



# Maharashtra University of Health Sciences (MUHS) holds an INDO-US Consultation to develop a Disaster Medicine Curriculum for MBBS Doctors in Governmental Services.

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MUHS is one of the leading Health Science Universities of India. It affiliates 269 institutions, which include medical, dental, nursing and physiotherapy colleges. The university has five academic departments located at regional centers across the state. These were created with a vision to develop high quality education models to train health professionals of the future.

MUHS has created the Department of Medical Education and Technology, the first of its kind in India. This department is located at the Regional Centre, Pune. The department works



towards developing innovative and progressive training models for medical education. Currently the department is focused on educating faculty on education methods and developing a sustainable Continuing Medical Education (CME) program at all the colleges under the University. Till date over 600 faculties have been trained in education methods and over 700 faculties have attended the CME programs.

In March 2009 MUHS conducted a INDO-US Consultation on Trauma, Emergency and Disaster Management preparedness with a goal to develop a curriculum for fresh medical graduates in responding to emergencies and disasters. Experts from Centers for Disease Control and Prevention, Scripps Clinic, University of South Florida, Emory University and John Hopkins University, USA participated in this consultation.

Invited officials and leaders from Governmental Agencies, Institutions and Ministries namely National Disaster Management Authority, Ministry of Health and Family Welfare, Bhabha Atomic Research Center Hospital and the All India Institute of Medical Sciences, India also participated in this vibrant consultation.

At the end of the meeting a curriculum framework was recommended. The recommended curriculum will need to be further fortified by discussions and working groups at the University level. The targeted trainees will be MBBS Doctors who serve not only in Governmental Hospitals but also at rural health clinics under State Health Department. The proposed curriculum will cover Essentials of Emergency Care, Trauma and Disaster Systems Planning, Communication skills and psychosocial issues related to contingency events. Skills and hands on education will be an integral part of this training. This proposed model will also have a comprehensive assessment. The framework also has capability to expand the training to include in-training postgraduates and interns from Non Emergency Medicine disciplines. Further meetings are planned to finalize the educational details.

Emergency Medicine is a new specialty to India and it will be over a decade before we have a sizeable number of residency trained emergency physicians. Apart from starting residency programs in emergency medicine there is a dire need to develop education curricula to train the existing workforce in the health system on emergency care. It is therefore necessary to not only envision the future but also fortify the present because a supportive "Today" will lay the foundation for a successful "Tomorrow".

## 2<sup>nd</sup> Annual Emergency Sonography School



The emergency physician (EP) can diagnose life threatening emergency medical problems such as ruptured abdominal aortic aneurysm, traumatic hemoperitoneum, pericardial effusion, and ectopic pregnancy in seconds. Most importantly, the EP can do the ultrasound without the reliance on other, (often reluctant) radiologists.

Ultrasound is the technology of choice for emergency physicians for a variety of medical conditions. Technological advances have allowed for better image resolution with basic operator skills, thus allowing the emergency physician the capability to use sonograms to help with patient management at the bedside.

EM -TECH in association with SONOSITE successfully organized its 2<sup>nd</sup> annual three day course on Basic and Advanced use of Critical Ultrasound in the practice of Emergency Medicine and Trauma on 2<sup>nd</sup>, 3<sup>rd</sup> & 4<sup>th</sup> March 2009 at All India Institute of Medical Sciences (AIIMS), Ansari Nagar, New Delhi, India

The training Objectives were to Increase Knowledge of Critical Ultrasound in Emergency Medicine, Provide Basic & Advanced Skills to use Critical Ultrasound in Busy Medical College Emergency Departments (EDs) in India, Install and fortify confidence in faculty regarding diagnostic and therapeutic applications of Ultrasound in EM & Trauma and to promote ultrasound leadership in EDs in India.

Academic Faculty and Practitioners from Surgery, Orthopedics, Anesthesia, Internal Medicine, Critical Care, Emergency Medicine, Trauma and Urgent Care participated in this training program from institutions across India.

Dr Jennifer Huang from the SUNY Downstate Medical Center, NY, USA was the course director. She was assisted by Drs Bonnie Arquilla, Mikaela Chilstrom, and Sagar Galwankar from SUNY Downstate and University of South Florida, USA. The trainers for the program were all residency trained Academic Emergency Medicine Faculty.

The theme of this education program was "Sonography Simulation and Shock". The Academic promoters of this program were SUNY Downstate University, University of South Florida and All India Institute of Medical Sciences India. SONOSIITE the world leader in hand held ultrasound provided the educational and technical support to make this workshop a grand success.

Over 30 Academic Faculty participated in our intensive hands on 24 hour training program over 3 days. They completed the course as confident experts who were returning to their academic emergency departments with a mission to establish a successful Emergency Sonography program.

SAGAR GALWANKAR, MBBS, DNB, MD, MPH
Chief Academic Office of the
INDO-US Emergency &
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Emergency Medicine, Internal Medicine,
Infectious Diseases & Public Health

### Trauma & Emergency









## TEANS

Academic Medicine Sentinel

"Proclaiming and Promoting Academic Leadership"

From the Desk of Editor





#### Dear Colleagues

I am happy that the elections are over and there are signs for stable government which aids us in speeding up the process of establishing Emergency Medicine as a separate academic discipline.

Our vision of creating the Emergency Medicine department in every medical school across the nation has gained momentum as more academic leaders and Deans understood the need of this specialty, expertise needed to train doctors in this field, logistics, and infrastructures to structure this department as per the survey conducted by me among ACET members and Deans which was evident during the North zone ACET meeting held at AIIMS, New Delhi.

The EMTECH the training wing of INDO US collaboration held the 2<sup>nd</sup> Sono school workshop at AIIMS, New Delhi

I representing the ACET presented the outcome of the survey done as part of the FAIMER project titled "Draft a Design of EM Curriculum as a PG Programme, survey among academic leaders" during the 2009 contact session at Coimbatore.

The Medical Council of India is in the process of formulating guidelines on creating the academic programme, syllabus, curriculum, teaching, learning and evaluation methodologies etc.

We the organizing committee is happy to welcome you to Coimbatore for the INDUSEM 2009 the academic extravaganza. The INDUSEM 2009 web site has been activated, please visit <a href="https://www.indusem.com">www.indusem.com</a>.

I invite Deans, Policy makers, Councilors nominated by the institutions to take part in the Academic Council (ACET 2009) meeting and give your valuable inputs which would help every medical school in our country to establish this academic discipline to deliver a quality patient care in times of need and save millions of life.

JAIHIND.



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HOD,

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SUNDÁRAKUMAR











#### Minutes of Inaugural Meeting of the **INDO-US Academic Council for Emergency and Trauma North Zone**

The Inaugural meeting of ACET North Zone was held on 28th February and 1st March, 2009 at the All India Institute of Medical Sciences, New Delhi. The meeting was supported by the INDO-US Emergency & Trauma Collaborative and promoted by All India Institute of Medical Sciences (New Delhi), the University of South Florida (Tampa), and the SUNY Downstate University (New York). The following Academic Councilors, appointed by the heads of their respective MCI recognized medical colleges of North India (Uttar Pradesh, Uttarakhand, Punjab, Haryana, Chandigarh, Rajasthan, Delhi, Himachal Pradesh and Jammu-Kashmir) attended the meeting:

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Dr. Abu Nadeem	Jawaharlal Nehru Medical College, AMU, Aligarh
Dr. Aditya Agarwal	University College of Medical Sciences, Delhi
Dr. Amit Gupta	JPNA Trauma Center, AIIMS, Delhi
Dr. Anita Sharma	Himalayan Institute of Medical Sciences, Dehradun
Dr. Arun Gupta	University College of Medical Sciences, Delhi
Dr. Ashish Bhalla	Postgraduate Institute of Medical Education & Research, Chandigarh
Dr. Azaz Rather	Sher-I-Kashmir Institute of Medical Sciences, Srinagar
Dr. Kedar Singh Shahi	Uttarakhand Forest Hospital Trust Medical College
Dr. L.R. Murmu	All India Institute of Medical Sciences, New Delhi
Dr. Medha Mohta	University College of Medical Sciences, Delhi
Dr. Monica Gupta	Govt. Medical College & Hospital, Chandigarh
Dr. Nishat Ahmad	All India Institute of Medical Sciences, New Delhi
Dr. Praveen Aggarwal	All India Institute of Medical Sciences, New Delhi
Dr. Prerna Batra	University College of Medical Sciences, Delhi
Dr. Probal Neogi	Moti Lal Nehru Medical College, Allahabad
Dr. R.K. Sharma	Government Medical College, Amritsar
Dr. Rakesh Kumar	Maulana Azad Medical College, Delhi
Dr. Richa Dewan	Maulana Azad Medical College, Delhi
Dr. S. Anuradha	Maulana Azad Medical College, Delhi
Dr. Sanjeev Bhoi	JPNA Trauma Center, AlIMS, Delhi
Dr. Syed Amer Zahoor	Sher-I-Kashmir Institute of Medical Sciences, Srinagar
Dr. Syed Moied Ahmed	Jawaharlal Nehru Medical College, AMU, Aligarh

Dr. V.M. Katoch, Director General of Indian Council of Medical Research (ICMR) was the Chief Guest.

Dr. O.P. Kalra, Principal of University College of Medical Sciences was the Guest of Honor.

Dr. Aggarwal welcomed the Chief Guest, the Guest of Honour and the Councilors to the first meeting of ACET North. He briefly informed about the activities of ACET.

In his inaugural address Dr. Katoch recognized the need for developing the Science of Emergency Medicine in India and lauded the efforts made by Councilors in this regard. He however cautioned the Councilors about the challenges as the existing faculty of other specialties might feel threatened with the loss of control on areas which Emergency Medicine (EM)







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5th INDO-US Emergency Medicine Summit "A Level One International Academic Meeting on Trauma, Emergency & Disaster Medicine

**ACET Annual Assembly 2009** 

4th INDO-US Academic Council for Emergency & Trauma- Annual Assembly "Acute Academic Technology & Leadership Incubator"

Joint Conferences Emergency Nursing Conference (ENCON 2009) Disaster Conference for India (DCON-INDIA) Paramedic Parishad of India (PPI 2009) **INDO-US Leadership Meetings** INDO-US Career Conference EMARCS 2009

Coimbatore, India 30th October, 31st October & 1st November 2009

PSG Institute of Medical Sciences & Research, Coimbatore, India Coimbatore Academic Pre-Summit

28th October & 29th October 2009 **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

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#### Minutes of Inaugural Meeting of the **INDO-US Academic Council for Emergency and Trauma North Zone**

would encompass. He emphasized that for innovation to occur, challenges would have to be faced and conquered and this would be the cornerstone of developing this new science in India. He assured the Council of the ICMR commitment to support research in the area of translational science.

Dr. O.P. Kalra echoed Dr Katoch's thoughts and added that we must formulate guidelines regarding the faculty recruitment and accrediting a residency program which can then be submitted to the MCI for its consideration.

Dr. Sagar Galwankar Chief Academic Officer of the INDUS Collaborative discussed the past, present and future activities of ACET and also emphasized the need to have Council meetings in different zones of India. It was stressed that the ACET Councilors must work towards achieving the goal of having a separate specialty of Emergency Medicine in India via their medical colleges.

Councilors from some of the colleges presented their work done till date.

- Dr. Aggarwal informed the Councilors that the creation of specialty of EM has been agreed upon by several Standing Committees of AIIMS.
- Dr. Syed Amer Zahoor from SKIMS informed about the difficulties being faced by him in proceeding with Council's
- Dr. Richa Dewan, Dr. Rakesh Kumar and Dr. Anuradha from MAMC presented activities being carried out by them to promote the specialty of EM.
- Dr. Syed Moied from JLNMC, Aligarh presented the progress in having a new building for EM at his college.
- Dr. Anita Sharma informed that she was trying hard to have a separate specialty of EM and was applauded by the Councilors for her commitment towards the specialty.
- Dr. Sanjeev Bhoi from JPNA Trauma Center gave a brief presentation on the functioning of trauma center and how the mortality has changed using protocol-based care.
- Dr. Bonnie Arquilla from SUNY Downstate discussed briefly about the disaster curriculum as relevant to emergency medicine.

Dr. O.P. Kalra informed the Councilors that University Grants Commission had agreed to his proposal to have a separate specialty of EM at his college i.e. the University College of Medical Sciences, New Delhi. He however pointed out lack of clear guidelines about the qualifications of faculty members for the specialty of EM. He also stressed that a curriculum for EM needs to be submitted to the MCI so that whenever anyone approaches Medical Council of India (MCI) for recognition of EM specialty, the MCI would already have with it the essential qualifications of the Faculty and the curriculum.

The Councilors discussed various points related to development of specialty of EM in India.

Following decisions were taken regarding the advancement of specialty of Emergency Medicine in India, some of which may be sent to MCI for its consideration:

- 1. A curriculum agreed upon by the Councilors and covering 36 rotations of one month each over 3-year period towards a post graduation in the specialty of Emergency Medicine, was planned to be submitted to the MCI. The MCI should be urged to recognize the specialty of Emergency Medicine with MD degree after residency for 3 years in this specialty.
- 2. At the end of 3 years of residency, the assessment would include theory and practical assessment. The theory would consist of four papers. Paper-I would include Basic Science related to EM, Paper-II and III would include Principles and Practice of EM (related to Medicine, Surgery, Anesthesia, Trauma, Toxicology, Pediatrics, Obs. & Gynecology, Psychiatry, Dermatology, Otolaryngology, Ophthalmology etc,) and Paper-IV for recent advances in EM. The guestions in theory will be multiple choice questions and short answer questions. The practical would be based on simulated models as the OSCE and OSPE.
- 3. Each department should have faculty at all levels viz. Professor (at least 1), Additional Professor/Associate Professor/Reader (at least one) and Lecturer/Assistant Professor (at least 2). Initially, the faculty could be drawn from the specialties of Medicine, Anesthesia, Surgery, Pulmonary Medicine, Orthopedics, and Pediatrics. Since it would take several years before trained emergency physicians become available for faculty job, this system of recruiting faculty from various specialties may continue for a period of 25 years after which, the faculty job would be offered only to those with MD in Emergency Medicine. Meantime, preference should be given to those with MD in Emergency Medicine with 3 years experience in this field as Senior Resident. Emergency physicians with ACLS, ATLS, AHLS, PALS, NALS (or equivalent) training would also be given preference at the time of faculty recruitment.
- 4. Minimum resources for Emergency Medicine Department should include 30 fully-equipped beds for observation, additional 5 beds for pediatric patients, supply of commonly used emergency drugs and equipments (including cardiac monitors, defibrillators, pulse oximeters, ventilators, etc.)
- 5. Each shift should have a bed: nurse ratio of 4:1.
- 6. The total number of beds devoted to emergency admissions should be at least 15% of total bed strength of the concerned hospital.

The meeting came to end with thanks to all the Councilors

**Praveen Aggarwal National Chair, ACET**