

## 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,  
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Dear friends,

Life is often synonymous to uncertainty. Maybe that is what prompted the Buddha to exclaim "suffering exists..."



despite residing in tranquility most of his life.

Life presents unpredictability. You might encounter the coolest breeze and a shower of rose petals, while being swept aside by a torrent of rocks in the next instant. An emergency physician faces this unreliability of life daily; despite the fact that his story is often masked in quotidian details. I suppose after you save 10 lives, your 11th save can sometimes feel as a mundane occurrence in your day. Humans are beings of habit. But it does remain that an emergency physician is always expected to be on his toes, whether it's an erratic and complicating history compromising a patient's life, a hefty resuscitation that called into play all of your senses or the emotional vicissitude that accompanies an act of breaking bad news or declaring a death.

We hold immense power as physicians. We get to help save lives; which implies that we possess ginormous responsibility towards those we serve. This would inevitably levy anxiety emphatically. Hence, there is indeed a need to take care of our mental health. We must constantly remind ourselves of the light at the end of the tunnel; whether the reward is a satisfying resuscitation, or the possibility of having provided warmth to a distraught bystander

Maybe at times, it is good to sit back and think – how happy we are...!!! That what mental health day is all about. World Mental Health Day is celebrated across the globe on October 10. It is aimed at educating people and spreading awareness about the importance of mental health and how one should never neglect their mental health issues. As health care professionals, we convey the least regards towards our own mental health. Denying

self-help and over estimating our own capabilities to deal with mental health issues are an injustice we exhibit towards ourselves and our patients. We witness highly successful professionals undergo break downs and suicide attempts amongst people we believed are innately happy. It is important to assess minor triggers within ourselves before we risk losing ourselves. Remind yourself that you deserve the same love, understanding and forgiveness you give your patients. Saving life indeed bring a huge amount of satisfaction during our duties. Such a happy and satisfying moment was to see our EM team at my institution involved in a perimortem cesarean section. Kudos to my colleague Dr. Vimal Koshy, our residents Dr. Ammu & Dr. Mehanas for being a part of the successful resuscitation along with OBG team (led by Dr. Mini Isac), anesthesia & cardiology dept., nursing team and the code blue team. It is always good to see the happiness on the face of the parents as well as the little one, including the happiness of our team.

The PGs who joined medical profession during 2020 have successfully completed their 1st year. Expectation would have been sky high while joining PG, but an unforeseen pandemic rendered their assumptions wrong. Clinical practical, academic, thesis works and recreation have faced a lull. That's how life has been in 2020-2021. But sunlight undeniably emerges even after the darkest of nights, and that is what we need to hold on to. Hope is a word which carries loads of momentum.

Work towards self-love. Do everything in your power to ensure your well-being. At the end of the day, make sure you are happy. Only then, can you render the services that are expected of a doctor. Take care.



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## ‘Caring the caregivers’ - need for an introspective inquiry



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COVID-19 pandemic has laid relentless work pressure and mental health tolls on health care workers, across the world since its emergence in December 2019. Doctors faced immense stress regardless of their field of expertise and positions in the health system. This was not only because the hospitals got inundated with sick patients, but also because of the direct responsibilities that doctors carried on their shoulders. The stressor and the methods of prevention were new for both public and health care workers. The burden of educating and ensuring preventing methods conferred on doctors, at times, gaining hatred even from patients. Stigma, discrimination and psychosocial burden of quarantine and isolation affected the care givers initially, but these sufferings went mostly unrecognized and failed to generate empathy. Financial issues and concern for family members added to the distress. All these were fueled by the infodemics, mostly unscientific and with little evidence. Doctors had to stand amidst the vast literature that changed daily, which sometimes even led to debates with the “all knowing google centered” non-medicos.

Unlike the developed west, infectious diseases were not a new entity for Indian doctors. This pandemic unveiled two major defects in our health system. First, we are yet to strengthen our peripheral health service sectors and ensure the referral system. Second, we have to correct the doctor-patient ratio in treatment centers, in both private and government sectors.

But, even in the current scenario, as professionals who alleviate distress, we need to live a FULL LIFE. The full life entails happiness and life satisfaction and is much more than the sum of its components- pleasure, engagement, positive relationship, meaning and accomplishments. The engaged and meaningful lives are strongly associated with life satisfaction, whereas the pleasant

life is only marginally related. (Vella-Brodrick et al., 2009). Positive psychology can foster better performance and work satisfaction. This can also strengthen our family bonds and help us lead a distress free life in all realms.

There is a Greek saying about the existential vulnerabilities to life’s difficulties. “We all are just a heartbeat away from a disaster”. The alarming increase in psychological distress and interpersonal relationship issues faced by doctors during this pandemic is yet another reminder. So, it is high time we realize that we have to keep ourselves healthy, with precise cognitive skills, for the sake of patients as well. Sometimes, setting a time apart for relaxation can do wonders than



a positive appraisal of stressors like work pressure. Being a medical professional doesn’t make one immune to physical and psychological disorders. There are inseparable links between physical and psychological disorders. #Itsokaynottobeokay. Early identification and management of psychological distress are significant good prognostic factors. But mental health is not just an absence of mental illness. It is more than remediation of one’s distress and protection against one’s vulnerabilities. It is the ability to think, learn, and understand one’s emotions and the reactions of others. It also encompasses living a full and flourishing life.

Especially considering the recent incidents of violence against medical professionals, another vital need is the inner cohesion within our doctor community. Positive communications and appreciative inquiries can stimulate energy and enhance productivity. This feeling of togetherness and support reduces burnout and also promotes health along with early identification of disease process.

COVID-19 can be considered as an eye opener for all medical professionals, especially doctors, to look into our own lacunae.

# First Year Residency in EMD Amidst Covid 19 Pandemic

When I was asked to jot down my experience of starting residency in the midst of a global pandemic, I had to force myself into speculation. Truth be told, working in an emergency medicine department (EMD) doesn't allow you space for profound introspection, as we are often called to make immediately judgements. Hence, this exercise almost granted a catharsis on my end.

Following the completion of my internship at District Hospital Kollam, I was preparing for NEET for around next 8 months. After the exam, the allotments were postponed due to COVID. My journey of PG residency in the EMD started on 18th August 2020. By the time I joined EMD, India was having its first lockdown due to an upsurge in the number of COVID cases. It was a new experience to work in full PPE and n95 masks when compared to internship. The transition from no mask to N95 mask and PPE was quite difficult in the beginning.

Due to covid-19, the number of non COVID clinical cases in the EMD was quite low compared to that in the pre-COVID period. Although the number of cases in RED zone remained same, the pandemic seems to have affected majority of yellow and green cases. Consequently, my initial clinical experience in the field of emergency medicine was abt low. Speaking academically, initially the classes were started as face to face, but soon converted into online classes during the peak of Covid. Online classes were difficult to interpret when compared to offline classes due to technical and communication issues. Later on offline classes resumed which was filled with cutting edge clinical and theory sessions including research.

However due to the surge in active COVID 19 cases, the number of inpatient hospital admission (for COVID) had also gone up. The number of severe COVID 19 pneumonia cases were also high, of which most patients were in need of intubation and critical care. There was also spike in mild to moderate COVID 19 cases. So it was difficult to handle both the non COVID as well as COVID cases during the same time in EMD. At that point of time, the our EMD was divided into two functional areas - the one with positive and symptomatic cases and the other one with non COVID cases. The 48 bedded EMD was later divided into 3 functional areas- the alpha, beta and delta. The Alpha floor was mainly for triage, initial stabilization, resuscitation and fast track. The beta zone being assigned for the non COVID cases was again divided into 3 zones-the green zone, yellow zone and the red zone. The delta zone was assigned for COVID positive/symptomatic patients.

COVID cases presented in various spectrum. Among these, came an interesting case of non-traumatic rupture of larynx in a COVID positive patient. The patient presented with pneumo-mediastinum and extensive bilateral subcutaneous emphysema. The CT revealed an air communication between larynx and mediastinum. The patient was managed intensively in the EMD by placing bilateral ICD and stabilised for definitive management. Another case presented to us was of a 43 year female

G3P2L2 with gestation age 35 weeks presented to EMD with cough and breathing difficulty with ARDS. After failed induction LSCS was done. The patient was intu-bated and mechanically ventilated and was successfully extubated after 6 days. These types of cases reminds how bad the COVID situation is and how the COVID affects community. During this time, at times there were 24 hours duty, which was quite tiresome but helped to gain more knowledge and aced my clinical experience.

Subsequently with the advent of COVID 19 vaccination, the number of severe COVID 19 pneumonia cases had fallen. The second wave reduced by July and there was a noticeable fall in COVID cases in EMD especially severe COVID 19. After the lockdown phase ended, there was a rise in RTA and trauma cases. During this time, the numbers of COVID 19 infection cases were coming down. The number of non COVID clinical cases in the EMD had also risen. There was better exposure to clinical cases during this phase which enriched my clinical knowledge. There was better opportunity to manage trauma and critically ill patients during this time. There was noticeable spike in patients with post Covid syndromes

during this period. Most of them were mild, like fatigue, dyspnoea, memory loss, sleep disturbances. Some of them were serious like post COVID myocarditis and rhythm disturbances which required intensive management. During this time, few of the staff members and their family members tested positive for COVID 19 infection, thus leaving the EMD management challenging. Fortunately we were able to manage with our efficient staff.

Despite of all these, we made it work with the help of our strong EMD team including staff nurses, PRO and attenders. This would not have been possible without the backbone of our ER team - our consultants including our HOD. The EMD team of MOSC Medical College Hospital, Kolenchery have been the best with amazing academic experience and bedside skill development. The faculty and management are very much approachable and have always supported us.

I would be lying, if I didn't mention that the last year was arduous and at times overstretched my limits. But I did get to see a lot critical patients defeat fate and return to life. I witnessed the importance of fa-milial support and love as the foremost catalyst to health. I had nights where I went to bed with the satisfaction of having participated in the tug-of-war that is to resuscitate and save a life. So at the end of the day, I go to sleep exceptionally grateful that I'm an emergency medicine resident.

**Dr. Aravind V.**

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# EM Activities and Achievements in the past quarter

## Venkat Victors Professorship

Dr. Venkat organized the first ever healthcare management conference at IIM Lucknow in collaboration with INDUSEM and KGMU Lucknow. He has 30 years of experience gained from premier Institutes in India and Singapore.

He is a certified professional in Lean Healthcare and has been the proud recipient of Jagatik Ayurvigyan Samman Award in 2019 and Nelson Mandela Leadership award in 2020.

INDUSEM Leader Dr. S Venkat has been promoted as Professor in Operations Management at IIM Lucknow on July 22, 2021. He has been leading the INDUSEM Management and Academic Leadership Initiatives since 2013.



## Lavesh Lauded with Laurels

Emergency Physician and ACEE Fellow Dr. Lavesh Ramchandra Jadhav was the recipient of the National Award for Best Innovative Business Model in Indian Agriculture. Mentored by INDUSEM CEO Dr. Sagar Galwankar, National Award Winner Dr. Lavesh has been working with INDUSEM since the last decade. He co-founded a startup company called "MEERA CLEANFUELS LIMITED" (MCL). The Startup works in the Agri-based BIOFUELS Sector. An Environmentally friendly Green Company MCL envisions replacing fossil fuels with biofuels.



"Biofuels is the logical solution to combat Global Warming because Biofuels are Pollution free fuels and Carbon neutral fuels. The raw materials required for production of Biofuels are from agriculture farms. This model is a pathbreaking concept to empower Indian farmers and has long lasting impact on the overall Indian Agriculture Sector" said Dr. Lavesh.

## Sonia Shines with the Nightingale Award

Emergency Nursing Leader Ms. Sonia Chauhan, was awarded with the most prestigious award for the Nurses in India: National Florence Nightingale Award -2020 by Honourable President of India on 15th September 2021. The felicitation programme was organised by Ministry of Health and Family Welfare at Nirman Bhawan, New Delhi.

Ms. Sonia Chauhan, is the Fellow of the Academy for Clinical Emergency Nursing in India. She is a Senior Nursing Officer at AIIMS, New Delhi Alumni with B.Sc. (Nursing) qualification working in JPN Apex Trauma Centre, AIIMS, New Delhi has 14 years of experience. She has undergone additional education in M.Sc. in Counselling & Family Therapy, and Post Graduate Certificate course in Hospital Management. She has undergone variety of short-term courses on the job in Trauma Nursing, Emergency Nursing, Critical Care and Disaster Management.



## Welcome all to WACEM 2021



WACEM21 will be held virtually under the patronage of The World Academic Council of Emergency Medicine and INDUSEM. WACEM21 will coincide with the EMINDIA2021 National Conference of Academic Emergency Medicine in India & The Emergency Pediatrics & Injuries Congress EPICON2021.

The host institutions of India are led by the prestigious All India Institute of Medical Sciences, Nagpur. The Co-Hosting Institutions are The Academic College of Emergency Experts of India, The Emergency Medicine Association, The Sir H.N. Reliance Foundation Hospital Mumbai, The Academy for Clinical Emergency Nursing in India and the World Health Organization Collaborating Center for Emergency and Trauma in Southeast Asia located at AIIMS, New Delhi.

The 10 Days of WACEM21 Virtual Congress will be encompassing the Theme: From Security to Sustainability. The Thematic sessions will be bringing together leading healthcare experts, physicians, and doctors from all over the world to focus on the most critical topics in emergency medicine and explore how new advances in technology are enabling better treatment outcomes for patients in this post COVID Era.

Register for WACEM 2021: <https://register.wacem21.com>