

1999 CAEP Resident Research Competition

The fifth annual CAEP Resident Research Competition was held at CAEP's annual meeting in Quebec City in October. The response to the call for abstract submissions to the competition was the best it has ever been, with 31 submissions representing programs from across the country. Through a process of blinded review, coordinated by the CAEP Research Committee, 11 abstracts were selected for oral presentation at the competition, which was judged

by Drs. Peter Rosen and Grant Innes. Over 100 spectators were present for an afternoon of excellent presentations by the residents and medical students.

Drs. Bob McGraw and Brian Rowe organized the competition, which was made possible by the generous support of a number of groups. We would like to thank Fujisawa Canada, who, for the fifth straight year, sponsored the event with an unrestricted educational grant. Secondly, we acknowl-



Dr. Peter Rosen

edge the support of the conference coordinators, who waived conference registration fees for the 11 presenters. In addition, we thank the CAEP Board, who enthusiastically support the event every year. Finally, we thank all the residents and medical students who submitted abstracts, and we congratulate the 11 whose abstracts were selected for oral presentation.

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Left to right: Drs. Bob McGraw, Daniel Howes, Danielle Blouin, Kirk Magee and Corrine Hohl, and Carl Ferrara, Fujisawa Canada.

Winners of the 1999 competition

First Prize (\$1000) — Daniel Howes, Queen's University

Abstract: *Aggressive fluid resuscitation vs. no fluid resuscitation in an animal model.*

Second Prize (\$500) — Danielle Blouin, McGill University

Abstract: *Time to recurrent ventricular fibrillation or ventricular tachycardia after defibrillation.*

Third Prize (tie) (\$250) — Kirk Magee, University of Alberta

Abstract: *Low molecular weight heparin in unstable angina: a systematic review.*

Third Prize (tie) (\$250) — Corrine Hohl, McGill University

Abstract: *Polypharmacy: adverse drug interactions in elderly patients presenting to an ED.*