



TRAUMA & EMERGENCY ACADEMIC MEDICINE SENTINEL

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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, India



From the Editor's desk.

Dear friends,

With a pandemic gyrating around the planet with no signs of cessation, it has become evident that this is a long haul and choosing to live consciously is our only way forward. Pragmatism and effective implementation of universal precaution for all, still remain our hope to combat the unrest caused by this virus.



Emergency medicine physicians have grappled with Covid 19 by evoking screening systems for bracketing patients, stabilising and admitting Covid positive patients to wards/ICUs and often working as team leaders during this crisis. However it is time to pay homage to tested methods and the newer strategies implemented to combat this outbreaks effectively. I believe we are on our way to claiming our lives back.

Greeting the recent batch of post graduate students have become particularly challenging during these times. Without much ice breaking sessions and lack of salutations, PGs have been welcomed to tedious hours in a world glorified by PPE. However, an EM physician is expected to be cautious of the risks involved in an undiagnosed case. PPE is the only armor we have against the uncertainty. Sure, it's not cosy. But get used to it, as ensuring your safety helps safeguard the lives of many.

Covid has altered the way we approach teaching and training. An e-based curriculum and attending conferences can make up for the lack of classroom hours. This also provides an opportunity to update your knowledge on a wider scale. Idealising this, EMINDIA 2020 will be e-EMINDIA2020. Providing

opportunity for EM residents & their mentors to deliver their presentations at an international level. 12 weeks, 24 residency programs, starting this October every Saturday. The opportunity is before you, to be acknowledged.

Another major change COVID has brought out through its lockdown effect, is that people have started to reconnect with their hobbies back and have also discovered hidden talents. Indeed, a good way to reinvent and refresh ourselves. Amidst constant threats of burn outs owing to work related stress, these hobbies would allow everyone peace of mind and revival.

INDUSEM has always been creating changes. It has been trying to reach each and every one interested in Emergency Medicine and paving ways to support each of them. INDUSEM have been a pioneer in creating innovation in Emergency Medicine. The newly modified website <http://www.indusem.org> is an example to it. Vigyan central and gurukul model are helping and supporting students and faculty equally. Vigyan central (<https://www.vigyancentral.com>) is a Global database, a repository of certified research thesis of the researchers. Utilise the facilities provided by the INDUSEM-EMA for a better future in emergency medicine.

Let's be the change, we wish to witness.



Dr. Ajith Venugopalan
(ajith.v123@gmail.com)
Chief Editor

TEAMS Editorial Board	Dr. Ajith Venugopalan Head of the department	Dr. Sreejith R. Nair Dr. Sara Benny	Dr. Mervin Christo Dr. Fathima Siyabudeen
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PG exams amid COVID19 – Tackling the uncertainty

India which has the second largest population in the world is suffering severely from COVID 19 disease. The outbreak of Covid 19 has impacted the nation enormously including the doctors. A world which has been bustling with activities have come to a standstill in the past few months and unfortunately all postgraduate's final year exams had also fallen in the same time.

Postgraduate final year exams amid arising Covid cases had caused concern among the exam going residents. We were in severe stress and mental agony which turned out to be a nightmare as whether we can make it up to exams amidst this pandemic. Stress undergoing in this situation was incomparable as we were concerned about our own health and the family but in the same time wants to finish off exams soon.

Too many opinions regarding the conduct of examination popped out which included open book exam, online mode and even waiving of exams as some suggested to exempt medical students from exams and to engage them in Covid patient care. However, cases were increasing day by day and drastic spread of Coronavirus made us worried that we might be put under quarantine or might test positive close to exam date or might contract virus while appearing in exams.

Change in exam schedule made us uncertain in many ways. It had created a lot of anxiety and mental health issues among us which indirectly affected our studies. Study leave was hindered by unforeseen lockdown days which led to change in exam schedule and back to ED floor. But this time scenario had been changed to new avatars in personal protective equipment's, masks and face shields. It was a huge challenge to adapt to new professional lives as undue pressure of the exams were in the back of the mind. Fear of getting infected was constantly challenged as any case that we had triaged, admitted or evaluated would turn out to be COVID but still we rose up as front liners even at the darkest hours of psychological turmoil. We could hardly study for the exams during these days since we were exhausted physically and mentally at the end of the day, but the learning experience from the floor was huge and amazing.

Examination centers in medical colleges were directed to strictly adhere to COVID 19 safety protocols but as corona was sweeping through the campus and examination center being in the same campus of Covid hospital alarmed us the fright of getting infected with virus.

It was a new experience getting geared up for the exam days. We were like aliens with masks, face

shield and gloves on and sanitizers on the table instead of alternate sets of pens and color pencils. Instead of checking on whether we had taken the hall ticket for the exam, the final reminder when the clock ticked time was to check whether we had all the new gadgets on. All students were asked to line up in already drawn circles maintaining social distancing norms outside the exam center and was asked to sanitize our hands followed by thermal scanning and saturation monitoring. Sticky note citing all the vitals were stuck to our hand which mandates the first checklist for writing exam. Students from containment centers were kept in different room altogether.

Though curious to get the question paper but no way you can get it unless you sanitize your hands is the new normal. Invigilators kept on stressing about sanitizing again before giving answer paper though in the last 5 minute our hearts were pacing to finish the paper and were rushing to underline headings.

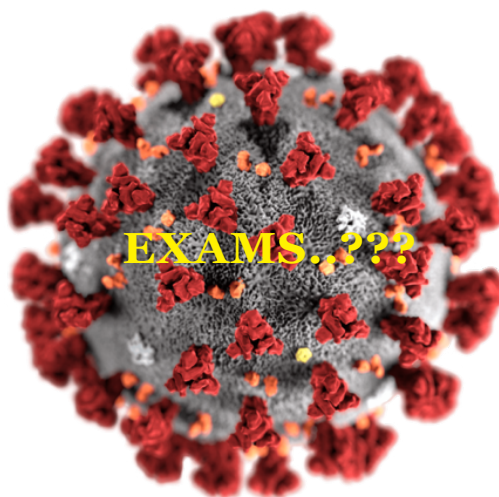
Practical examination went digitally, as there were no patients physically and instead it was simulated case presentations with photos and videos of clinical investigations. Since external examiners did not want to travel due to risk of contracting COVID, they were invigilating the exam online. This new online format of exam was adopted for safety of all including candidates and examiners but change in pattern did alarmed students since clinical hands on experience with patients was completely shut down in this pattern.

Though examination pattern sounded different, eminent faculties across India helped us in preparing ourself way head through the NEMBRIC (Annual National Emergency Medicine Board Review of India Course) at the National Board of Examinations, New Delhi and the EXAMTHALON (EM board exam simulation exam) held at Thrissur both were conducted by INDUSEM-ACEE-EMA. During both these events, faculties shared their expertise and pro-tips on approaching the exam and this indeed became a boon for us during this mysterious examination time.

Future being uncertain, Covid 19 took a strong foothold in the form of online learning classes and online exams. Corona virus pandemic had created huge challenges which accelerated towards a shift to digital assessment and new transformations in examinations.

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Prepping for thesis - Summary of events

The purpose of getting a post graduate (PG) resident to do a thesis as per a definition is “to develop the spirit and skill of enquiry, to train the candidate to formulate scientifically sound research question, to help them learn the techniques of research, analysis, documentation and dissemination of the outcome of research...”, in other words means it is to teach you how to do a research work, so relax, you do not have to invent or discover something new!

With that reassurance, hope you find the patience to read through this article.

This write up is not for the resident well versed in research methodology or one who is into his/her second project; this is for the clueless resident who just walked into his very own Stephen Hawking novel!

So how would you go about doing a thesis?

The process could be summarized in **5 mandatory steps**:

1. Selecting a topic,
2. Drafting the protocol
3. Collecting the data
4. Analyzing it & writing it up
5. Publishing it

1. Topic selection!

a. pick the high-volume topic: Pick say, the five (or more) top broad topics that your emergency department caters to.

b. do a good literature review

How?

Look for the highest grade of evidence on the topic and work your way down the evidence pyramid. (Fig 1: Level of evidence redefined: copied with permission)

Why?

To identify the knowledge gap in the literature. A research gap is a topic or area for which there is missing or insufficient information.

c. Your guide matters; talk with your mentors/ seniors

Talk with people who have been there and done that. Someone who has published his/her thesis work in a PubMed indexed, peer reviewed journal would be a good person to approach

d. Pick a topic that starts and finishes in your department

Pick a topic which starts and finishes in your department, else you would end up spending more time ironing out departmental politics when you should be actually be taking time to invest in your methodology

2. Draft a protocol: Methodology matters!

a. **FINER PICOTS RQ**: Get your research question (RQ) right/ have a clear crisp hypothesis. You'll need help framing a feasible, interesting, novel, ethical and relevant question with the patient, intervention/indication, comparator group, outcome, timings and study type, pre-defined (PICOTS)

b. **Re-enact the timeline**: Write the methods section as if you were walking in to the study setting. Get your inclusion and exclusion criteria meticulously done so that any or all in your department knows what to do.

c. **Present it**: I would suggest presenting every alternate day to your guide at the very least till your protocol is finalized.

d. **SMARTT** primary objective: Have objectives: specific, measurable, achievable, reproducible, relevant and time-based objective(s).

e. Keep your **biostatistician** in loop and always have your statistical plans pre-defined. Discuss your potential data collection form and excel sheet corrected by him/her and not just the sample size calculation.

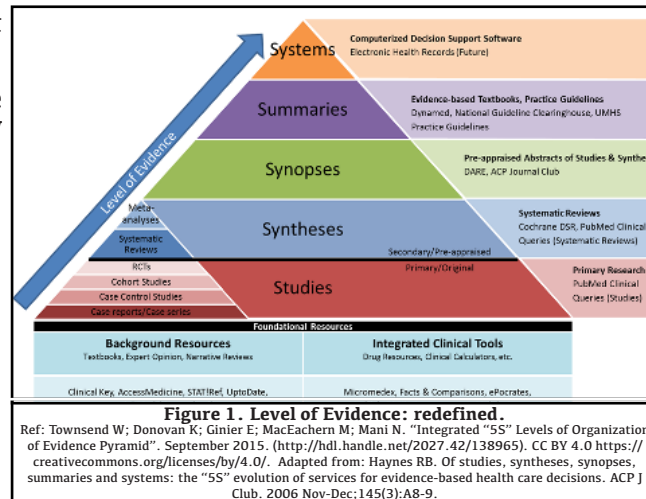
f. **Consider a pilot**: If your design is not compromised by it, do consider doing a pilot of your study, to help iron out the kinks.

g. Have a **CRAAPI** title: title of the study is often a reflection of the research question. It should be compact, relevant, accurate, attractive, easy to process/understand, and informative (CRAAPI).

h. **Cheat code**: Ever wondered what the small number at the end of most trials are e.g. NCT03859154? Those are trial registration numbers that you could use to your advantage: for instance, if you find a good trial/ study which you have your study based on; get their protocol!

3. Collecting the data

Google forms, docs and excels are excellent free online platforms to start data collection.



4 Analyzing it and writing it up: IMRAD

Have a good literature review (>70-80 good articles). Make an outline of what you intent to write under each heading, so that there's something ideologically connecting one paragraph to the next.

IMRAD: Introduction, methods, results, discussion, conclusion: compartmentalization into these categories are there for a reason, do not mix them up!

You would feel like reiterating your results in discussion and to discuss when writing your results: don't!

5. Publishing it:

'How to get published', is a topic on its own.

To keep it simple:

1. Plan ahead: from the moment you start picking the topic!
2. Do not devalue your own work: the thesis is culmination of your MD/DNB programme; it should be published in a non-predatory/ PubMed indexed, journal!

Thesis if not chosen wisely, ends up being more of a mandatory exercise than something you enjoy doing.

If done properly, it could showcase your gained writing skills and authoritative awareness of the field.

Wishing you all the best in your endeavors,

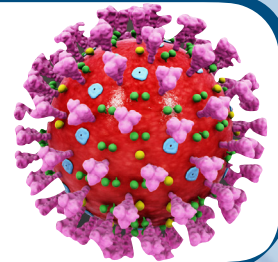
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Welcome all to e-EMINDIA2020



e-EMINDIA2020 COVINDIA



Endorsed by

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&

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Department of Emergency Medicine

JPN Apex Trauma Centre, AIIMS, New Delhi



The All India Academic Emergency Medicine

Annual National Congress Is Going Virtual

INVITING THE EMERGENCY MEDICINE FRATERNITY IN INDIA FOR A
12 WEEK ACADEMIC EXTRAVAGANZA



All MD / DNB residency programs are eligible to participate. Present your experience of the COVID-19 pandemic in one of the following themes:



- Interesting cases
- Administrative modifications for COVID-19
- Lessons from the pandemic experience
- Ongoing or completed research on COVID-19



- October to December 2020
- 6:30 to 8:30 PM IST every Saturday
- 2 residency programs each week, coming to your screens
- Chaired by Internationally acclaimed EM Faculty



- 1 resident and 1 faculty member will be eligible to present
- 10 minutes talk followed by a 20 minutes discussion
- National faculty mentors and moderators

12 WEEKS!

24 RESIDENCY PROGRAMS!

e-EMINDIA2020 COVINDIA

Visit emindia2020.in for more details and registration