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, India



Dear friends,

INDUSEM

The past year triumphed at distancing our pain threshold and re-defining our comfort zones like no



other. 2020 will go down in history as amongst the most difficult and challenging periods of the millennia for each one of us. You all have been in the forefront of patient care during this situation and with PPE it would have been indeed a hurdle.

But because of the efforts taken by each one of you, it has not only helped to identify patients/bystanders coming under the definition of COVID 19 and to provide effective treatment but also to protect the every healthcare workers and also to limit the spread of infection. You all have supported your team and helped to maintain your team. Psychological wellbeing of the team has also been essential during this period.

2020 was indeed a unique year, the one that made all the difference. A year that admonished the security we felt in each other but also allowed time and space to enhance talents we didn't know we harbored. A year when hidden talents like arts, cooking, soft skills started getting nourished; a year where academic sessions were converted to virtual environment. An year when many of you could spend more time with your family even during your busy schedules. Expert national and international faculty shared their wisdom of knowledge and guided us on weekly basis, which was not that much possible before 2020. So 2020 was indeed a year with a difference.

From the Editor's desk.

We have witnessed one of the biggest virtual conference e-EMINDIA2020 (COVINDIA). 12 weeks of academic extravaganza. Providing opportunity for EM residents and their mentors to deliver their presentations at an international level. During the 12 weeks (October - December, 2020), 22 residency programs presented during the conference. Each week, an international speaker and 2 academic institutes from India delivered key aspects in Emergency Medicine. Each session was moderated by faculties in Emergency Medicine. Great team work shown throughout the conference. Congratulations to the EMA team and hats off to the EMA Tech Team lead by Dr. Binoy Xavier, Dr. Ramakrishnan D. N., Dr. Ravi Tej Kethavath, Dr. Meenhas Oravil Kunhahamed, Dr. Vishwa Reddy, Dr. Vijay Chanchal for all the efforts they have taken for the success of this conference

New year is awaiting us. The efforts taken in this year should continue. Lot many new initiatives will have to adopted. Lets continue all our efforts for a better future. Together we can and Together we will.

Thank you to each one of you, who has put all your efforts to save each and every life that comes infront you without any hesitation.

Wishing you all a prosperous New Year 2021.



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

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Chief Editor

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

Pediatric Emergency Medicine (PEM)

INDUSEM Leader Prof. AK Goel Spearheads DM in Pediatric Emergency Medicine a AIIMS Raipur

Pediatric Emergency Medicine is a super specialty field of Emergency Medicine.

"The Development of Pediatric Emergency Medicine as a super specialty is credited to the tireless efforts of the INDUSEM Leaders and The Fellows of The Academic College of Emergency Experts of India. The Leadership of Prof. AK Goel and the Support of Honorable AIIMS Raipur Director & CEO Dr. Nagarkar is historic. This will set the path for other medical schools across India to start a DM Program in Pediatric Emergency Medicine, which will be a new path for MCI/NBE Recognized Residency Trained Emergency Physicians and Pediatricians. I am proud of my INDUSEM Fellows and the growth of Academic EM in India" Said INDUSEM CEO and ACEE President **Dr. Sagar Galwankar**

Interview with

Prof. Dr. Anil Kumar Goel

MD, ACEE (PEM)

Professor & Head Pediatrics and PEM All India Institute of Medical Sciences, Raipur, Chhattisgarh, India



Dr. Ajith Venugopalan & Dr. Saisaranya,

MOSC Medical College Hospital, Kolenchery, Ernakulam, Kerala, India



- 1. From a point of a pediatrician, when did you feel the importance of pediatric emergency medicine (PEM) which resulted in the formation of DM (PEM) program in AIIMS Raipur?
- a) My 20 years of experience in pediatrics practice, made me realize that, the commonest symptomatology in pediatric age group I.e., fever and cough, many a times poses challenges in emergency and subsequently turns out to be life threatening. During my junior residency at AIIMS Delhi, in the year 1997 under Dr Praveen Agrawal, I always felt that sick children deserve special attention as they are not mini adults and should not be treated like one.
- b) Subsequent boost was my fellowship ACEE in 2012, which helped me to plan, formulate and design the programme and its curriculum in detail.
- c) I joined AIIMS Raipur in the year 2017 and felt that in spite of having a common conventional emergency area in trauma and emergency block, all the pediatric emergency cases, be it medical, surgical or traumatic, are directly coming to us. This led us to develop a separate Pediatric Emergency Department (ED) in June 2018 and we started with common routinely used resuscitation equipment in a small area at the entry of the pediatric ward. That provided a temporary relieve and our purpose of timely intervention of sick patients and unnecessary admission during the nighttime were resolved to a large extent.
- d) In an attempt to orient fellow pediatricians and others, I conducted a National Conference on Pediatrics Emergency Medicine, in March 2018, which was attended by stall wards of this field and led the foundation in this direction.
- e) With the administrative support of our Honorable Director Prof. (Dr) Nitin M Nagarkar, we were able to develop a separate Pediatric Emergency

Medicine division in Aug 2019 at A block, adjacent to main trauma building. By this time, we had the strength of three dedicated PEM faculty (with the joining of Dr V. Anand & Dr S. Rathia) and we had already trained nursing officers, Senior Residents and Junior residents for the same. With time, we felt ourselves competent enough to roll out the much-needed super-specialty program in PEM.

f) With the able guidance of Prof. Sagar Galwankar, Prof. Prashant Mahajan, Prof. Binita Shah and Prof. Abhijeet Saha, we formulated the proposal of three-year residency programme on PEM and submitted it to the Academic Council of AIIMS Raipur for approval (July 2019). After a series of discussion with the Dean Academics and Director, the academic programme was approved in early 2020 with 2 seats per year (Dr. Swasti Keshari, 1st DM student). I would like to extend my sincere thanks to our Prof. (Dr) S.P Dhaneria, Dean, Prof. (Dr) Nitin M Nagarkar, Director and Prof. (Dr) V K Paul, Honorable member of Niti Ayog, Govt of India for their constant support to initiate this first superspecialty programme (PEM) in India, at Pediatric Department of AIIMS Raipur.

2. What are the unique challenges faced in pediatric emergency medicine?

a) The basic concept of PEM or Emergency medicine is not yet clear to most of the clinicians, hospital administrators and govt. authorities, and the policy makers have a notion that a single Medical officer (called CMO) can run a casualty or ED with help of few hospital attendants and paramedics, thinking that the role of ED is just to screen and refer the patients to respective wards or ICUs. Most of the medics think that emergency medicine is same as critical care but fortunately it is not so. So, I had to convince my Institute about the need and how this is different from the critical care.

Cont'd...

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Interview with Prof. Dr. Anil Kumar Goel, AIIMS Raipur

Prof. Dr. Anil Kumar Goel with

Dr. Swasti Keshari - 1st DM (PEM) resident

at AIIMS Raipur

- The knowledge and skills of doctors and staff b) nurses for this speciality is very much lacking, either because of PEM being a newer speciality and because of lack of exposure. We also faced similar problem and to overcome that we made a team of JRs, SRs and NO and trained them by taking lectures & demonstrations and conducting mock drills. With time we could incite interest in them, and I am happy to share here, that all are JR, SR and NOs are comfortably managing patients as per standard protocols and guidelines, in all pediatric emergency cases.
- Orienting the staff for their correct approach to an emergency case with regard to triage and physiological categorization, was a big challenge, so we

started regular target oriented extended daily morning rounds and bed side case presentation as per the schema of Traiging and survey. (PAT and Pentagon assessment)

d) Other practical challenges are non-availability or sustainability of pool of trained nurses, HAs, lack of inter-departmental coordination during treatment of polytrauma patients patients with multiple issues. To handle this crisis, we are in a process of making a poll of EM team of Neurosurgeons,

orthopedics, anesthetist and cardiologist so that they can give round the clock service in PEM during the golden hour of patients.

For ease of the patients, we have developed a 24*7 hotline of PEM, so that the needy can approach the service & do follow up, especially during this Covid pandemic.

Do you mind describing the patient flow and process of patient care at pediatric EM in your centre?

Of course not! I have always worked towards justifying any sick child coming to ED and replicating our system at other places may strengthen emergency care.

- Currently, we have 8 bedded tertiary level a) Pediatric ED with dedicated PEM team comprising of trained nursing officers, HAs, and doctors (faculty, DM student, SRs, and academic junior residents).
- We are using an in house validated triaging process to ensure timely evaluation, emergency intervention, admission decision, definitive treatment, and timely disposition of all emergency patients, so that we always have a 1-2 vacant beds to facilitate admission of any sick child coming to us.
- The patients who are triaged stable (green c) zone) are managed on outpatient basis. Those requiring constant observation, like very sick patients (red zone) or at risk of worsening patients (yellow zone), are admitted to pediatric wards, PICU, NICU or any other ward as needed, after an initial stabilization and

interdepartmental coordination in an organized and timely manner.

- For timely and effective turnover of patients, we have dedicated staffs on PEM duty, especially NOs and HAs, with fixed roster, so that in each duty shift, we have a minimum of 2-3 NOs, 2 HAs, 2 junior residents, and 1 to 2 senior residents (mostly 1 DM resident, 1 trained SR).
- e) For ongoing training, skill development and motivation to work in emergency area, we are conducting various academic sessions, seminars, bedside teaching rounds, hands-on workshops, mock drills, case reviews and death audits wherever needed.

How did emergency medicine associations and Pediatric associations in building up of pediatric emergency medicine?

I want to place on record that EMA, INDUSEM collaboration in particular Prof. (Dr) Sagar Galwankar, Prof. Prashant Mahajan, Prof. Binita Shah, Prof. Praveen Aggarwal, Prof. Sanjeev Bhoi and Prof. Abhijit Saha provided their immense support and throughout guidance journey and deserve special

credit for the same. At the same time, I would like to acknowledge Prof. Santosh Soans and Prof. Piyush Gupta for the constant motivation and support.

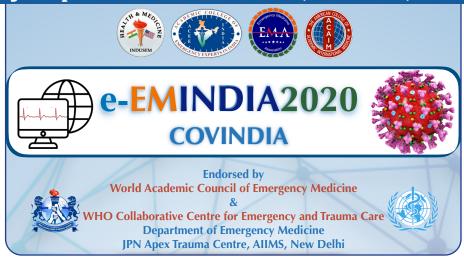
How did you feel about the future of pediatric emergency medicine centers in our country?

- After the recognition of dedicated PEM division a) and its DM program in AIIMS Raipur, I wish that, this wave with its essence will spread to every nuke and corner in the country. I am very hopeful that in coming time, AIIMS and other AIIMS like institutes, medical colleges, and subsequently district level hospitals will also have dedicated PEM set up benefitting a higher number of emergency patients.
- DM and fellowship programs in PEM care will b) enhance the availability of PEM experts across the nation and world.
- Once all secondary or tertiary level hospitals c) have their own separate full-fledged ED (Emergency Department) and dedicated PEM sub-division or at least designated PED (Pediatric ED), the quality of emergency services in India will definitely improve.
- IAP officials and other policy makers should gather like-minded people and take initiative to make (as resource limited country).

a separate chapter in IAP- "Pediatric Emergency Medicine" chapter so that, further guidelines, protocols and research can be done based on Indian conditions

Jai Hind, Long live EMA, INDUS -EM and IAP

The All India Academic Emergency Medicine Annual National Congress Successfully completed - 12 Weeks - October, November, December 2020



e-EMINDIA2020 - Moderators Perspective

MODERATOR - SERIOUSLY?

The impact of the pandemic COVID-19 is observed in every sector around the world. The education sector has been fighting to survive the crises with a different approach and digitising the challenges to wash away and the threat of the pandemic.

On the other hand, it has taught us that change is inevitable and has worked as a catalyst for growth

and learning.

Medical education is one sector which has been affected causing a detrimental effect to exam performance and competency due to the reduced exposure.

e-EMINDIA2020 (COVINDIA) the emergency medicine national conference conducted by the EMA, ACEE, INDUSEM, WACEM has been 12 week-long event. Each week an international speaker and 2 academic institutes from India will be delivered key aspects in Emergency Medicine.

The 3 months conference included international speakers and national faculties and residents of various institutes running across the country, discussing matters of importance is truly worthwhile. These impressive feats illuminated how even in times of distress, solace can be found. Despite the challenges, the e-learning platform initiated by e-EMINDIA is commendable.

The e-learning training encompasses a well thought out system of educational milestones that are highly interactive, increasing team based and guided by educators who have mastered their craft.

When the ER's and OPD's are adapting to the new normal, so is the education sector initiated by EMA-INDUSEM. Apart from the regular classroom sessions which are now halted, new learners need these easily available e-learning platforms to prepare for a response to unexpected medical events in the future. E-learning may represent an optimal solution to maintain learning process not only in exceptional and emergency situations like COVID-19 pandemic but hence also.

In these unprecedented times, although the necessary focus has been to provide patient care, the need to prepare future emergency physicians cannot be forgotten. e-EMINDIA has put in tremendous efforts to fill in the lacunae as far as EM education is concerned. When I was approached to moderate such session, I was initially a bit worked up because moderating a session is quite a responsibility in making an event run smoothly. You have to figure out what to say being concise and not overlapping with your colleagues. You have to unify their disparate perspective into a meaningful conversation.

As an amateur speaker, it was challenging to create conditions for an insight exchange. It is important to prepare your panellists in advance for what to expect. And also need to be ready to improvise without panicking.

The role of the moderator is actually quite crucial in any event because leading the session and ensuring great audience is in your hands. You may have to cut off longer sessions which may get quite awkward to interrupt the flow of thought of someone ,especially if that person has stature in your field and you may worry about offending them. But it is your sacred responsibility and have to be done tactfully.

Another challenge you face is when the discussion leads into an offensive and argumentative one and you have to take the upper hand and choreograph the interaction into a less chaotic manner and lead them into the main topic without drifting away much into a fruitful territory.

To conclude being a moderator isn't easy but absolutely worth it. It was a wonderful experience and grateful to the INDUSEM team for this opportunity. Looking forward to many more opportunities in future

Dr. Sruthi Bhaskaran MBBS, DNB (EM) Junior consultant, Dept. of Emergency Medicine Vasavi hospital, Bangalore

Welcome all to COVIPOCUS2021

World congress on Point of care Ultrasound in COVID-19 pandemic

POCUS Focus In The Pandemic Global e-Congress

 $02^{\rm nd},09^{\rm th}$, $16^{\rm th},23^{\rm rd}$ and $30^{\rm th}$ January 2021 - Saturday 06:30PM to 08:30 PM - IST www.covipocusworld.com

WHO Collaborating centre for Emergency and Trauma - WACEM-ACEE-EMA-ICCES-INDUSEM-ACAIM

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EMA Academic Leadership Awards 2020

Presented during the closing ceremony of e-EMINDIA2020





e-EMINDIA 2020















Congratulations.....



Dr. S. Venkataramanaiah Ph.D Associate Professor, Operations Management, Indian Institute of Management, Lucknow



Dr Siddharth Dubashi
Professor and Head
Department of General Surgery
All India Institute of Medical Sciences,
Nagpur, Maharashtra



Dr Praveen Agarwal
Professor and Head
Department of Emergency Medicine
All India Institute of Medical Sciences,
New Delhi



Dr Bharat Bhushan B Professor and Head Department of Emergency Medicine All India Institute of Medical Sciences Rishikesh, Uttarakhand



Dr Vivekanandan
Professor and Head
Department of Emergency Medicine
JIPMER, Pondicherry



Dr Jayaraj M B
Professor and Head
Department of Emergency Medicine
Kasturba Medical College, Manipal



Dr T V Ramakrishnan
Professor and Head
Department of Emergency Medicine
Sri Ramachandra Institute of
Higher Education and Research,
Chennai, Tamil Nadu



Dr Shakuntala Murthy
Professor and Head
Department of Emergency Medicine
St. John's Medical College,
Bengaluru, Karnataka



Dr Babu Uremese Pallaty
Professor and Head
Department of Emergency Medicine
Jubilee Mission Medical College
and Research Institute,
Thrissur, Kerala



Dr Suresh G
Professor and Head
Department of Emergency Medicine
Government Medical College,
Kannur, Kerala

Dr S Bhaskar

Professor and Head Department of Emergency Medicine Narayana Medical College, Nellore, Andhra Pradesh

Dr Rajesh Malik

Professor and Head Department of Emergency Medicine All India Institute of Medical Sciences, Bhopal, Madhya Pradesh

Dr G N Chavan

Professor and Head Department of Emergency Medicine Jawaharlal Nehru Medical College, Wardha, Maharashtra

Dr Brinda B

Professor and Head Department of Emergency Medicine Kempegowda Institute of Medical Science Bangalore, Karnataka

Dr Sukanya Mitra

Professor and Head Department of Emergency Medicine Government Medical College, Chandigarh



Dr Linu S M
Head
Department of Emergency Medicine
Sree Gokulam Medical College
and Research Foundation,
Thiruvananthapuram, Kerala



Dr Chandni R
Professor and Head
Department of Emergency Medicine
Government Medical College,
Kozhikode, Kerala



Dr Ajith Venugopalan Head Department of Emergency Medicine MOSC Medical College Hospital, Kolenchery, Ernakulam, Kerala



Dr Ketan Patel
Consultant and Head
Department of Emergency Medicine
Zydus Hospitals and Healthcare
Research, Ahmedabad, Gujarat



Dr Mohammad Haneef Head Department of Emergency Medicine Medical Trust Hospital, Kochi, Ernakulam, Kerala



Dr S Prakash Babu Head Department of Emergency Medicine PES Institute of Medical Sciences and Research, Kuppam, Andhra Pradesh



Dr N T Murali Mohan
Professor and Head
Department of Emergency Medicine
Vydehi Institute of Medical Sciences
and Research Centre,
Bangalore, Karnataka



Dr D B Bhusare
Professor and Head
Department of Emergency Medicine
MGM Medical College, Navi Mumbai



Dr Raghavendra Goud

Head

Department of Emergency Medicine
Yashoda Hospitals, Secunderabad



e-EMINDIA 2020













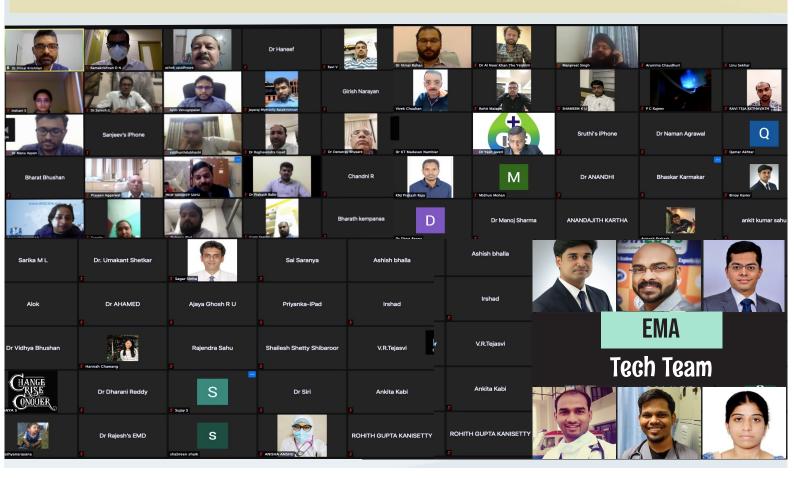
Dept. of EM, AIIMS,

New Delhi

Mission Accomplished!

Wow, what an outstanding achievement !!!

It has been a fun filled 12 weeks of non-stop academic ride with more than 24 residency programs.



Lots of interesting cases, experiences on managing the pandemic across the world including research works which was topped with highly informative talks chaired by internationally acclaimed EM faculty made **e-EMINDIA2020** unique

We thank each one of our organizers, speakers and participants for making the e-EMINDIA 2020 an astounding success!

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