

Delegation of CDC-INDIA Summit on Injury Surveillance and Trauma Registries

Hence experts with an experience will multi center data gathering in the areas related to trauma science will be involved in this process. A time line was set up with clearly marked goals and the process plan was developed for the next year.

INDO-US experts Dr Sagar Galwankar from the University of South Florida and Dr Sankalp Dwivedi and Dr Amit Agarwal presented results of the pilot trauma registry. The results were well received and a lot of constructive discussion was held on the INDO-US Trauma Registry. The discussion has provide much needed direction to the development of the multi-center registry.

The intention was to start with a simple system and build it as the time passes and more and more data is gathered. It was recognized that uniformity of trauma care is paramount to the success of building a unified trauma mapping program.



## EM-TECH REPORTER

4<sup>th</sup> INDO-US Emergency and Trauma Sonography School will be Held at BJ Medical College Pune from 14<sup>th</sup> October 2010 to 16<sup>th</sup> October 2010. The Departments of Anesthesia and Critical Care will be organizing this school by bringing together all the Medical Schools across Maharashtra. Please Contact :

Dr Shashank Shettar who will be leading the executive team and he can be contacted at shankymedico@rediffmail.com (9673702997)

The Training program will be held under the leadership of Dean Dr Jamkar and Dr Kelkar who is the Chair of Anesthesia and Critical Care at BJ Medical College and Sassoon Hospital Pune, India.

### INDO-US Emergency & Trauma Collaborative

Invites

Medical Students, Residents, Faculty, Nurses, Paramedics, Public Health Experts, Administrators, Policy Makers, Councilors, Delegates & Research Papers

[www.indusem.com](http://www.indusem.com)

“Doctrines, Departments & Development”

[INDUS-EM 2010](#)

6<sup>th</sup> INDO-US Emergency Medicine Summit

“A Level One International Academic Meeting on Trauma, Emergency & Disaster Medicine”

&

[ACET Annual Assembly 2010](#)

5<sup>th</sup> INDO-US Academic Council for Emergency & Trauma- Annual Assembly

“Acute Academic Technology & Leadership Incubator”

[Joint Conferences](#)

Emergency Nursing Conference (ENCON 2010)

Disaster Conference for India (DCON-INDIA)

Paramedic Parishad of India (PPI 2010)

INDO-US Leadership Meetings

INDO-US Career Conference

EMARCS 2010

[Vadodara, Gujarat, India](#)

8<sup>th</sup>, 9<sup>th</sup> & 10<sup>th</sup> October 2010

Medical College, Baroda & SSG Hospital, Vadodara, India

[Gujarat Academic Pre-Summit](#)

6<sup>th</sup> & 7<sup>th</sup> October 2010

[INDO-US Academic Promoters](#)

University of South Florida, USA

State University of New York, USA

All India Institute of Medical Sciences, India

World Association of Disaster & Emergency Medicine

[Secretary General](#)

Dr Dipesh Duttaroy

Medical College, Baroda & SSG Hospital, Vadodara, India

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Celebrate the Golden Jubilee of Gujarat State (1960-2010) During the International Navaratri Festival

&

Come Enjoy the Lion Parks, Coastline, Temples and the Majestic Medieval Architecture

# Trauma & Emergency

# TEAMS

## Academic Medicine Sentinel

*"Proclaiming and Promoting Academic Leadership"*

### From the Desk of Editor



Dear Colleagues,

I pen this editorial in a crucial moment where the country is under threat by its own citizens mimicking the old Indo-Pak partition in Kashmir, Maoists in the East, Communal riot in the West which tests the sovereignty & integrity of our country. Common Wealth Games happening in Delhi which also needs to put us on a high level of preparedness to cater the need of the participants and the visitors.

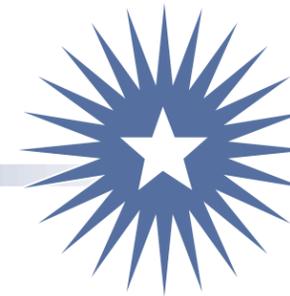
This situation alerts me on various issues like how to prevent these situations which needs a political consensus and solutions on a war footing. The second thought is how to be prepared to tackle these situations to minimize loss to humankind which is nothing but disaster preparedness.

We ACET colleagues were addressing these issues in the past years but we need to strengthen ourselves for the nation .So this year when we meet in Baroda let's focus on issues like FACET, How to start the MD (Emergency Medicine) programme, How to support the board of directors of MCI to create a national level committee as an advocacy group, Syllabus, Curriculum, Infrastructures, Policies & Protocols, Staff recruitment(problems & Issues), Disaster Management Plan, Research in Emergency Medicine etc so that the Residency programme takes shape in all academic institutions across the country. The EMPACT held at AIIMS, New Delhi is the first step in developing faculties across the country.

I am sure the Baroda team is eagerly waiting to host all of us with various feast aside the Navaratri festival amidst the Gujarat's Golden Jubilee celebrations

I take pleasure in welcoming you all & our friends across the world for the INDUSEM2010.

JAIHIND.



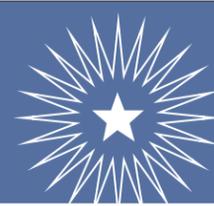
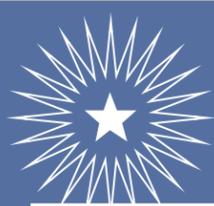
Editor

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SUNDARAKUMAR

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## EMPACT 2010 strikes Success!!!



Trainers & Trainees of EMPACT 2010

Physicians go through a lifelong process of perfecting their learned practices. They learn these practices at their medical colleges. It is the medical colleges which award them their credentials. The birth place of any medical expert's expertise is the training institution hence if any new science has to be developed and taught the ideal sites are none other than medical colleges across India. The role of MCI recognized Medical Colleges and Academic Institutions is crucial to develop the academic fraternity in Emergency Medicine which by itself is a new academic science to India.

With the recognition of Emergency Medicine as an independent specialty the doors have opened for medical colleges to pursue initiatives to create free standing academic departments of Emergency Medicine which can house post graduate residency training programs in Emergency Medicine in Indian MCI Recognized Medical Colleges.

To initiate departments and start post graduate residency programs there will be a need for trained faculty who can

embrace Emergency Medicine (A New discipline to India) as their specialty. To be trainers these teaching faculties will need to take on the task of educating themselves about the body of knowledge for Emergency Medicine. MCI Recognized Faculty from Anesthesia, Medicine, Surgery, Obstetrics Gynecology Pulmonology, Pediatrics, Orthopedics are eligible to be teachers in Emergency Medicine and hence can take this Fellowship Course only if they are currently teaching faculty in any of the departments at MCI Recognized Medical Colleges in India.

To facilitate the process of developing the science of emergency medicine in India and recognize the role of trainers to accomplish the academic goals "the Academic College of Emergency Teachers in India" (ACET-INDIA) is being founded.

The inaugural 2010 Faculty Development Program will help Interested Faculty Grasp the Body of Knowledge of Emergency Medicine so that they make Firm Start as Pioneers of a New Specialty when they Train their new Residents at their maiden emergency medicine academic residency programs at their MCI recognized medical colleges.

This 2010 Fellowship program is the Founding Faculty Development Program which upon completion will enable members to gain membership as Founding Members of the College with the title (FACET-INDIA).

The Fellowship Program of 2010 recruited 21 Faculty across India who are currently undergoing training. As a part of their training they were mandated to attend the annual EMPACT-INDIA course at AIIMS New Delhi. EMPACT-INDIA (Emergency Medicine Advance Practices and Clinical therapeutics in India) was held from 17<sup>th</sup> to 20<sup>th</sup> June 2010 where the entire Faculty was trained in various aspects of Emergency Medicine.

EMPACT 2010 was a 40 Hour 4 Day Course focused all the Core areas of Clinical Emergency Medicine addressing but not restricted to:

1. Systemic Emergencies from Neurology, Cardiology, Gastroenterology, Genitourinary etc
2. Environmental Emergencies
3. Administration in Emergency Medicine
4. Mass casualty Emergency Medicine
5. Toxicology, Ob/Gyn , Trauma, Injury and Pediatric Emergency Care

6. Infectious Diseases, Psychiatry and Shock Care.

The course was supported by MCI Recognized Post Graduate Medical Faculty and the Indian Council for Medical Research in partnership with the INDO-US Academic Council for Emergency and Trauma.

The Next EMPACT course will be offered in accordance with the 2011 Cycle for the college. Please refer to [www.facetindia.org](http://www.facetindia.org) for details.



Participant of EMPACT 2010 with the Mentor

## CDC-INDIA Summit Focuses on Injury Surveillance and Trauma Registries New Delhi, India May 10-11, 2010

A focused dialogue of national importance in the arena INDO-US health diplomacy brought the Centers of Disease Control and Prevention, USA and the Office of the Director General of Health Services Government of India around the table on May 10 and 11 in New Delhi, India. Nucleus of the discussion was

The need to map the trends of injury and trauma in developing India. The experience and expertise of the United States is an important resource as India moves forward in developing a well coordinated trauma system in the next decade.

The meeting was headed by Dr Vikas Kapil from the CDC and Dr HC Goyal from the Government of India. Invited experts to this meeting were Dr. J.S. Thakur , Dr Gururaj, Dr Ann Dellinger, Dr Sagar Galwankar, Dr Amit Agarwal, Dr Sankalp Dwivedi, Dr Isaac Ashkenazi, Mr. Rajiv Mathur and Dr MC Misra from AIIMS. Dr Raj Bahadur and Dr Prem Sagar, Dr Mridula Pawar also were invited to the meeting. The experts were drawn from public health, mental health, neurosurgery, trauma surgery, orthopedic surgery, medicine, anesthesia, critical care and health policy from both the United States and India. Discussions focused on appreciating the burden of trauma in India, highlighting the

challenges and developing a framework to build Injury Surveillance Systems and Trauma registries in the coming years.

It was emphasized that the Government of India invests in a National Program for Injury Prevention and Control which focuses of Clinical Medicine, basic Science and Public Health. This will bring academicians and clinicians on the same page in areas of research education and treatment.

It was also important to ensure that commitment and resources are there for sustainability of the system. It was mandatory that the data set be linked to trauma and other current registries and linked to other data collection processes. For the above to happen there would be a national coordinating center in Delhi that will oversee and work with expert centers elsewhere in India to carry out phase I.

Various Academic Hospital will be involved in the developing Phase with a plan to involve the private hospitals in the future. Training faculty and Nurses will be a critical component of the program along with a fortified and well networked information technology infrastructure. The task is hard and challenging.