

# First Canadian EM Residents Workshop: Overview

Jason R. Frank, MD

The First Canadian EM Residents Workshop took place in conjunction with the June 2000 Canadian Association of Emergency Physicians (CAEP) annual scientific meeting in St. John, NB. This was the first time the CAEP Residents' Section (CAEP-RS) formally brought together emergency medicine (EM) residents from pediatric, family and FRCP programs across the country. We think it was a phenomenal success, and we were proud to see residents from Newfoundland to BC.

The meeting involved a dinner and social events with a guest speaker, followed by a half-day workshop on EM resident issues. Dr. Isser Dubinsky, Chief of Emergency Medicine at the University Health Network in Toronto, was chosen as the first speaker at

Chair, CAEP Residents' Section (CAEP-RS);  
Editor, Resident Issues section, *CJEM*

this annual event. His poignant address appears in this section.<sup>1</sup> The next day, Dr. Dubinsky and the organizing team (Jennifer Riley, Jason Frank, Christopher Denny,<sup>2</sup> Shawn Mawhinney<sup>3</sup>) facilitated small group sessions on learning in the ED, resident research, getting a job, and CAEP. We will publish a brief synopsis of each of the sessions, some in this issue, some in the January 2001 issue.

I thank those who helped make the event a reality. The advisory committee included Suneel Upadhye (McMaster), Sunil Sookram (Edmonton), Vincent Poirier (McGill), Adam Lund (Edmonton) and Monica Cermignani (McGill). Most of all, thanks to the residents who travelled from across the country and contributed to this first national event.

CAEP 2001 looms on the horizon, and planning is underway for the Second Canadian EM Residents Workshop, tentatively booked for Mar. 19th

and 20th in Calgary, Alta., to precede CAEP's Annual Scientific Meeting (Mar. 21–24). There are still opportunities to be involved in the organization. Interested people should contact the CAEP Head Office.

CAEP-RS executive elections will be held at the March 2001 meeting. With so much happening in the Residents' Section, now is the time to get involved.

## References

1. Dubinsky I. "The Future of Emergency Medicine." Inaugural address to the First Canadian EM Residents Workshop. *CJEM* 2000;2(4):262-4.
2. Denny CJ. First Canadian EM Residents Workshop. Forum on Research and Scholarly Activity. *CJEM* 2000;2(4):265-6.
3. Mawhinney S. First Canadian EM Residents Workshop. CAEP Residents' Section: Where Do We Go From Here? *CJEM* 2000;2(4):266.

Correspondence to: Dr. Jason Frank; jfrank@atccanada.ca

## Forum on Research and Scholarly Activity

Christopher J. Denny, MD

"Discovery consists of looking at the same thing as everyone else and thinking something different."

– Albert Szent-Gyorgi

Emergency medicine training programs often require residents to participate in research activity. One goal of the Resident Forum was to discuss ways of improving this element of our training. We asked ourselves the following questions.

PGY3 Emergency Medicine, University of Toronto, Toronto, Ont.

### *What are the objectives for a graduating resident?*

The Royal College of Physicians and Surgeons of Canada's Standard for the Academic and Scholarly Aspects of the Residency Program<sup>1</sup> states: "There must be a faculty member with the responsibility to facilitate the involvement of residents in research and other scholarly work. The academic program must provide the opportunity for residents to learn biostatistics and the critical appraisal of research methodology and medical literature. Such teaching must include issues related to age, gender,

culture and ethnicity in research protocols and data presentation and discussion. Residents should be encouraged to participate in clinical research during the course of the residency program."

However, all of the Canadian programs differ in their interpretation of these standards.

### *Should research be a mandatory activity?*

Resident Forum participants felt that mandatory scholarly activity was a useful educational endeavour. The group agreed with the Society of Aca-

demic Emergency Medicine Research Directors' Workshop, which emphasized that the focus should be on the process, not the product.<sup>2</sup>

### *Is "research" the only form of scholarly activity?*

Residents sought to broaden the accepted definition of scholarly activity to include original research (basic science and clinical), curriculum development, administrative projects, community health initiatives, completion of graduate-level courses, subspecialty or fellowship development

(e.g., aeromedical transport, prehospital care), utilization of new technologies (Web site development, handheld computer applications).

Although few conclusions were reached at the resident forum, strong themes emerged. Residents are curious about their specialty and eager to engage in scholarly activity. We will flourish with direction, strong mentorship and access to the necessary academic resources. Given the common questions we face in emergency medicine across Canada, increased collab-

oration among residents from different programs and specialties ought to be nurtured.

### References

1. RCPSC (Royal College of Physicians and Surgeons of Canada) General Standards of Accreditation. Sept 1997. p. 12.
2. Summers RL, Fish S, Blanda M, Ternstrup T. Assessment of the "Scholarly Project" requirement for emergency medicine residents: report of the SAEM Research Directors' Workshop. *Acad Emerg Med* 1999;6:1160-5.

**Correspondence to:** Dr. Chris Denny; cjmdenny@hotmail.com

## CAEP Residents' Section: Where Do We Go From Here?

Shawn Mawhinney, MD

Jason Frank, CAEP's Residents' Section representative for the last 2 years, is an active CAEP member who serves as a voting member of the Board. Before Jason, there was no active residents section and minimal resident involvement in CAEP. Jason has brought us a long way, and his efforts are laudable. His term ends at the next CAEP meeting, and at that time a new representative will be elected. Jason will aid the new section representative for the first year.

Residents at this year's workshop suggested several topics for the March 2001 (Calgary) workshop. Topics included the following.

### *Educational issues*

- A forum with a coordinated discussion with staff physicians
- Teaching residents to teach
- Interaction between programs — going to other EM programs for courses or workshops

- Faculty and resident development

### *Resident issues*

- Career planning
- Networking — occupational, social

### *Residency issues*

- Role of training programs — length, future
- Subspecialty year and fellowship opportunities
- Advocacy role of the Residents' Section
- CCFP-EM residents — return to service requirements
- Political activism — position statements

### *Other training*

- Critical incident stress management
- Stress management
- Presentation skills

### *Scheduling and activities*

Most residents preferred the pre-conference format with a dinner, followed by a half-day session the next day. This eliminates conflicts with the main conference and provides an independent forum for resident interac-

tion. Next year we hope to arrange a recreational or sporting activity after the half-day session (which will no doubt cause an injury, yet also help promote our specialty.)

### *Residents' Web site*

The residents who attended this year's workshop were in favour of the idea of a CAEP Web site section for residents only. Information on the site could include a list of previous exam questions, with answers; educational material such as case presentations; fellowship opportunities; and special educational opportunities. The Web site might also be used by the CCFP-EM residency committee for submissions of applications to the EM year.

### *Residents' listserve*

A final priority was a listserve exclusively for EM residents to facilitate discussions about resident issues, special events, educational, fellowship or research opportunities.

**Correspondence to:** Dr. Shawn Mawhinney; shawn.mawhinney@utoronto.ca