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TRAUMA & EMERGENCY ACADEMIC MEDICINE SENTINEL

" Proclaiming and Promoting Academic Leadership"

TEAMS

Official Voice of Academic College of Emergency Experts (ACEE) & Emergency Medicine Association (EMA) - An INDUSEM Undertaking

Department of Emergency Medicine,
MOSC Medical College Hospital, Kolenchery, Ernakulam, Kerala

From the Editor's desk.

Dear friends and colleagues,

Emergency Medicine is a progressing academic speciality in our country. After its recognition as a separate speciality in the year 2009 by the Medical council of India, the pathway of emergency medicine in India has taken a huge leap forward. Most of the hospitals in our country has started emergency medicine departments. The government medical colleges along with the other medical colleges have understood the necessity of having a fully fledged emergency medicine department. Premium institutes like AIIMS, New Delhi has 14 seats in MD Emergency Medicine and they also give alot of support to other institutions of our country in developing the speciality.

What makes EM so important ? In the era of modernisation and urbanisation, everyone in this world like to have the best things, let it be a car or gadget or any kind of modern amenity, we all wish to have the best. Then why should we compromise on our health? Health is the biggest happiness in everyones life. When our health is at stake, we all panic, we all wonder what to do, where to go and whom to see. Most of the time we end up in the emergency medicine department, the previous known casualty. At our most difficult situation of a health compromise, we want the doctor who is skilled in managing the worst to take the lead in stabilising us. In the earlier era of casualty, the junior doctor with not much experience in handling an emergency used to take care of us at the most needed time of our life and that too in a resource limited setting. There were also doctors who were highly professional too. But currently, the approach changed as we want the best at the time of need, now we have doctors who have undergone 3 years of rigorous training in Emergency Medicine, to take care of us. They are trained to handle the most adverse situation we face, , with utmost professionalism. The resources within the emergency medicine departments also got upgraded. The emergency medicine departments should be equipped with the best like a critical care unit or an OT, because EM departments handle the worst round the clock and need to be at the best. Now a days most of the EM departments function like so. It's really hard to convert a casualty to an emergency medicine department. Emergency Medicine department is not a Glorified Casualty. So changing the "casualty" name board into an Emergency Medicine isn't the only task. There are lots of financial concerns, man power development, training, protocol building, team building, support from administration and above all inter departmental cooperation and support required to build an efficient Emergency Medicine department, like the one we were able to create at MOSC Medical College Hospital, Kolenchery, Ernakulam, Kerala.

For that you need the support of national and international organisations like INDUSEM, ACEE, EMA – which stands for Emergency Medicine. The vision and mission of these organizations (INDUSEM, ACEE – INDIA, EMA) are pretty clear. They stand for improving emergency care in India. They work for the betterment of academic emergency medicine departments of India. They work with the stakeholders in various stratas to make sure these work out well. This is an elite group. Everyone here support each other and everyone here wants to build a team and bring up young talents by giving various opportunities at various stages. Being lifelong learners, we all need to get connected to the organisations which can help each second of our life more fruitful.

Let's hold hands together and spread the value of Emergency Medicine across the nation, so that all patients in our country receive an expert basic & advanced emergency care, to a level that even the primary care hospitals will have an equipped Emergency Medicine department with trained Emergency Physicians. That's my dream and the dream of many.

Dr. Ajith Venugopalan
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Chief Editor

Interview with a faculty who has changed the face of EM in India

Faculty for the current volume:

Dr. Gireesh Kumar K.P.
Professor & Head of the department
Department of Emergency Medicine, Amrita Institute of Medical Sciences, Kochi, Kerala.

Interview done by: Dr.Bharath Prasad.S

1. ***What was the motivation for starting an Emergency medicine department way back in 2008?***

Even though emergency medicine was a novel specialty to India back then; it was already a well-established field in developed countries. Introduction of emergency medicine brought huge changes to the healthcare scenario in developed nations, streamlining the treatment and improving quality with adherence to international guidelines.

Inspired by the potential of emergency medicine to improve healthcare sector; we deeply researched about the topic from major hospitals around the world. The major aims when we initiated the department was to elevate first 'point of contact' care to international standards; evolution of 'ambulance service' to 'Transport Medicine' by proving standard care even while transport and finally starting Post-graduate courses to strengthen these goals and to facilitate adaptation of emergency medicine to other hospitals too.

2. What was the major hurdles that you faced (institutional/ inter-departmental) during initial days of emergency medicine?

Like any new change, there were people who looked it as an opportunity while some resisted. From the moment we initially pitched the idea of a self-reliant Emergency Department to our administration; we were given complete support. This was mainly because our Medical Director was trained and worked in USA; where he had seen the prominent role played by emergency medicine in patient management. The administration had given us all the freedom and met the demands to start the department.

Even with all the support; we did have our share of troubles and resistances. There were definitive inter-departmental struggles initially; which were fuelled by either ignorance about the role of emergency medicine, fear of replacement (mainly in terms of procedures) and to some extent egoistical attitude of some clinicians. Another drawback we faced was the lukewarm response by the student body to the department; still considering it only as a 'CMO led Casualty' and uninterested to take it up as a new frontier.

Our biggest hurdle till date is the role MCI has taken regarding this nascent specialty. Even though MCI was very supportive to begin the department; after that it has taken a rather stringent approach which curtailed the pace of growth. There was no authorized curriculum to begin with which lead to individual institutions framing one as per their needs and requirements. Furthermore, emergency medicine which was born to eradicate a 'CMO lead casualty' treatment was ridiculed when MCI insisted on continuing 'Casualty' care even in institutions where emergency medicine was available round the clock. Even now MCI has not truly understood the concept of emergency medicine and how it differentiates from casualty.

3. In the current scenario, what do you think will help an emergency physician to differentiate from other competing departments and doctors?

The 'Casualty' of the past was managed by CMOs, who were handling the patients without a specialized training or knowledge to tackle the critical diseases head-on. They were treating the conditions in a 'patient to patient' manner than according to a standard protocol causing wide inequalities in expected treatment. Most of the times patients had wait for the specialty doctor to see them before specific treatment was started.

An emergency physician has to keep this aspect in mind as the most common difficulty he/she faces would be other doctors reducing them to a CMO status. To prevent this and to be recognized, one has to be well trained and quite knowledgeable in all aspects of EM. While other departments have adequate time for assessing a patient and treating with help of other departments, an EM physician is alone and has to make pivotal decisions on the go. An EM physician should be able to thrive under pressure making judgments according to standard protocols without compromising patient care. One should be trained in emergencies of all fields and should be up-to-date with all current standards of care protocols. Acquiring new skills to improve self and to provide better care is equally important. With these qualities only one can earn the trust of other departments and eventual recognition.

4. ***In this Indian culture of super specialty/consultant driven health care what is the scope for EM development?***

In a hospital like Amrita Institute of Medical Sciences where there is importance for training of post-graduates, development of emergency medicine is unquestionable. But in a corporate hospital; which is driven by specialty - consultant based patient load, the scenario will be different. There will be problems of acceptance and administration itself may not be enthusiastic in investing in EM development. Since emergency medicine will never be a consultant driven specialty, the aim should be to be a reliable team player and objective driven department. Setting achievable goals that can impact a positive change in hospital functioning can compel administers attention and thus development.

5. In your opinion, where is emergency medicine in India is headed?

To be truthful unless MCI takes a strong supportive role in development of EM; it will be an uphill task flourishing EM in India. If you look at the statistics as per MCI official site, currently there are 29 medical colleges in India offering EM post-graduation degree but of these 27 colleges have initiated the course before 2014. This means that only 2 medical colleges have started new EM PG course in last 4years. Even though it's a novel field, there are only limited patrons for it which greatly impacts the knowledge and acceptance of EM. Due to this fact, the PG aspirants also have turned a cold shoulder to EM, as they are uncertain about the future prospects if they choose the field. In this case DNB has done an amazing job in proliferating EM to different hospitals but at the cost of unequal standardized training. We all should request MCI to take necessary steps for the uplifting of EM and developing it to the full potential. A growing field requires support rather than stringent laws which are used to evaluate established departments.

MCI should also be thoughtful about opening Emergency medicine graduate to DM critical care degree. A specialty degree to EM even before the EM itself is well established may backfire. The young EPs who are supposed to be the torch bearers of new EM wave may get influenced and change over to critical care, thus reducing the practicing EPs and curtailing EM growth even before EM is established. DM specialty courses should be opened to EM only when EM is well established and has a strong presence all over the country.

6. Will EM in India ever become as established like in the developed nations?

It's hard to comment in the current scenario; but my opinion is that with right support system and leaders, EM can become a force to be reckoned with in another 10years. With the previous mentioned concerns sorted out and the current EPs in training starts new departments to flourish the growth; EM will become established in India as in USA or UK. But for that the young EPs should be diligent with a pro-active attitude. Once post MBBS doctors perceive the opportunities as well as challenges of EM and take up the department with passion, it will ensure EM future.

Scavenging through the various areas of Emergency Medicine

Emergency medicine is a vast speciality of its own. The amount of work done in the speciality cannot be quantified most of the time. Irrespective of the sex, the speciality covers from neonates to geriatric, whether it is medical or surgical. There are lots of areas under emergency medicine, one can think of mastering.

Areas of practise

1.	Medical emergencies	7.	Transport Medicine
2.	Surgical emergencies	8.	Disaster medicine
3.	Traumatology	9.	Toxicological emergencies
4.	Paediatric/neonatal emergencies	10.	Community emergency care
5.	Geriatric emergencies	11.	Rural Emergency care
6.	Prehospital care	12.	Resuscitative medicine & acute care
		And many more….	

Introduction to Transport Medicine

Emergency Medicine (EM) is a relatively new specialty in developing countries and it is still in its infancy.

Transportation of patients is undergoing a facelift, where it is being conducted by trained EM physicians with the help of trained Emergency Medical Services (EMS) staffs. This branch of highly skilled transportation comes under the division of transport medicine under the department of Emergency Medicine.

This Branch of Emergency Medicine deals with not just transportation but also pre transport / en-route stabilization of patients. It also involves comprehensive retrieval/transfer system.

Ambulances were first used for emergency transport in 15th century in Spain. Initially even hot air balloons were used for transportation. In this era of transport medicine which began to develop in the early 20th century, we have established various modes of transportation.

Modes of transportations are:

- Ground transport (Road Ambulance)
- Water Transport (Water Ambulance)
- Air transport (Air Ambulance)
    - o Rotor-wing vehicle (helicopter)
    - o Fixed-wing vehicle (airplane).

The various stages of interhospital transport include: Pre-transport, During transport (en route), Post-transport

Types of transportation available are:

- Interhospital transport – Hospital to hospital transport, also include field retrieval.

- Intrahospital transport – Within the hospital transport

Transportation of critically ill patients is a challenging task. There is an increased risk of morbidity and mortality. Indication for transportation are many. But always consider the Risk vs Benefit before transporting any patient.

Few of the indications of transportation are as follows:

- Therapeutic purpose – surgical / image guided procedures
- Diagnostic – MRI , CT, Angiography
- Specialized care – tertiary hospital
- Lack of ICU Beds/ Specialists.

In India, the **National Ambulance Code AIS:125** (Automotive Industry Standard) is being introduced, to improve the quality and safety of ambulances.

This code is Recommended by the Central Motor Vehicles Rules-Technical Standing Committee (CMVR-TSC) and approved by the Union Ministry of Road Transport and Highways (MoRTH).

The code classifies road ambulances into four - A, B, C, and D - on the level of service they render to the sick and the injured.

- Type A: First Responder
- Type B: Patient Transport
- Type C: Basic Life Support
    - o Non-invasive airway management and basic monitoring.
- Type D: Advanced Life Support
    - o Emergency patients requiring invasive airway management / intensive monitoring.

Even though the system of transport medicine in our country has improved over the last decade, we still have lots of concerns like heavy road traffic, no separate ambulance line, lack of separate toll free number, deficiency of specific guidelines for ambulance transport, lack of clearance for air ambulance transport for helicopter retrieval, lack of training for ambulance drivers and the EMS staffs.

Ambulance transportation has gone into a totally different level in our country. It's the responsibility of the emergency physicians to support the government officials in formulating a better controlled transport medicine in our country so that the expert care can be provided right from the site to the hospital.

EM Events in the past quarter

SIM-Skills & Students

The Departments of Emergency Medicine and Medical Education, KMC Manipal in association with Tempus Prestioso, Emergency Medicine Student Interest Group of KMC, Manipal, organized "SIM&SKILLS 2018" on April 7, 2018, to introduce the tool of simulation into the armory of undergraduate learning.

JIPMER & AIIMS Join Hands

On 14th April History was created when JIPMER and AIIMS Conducted a Joint Exercise in Emergency Sonography. They conducted the First Ever Autonomous EMSono Course at JIPMER. Leaders of Both the Academic Emergency Departments Professor Bhoi (AIIMS) and Professor Pandit (JIPMER) spearheaded this exercise.

EPAT & EMA Herald Turkey-India Dosti

Emergency Medicine Association Principle Secretary Dr. Vimal Pillai and INDUSEM ACEE Leader Dr. Siju represented India at the 5th International Emergency Medicine Congress IEMC2018 at Antalya Turkey.

ACEE Stars@ World Rural Health Conference

ACEE Partner the Academy of Family Physicians of India (AFPI) organized the 15th World Rural Health Conference in New Delhi from 26 - 29 April 2018. The conference was organized in collaboration with the World Organization of Family Physicians (WONCA) and WONCA Rural working party.

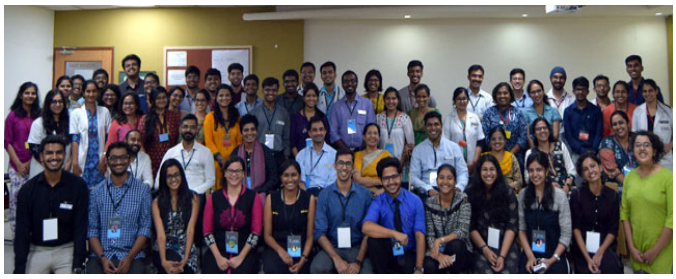
EMHimachal Launched

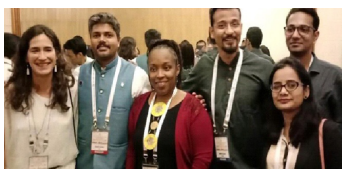
Department of Emergency Medicine (EM), Indira Gandhi Medical College (IGMC) Shimla organized the Inaugural EMA State Level conference in association with the Department of Pulmonary Medicine IGMC Shimla from 24th – 30th of April.

EMA Leaders @ Frontlines Of NIPAH Outbreak in Kerala

The Emergency Medicine Association Leaders who are Residency Trained MCI/ NBE Recognized in EM were at the frontlines of caring for the patients effected by Nipah Outbreak. EMA Leaders are working overtime at various Emergency Departments across Kerala. A Standardized protocol for triage and care is commissioned and the leaders are working closely with Government Officials in Kerala.

For further informations regarding these events, log on to http://www.indusem.org/news





Upcoming Events.....

30th June & 1st July	**EMGUJARAT 2018**	**Medical College & SSG Hospital, Baroda, Gujarat.**
21st & 22nd July	**EMINDIA 2018**	**Banaras Hindu University, Varanasi, Uttar Pradesh.**