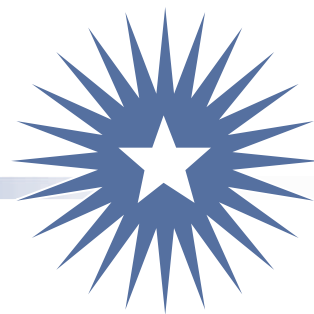


Trauma & Emergency TEAMS

Academic Medicine Sentinel

"Proclaiming and Promoting Academic Leadership"



From the Desk of Editor



Dear colleagues, fellow councilors and emergency medicine aspirants,
It is pleasure penning the editorial again when there is a lot of momentum in the field of Emergency Medicine in India.

The Mangalore team is ready with the pitch to host the scientific extravaganza "INDUSEM 2008", a level one academic meet on emergency medicine, trauma care and shock (www.indusem.com).

The academic cell of the collaboration EMTECH did conduct a research school in the month of May in New Delhi which was an extraordinary eye opener in the field of research. This is an initial step of the forthcoming research collaborative initiative of our council.

The first edition of our education journal JETS (www.onlinejets.org) has been released. We welcome everybody's participation in the form of research articles, case studies, interesting diagnostic images, ECG's, x-rays etc.

The initiative of creating a comprehensive Emergency Medicine curriculum by me is still in the primitive stage as I have received only a few responses. I humbly request you take active participation in this endeavor and let me take this project to our future need of creating a specialty of Emergency Medicine in our country. Please respond favorably to my invitation to join the email group emcurriculum@googlegroups.com. The common email group indusacet@yahoo.com shall be utilized as a communication platform among the council members.

We the members of Academic Council of Emergency and Trauma (INDUS ACET) feel proud of the INDO US collaboration and let us all pledge to take this to greater heights. By being an ambassador of this collaboration let us promote this in our local network to make the council broader and better, so that the knowledge and not least, the awareness spread.

Looking forward to meeting you all at Mangalore in October.

JAIHIND

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Volume : 01

Edition : 03

July - Sep 2008



FIRST INDO- ISRAELI COURSE ON TRAUMA SYSTEMS AND MASS CASUALTY MANAGEMENT, December 2007, Haifa, Israel



BACKGROUND OF THE COURSE

Trauma a public health problem worldwide and in India

Injury and trauma often used interchangeably represent a major health problem worldwide. Everyday around the world, almost 16,000 people die from all types of injuries. Injuries represent 12% of global burden of disease. Road traffic injuries contribute to the major cause of mortality 22.8% in the overall burden of death related to injuries. It is startling to note that the lower and middle income group countries (which include India), contribute about 90% of global burden of injury mortality, thus highlighting the disparities in outcome of trauma between the high, lower and middle income nations. Injuries affect the productive youth of the country. In addition to excess mortality, there is a tremendous burden of disability from extremity, head and spinal injuries in developing nations. The ever more tragic fact is that, injury is the 3rd most important cause of mortality and main cause of death amongst 1-40 year olds. Therefore, trauma effects the productive youth of the country which is other wise healthy and free from chronic disease.

Accidental injury is one of the leading causes of mortality and morbidity in India. India has 1% of total vehicles in the world but accounts for 6% of total road accidents. There are approximately 400,000 road crashes causing injury in India each year, resulting in 85,000 deaths and 1.2 million seriously injured.

In India, road-traffic accidents are increasing at annual rate of 3%. In 1997, 10.1% of all deaths in India were due to accidents and injuries. A vehicular accident is reported every 2 minutes and a death every 8 minutes on Indian roads. During 1998 nearly 80,000 lives were lost and 330,000 people were injured. Out of the total injured

78% were men in age group of 20-44 years, causing significant impact on productivity. A trauma-related death occurs in India every 1.9 minutes. The majority of fatal road traffic accident victims are pedestrians, two wheeler riders and bicyclists.

The Govt. of India's initiative to base format the establishment of J.P.N. Apex Trauma Center at AIIMS is a step forward in providing an apex institution for quality trauma patient care facilities, which will act as a role model to other trauma centers of the country. More than providing best patient care facilities the role of this Apex Trauma Center has been envisaged as an apex research and training institution which will help the nation's administrators to formulate policies regarding organization of trauma care facilities throughout the country.

It should be once again emphasized that establishment of innumerable Trauma Centers with heavy financial burden should not be the goal of policy makers. Instead, up gradation of existing hospital infrastructure to treat severely injured patients should be undertaken.

Welcome to Mangalore


**A level one international academic meeting on
Emergency Medicine, Trauma & Disaster**

INDUS-EM 2008

"Rescue Resuscitation & Research"
An Indo-US Emergency Medicine Summit
and ACET Annual Assembly 2008

8th to 12th October 2008


Venue:
**A.J. Institute of
Medical Sciences
Mangalore**

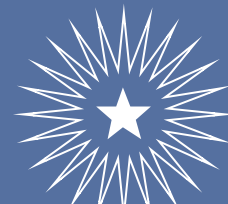


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I University of South Florida
I Sunny Downstate & Wadern
(World Association for Disaster & Emergency Medicine)

Partners





Trauma Training - need of the hour

Training of manpower in Acute Care and pre-hospital services should be taken on priority. Proper organization and administration of trauma Services along with Legislative backup will go a long way in strengthening India's Essential Trauma Care Services

The Jai Prakash Narain Apex Trauma Center, AIIMS, India

The Aim of the Faculty and Staff J.P.N. Apex Trauma Center, AIIMS is to provide state of the art and compassionate patient care to all acutely injured patients and those requiring its specialized services. The Center is committed to academic excellence in teaching and research, and strives to be leader in the specialty of Trauma Care.

Need for training manpower in Trauma Systems

After the commissioning of the Apex Trauma Center it was felt that there was an urgent need to train the staff including faculty and nursing staff in the concept of trauma centers and trauma systems.

Initiation of collaboration

As human resources development and training of our staff is an essential step forward in establishing a trauma system, the Chief of Apex Trauma Center Prof. M.C. Misra and his team were in touch with the scientific and agricultural co-operation Department of the Government of Israel for the same.

As a result of these efforts the Government of Israel consented to train 20 participants (including Doctors, Nurses and paramedical staff) from JPNATC in a two week trauma system and mass casualty management course to be held between 8th and 21st December 2007 in Haifa, Israel.

The Partners

1. J.P.N. Apex Trauma Center, All India Institute of Medical Sciences, INDIA.
2. Teaching Center for Trauma, Emergency and MCS, Rambam Healthcare Campus, Haifa, Israel.

The Course was funded by

1. MASHAV Israel Center for International Cooperation, Embassy of Israel in India.
2. Department of Biotechnology, Government of India

Teaching Center for Trauma, Emergency and MCS, Rambam Health Care Campus, Haifa, Israel

The Teaching Center for Trauma, Emergency and MCS, Rambam Health Care Campus has been in the past holding International courses on Trauma Systems and Mass Casualty management in the past. But isolated courses for one country have been held only for a couple of countries like Italy and Jordan in the past. The past courses have been International courses and till date there have been a total of 8 courses with over 250 participants.

The present course for Health professionals from India was unique as it was the first dedicated Israeli Indian course and the only one where all the participants belonged to a single Trauma Center.

The Course

The twenty member delegation which included Faculty, Residents and Nursing Staff of Trauma Center, AIIMS reached Israel on the 08.12.2007 and proceeded for Haifa the same day. The course began on the 09.12.2007 and continued till the 20.12.2007.

The course included lectures, film shows, practical training sessions, simulation training, site visits and excursions.

The course focuses on the organization and administration of the trauma Services and mass casualty scenarios rather than the details of patient care curriculum. The course broadly discussed the role of Pre-Hospital as well as In-Hospital care. The participants were given a tour of not only various Level I trauma centers in Israel but also a few Level II and III Trauma Centers.

The participants were made to understand the importance of lower level trauma centers in the peripheral regions of the country and their linkages to the Level I centers, which make a complete Trauma System.

The other very important aspect of the course was the importance of the role of Trauma Nurses and Trauma Nurse Coordinators, within the trauma centers.

The course was also interspersed with a lot of extra-curricular activities like tours to various places of Historical importance like, Jerusalem, Acco and Nazareth.

The philosophy of the course was not to give the participants what they didn't need but to encourage them to develop their own ideas to improve the trauma centers and systems in India.

Overall, the course was conducted in a very healthy and friendly atmosphere fostering a lasting relationship between the teaching center at Rambam and Trauma Center at AIIMS, New Delhi.

The Future

After the fruitful conclusion of the first Indo-Israeli Course on Trauma, it was bilaterally decided that there would be further exchange of man-power for training in the field of Trauma and Mass Casualty Scenarios.

It was also agreed that in future courses could be planned at the Apex Trauma Center, AIIMS so that the physicians, surgeons and nurses from India can be trained within the country along with the help from faculty from Israel.

**Dr. Amit Gupta, Assistant Professor of Surgery
Course Coordinator (India), JPN Apex Trauma Center,
AIIMS, New Delhi**



EM-TECH REPORTER



The Summer School on Clinical Research was organized under EM-TECH on 12th-17th May, 2008. The workshop was held at CERT Laboratory, Electronics Niketan, New Delhi and was a collaborative venture between the University of South Florida, USA and the All India Institute of Medical Sciences, New Delhi. Dr. Lakshminarayan Rajaram from the College of Public Health, University of South Florida was the Course Director while Dr. Praveen Aggarwal from AIIMS was the School Coordinator. Dr. Gulshan Rai, Director of Computer Emergency Response Team (CERT), India played a key role in the success of the workshop by providing a comfortable venue for the workshop. The workshop was attended by 20 delegates from different parts of India and included 9 ACET councilors.

Dr. Rajaram has a Doctorate in applied statistics and trains researchers, clinicians and students in Biostatistics, Health Database Design, Data Management and SAS-based Computer Applications. He has extensive experience in the research industry as biostatistician as well as a data manager for multi-centric clinical trials in USA and Europe.

Research is crucial to create evidence to practice clinical medicine. Globalization has brought research in medicine to a new frontier. It is envisioned that by 2012, the billion-dollar clinical trial industry will move its operations to Asia with a focus on India. Since the science of Emergency and Trauma is new in India, it was necessary to train the upcoming experts in the field of clinical research. The Research School was held to upgrade the skills of investigators so as to make them self-reliant and competent at designing studies, creating data collection tools, analyzing data and interpreting results for publication and promotion of science of Emergency Medicine.

During the six-day course, participants were exposed to study designing, various statistical tools used in data analysis, specific descriptive and inferential techniques commonly used in public health and clinical research, and hands-on sessions on creating a clinical database and data entry.

The Course was a great learning experience for every participant. It was decided to have a follow-on workshop for an in-depth course on various statistical tests and statistical software package.

Praveen Aggarwal
Course Coordinator

Leadership

Tracy G. Sanson MD, FACEP



I'm privileged to pen this column on leadership. My study of leadership began with a provocative statement by John Maxwell. He defined leadership as simply "to influence". This newsletter will challenge and influence. We will present materials, discussions and opportunities meant to promote a culture of leadership excellence and success. We'll encourage creativity, passion and innovation to the challenges of an increasingly complex healthcare environment and the volatile, ever changing academic environment. The new role of leadership is *influencing* people to face problems and to *live into* opportunities. The question for us is how best do we mobilize our teams to tackle tough challenges. This requires a commitment to our departments and ourselves. We do this by developing ourselves then mentoring and developing our teammates. This column will explore such a growth process.

Mark Sanborn in his article *The Marks of Distinction* states:

"How do you as a leader grow your organization? Grow yourself and grow your people. All increases in productivity, innovation, profitability, strategic direction, superior service and operational excellence flow from the ability of leaders and their teammates. The big question, then, is this: Towards what end are you growing yourself, your people and, ultimately, your business? The killer marketplace strategy is to be distinctive--to go beyond excellent to offer something distinct and unique to your company. Aim higher than excellence in your leadership endeavors--go for distinction."

This newsletter aims for distinction.

In these turbulent times of economic woes and global uncertainty, safety, security, and survival would at first glance appear to be laudable goals. I would challenge though that they are not meaningful goals. Life is about adventure, not maintenance! Positive purposeful energy will be key to the survival and advancement of tomorrow's organizations. If we as leaders demonstrate **Competency**, genuine **Concern for others**, and admirable **Character**, our team will follow. Our challenge is to do everything in our power to have our team join us in making this future a reality.

In future columns we will discuss various disciplines of leadership and strategies for sustained success. For today let's explore the idea of focus. Stephen Covey talks about keeping the main thing the main thing. In this time of change how do we determine the "main thing"? I learned a physics equation many years ago, which has helped in the challenge of focus. The concept is "*Moving the rock*". The equation is as follows:

$$\text{Force} \times \text{Distance} = \text{Work}$$

Force is how hard one pushes, how much time and effort is expended. We may expend a considerable amount force (effort) yet what matters is distance, how far the rock is moved. Work is therefore moving the rock. Challenge each action you choose by asking will this move the rock? Our rock for this newsletter is the advancement of Emergency Medicine. My goal is our individual development as we pursue the highest quality healthcare for our patients.