

Call for Abstract Submissions
 CAEP Annual Conference
 May 30 – June 3, 2015

The CAEP Research and 2015 Conference Organizing Committees are dedicated to ensuring that the best research is presented at the CAEP Conference. Research presented at other Canadian or international conferences is welcome, however the presentation of full manuscripts, published more than one month prior to the scientific assembly, is discouraged. Abstracts should describe original research or education innovations (new category).

IMPORTANT ABSTRACT DATES

Electronic submission opens: Friday, November 7, 2014 at 09:00 Eastern
 Electronic submission closes: Thursday, January 8, 2015 at 23:59 Eastern (no exceptions)

SUBMISSION PROCESS

Complete submission instructions are posted on the 2015 CAEP Abstract Central and CAEP Research webpages. (<http://caep2015researchcompetitions.abstractcentral.com> and <http://caep.ca/ResearchOverview>)

OVERVIEW

There are two abstract categories with separate submission processes: research and education innovation. Select the appropriate category on the CAEP Abstract Central submission site. The structured abstract includes sections specific to the abstract category. There is a 2,500-character limit, which is approximately 300 words with spaces.

Research abstracts	Education innovation abstracts
<ul style="list-style-type: none"> • Introduction • Methods • Results • Conclusions 	<ul style="list-style-type: none"> • Introduction / Innovation concept • Method • Curriculum, tool, or material • Conclusions

PRESENTING AUTHORS

The presenting author must be listed first in the author list, and the remaining authors should be listed in order of contribution. The name of presenter will appear in print and online materials. Abstracts may be submitted on behalf of the presenting author, but all communication will be with the presenter. Abstract presenters are responsible for their own expenses and registration.

ABSTRACT REVIEW PROCESS

Two separate pools of reviewers will evaluate research abstracts and education innovation abstracts, respectively. Both abstract sets are peer reviewed by three volunteer CAEP Abstract Reviewers using either a standardized research or education innovation evaluation form, depending on the type of abstract submitted. Reviewers are blinded to the authors' name(s) and institutional affiliation(s). Reviewers will not review abstracts from their own province. Abstracts will be selected for oral or poster presentation, as part of the review. Notification of acceptance will be transmitted via e-mail no later than March 15, 2015. Accepted original abstracts will be published in a *CJEM* Supplement.

CAEP RESEARCH AWARDS

Successful abstract submissions by CAEP Members may be eligible for CAEP Research Awards. Submitters should select the appropriate awards, and research award eligibility will be reviewed prior to notification.

- Grant Innes Research Paper and Presentation Award
- Top Resident Abstract
- Top New Investigator Award
- Top Medical Student Project Award Top Pediatric Abstract Award
- CAEP Resident Research Abstract Awards



BRILINTA[®] IS COVERED ON PROVINCIAL FORMULARIES ACROSS CANADA

BRILINTA (ticagrelor), co-administered with acetylsalicylic acid (ASA), is indicated for the secondary prevention of atherothrombotic events in patients with Acute Coronary Syndromes (ACS) (unstable angina [UA], non-ST elevation myocardial infarction [NSTEMI] or ST elevation myocardial infarction [STEMI]) who are to be managed medically, and those who are to be managed with percutaneous coronary intervention (PCI) (with or without stent) and/or coronary artery bypass graft (CABG).

Formulary coverage
for BRILINTA is offered in:*

British Columbia
Alberta
Saskatchewan
Manitoba
Ontario
Quebec
New Brunswick
Nova Scotia
Newfoundland and Labrador

Listed under Limited Coverage, Restricted Benefit or Special Authorization, Exception Drug Status, Exception Drug Status, Limited Use, Exception Drug, Special Authorization, Exception Status Drug and Special Authorization, respectively.¹⁻⁹

**Ticagrelor is recommended by the Canadian Cardiovascular Society
in the 2012 Guidelines for the Use of Antiplatelet Therapy^{10†}**

- **NSTEACS:** In moderate to high risk NSTEMI patients managed with either PCI, CABG or medical therapy alone, ticagrelor + ASA is recommended for secondary prevention
- **STEMI:** In STEMI patients after primary PCI, ticagrelor + ASA is recommended for secondary prevention

NSTEMI: non-ST-segment elevation ACS.

*See formulary listings for further information. †See full guidelines for complete recommendations.

Clinical use:

Based on a relationship observed in PLATO between maintenance ASA dose and relative efficacy of BRILINTA compared to clopidogrel, BRILINTA is recommended to be co-administered with low maintenance dose ASA (75-150 mg daily). The safety and efficacy of BRILINTA in pediatric patients below the age of 18 have not been established. Therefore, BRILINTA is not recommended in this population.

Contraindications:

- Patients with active pathological bleeding (e.g., peptic ulcer or intracranial hemorrhage)
- Patients with a history of intracranial hemorrhage
- Patients with moderate to severe hepatic impairment
- Patients who are also taking strong CYP3A4 inhibitors

Most serious warnings and precautions:

Bleeding risk: BRILINTA should be used with caution in patients with a propensity to bleed (e.g., due to recent trauma, recent surgery, active or recent gastrointestinal bleeding, or moderate hepatic impairment) and in patients requiring oral anticoagulants (e.g., warfarin) and/or fibrinolytics agents (within 24 hours of BRILINTA dosing). Caution should also be used in patients with concomitant administration of medicinal products that may increase the risk of bleeding (e.g., non-steroidal anti-inflammatory drugs [NSAIDs]).

Maintenance dose ASA: Co-administration of BRILINTA and high maintenance dose ASA (>150 mg daily) is not recommended.

Other relevant warnings and precautions:

- Cardiac events in discontinued patients
- Bradycardic events
- Hypersensitivity, including angioedema
- Dizziness and confusion
- Discontinuation prior to surgery
- Dyspnea
- Pregnant or nursing women
- Possible increase in creatinine levels
- Uric acid increase

For more information:

Consult the Product Monograph at azinfor.ca/brilinta/pm274 for important information regarding adverse reactions, drug interactions and dosing information not discussed in this piece. The Product Monograph is also available by calling AstraZeneca Canada at 1-800-668-6000.¹¹

References: 1. British Columbia Ministry of Health. Available from: <http://www.health.gov.bc.ca/pharmacare/sa/criteria/restricted/ticagrelor.html>. Accessed September 24, 2012. 2. Alberta Health Interactive Drug Benefit List. Available from: https://www.ab.bluecross.ca/dbl/idb_main1.html. Accessed October 1, 2013. 3. Government of Saskatchewan Drug Plan and Extended Benefits Branch. Available from: <http://formularydrugplan.health.gov.sk.ca/>. Accessed November 2, 2012. 4. Manitoba Health. Available from: <http://www.gov.mb.ca/health/medbif/edsnotice.pdf>. Accessed January 21, 2013. 5. Ontario Drug Benefit Formulary/Comparative Drug Index. Available from: http://www.health.gov.on.ca/en/pro/programs/drugs/formulary/41_update_at_20130419.xls. Accessed April 30, 2013. 6. Régie de l'assurance maladie du Québec. Available from: http://www.ramq.gouv.qc.ca/SiteCollectionDocuments/professionnels/medicaments/codes-medicaments-exception/internet/codes_medicaments_exception.pdf. Accessed March 15, 2013. 7. Government of New Brunswick Department of Health. Available from: http://www.gnb.ca/0212/pdf/NBPDP_Bulletin/2012/NBPDPBulletin8430ct9,2012Final.pdf. Accessed October 30, 2012. 8. Government of Nova Scotia Department of Health and Wellness. Available from: http://www.gov.ns.ca/health/Pharmacare/pubs/Criteria_for_Exception_Status_Coverage.pdf. Accessed January 11, 2013. 9. Newfoundland and Labrador Department of Health and Community Services. Available from: http://www.health.gov.nl.ca/health/prescription/covered_specialauthdrugs.html. Accessed: January 7, 2014. 10. Canadian Cardiovascular Society. 2012 Focused Update on the Canadian Cardiovascular Society Guidelines for the use of Antiplatelet Therapy. October 2012. 11. BRILINTA® Product Monograph. AstraZeneca Canada Inc. September 9, 2013.

ROADSHOWS



AIME Airway Intervention & Management in Emergencies

November 12, 2014 - Quebec City QC (**SOLD OUT**)

November 13, 2014 - Quebec City QC (**SOLD OUT**)

December 10, 2014 - Montreal QC

December 11, 2014 - Montreal QC

February 18, 2015 - Halifax NS

April 7, 2015 - Montreal QC

April 8, 2015 - Montreal QC

EDTU: Emergency Department Targeted Ultrasound

(Now 2 Day Course, Updated Curriculum)

December 6 & 7, 2014 - Montreal QC (**SOLD OUT**)

RB: Risky Business - Clinical Decision Making in Emergency Medicine

November 25, 2014 - Sudbury ON

CME in the SUN 2015

January 24-31, 2015 - Turks & Caicos

February 21-28, 2015 - Jamaica

REGISTER NOW!

**View Current CME Calendar on caep.ca for the most current list of scheduled Roadshows*



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University of Ottawa / The Ottawa Hospital



Faculté de médecine
Faculty of Medicine



Chair, Department of Emergency Medicine Head, Department of Emergency Medicine

» The University of Ottawa Faculty of Medicine (FoM), in collaboration with The Ottawa Hospital (TOH) invites applications and nominations for the above noted position. The Department of Emergency Medicine at TOH comprises over 70 emergency physicians providing tertiary care at 2 Emergency Departments with a combined annual census of over 150,000 patient visits. The Department of Emergency Medicine provides world class clinical care, is a leader in medical education and is an internationally recognized leader in research.

If you are interested in leading one of the largest emergency medicine departments in Canada with:

- National and international leaders in clinical care, education and research;
- Collegial and supportive medical school and hospital administration;
- Two large, recently renovated emergency departments, one site being the regional trauma centre;
- Large and extensive undergraduate, postgraduate and fellowship training programs.

You meet the following qualifications:

- A seasoned leader who can direct the effective delivery of clinical services, academic performance and research in alignment with the mission, vision, values, policies and objectives of the FoM and TOH;
- An outstanding record in patient care, teaching, academic leadership and research;
- An accomplished clinician who is certified by the Royal College of Physicians and Surgeons of Canada (FRCPC), the College of Family Physicians of Canada (CCFP-EM), or equivalent;
- A university rank of Associate or Full Professor;
- Eligible for licensure in Ontario; and
- An ability to communicate in a bilingual environment (French & English) is preferred.

You are invited to forward a letter of interest and CV by January 04, 2015, to:

Heidi Baier, Dean's Office
Faculty of Medicine, University of Ottawa

451 Smyth Road, room 2026D,
Ottawa, Ontario K1H 8M5

tel: 613.562.5800 ext. 3753

e-mail: hbaier@uottawa.ca



» http://www.med.uottawa.ca/hr/eng/employment_opportunities_chair_depart_emergency.html

All qualified candidates are encouraged to apply; however, Canadian citizens and permanent residents will be given priority.

Université d'Ottawa / Hôpital d'Ottawa



Faculté de médecine
Faculty of Medicine



Chef, Département de médecine d'urgence Directeur ou Directrice, Département de médecine d'urgence

» En collaboration avec L'Hôpital d'Ottawa, la Faculté de médecine de l'Université d'Ottawa sollicite des candidatures et des mises en nomination au poste en rubrique. Le Département de médecine d'urgence compte plus de 70 urgentologues qui prodiguent des soins tertiaires dans deux services d'urgence qui reçoivent plus de 150 000 patients par année au total. Le Département de médecine d'urgence prodigue des soins cliniques de calibre mondial, est un chef de file en formation médicale et est réputé sur la scène internationale comme un chef de file en recherche.

Si vous êtes intéressé à diriger l'un des plus grands départements de médecine d'urgence du Canada avec

- des chefs de file canadiens et internationaux en soins cliniques, en enseignement et en recherche;
- une administration attentionnée d'une école de médecine et d'un hôpital axés sur la collaboration;
- deux grands services d'urgence récemment rénovés, dont l'un est le centre régional de traumatologie;
- de vastes programmes d'études de premier cycle et postdoctorales et des programmes de monitorat (fellowship).

Vous possédez les qualifications suivantes:

- leader chevronné pouvant diriger la prestation efficace des services cliniques, le rendement universitaire et la recherche en harmonie avec la mission, la vision, les valeurs, les politiques et les objectifs de la Faculté de médecine et de L'Hôpital d'Ottawa;
- dossier exceptionnel au chapitre des soins aux patients, de l'enseignement, du leadership universitaire et de la recherche;
- clinicien chevronné ayant reçu la certification du Collège royal des médecins et chirurgiens du Canada (FRCPC), du Collège des médecins de famille du Canada (CCMF-MU) ou l'équivalent;
- rang universitaire de professeur agrégé ou de professeur titulaire;
- admissible au droit d'exercer la médecine en Ontario;
- capacité de communiquer en français et en anglais (atout).

Nous vous invitons à faire parvenir une lettre d'intérêt et votre CV, au plus tard le 04 Janvier 2015, à:

Heidi Baier, Cabinet du doyen
Faculté de médecine, Université
d'Ottawa

451, ch. Smyth, bureau 2026D

Ottawa, Ontario K1H 8M5

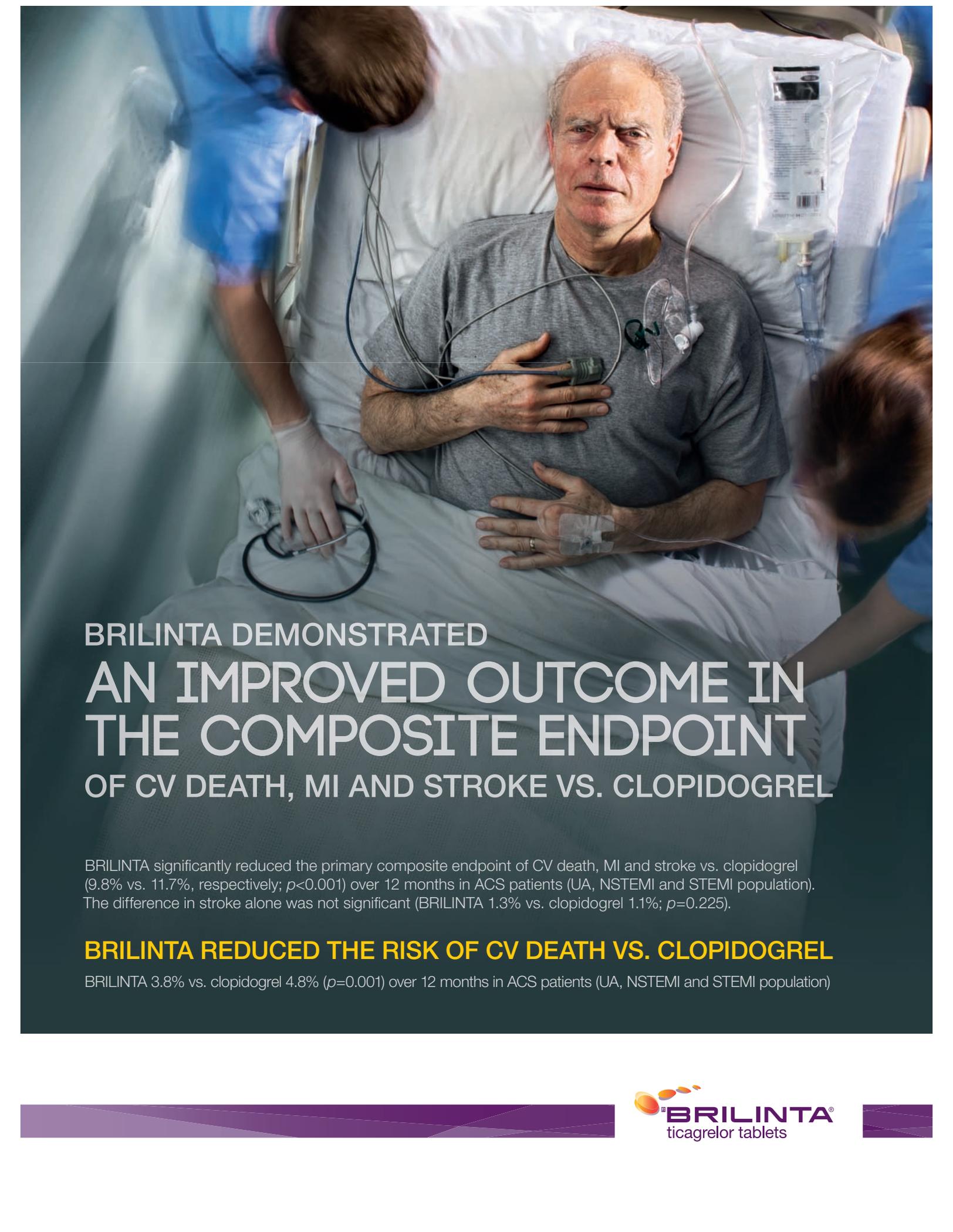
Tél: 613.562.5800 poste. 3753

Courriel: hbaier@uottawa.ca



» http://www.med.uottawa.ca/hr/fra/offres_emploi_depart_urgence.html

Nous encourageons tous les candidats qualifiés à poser leur candidature, toutefois les citoyens canadiens et les résidents permanents auront priorité.



**BRILINTA DEMONSTRATED
AN IMPROVED OUTCOME IN
THE COMPOSITE ENDPOINT
OF CV DEATH, MI AND STROKE VS. CLOPIDOGREL**

BRILINTA significantly reduced the primary composite endpoint of CV death, MI and stroke vs. clopidogrel (9.8% vs. 11.7%, respectively; $p < 0.001$) over 12 months in ACS patients (UA, NSTEMI and STEMI population). The difference in stroke alone was not significant (BRILINTA 1.3% vs. clopidogrel 1.1%; $p = 0.225$).

BRILINTA REDUCED THE RISK OF CV DEATH VS. CLOPIDOGREL

BRILINTA 3.8% vs. clopidogrel 4.8% ($p = 0.001$) over 12 months in ACS patients (UA, NSTEMI and STEMI population)

Indication and clinical use:

BRILINTA (ticagrelor), co-administered with acetylsalicylic acid (ASA), is indicated for the secondary prevention of atherothrombotic events in patients with Acute Coronary Syndromes (ACS) (unstable angina [UA], non-ST elevation myocardial infarction [NSTEMI] or ST elevation myocardial infarction [STEMI]) who are to be managed medically, and those who are to be managed with percutaneous coronary intervention (PCI) (with or without stent) and/or coronary artery bypass graft (CABG). Based on a relationship observed in PLATO between maintenance ASA dose and relative efficacy of BRILINTA compared to clopidogrel, BRILINTA is recommended to be co-administered with low maintenance dose ASA (75-150 mg daily). The safety and efficacy of BRILINTA in pediatric patients below the age of 18 have not been established. Therefore, BRILINTA is not recommended in this population.

Contraindications:

- Patients with active pathological bleeding (e.g., peptic ulcer or intracranial hemorrhage)
- Patients with a history of intracranial hemorrhage
- Patients with moderate to severe hepatic impairment
- Patients who are also taking strong CYP3A4 inhibitors

Most serious warnings and precautions:

Bleeding risk: BRILINTA should be used with caution in patients with a propensity to bleed (e.g., due to recent trauma, recent surgery, active or recent gastrointestinal bleeding, or moderate hepatic impairment) and in patients requiring oral anticoagulants (e.g., warfarin) and/or fibrinolytics agents (within 24 hours of BRILINTA dosing). Caution should also be used in patients with concomitant administration of medicinal products that may increase the risk of bleeding (e.g., non-steroidal anti-inflammatory drugs [NSAIDs]).

Maintenance dose ASA: Co-administration of BRILINTA and high maintenance dose ASA (>150 mg daily) is not recommended.

Other relevant warnings and precautions:

- Cardiac events in discontinued patients
- Bradycardic events
- Hypersensitivity, including angioedema
- Dizziness and confusion
- Discontinuation prior to surgery
- Dyspnea
- Pregnant or nursing women
- Possible increase in creatinine levels
- Uric acid increase

For more information:

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Reference: BRILINTA® Product Monograph. AstraZeneca Canada Inc. September 9, 2013.



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EMERGENCY ULTRASOUND FELLOWSHIP

Sudbury, Ontario 2015-2016 Academic Year

Applications are invited for the position of Emergency Ultrasound Fellow. Sudbury's emergency physicians have been performing emergency ultrasound since 2001. Sudbury is the base for the Emergency Department Echo courses. EDE 1 has taught "EDE" to over 10,000 physicians worldwide (www.the-edc-course.com). The EDE 2 (Advanced) Course made its debut in 2009 (www.ede2course.com). The course manuals have been published as a print book: "Point-of-Care Ultrasound for Emergency Physicians" and an e-Book. Our emergency department is recognized as a training centre by the Canadian Emergency Ultrasound Society (CEUS), and has welcomed dozens of emergency physicians from across the country for CEUS independent practitioner training. Emergency ultrasound is an integral part of the curriculum of Sudbury's CFPC(EM) residency – one of the largest in the country. Sudbury is the East Campus of the Northern Ontario School of Medicine. The Sudbury ED has one of the highest volumes and acuities in Ontario. Health Sciences North is the Trauma and Tertiary Care Centre for Northeastern Ontario.

The fellow will develop expert skills in basic and advanced emergency ultrasound. Valuable experience in education and research will be gained. The fellow will have the opportunity to become an instructor with the EDE courses, as well as a CEUS instructor. The main objective of the one-year fellowship is to train future leaders in emergency ultrasound in Canada. Applicants must be certified in emergency medicine

(FRPC(C), CFPC(EM), or ABEM) or in the last half of a Royal College emergency medicine residency. FRCP residents in will be considered for a 6-12 month rotation on a case-by-case basis. Applicants must be eligible for Ontario licensure. Interested candidates should submit a letter and CV no later than Jan 15, 2015.

To submit an application or for further information, please contact:

Steve Socransky, MD, FRCPC, ABEM, CEUS
Emergency Ultrasound Fellowship Director
Emergency Department
Health Sciences North
41 Ramsey Lake Road
Sudbury, Ontario
P3E 5J1
ssocransky@sympatico.ca

The fellowship is supported by ultrasound equipment donations from Esaote Canada and SonoSite Canada.



EMERGENCY PHYSICIANS EASTERN REGIONAL HEALTH AUTHORITY ST. JOHN'S, NEWFOUNDLAND

The Emergency Medicine Program for Eastern Health (St. John's Sites) is now accepting applications for Locum and Permanent Positions.

The Emergency Medicine Program encompasses two sites with annual volumes of 95,000 adult visits. The sites provide the lead Trauma, Cardiovascular, and Neurosciences services for the province of Newfoundland and Labrador. The Emergency Medicine Program is affiliated with the emergency medicine residency within the Discipline of Emergency Medicine, Faculty of Medicine, Memorial University.

St. John's, NL is a cosmopolitan city located in one of the most picturesque locations in the nation. Supporting deep cultural roots and a wide range of recreational, sport and food experiences.

Applicant Requirements: CCFP (EM), FRCPC, or ABEM certification as well as licensure eligibility in the province of Newfoundland and Labrador.

For more information regarding Eastern Health and practicing in Newfoundland and Labrador please visit the following websites: www.easternhealth.ca and www.practicenl.ca.

Interested applicants should submit a CV and three references to:

Sherri-lynn Crouse
Regional Physician Recruitment Coordinator
sherri.crouse@easternhealth.ca
fax: 709-777-2180

EMERGENCY PHYSICIAN

Guelph General Hospital Emergency Group is currently seeking full-time and part-time Emergency Physicians. Join a democratic physician group to work in a modern, quality-focused ED serving >55,000 patients annually. We offer excellent remuneration under an Alternate Funding model and generous time off. FRCP-EM, CCFP-EM or equivalent ED experience required.

Guelph is a beautiful and vibrant university city of over 120,000 located within close proximity of Toronto, London and Hamilton. Associated with one of the fastest growing economic regions in Canada, Guelph offers a wide variety of educational, cultural, recreational and sporting activities.

For information contact:

Dr. Ian Digby, Chief of Emergency Medicine
Guelph General Hospital
Email: idigby@gghorg.ca
Tel: 519-837-1401
Fax: 519-837-0133



Suitable applicants will require a current CV, cover letter, and 3 references.