

## TRAUMA &amp; EMERGENCY ACADEMIC MEDICINE SENTINEL

*"Proclaiming and Promoting Academic Leadership"*

TEAMS



OFFICIAL VOICE OF ACADEMIC COLLEGE OF EMERGENCY EXPERTS (ACEE) &amp; 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,

A new year is a new beginning. As the new year begins, we feel that we need to make changes in our life, start on a new path, do new things, and say goodbye to old habits, problems and difficulties. Often, we start making new plans and create new resolutions.



INDUSEM, ACEE & EMA have successfully completed one more year of academic adventures, but this time in a total new platform.

Despite the hurdles that occurred through the past year, the organisation has executed the academic ventures to perfection, new pathways and process was planned and executed to perfection. A lot has been done and major landmarks have been scripted. The academic voyage of EMA will continue forward.

COVID has been a part of our life for over one year. It has changed the way we look at things and also the way we approach our clinical practise. Over the year covid have not only brought about healthcare crisis, it have also produced global economic crisis, changed the normal life pattern of people and also resulted in school and college shutdowns. At the peak of the crisis, UNESCO data showed that over 1.6 billion learners in more than 190 countries were out of their schools.

It all started with the Chinese authorities identified a new type of coronavirus, which was isolated on 7 January 2020, even though clusters was initially reported in the late part of 2019. From that day, cases have been increasing daily. Various strains of corona virus have been isolated like SARS-CoV-2 variant P.1, SARS-CoV-2 variant 501Y.V2, SARS-CoV-2 VOC 202012/01 etc. Even India is seeing an increasing in case load now. It has impacted various strata's of people. During COVID era, lot many challenges has occurred, biggest would be providing equal and expert care to 1.3 billion Indian population. When we began this pandemic, we didn't have enough testing facilities, quarantine facilities nor isolation facilities.

Moreover, India had sacristy of PPE. But one year down the line, India has become self-sufficient to battle this pandemic. As of the end of march, COVID testing capacity in India has crossed over an average of 50,000 tests per day per state. Active cases have reduced to 4.06% and death rates have been dropped down to 1.35%. One another challenges has been biomedical waste management. As per the Central Pollution Control Board (CPCB), India generated 33,000 tones of COVID-19 biomedical waste in last 7 months. With the surge of disease, dual disease burden with communicable and non-communicable disease has been another challenge. Resolve, Resilience, Return, Reimagination and Reform have been the five stages for healthcare leaders and institutions in the battle during the COVID-19.

India has been in the limelight as a warrior battling Covid from the frontline and also extending its support to the world. India had begun one of the world's biggest Covid-19 vaccination programmes, the first major developing country to roll out such a program. India in the recent days delivered millions of COVID-19 vaccines across the world. India has approved two Covid19 vaccine - COVISHIELD and COVAXIN. As of 27th March, Vaccination drive has been going at a full swing with daily vaccination crossing 2 lakh per day, with AEFI 0.031%. Vaccine is indeed an additional protection. Let's make sure we continue all our guard against this pandemic.

Life has been started to normalise. New normal maybe a bit different. But we will live through it and achieve our goals. Salute to each and every one who has been in the frontline of the battle against this pandemic.



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# Challenges of a New Graduate

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The transition from resident to consultant is full of challenges. This role shift can involve a great deal of stress. We notice a fine difference in the way that other team members treat us when we complete our residency and become one of the “Consultants”.

We suddenly feel much more part of the decision making team. Because, Residents are not the ultimate decision makers on the team.

**OPPORTUNITIES** : Let’s address “The elephant in the room” . The hospitals are open for both recognised and certified people. Unfortunately, in certain places/hospital, this creates a common pool of opportunities. The recognised physicians will show their quality of work and create opportunities. Not just on the floor, but also as academicians and in the field of research.

**THE NEW WORKPLACE** : Three years of residency gives us a mother department with a family that helps us grow professionally. Going to a new place as a consultant makes us feel “Out of place “ It takes few weeks to settle down in the new department knowing the ED staff, hospital protocols and creating an inter-department coordination.

**RELATIONSHIPS** : One of the consequences of starting as a consultant in a new set up is exposure to new people both Intra and Inter department. As an Emergency Physician, we all know how important it is to have good inter department relations for better functioning of the ED. It takes initial few weeks to understand and develop good rapport with other departments.

**STRESS** : Though the time spent at hospital as consultant is less than that of resident, the stress levels as a consultant are paramount. There were days where I finished my shift and went home , but I kept calling up my colleague asking for repeat labs and status of the patients I have stabilised and handed over. As a newbie consultant, we are extremely cautious to obtain the best result and this involve alot of stress.

**DECISION DRAMA** : EM being a budding speciality in India, many places still have the “Casualty Culture”. In those centres, they are not completely aware of Emergency medicine practises and this creates a rift when a new consultant delivers an opinion regarding treatment option. It is important for us to convince other consultants the treatment protocols and it happens over time when people recognise our work .

**HOSPITAL VIABILITY** : As a new consultant we should learn the areas of billing and documentation. Appropriate billing is vital to maintain the financial viability of any patient and also any institution.

The new graduate should focus on areas of improvement and quality indicators, this improves the performance of ED and when the ED performs better , the revenue generation will definitely boost up .

**TEACHING** : Medical education is a vital component for all of us.

Teaching medical students curates interest for them in the field of Emergency Medicine. Teaching emphasises the importance of vertical and parallel resuscitation and protocol based management in EM. As a consultant, we have the chance to participate in teaching, hospital programs and research . These activities uplift our curriculum vitae and gives us a strong voice.

**CONFERENCES** : Conferences are great platform for us to share work experiences and to gain insights. They throw light on emerging developments and rarest of the rare possibilities one has encountered in the field of Emergency Medicine. Conferences are mandatory for us to stay updated and know what’s really going on outside. Present papers including case discussions and research papers during each conference.



**WORK LIFE BALANCE** : We all know that residency gives less personal time. As a consultant, the hours spent at work are comparatively reduced and gives us scope to maintain fine work life balance. Studies say “Quality personal time rejuvenates and improves the work productivity”. We should make sure to set aside personal time, but also make “Job satisfaction” a top priority.

I would like to conclude on a note that taking a leap from Resident to Consultant Emergency Physician is not a cake walk. As a new graduate we must keep in mind that gaining experience is a day to dat process. and should always remember to be confident while managing cases utilising all the skills gained through residency. When in need, do not hesitate to call for backup from your seniors colleagues in EM. Always stay updated but also focus on the basics, cultivate relationships, maintain professionalism and give importance to research.

Graduation and being a consultant is indeed a dream when we join our residency. This whole transition comes with a lot of responsibilities.

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## Smart preparation for smart exams !

The final year postgraduate examinations are around the corner and it is natural to be anxious and worried. The COVID-19 pandemic only adds on to the exam pressure. Here are a few tips to reduce your stress during these difficult times.

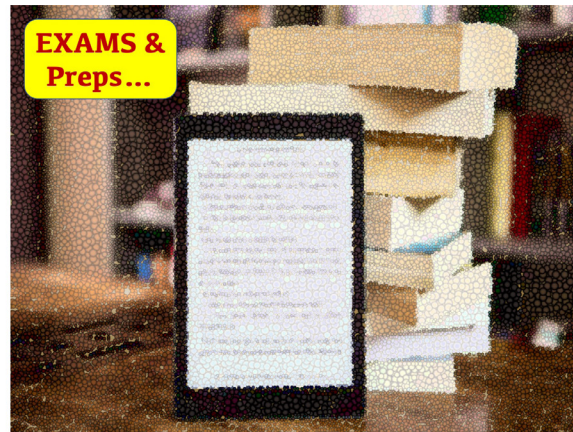
“A healthy mind in a healthy body” is exceptionally fitting for exam appearing residents, signifying the absolute necessity to maintain both, physical and mental well-being. A well-balanced diet and adequate sleep go a long way in performing better in exams. It may be difficult to have a biological cycle because of the hectic duty hours but a sleep of at least 6 hours is essential to retain what you read. 25-30 minutes of exercise, if possible, will add on to your academic performance. Taking regular breaks from daily routine will refresh your mind and increase your productivity. Kindly take proper precautions - hand hygiene, wearing face masks, proper PPE and social distancing. The last thing you want is to get infected with COVID-19 during this high pressure period.

It is never possible to be fully prepared for a post-graduate final exam! Hard work is important, however smart work gives you an edge over others. While one size doesn't fit all, a suggested approach may be as follows: divide topics into must know, should know and nice to know categories. Dedicate most of your time to must know topics.

The must know includes Tintinalli's Emergency Medicine textbook, clinical examination, Life support courses (BLS, ACLS, ATLS, PALS, NALS), emergency life-saving procedures, and few recent advances. Tintinalli's Emergency Medicine is the base book and must be read by all emergency medicine residents. I advise you to revise Tintinalli at least twice before the final exam. Life support courses are an integral part of emergency medicine and you should be well versed with them. Dedicate extra time to revise all the life support courses before exam. Have sound knowledge of basic emergency procedures (both trauma and non-trauma). Clinical examination should be read from the respective specialty's clinical book. Clinical procedures can be revised from videos (McCleods, NEJM etc) if time permits. An idea of recent advances in the field is necessary. Remember to study the updates of life support courses and their variation from previous guidelines, quality improvement and research methodology. Do not forget to solve previous 3-4 questions papers of your university.

Should know topics include those which you may read after there is a thorough understanding of Tintinalli. Few sources include Rosen's Emergency Medicine, Robert and Hedges clinical procedures in Emergency Medicine, Justin Bowra's Emergency Ultrasound made easy, Hampton's ECG manual, and websites (mentioned below). It is better to read the consensus guidelines of important emergency topics, such as STEMI, Stroke, Sepsis, Traumatic Brain injury, heart failure, ARDS etc. A good understanding of basic modes of ventilation is expected; advanced knowledge of mechanical ventilation may be pursued if interested. An idea of important scientific trails in the field of emergency medicine will give you an edge over your colleagues.

Nice to know list is endless! Many blogs and podcasts provide unlimited information. Life in the fast line, emcrit, ebmedicine, rebel EM, emrap, emergency-medicines are a few to name. Use podcasts as a break from monotonous reading. Listen to only important/difficult topics. Do not spend too much time on them! Recent scientific papers from journals if you have completed everything else! 'Thebottomline' website gives a good review of recent trials. At least know the names of emergency medicine journals!



Practical examination may be virtual with simulated case presentations, photos and videos of clinical investigations, depending on the local COVID-19 scenario. Examiners may be online. Be aware of the change in exam pattern and practice accordingly. The major focus of examiners during a virtual exam is to assess your approach to a patient presenting to the ED, being able to enact on manikins/through simulation with clear verbalization of every act. It will be a unique experience treating manikins and taking history from examiners! Most important is to keep your cool as examiners will try to put you under pressure. Learn critical appraisal and go through your thesis (specially results and statistical methods applied) before practical examination.

An exam in a pandemic happens once in a life time! Experience the journey and you will have stories to tell. See you on the other side with flying colors! All the best!

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# EM Activities and Achievements in the past quarter

## COVIPOCUS is Total Focus

COVIPOCUS2021 Global e-Congress was successfully completed in January 2021. Held every Saturday at 630pm IST, this inaugural meeting set a new benchmark in partnerships with the World Health Organization Collaborating Center on Emergency and Trauma.

The Inauguration Ceremony of COVIPOCUS2021 was held on 2nd January 2021 with International Speakers and delegates around the world participating in the illustrious ceremony. Gracing the occasion was the Regional Advisor to the World Health Organization for South East Asia Dr. Nayar.

Dr. Praveen Aggarwal, Professor and Head of the All India Institute of Medical Sciences Department of Emergency Medicine welcomed all the faculty and Professor Bhoi, Head of the AIIMS JPN Apex Trauma Center Emergency Services was the Key Note Speaker.



Over the next 4 Saturdays of January 2021 many International Speakers including Dr. Gullet (USA), Dr. Tato (INDIA), Dr. Vali (Tanzania), Dr. Funk (USA), Dr. Smith (UK), Dr. Karanti (UK), Dr. Tej Sinha (INDIA) and Leaders of The Sri Lanka College of Emergency Physicians Dr. Thushara as well as Dr. Munasinghe Secretary General of WACEM (2017) spoke at the grand academic event. The highlight of COVIPOCUS2021 was the Live Lab on BIO PROTECTION, POCUS and COVID Patients

## COVISIM2021 Won Everyone !

The Global e-Congress COVISIM2021 has been conceived by WACEM in collaboration with the WHO- CCET, ACAIM, AIIMS, EMA India, ACEE India all affiliated with INDUSEM was held on 6th, 13th, 20th and 27th February 2021 for 3hours every Saturday. The virtual event attracted speakers and audiences from across the World. The Keynote speaker for COVISIM2021 was Prof. Haru Okuda, President-Elect of the Society for Health Care Simulation. Dr. Okuda spoke about the state of simulation and his journey in the academic world of simulation education and medicine emphasis on the fact that a new normal would need stimulation technology to be incorporated.

Prof. Fatimah Lateef from Singapore presented the concept of computer-based simulation to meet the set learning objectives, the administrative support, the roles and responsibilities of faculty and facilitators. Dr. Shruti Chandra and her team from Thomas Jefferson University, Philadelphia, USA described the various modifications they made to their training programs including a grab-and-go model, in-situ simulation even to prepare the emergency department for the pandemic (PPE, intubation etc).



The Grand Finale on the 27th was a magnificent event with educators from all around the world convening virtually into the WACEM Virtual Conference hall. The session was well received by Simulation experts and exemplary educators from the United States, United Kingdom, India, Israel, Qatar, Singapore, Malaysia and other member countries of the World Academic Council of Emergency Medicine. The stellar finale invited the best of speakers from 2 of the premier Simulation Centres with established academic Emergency Medicine Departments in India- Kasturba Medical College, Manipal, Manipal Academy of Higher Education (MAHE), Manipal and D Y Patil University, Mumbai. The Simulation Division from KMC Manipal, (SIMians) comprised of Dr. Vimal Krishnan, Dr. Sanjan A, Dr. Freston Sirur and Dr. Jayaraj Balakrishnan. Dr. Ajit Baviskar was the SIM- Educator expert from D Y Patil Mumbai.

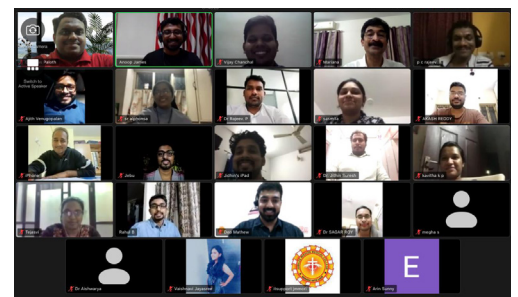
"The success of the non-stop 50 weeks of collaborative e-learning sessions by WACEM defines the Bullish position of WACEM as a global leader in Academic Circuit during the COVID Pandemic" declared Dr. Sagar Galwankar, CEO INDUSEM and Executive Director of WACEM.

## E-EXAMTHALON 2021 XCellence !

Examthalon is a high-fidelity simulation program conducted annually for Emergency Medicine residents in India. It is a meticulously curated program that aims to help the candidates to identify their strengths and weaknesses as well as to enable them to brace the hurdles and prepare well in advance for the upcoming exams. Examthalon is designed on the structure of MD and DNB board exams and is conducted by renowned Emergency Medicine faculty from all over India.

This year, due to the ongoing pandemic, the event was conducted online on Zoom video-conferencing platform. The program was attended by 23 examiners who evaluated 24 candidates which included MD as well as DNB residents from all over India. The event was hosted from Jubilee Mission Medical College & Research Institute, Thrissur, Kerala by video-conferencing mode. The simulation included clinical case presentations, OSCE and viva voce sessions along with an evening session that consisted of lectures by faculty on thesis and journal appraisal and FAQs with faculty.

This was probably the first time that such an exam-simulation program of this magnitude has been conducted anywhere in India. The event has turned out to be a huge success with positive reviews from examiners and candidates alike. The event was coordinated by Dr. Rajeev PC (Convenor), Dr. Anoop James (Organizing Secretary), and Dr. Deo Mathew (Joint Secretary). The hosts for the simulation program were Dr. Leenus Jacob, Dr. Arin Eliza, Dr. Meenhas O K, Dr. Appu Susheel, Dr. Kashyap CK, Dr. Hima Ben and Dr. Martin.



## Welcome all to E-EMANDHRA 2021

2nd State Level Conference - 7th, 8th, 9th April, 2021

Dept. of Emergency Medicine, PESIMSR, EM AP Chapter, EMA India