





Congratulations to Dr. MC Misra the New Director of All India Institute of Medical Sciences New Delhi, India

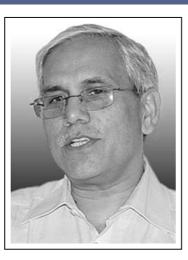
India's premier institution the All India Institute of Medical Sciences, is now headed by Dr MC Misra, who until now was the head of the institute's trauma centre and also one of the Leaders of the INDO-US Emergency and Trauma Collaborative.

Dr Misra (61) is surgeon who lead the AIIMS Trauma centre from inception to its current state of being a role model of emergency injury care in the nation.

Dr Misra came to AIIMS in the 1980's and went on to head the department of surgery in 1993. He additionally took the responsibility of Trauma Center Chief in 2006 and now assumed charge as director AIIMS.

Dr Misra's name was confirmed by the Prime Minister's Office on the recommendation of the Union Health Minister Shri. Ghulam Nabi Azad.

We at INDUS-EM congratulate our leader and hope for the best for him!



QUALITY IN EMERGENCY MEDICINE DEPARTMENT

Emergency Medicine department is a foremost and crucial area of every hospital whatever the size may be. But unfortunately it is a casualty or the regular OP room with some drugs and tubes. This is all history about Emergency in India. The year 2005 marked the birth of new era for Emergency Medicine in India, INDUSEM was born to take a leadership role in developing the science of Emergency Medicine. We have moved a long way in nurturing this science in this country as on date like spreading awareness on what is Emergency Medicine, changed the perspective of the medical community and the public on Emergency Medicine from CASUALTY, developed a blueprint on disaster preparedness process and training module with NDMA, designed a curriculum for MD Emergency, in the process of creating TLE (Teaching, Learning and Evaluation) mechanism.

Now as we move ahead in the academic methodologies we found a lag in patient care as a process where in the quality of care are not standard across the country. This kindled the interest of creating a systematic protocol based approach of patient care in the Emergency Room. This systematic approach needs to be strictly zero error models hence we decided to move forward with applying Quality as a concept as we start the academics, patient care.

Quality is a dynamic process as part of the patient care business from the perspective of patients, health care providers, administrators, law makers, insurance agencies and many more but the life of the patient is the foremost priority. Quality indicators are varied addressing all these issues like initial time of attention, retention time in EMD, Turnaround time, investigation TAT, Door to needle time, Door to Cath time, Personal protective equipment usage, Hand washing, Infection control practice, Needle stick injuries etc. Each Emergency Department shall incorporate Quality as a policy and develop protocols so that the members of the Emergency Medicine start practicing in day to day work.

Quality is continuum of learning and practice with the safety of the patient and healthcare providers as a prime importance. Quality needs to be part of the Residency curriculum and the residents need to be made aware of the policy so that they learn and practice not only during the training period but also once they become Emergency physicians.

INDUSEM promotes not only Academic Emergency Medicine but also Quality as part of their national initiatives. Let's join hands to promote QUALITY as a philosophy as we develop this specialty in our country

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Academic Medicine Sentinel

"Proclaiming and Promoting Academic Leadership"

From the Desk of Editor





Dear friends and colleagues,

Happy and delighted to meet you all in Trisur "Gods own Country" as we celebrate our the annual academic feast INDUSEM 2013

Success comes our way as we tread in the right path. Lot to celebrate this year, MD Emergency Medicine programme in more medical colleges across the country, Emergency care in time of need made aware to the lay public, Medic, Paramedic, Policy makers, Hospital administrators, law makers, Medical Council of India, Nursing council of India....etc. We shall be recruiting the qualified Emergency Physicians from this year onwards and they shall take the torch from us.

Not only academics but also improved patient care in the Emergency room itself is being established inspite of hurdles in creating policies and protocols. The transformation from a few bedded casualty with a black and white monitor to a colorful protocol based systematic approach with latest advanced resources, skilled manpower and necessary adjuncts like Point of Care testing, Ultrasound in the primary survey and more at the first point of contact has paved the way where we are now. Time saved is the Life saved so we include quality as a philosophy in the treatment plan from day one as we develop this specialty and we would like to have the policy makers take this into consideration as the curriculum for Emergency Medicine evolves. Cheers to the INDUS team especially the American counterparts who are still with us since 2005.

The Trisur TEAM has made elaborate arrangements for the extravaganza INDUSEM 2013, KUDOS to them

JAIHIND.

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EMPACT 2013

The 4th Emergency Medicine Practices and Advanced Clinical Therapeutics Course (EMPACT -2013) was organized on 7th -11th August 2013. Under the ageis is of Academic college of Emergency Experts in India in partnership with the INDO-US Emergency and Trauma Collaborative, was hosted by Smt. Kashibai Navale Medical College and General Hospital, Pune.

This was mid-year review course Attended by 56, faculty enrolled for the Fellowship of Academic College of Emergency Experts in India (FACEE), and Masters of Academic College of Emergency Experts in India(MACEE). The Course was also attended by some of the graduates who wanted to sharpen their knowledge about Emergency Medicine.

EMPACT is a highly focused course which gives the information on Emergency Medicine in a concentrated, high-yield manner. For the last Three years, the instructors for the course were from USA to start with. However, Gradualy Fellows of the College were included And inducted as instructors.

The course director was Dr Kelly'O Keefe.

The instructors for the course included the following:

- 1. Dr Tracy Sanson USA
- 2. Dr Praveen Aggarwal India
- 3. Dr Sagar Galwankar USA
- 4. Dr Sanjeev Bhoi

- Dr Kalpana Kelkar
- 6. Dr shakuntal Murthy
- 7. Dr Ashis Bhalla
- 8. Dr AJit Baviskar
- 9. Dr H Dongre
- 10. Dr Rishi Rajpal
- 11. Dr Deepali Rajpal

The Course covered almost whole of academic knowledge of Emergency Medicine over 5-days, stressing important points during the lectures. The delegates were quite enthusiastic in gaining knowledge and they actively participated in discussions.

This review course was an excellent educational opportunity for the graduates and residents as they felt that they would be able to handle emergencies in a better way. The lectures by all the instructors were greatly appreciated by the delegates. At the end of the Course, the faculty undertaking Fellowship programme of the College were encouraged to include the knowledge gained in their day-to-day practice and Practical skills like importance of documentation and patient care was included.

All the participants were encouraged to convince their authorities to apply to the Medical Council of India for post graduation in Emergency Medicine at their respective colleges.



INJURY PREVENTION WEEK 2013 JPN Apex Trauma Centre AIIMS New Delhi

Road Traffic Injuries/ Road Traffic Accidents are the leading cause of death among young people both in developmental as well as middle- income countries. Recently, WHO revealed this figure as ~ 5 million people each year. Surprisingly, 1.5 lac people in India die because of RTI but the data has not been included in the global health agenda, so far. Thus, JPN Apex Trauma Centre AIIMS New Delhi, had recently been taken an initiative to hit this serious problem with an intent to overwhelm the mortalities associated with RTI. A public awareness program had been started by the center on 1st of this month 2013 and ended on 7th April 2013.

Injury Prevention stands a component of safety & public health and its goal remains to improve the health of the population [Child, Youth, Mother, and Elderly] which was defined by PIP India "Pyramid of Injury Prevention" by avoiding injuries and hence improving quality of life. Approachof dissemination during the program was public lectures in Delhi University, Kirodimal College, Delhi Public School VasantKunj &street play scripted on injury prevention held at India Gate, Delhi University, Red Fort and Hudko Ansal Plaza.

The content of whole program was based on common types of injury prevention such as: Traffic and Automobile Safety are a major component of injury prevention because it is the leading cause of death for children and adults in their mid-30. Pedestrian Safety According to the World Bank Website Survey pedestrians account for 65% fatalities out of 1.17 million traffic related death around the world with 35% of these being kids. As per AIIMS trauma Centre, common pedestrian accidents are results of behavioral problem like self-discipline, lack of zebracrossing, habits of cell-phones, hearing music while walking on roads and lack of practice of footpath and subways. So, mode of dissemination remained access to safe walking areas or even the shape of vehicles which affects the severity of injuries resulting from collision, usage of helmet, seatbelts and avoiding usage of cellphones etc.

The speakers also talked about the law and rules for bystanders to help accidents victims by saying that "No legal obligation and questioning is permitted by Indian Law"

Different activities were conducted such as Blood Donation Camp on 4th of April, drawing and painting competition on 5th of April and 6th of April walk on injury prevention in which different age group had participated. Major target were school kids so that they can discipline their parents. School kids draw their thought process for injury prevention and around 600 people took part in walk on injury prevention.

Concluding ceremonial was done by prize distribution to kids and students made paintings as per their thought process on injury prevention, debate on Do's and Don'ts, Behalf and against for helping injured on roads and through play by JPNATC faculties"Aebhaijaradekhkechalo" scripted on injury prevention.

The inclusive inference of the ceremony stayed safety begins to me, it is in my hand, speed thrills but it kills, ABC of safety- Always be cautious, Be aware, Take care since " Prevention is better than Cure" which stood new vaccine of the day for thwarting injury





INJURY PREVENTION WEEK 2013