



ation for Advancement of International Medical Education and Researc



Dr. Sundarakumar Sundarajan and other fellows with Dr. Ramalingam, Dr. William Burdick and Dr. Thomas Chacko

Dr Sundarakumar Sundarajan, Academic Councillor from PSG Institute of Medical Sciences and Research, Coimbatore has been conferred Fellowship by FAIMER towards his contribution in developing the medical science recognising his initiative of developing a Curriculum for a PG programme in Emergency Medicine in association with INDO-US ACET. The Fellowship was conferred by William Burdick, M.D., M.S.Ed. Associate Vice President for Education, FAIMER, Philadelphia, USA.

Foundation for Advancement of International Medical Education & Research (FAIMER) is a non-profit foundation committed to improving world health through education, training and research in medical education.



Dr. Sundarakumar Sundaraian with Dr. William Burdick. Dr. Thomas Chacko, Dr. Ramalingam and Dr. Amol

INDO-US Emergency & Trauma Collaborative

Invites

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

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INDUS-EM 2010

6th INDO-US Emergency Medicine Summit

"A Level One International Academic Meeting on Trauma. **Emergency & Disaster Medicine**"

ACET Annual Assembly 2010

5th 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

8th, 9th & 10th October 2010

Medical College, Baroda & SSG Hospital, Vadodara, India

Gujarat Academic Pre-Summit

6th & 7th October 2010

INDO-US Academic Promoters

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All India Institute of Medical Sciences, India

World Association of Disaster & Emergency Medicine

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Trauma & Emergency











Academic Medicine Sentinel

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From the Desk of Editor





ear Colleagues,

The world is under the clutch of various threat either from the environment like global warming, earth quakes, or terrorism, war etc.. may be due to disturbed homeostasis between the environment and the living beings. The countries across the world are in a state of readiness, getting prepared to tackle the eventualities due to these disasters

The question arises in my mind is how prepared are we? The answer is yes but no. Why? The level of preparedness are many fold like create a nationwide consultation, Create documents, modules which addresses the vulnerability, mitigation & training for the nation, Conduct drills on preparedness to various agencies like health care, military/CRPF, NGO's etc, create a stock pile for disaster preparedness across the country like in the western world.

Govt of India has initiated the above strategies through an apex body called National Disaster Management Authority. The INDO-US Emergency & Trauma Collaborative supports these initiatives via nationwide consultations, training programmes like Mass Casualty Response management, disaster training programmes etc.

The Emergency Medicine as it gains momentum as an academic discipline in our country shall incorporate the issue of disaster preparedness into its curriculum.

I invite all faculties who are interested in developing this specialty as an academic discipline to participate in the venture of creating curriculum, modules, disaster drills during INDUSEM 2010.

I welcome you all to Baroda.

JAIHIND.



Editor Dr SUNDARAKUMAR

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03















Medical Response to Mass Casualty Management 2010 JPN Apex Trauma Centre, AIIMS, New Delhi

The national conference on "Medical Response to mass Casualty Management" first of its kind was held on 6th & 7th of May 2010 organized by JPN Apex Trauma Centre, All India Institute of Medical Sciences in association with National Disaster Management Authority of India, INDO-US EM and Trauma Collaborative at DRDO Bhavan, New Delhi

Disaster is not a new or never happening phenomena. It has happened in the past as in Bhopal disaster resulting in the exposure of over 500,000 people killing some 2,259. During 2004 tsunami in India about 12,405 were confirmed deaths. 18,045 were estimated deaths, 5,640 were missing & about 647,599 were displaced. The United Nations estimated at the outset that the relief operation (which is presently still underway) would be the costliest in human history. Bihar floods Orissa cyclone, Latur and Bhuj earthquakes were the important natural calamities and bombings of Mumbai, train blasts & accidents, terror attack in Mumbai and the paramilitary forces as man-made disasters which devastated the country.

In view of these ever emerging disasters NDMA was formed with the objectives to build a safer and disaster resilient India by developing a holistic, pro-active, multi-disaster and technology-



Delegates of MRMCM 2010

driven strategy for disaster management through collective efforts of all Government Agencies and Non-Governmental Organizations which was directly under the prime minister of India. The National Disaster Management Authority (NDMA), headed by the Prime Minister of India, is the Apex Body for Disaster Management in India. The setting up of the NDMA and the creation of an enabling environment for institutional mechanisms at the State and District levels is mandated by the Disaster Management Act, 2005.

We had distinguished international experts who shared their valuable insight and experience In the field of disaster management. Our vision was 'to build a safe and disaster resilient India by developing a holistic, proactive, multi-disaster and technology-driven strategy for Disaster Management. More than 300 delegates including Physicians, Nurses & Paramedics attended the conference which promoted the need to develop a culture of prevention, mitigation and preparedness to generate a prompt and efficient response at the time of disasters.

Dr Sagar Galwankar (USF), Dr Vikas Kapil (CDC) and Dr Isaac Ashkenazi from Harvard University were the key International speakers at this meeting.



Dr Sagar Galwankar (USF) addressing



INDO-US Team and CDC work with BJMC Pune to build an **Academic Hospital Based Disaster Response System**

The recent German Bakery blast on 13 Feb 2010, exposed the varied problems faced by Pune city's healthcare infrastructure in treating the blast victims. With B.J. Medical College, Pune having active participation in the ACET, it was natural that the city's disaster preparedness plan had a helping hand in the form of the Indo-US Emergency & Trauma partnership. The Academic Round table meeting was held on 08 May 2010 at B.J. Medical College & Sassoon General Hospital. It was chaired by the Dean of B.J. Medical college. Dr. Arun Jamkar and coordinated by Dr Kalpana Kelkar, Director of Critical care and Anesthesia. The international faculty included Dr. Isaac Ashkenazi, Dr. Sagar Galwankar and Dr. Sanjeev Bhoi.

All the medical colleges and private hospitals in Pune were invited and included Dr. Relwani (Inlaks & Budhrani), Dr. Rajhans (D. Mangeshkar), Dr. Kiran (Ruby Hall), Brig. (Retd.) KVS Rana (DY Patil), Col.(Retd.) Jha (MIMER), Dr. Thombre (Navale), Col. Sandhu (Command hospital). The staff from B.J. Medical College included Dr. KV Kelkar, Dr. MA Jamkar, Dr. VS Kelkar, Dr. Pradnya B, Dr. Yogesh G, Dr. Shashank SS (Anaesthesiology); Dr. Shintre (Orthopedics), Dr. Thakur (Surgery), Dr. Kadam (Medicine), Dr. Ghorpade (Chest & TB), Dr. Tambe (PSM). Mr. Pardesi (PMC) and Mr. Prashant R (Fire brigade) were also present. Presentations were made on the Blast Incident, Patient Flow and Disaster Response by the Pune Team. The Hospitals in Pune also present the state of their preparedness for disasters.

It was highlighted that the public health infrastructure must be prepared to prevent illness and injury that would result from terrorism. Primary health-care providers must be vigilant, because they will probably be the first to observe and report unusual illnesses or injuries. It was recommended that hospital authorities joined hands with law enforcement, intelligence, and defence agencies to address a national security threat. Dr. Sagar also added that preparedness is the key. "Failing to plan is the Plan to Fail". Continuous quality improvement is the key and education and research goes hand in hand. There is no 'one size fit all' plan. Dr. Pradnya said that communication of EMS providers with hospitals, trauma and specialty centers; providing medical protocols for EMS providers and administering grant programs are the key functions of the emergency medical department. Dr. Pradnya and Dr. Relwani added that Pune city's problems include: absence of a common EMS number, inadequate supply of well equipped ambulances in Govt. setups and no uniformity between the public and private protocols. Dr. Sagar brought about the concept of Meta-Leadership. He said that it is a learning and networking opportunity designed to prepare business, government and nonprofit leaders to act together in times of crisis. One will gain effective problemsolving skills and build connections with other leaders who may be critical to them and their organization in a disaster.

Dr. Isaac also highlighted the 5 dimensions of meta-leadership. It includes the 'person' as 1st dimension, 2nd is the 'event', 3rd is the 'lead the silo', 4th is 'lead up' and 5th is 'lead connectivity'. Dr Isaac also brought about the importance of resilience. The resilience

showed by the public is important. Attempting to be normal soon after any terror attack is like a slap on the evil intentions of the antisocial elements. It conveys a strong message loud and clear that we will not tolerate the terror nuisances. The learning point of an attack is that casualties are accepted and expected. The role of the bystander, who plays a pivotal role in reducing the number of casualties, was also discussed. Analysis across the globe has highlighted their contribution in doing so. They should be encouraged to look out for suspicious people and alert the authorities at once.



The Following recommendations were made at the end of this

- 1. Every hospital, Medical college should appoint a person dedicated to furthering the cause of an uniform protocol for Emergency Medicine.
- 2. A diary to be maintained with information of all institutes and their representatives.
- Frequent meetings of these representatives to assess and analyze one another's preparedness.
- Formulate a disaster drill plan and conduct it regularly.
- Institutes assess the conduct of the drill amongst one another.
- Divide the Pune city into four zones, north, south, west & east. Appoint one hospital in charge of each of the zones.
- The Collector should take responsibility of alerting all healthcare facilities during disaster.
- Formulate a communication cell, with access to every hospital, Govt. officials, fire brigade, etc.
- Involvement of the allied personnel like fire brigade, PMC. ambulance services, police. Invite them to showcase their talent at the hospital, encouraging them and gaining their friendship.
- 10. Training of the faculty in emergency meeting.
- 11. Seeking guidance from an established institute in training other institutes.
- 12. Accepting constructive criticism from one another in betterment of one's facilities will help bring unity in diversity.