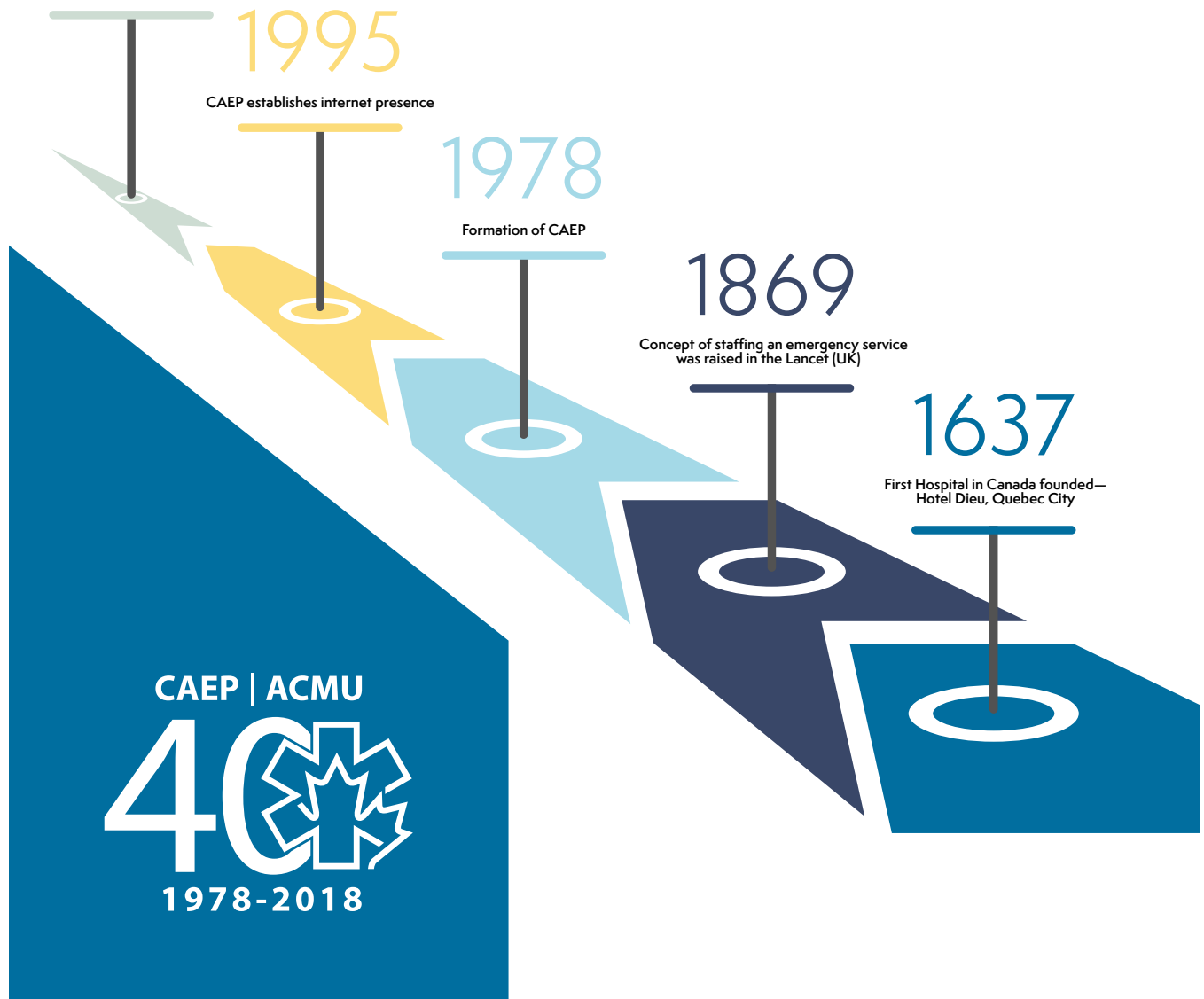


2018

Positioning Statement on Emergency  
Ultrasound Curriculum



BE A PART OF THE

**PAST, PRESENT,  
AND FUTURE OF  
EMERGENCY MEDICINE**

**CAEP:  
THE HISTORY OF A COMMUNITY**

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# CAEP: THE HISTORY OF A COMMUNITY

- 1637** First hospital in Canada founded—Hotel Dieu, Quebec City
- 1820s** Organized public care emerged largely in response to emergencies\*
- 1823** Founding of the first medical faculty in Canada—University of Montreal (now McGill)
- 1832** First organized ambulance service in Toronto
- 1867** Canadian Medical Association Formed\*
- 1869** Concept of staffing an emergency service was raised in the Lancet (UK)
- 1911** First specialized trauma care center in the world was opened at the University of Louisville Hospital in the US
- 1929** Act of Parliament established the Royal College of Physicians and Surgeons of Canada to oversee postgraduate medical education
- 1952** First full-time Casualty Consultant, Dr. Maurice Ellis, General Infirmary of Leeds\*



▲ Marilyn Li (second from the right) and colleagues.

◀ Taking care of the injured—St. Michael's Hospital Casualty Department.



▲ George Podgorny, Bob Anzinger, Robert Jonston.



▲ Janet Nuth.

- 1954** Formation of the College of General Practice of Canada
- 1958** Development of the "Committee on Trauma" at the Royal College
- 1959** First 911 system in North America (Winnipeg)
- 1969** First family practice certification exam—13 candidates
- 1966** First residency programs in family medicine established (Calgary & Western)
- 1968** Implementation of Medicare in Canada
- 1968** Formation of American College of Emergency Physicians (ACEP)
- 1971** Bruce Janiak becomes first ever EM resident, University of Cincinnati\*
- 1971** Initiatives began to change the Committee on Trauma to the Committee on Emergency Medicine
- 1972** Royal College accepted the concept of a specialty of emergency medicine—Drs. W. Ghent & Gene Dagnone headed the panel discussion at the Winnipeg Annual RCPSC Conference
- 1973** Canadian petition for the formation of an Ontario chapter of ACEP
- 1974** Establishment of Emergency Medicine training programs at McGill and the University of Western Ontario

▼ Adam Lund and team.



▲ Past Presidents Sheldon Glazer, Robert Beveridge, Greg Powell, Terry Sosnowski, Garth Dickinson.

- 1975** "Guidelines for Special Care Units in Hospitals" published by a Federal-Provincial working group from the office of the Minister of National Health and Welfare
- 1975** CFPC indicated that training in EM was within the scope of family medicine
- 1975** Establishment of the Queens FRCPC EM Program
- 1977** Proposal of a joint certificate of special competence in EM
- 1978** Formation of the Canadian Association of Emergency Physicians (CAEP)
- 1978** CAEP head office established at Victoria Hospital in London, ON
- 1978–1980** Published position statements on patient transfer guidelines, physician staffing of an ED and on the needs for certification in EM
- 1980** CFPC elects to develop a certificate of special competence
- 1980** Royal College elects to have a free-standing specialty of EM
- 1980** CAEP Manpower study determines there were four hundred career oriented EPs in Canada
- 1980** First publication of the "CAEP Review"
- 1980** CAEP involvement in a federal study on emergency health services and prehospital care



▲ Preparing for the annual CAEP meeting.



▲ Left to right: Ron Stewart, Dennis Psutka, unknown.



▲ Doug Sinclair preparing for #CAEP97 in Halifax.

- 1981** CAEP Review published Appendix 1—"Emergency Units in Hospitals" in conjunction with the "Guidelines for Establishing Standard for Special Services in Hospitals"
- 1981** Government definition of an Emergency Unit: "An Emergency Unit is a facility specifically designed, staffed and equipped for the provision of care to those persons requiring urgent assessment, diagnosis and management of illness or injury."
- 1982** First CCFP(EM) exam
- 1983** Formation of Association des medecins d'urgence du Quebec (AMUQ)
- 1983** First FRCPC exam
- 1983** Call from CAEP President to increase research in EM and establish the research fund
- 1983** CAEP's application for incorporation was accepted by Consumer Incorporate Affairs Canada
- 1983** CAEP applies for charitable status
- 1984** CAEP Position Paper on Drinking and Driving published
- 1984–1985** Establishment of CAEP Pediatric Section
- 1985** Establishment of the CAEP Toxicology Committee

▼ Ron Stewart.



- 1985** Legislation for mandatory blood sampling of those involved in car accidents—CAEP was instrumental in the enactment
- 1986** First International Conference on Emergency Medicine (ICEM)
- 1986** Establishment of the pediatric core curriculum within the Royal College—led by Marilyn Li
- 1987** Task force established to revisit the 1980 decision the concept of a specialty of EM
- 1987** CAEP Bulletin replaces CAEP Review
- 1987** CAEP President Jan Ahuja states, “CAEP has taken the position that we are going to represent emergency medicine in this country and house both the specialists and the non-specialists.”
- 1987** Dr. Marilyn Li from Ottawa, Ontario, conducted the first human resources study of PEM physicians. The study identified 49 pediatricians in Canada who stated that they were practicing full- or part-time. Dr. Tenenbein is quoted in the 1987 minutes of the CPS—PEM Section meeting as follows: “With decreasing residency positions, the ED service would have to be assumed by staff attending pediatricians in the years to come... we should work towards the development of a subspecialty of Pediatric Emergency Medicine within the Royal College of Physicians and Surgeons of Canada.”
- 1988** Specialty of emergency medicine was defined by the RC
- 1988** Establishment of the CAEP Communique—the predecessor to CJEM



◀ Past Presidents receiving honorary life member awards. Left to right: Dennis Psutka, David Walker, Rocco Gerace, Peter Lane, Michael Tetreault, Jan Ahuja, Trevor Gilkinson, Jim Ducharme, Alan Drummond.



▲ Debra Eagles presenting at the #CAEP15 research plenary.



▲ Passing the torch from #CAEP16 to #CAEP17. Left to right: Julian Marsden, Jeff Eppler, Marcel Emond.

- 1990** Eight accredited RC programs
- 1990** Twelve accredited CCFP-EM programs
- 1991** First CME in the SUN—“Winter Symposium” in partnership with ACEP
- 1991** Dr. Marilyn Li proved the benefits of networking by bringing together directors of PEM departments across Canada with representatives from pediatric intensive care, family medicine, neonatology, the Canadian Heart and Stroke Foundation, the American Academy of Pediatrics (AAP) and others to the First National Consensus Conference on Pediatric Resuscitation in Toronto. It was determined that the Pediatric Advanced Life Support (PALS) course, developed by the American Heart and Stroke Foundation in 1983, would become the national standard course for resuscitation in Canada.
- 1992** Dr. Marilyn Li was the first Canadian to pass the initial American Board of Pediatrics certification examination in PEM
- 1994** CAEP’s second Manpower Project
- 1994** CAEP approved guideline “Ottawa Ankle Rules”
- 1995** Pediatric Section obtains an ex-officio chair on the CAEP Board



▲ Top: Jill McEwen CAEP President 2014–2016 and Chris Evans CAEP President 2008–2010.  
Bottom: Joanne Liu, President of Doctors Without Borders, closing plenary speaker at #CAEP16 in Quebec City, QC.

- 1995** First research cash awards handed out
- 1995** Asthma guidelines developed
- 1995** ED Triage and Acuity Scale was created
- 1995** Gun control position statement presented to parliament
- 1995** CAEP establishes internet presence
- 1995** 10 pediatric hospitals in Canada providing 24-hour in-house pediatric coverage in the ED
- 1995** Launch of the research endowment fund
- 1995** PERC was created by Drs. Terry Klassen, David Johnson and Martin Osmond
- 1996** CAEP–approved guideline “Ottawa Knee Rules”
- 1996** The division of EM at Queen’s University received departmental status—the first in Canada
- 1996** CAEP News established by Grant Innes
- 1996** Published—“Recommendations for the management of rural, remote and isolated emergency health care facilities in Canada.”
- 1996** Published position statement—“Writing of patient admission orders”
- 1996** Published position statement—“Informed consent for emergency procedures”
- 1996** Published position statement—“Taking blood alcohol levels in the emergency department”
- 1997** Published position statement—“Recommendations for the management of rural, remote, and isolated emergency health care facilities in Canada”
- 1998** Establishment of the Resident Section
- 1998** Quebec recognizes Emergency Medicine as a specialty
- 1998** CAEP.ca established
- 1998** Canadian Triage and Acuity Scale (CTAS) established



- 1999** Position Statement on Ultrasonography in the emergency department
- 1999** CJEM Established
- 2000** Joint position statement on overcrowding
- 2000** Received a letter from the director of the RCPSC, Dr. Nadia Mikhael, stating the following, "I am pleased to report that, at its April 2000 meeting, the RCPSC's Council adopted a resolution recognizing Pediatric Emergency Medicine as a subspecialty without examination." This solidified the future of PEM in Canada, 13 years after the idea was first proposed
- 2001** Published position statement—"Thrombolytic therapy for acute ischemic stroke"
- 2001** Published position statement—"Public access defibrillation programs"
- 2001** Creation of Pediatric CTAS
- 2003** Release of Canadian Emergency Department Triage and Acuity Scale (CTAS): Rural Implementation Statement
- 2003** Published position statement—"Access to acute care in the setting of emergency department overcrowding"
- 2003** Published position statement—"Steroids in acute spinal cord injury"
- 2003** Published position statement—"Implications of the SARS outbreak for Canadian emergency departments"

▼ Delegates networking at CAEP.



▼ Team ORNGE Simulation Olympiad winners at #CAEP16 in Quebec City.





▲ Mary Lynn Watson—CAEP President 2006–2008.

◀ #CAEP17 Whistler, BC.

- 2006** PEM succeeded in the final step to becoming a subspecialty with certification with examination
- 2006** Published position statement—"Guidelines for the use of hypothermia after cardiac arrest"
- 2007** The 2007 cohort of residents required to take an examination for final certification
- 2008** Revision of the Canadian Emergency Department Information System (CEDIS) Presenting Complaint List version 1.1
- 2008** Release of CAEP's Sepsis Guidelines
- 2008** Revisions to the Canadian Triage and Acuity Scale pediatric guidelines (PedCTAS)
- 2008** CAEP supports National Advisory Committee on Immunization recommendation on rotavirus vaccination
- 2009** Published position statement—"Gun control"
- 2009** Published position statement—"Emergency department overcrowding"
- 2010** Establishment of the Montreal Emergency Medicine Task Force
- 2010** Published position statement—"Cellphone use while driving"

- 2011** Published position statement—"Bystander cardiopulmonary resuscitation (CPR)"
- 2012** Establishment of the Academic Section
- 2012** CAEP Board approved vision and principles for the Dual College/Dual Certification Working Group
- 2013** Formation of the Collaborative Working Group on the Future of Emergency Medicine in Canada
- 2014** Published position statement—"Improving bicycle safety in Canada"
- 2014** Guidelines for Diagnosing and Managing Pediatric Concussion
- 2014** Recommendations for policy development regarding sport-related concussion prevention and management in Canada
- 2015** Published position statement—"Acute Ischemic Stroke"
- 2016** Publication of the Definition of an Emergency Physician
- 2016** Geriatric Emergency Department Guidelines
- 2016** Collaborative Working Group releases its final report on the Future of Emergency Medicine in Canada
- 2018** Published position statement—"Resident wellness"
- 2018** Published position statement—"Emergency ultrasound curriculum"

\* With thanks to CAEP member Dr. Daniel James. "History of Emergency Medicine: A Canadian Perspective." In preparation at the University of Ottawa.

▼ First Sonogames at #CAEP17 in Whistler.



TRIAGE, TRANSPORT, TREAT, TRANSLATE  
ANYONE, ANYTIME, WE CARE  
TO CARE, NOT JUDGE  
MEDICINE'S HEART AND SOUL  
THE CHANCE TO COMFORT  
THE. BEST. JOB. EVER.  
CRAZY. UNPREDICTABLE. FUN. HARD.  
READINESS, RESPONSIVE, RIGOROUS, RELIABLE.  
DON'T PANIC, BE SKEPTICAL.  
WHERE HEROES WORK EVERY DAY.  
WE ARE THE EVERYTHING'S.  
BETTER GOOD THAN LUCKY" (BUT WE ALL NEED A LITTLE LUCK!)  
THE HIGH AND LOW.  
CHALLENGING. SAD. EXHAUSTING. EXHILARATING.  
ANY PATIENT, ANY TIME.  
MEDICALLY ORGANIZED CHAOS & ENTROPY.

CAEP | ACMU



1978-2018