in EM.

**Bruce, as the current President of CAEP, what objectives have you set for the Association? What does your role entail?**

**BMc:** The Association is run by a small dedicated group of staff at the national office in Ottawa. They handle the day-to-day business activities and help to fulfil our mandate. It is also the work of the passionate volunteer physicians from across the country that chair and sit on our numerous committees, coordinate research activities or teach in our continuing medical education (CME) courses that have truly helped develop CAEP into the entity it is now. The President’s role is to chair the Board of Directors, who oversee all of these activities and manage the Association’s budget.

**Jill, as the incoming President, how will you continue to implement these objectives and create new goals for the organisation?**

**JMc:** CAEP is a volunteer organisation, and its success is based on the enthusiasm and expertise of its members. I plan to continue to support the passions of our capable membership as they develop and implement ideas and projects that align with our strategic goals. Yearly strategic brainstorming and planning board sessions will help determine the direction of CAEP for the subsequent year. Some of the areas I hope to focus on include more fully engaging academic physicians from the 17 Canadian medical schools and teaching hospitals in the organisation; promoting an orchestrated national campaign to encourage the federal government to eliminate the phenomenon of access block, which is crippling the ability of Canadian EPs to function properly; and increasing CAEP’s presence in and collaboration with the global EM community.

We recently formed an academic section of EM, and held our inaugural Academic Symposium in June 2013 on educational scholarship. We are planning a research symposium on 31 May 2014 which will focus on four key areas: How to Make Research Succeed in your Department, Training and Developing Career EM Researchers in Canada, Expectations and Requirements of Canadian Resident Research Programs and Funding of Canadian EM Research.

**What training or educational activities does CAEP facilitate?**

**BMc:** CAEP is unique in having developed education sessions called Roadshows, events which are often delivered in the physician’s home town and benefit those who find it difficult to travel to such meetings. However, we are also listening to our members about what they want, and are currently in the early stages of developing some of our Roadshows as online offerings. Our members are very busy and being able to access CME from the comfort of their home computer is desirable. In addition, we organise and host our national conference, the premier EM educational event in the country and a place for ED physicians to meet and connect.

**How does the Association promote community learning and social development?**

**BMc:** CAEP has been instrumental in developing position statements. However, not all of them have a focus on hospital regulations or treatments. For example, CAEP has developed position statements on Bicycle Safety and Bystander CPR. As an association, CAEP advocates for the public and the patients just as we do for the improvement of EM.

**Could you describe the role the Association plays in developing and influencing national standards and clinical guidelines? At present, what is high on your agenda in this regard?**

**BMc:** Last November we developed and released a position statement on ED overcrowding, calling for national benchmarks on waiting times for emergency care. We have also recently written to the Minister of Health in Alberta about the region’s new reporting system to the public and our concerns with it. As a result, two of our members are consulting in this department.

**With whom is CAEP partnering or collaborating to achieve its aims?**

**JMc:** CAEP collaborates with a number of organisations on a weekly basis. For example, we will be participating in the Canadian Medical Association’s Choosing Wisely project, whereby each specialty has been challenged to identify five tests, treatments or procedures that may be overused in order to encourage physicians and patients to question whether such use is necessary, with the goal of better managing resources.

Recently, CAEP participated in a Royal College of Physicians and Surgeons of Canada summit, aimed at addressing health human resource needs of the various medical specialties in Canada. CAEP is represented at the annual American College of Emergency Physicians, American Association of Emergency Medicine and International Federation of Emergency Medicine to name a few. In May we will be represented at a British Columbia Hospice Palliative Care Association’s roundtable to discuss palliative care and end-of-life decisions in the ED.

**What research projects are currently underway within CAEP, and which ones are you most excited about?**

**BMc:** CAEP has brought together the Royal College of Physicians and Surgeons as well as the Canadian College of Family Physicians, both of which train physicians in EM, to undertake a detailed examination of training programmes and provide a blueprint for the future of emergency care.

**JMc:** CAEP provides a number of research awards each year to encourage junior researchers. While the monetary value of the awards is not large, they serve as seed funding to support early efforts and encourage research careers. There are many testimonials of how resident research awards have led to promising research careers. For example, Dr Corinne Hohl received a grant which enabled her to attract further funding, most recently a Canadian Institutes of Health Research (CIHR) New Investigator Award to work on a clinical decision rule to increase adverse drug event recognition and treatment in the ED, by identifying high-risk patients at triage. Given the ageing population with growing numbers of complex geriatric patients, this is an exciting project. Dr Marcel Emond began with a resident research grant and now is collaborating on a clinical decision rule for radiography in shoulder dislocation to decrease the use of X-rays. Dr Jeff Perry has developed three clinical...
Would you like to give a take home message about CAEP?

JMc: CAEP has some 2,100 physician members, thus the operating budget isn’t huge, but we work hard to make up for our numbers through the passion and dedication of our members in continuously working to improve the practice of EM in Canada and the world. We are proud of our education programmes and the high quality of our research. Per capita, Canadian EPs have the highest research output of any country in the world. We strive to increase our presence in the global community and encourage any interest in collaboration.

CAEP 2014:
Capitalizing on Excellence

This conference will take place between 31 May and 4 June and is the largest EM conference in Canada. It consists of a four-day educational programme with pre- and post-conference workshops. Canada’s best research is showcased at the conference, and learning is promoted through scientific sessions and interactive workshops on issues of importance and relevance to Canada’s EM community. There are lots of opportunities for networking and lively interactive discussion among EPs. The conference objectives are to:

- Improve the visibility of EM in areas of focused clinical medical expertise, reflecting the unique scope of our practice
- Promote clinical and academic excellence throughout the field of EM and offer opportunities to discuss the current and evolving practices
- Foster an environment for EM colleagues to exchange ideas on common challenges facing our specialty, to explore cutting-edge research and to promote clinical collaboration
- Celebrate the advances made in EM nationally and internationally

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