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YEARS



# TRAUMA & EMERGENCY **TEAMS** ACADEMIC MEDICINE SENTINEL



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

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## From the Editor's desk...

### Hello Doctors,

An efficient and good emergency care is the right of every citizen, and this makes the Emergency Medicine department a crucial aspect of every healthcare system. Emergency Medicine is a specialty, which encompasses practice based on knowledge and skills essential for the prevention, diagnosis & management of acute/ urgent illnesses and injuries. It incorporates all age patients presenting with a full spectrum of undifferentiated physical and behavioral disorders. Emergency Medicine Physician undertakes proper triaging, risk stratification, early management, resuscitation, recognition of deceptive presentations & disposition of patients. Hence, Emergency Medicine has a broad spectrum of clinical presentations and also it provides episodic primary care to patients whose primary care providers are unavailable during peculiar hours of the day.

Emergency Medicine is a relatively new specialty in the South-Asian countries; India, as compared to the Western world, is at a nascent stage, as we are in the 14th year of the inception of Emergency Medicine. There is an immense need for the adoption of Emergency Medicine as the core of healthcare setup in India as there's a huge demand and supply gap, and this gap is increasing exponentially due to negligence at a primary level by policymakers.

Keeping the demand and supply gap in mind, several developed countries have accelerated their aspiration to increase the number of trained Emergency Physicians in their healthcare setups. Talking globally, United Kingdom's National Health Services has approximately 6600 EP providing medical care to a population of 66.6 million, The United States of America has 53,000 EP serving a population of 25.7 million, Singapore has one EP for every 10,000 individuals. In comparison, India has a population of 1.4 billion, where the requirement of practicing EP is approximately 1,40,000 but unfortunately, as of 2023, India has an immense scarcity of EP, only filling in for 5 percent of the total requirement, we do not produce more than 1000 Emergency Physicians per year; at this rate, India cannot meet the desired supply and demand gap in near future.

Furthermore, well trained Indian Emergency Physicians are opting to migrate to developed countries due to superior professional, personal and financial growth opportunities.

Considering the migration, it makes this a substantially challenging situation, which needs to be addressed strategically by creating similar professional growth opportunities in India.

Investigating the evolving burden of diseases, India has become the capital of cardiovascular diseases with Ischemic Heart Disease being the leading cause of death. Data states that there are more incidences of Myocardial Infarction in India, than in any other country in the world. Also, Trauma has become the second most common cause of death in young adults in India. The current statistics illustrate that there has been a staggering 36 percent increase in road traffic fatalities since 2020 and is escalating. The golden hour care provided by a proficient EP can save lives and prevent morbidity drastically in the management of cardiovascular emergencies and trauma resuscitation. Additionally, it has been observed that there is an increasing trend of deaths due to non-communicable diseases between the ages of 30 to 69 years, accounting for 57 percent of mortality. These include Heart attack, Stroke, Asthma, COPD, CLD, and pregnancy-related deaths. In the management of the acute aspects of non-communicable diseases, the EP plays a pivotal role. With regard to communicable diseases, the crucial role of Emergency Department and EP has been highlighted during the COVID19 Pandemic which was successfully tackled & depended heavily upon the preparedness, capabilities and training of EP as well as the structure of the ER.

On behalf of INDUSEM, Dr. Sagar Galwankar and team have discussed the current state and challenges in Emergency Care in India with NITI Ayog, GOI and proposed some possible solutions as well. To develop a robust and trustworthy Emergency Medicine department, the hospital needs a team of holistically well-trained doctors in emergency medicine around the clock. The infrastructure for an emergency department can be built, but it is of no importance if there is a scarcity of competent Emergency Physicians to drive clinical excellence.

Emergency care is a fundamental right for every citizen. Developing a robust emergency care system will only make Bharat Ayushman. What India needs the most is a well-developed emergency care system, encompassing public, private, rural, and urban sectors. Delivering emergency care is a race against time for EP, but in India developing a robust emergency care system is a race

against time for the policymakers. Some pathbreaking decisions and box thinking are needed to overcome this challenge. I, as a responsible citizen of India, a frontline healthcare provider, on behalf of INDUSEM urge the policy makers to consider these concerns and prioritize the progression of Emergency Care system in the country, for the benefit of its own countrymen.

## EMINDIA23

## Patient Centered Education, Research & Care



The EMINDIA23 Mega Conference was held in Pune under the patronage of ACEE, EMA and INDUSEM. 19th INDUSEM Annual Congress for India was renamed as EMINDIA in 2017. The Theme for the 5 Days of EMINDIA23 Mega Conference was “Patient Centered Education, Research & Patient Care”

The five-day event, which commenced on Wednesday (August 23), kick-started with interactive workshops and training sessions for emergency medicine experts. The academic conclave scheduled for Saturday and Sunday was inaugurated by Dr PD Patil, chancellor of Dr DY Patil Vidyapeeth (deemed to be university) in Pimpri, and Dr Jonathan Jones, president of American Academy of Emergency Medicine, with others present at the event. The conference was hosted in partnership with the WHO Collaborating

Centre for Emergency and Trauma in Southeast Asia, World Academic Council of Emergency Medicine (WACEM), and All India Institute of Medical Sciences (AIIMS) in Nagpur; under the patronage of Academic College of Emergency Experts in India (ACEE), Emergency Medicine Association (EMA), and INDUSEM.

The conference included multiple advanced workshops, symposia, quizzes, poster presentations and educational lectures where participants discussed and learnt cutting edge topics in transforming patients' care starting from the first point of contact with the patient through their journey to the hospital.

Dr Sagar Galwankar, CEO of INDUSEM and president of ACEE; Dr Sanjeev Bhoi, assistant professor of Emergency Medicine at AIIMS in New Delhi; professor and Dr Siddharth P Dubhashi, HoD (Surgery) and dean (Student Welfare) at Nagpur AIIMS, along with representatives from DPU Private Super Specialty Hospital, Pimpri in Pune were present



## Raksha Bandhan

## Suraksha Bandhan

As emergency medicine clinicians, we protect and advocate for our patients in their most vulnerable period, 24/7 and that is the bond we form with them. We are the RAKSHA KAVACH for all patients of in emergencies all the time.

Leaders of the Emergency Medicine Association of India and the Academic College of Emergency Experts in India, from across the country, celebrated the second Raksha Bandhan – Suraksha Bandhan on August 30th 2023, by tying rakhis to their patients as symbolism of their promise to protect, care for, and advocate for them 24/7.



Submitted by: Dr. Sunil Chhajwani, PSMC Karamasand Gujarat





Submitted by: Dr. Neeraj Kumar, AIIMS Patna



Submitted by: Dr. AK Goel, AIIMS Raipur



Submitted by Dr. Pushkar Shah, SKNMC&amp;GH, Pune, Maharashtra, India



Submitted by Dr. Hardik Pateliya, Parul Hospital, Vadodra



Submitted by: Dr. Abijeet Saha, LHMC and KSCH, New Delhi



Submitted by: Dr. Ruchi Tandon, GMC Bhopal MP

## WACEM TOPCOM International Conference

World Academic Council of Emergency Medicine - Tabletop Exercise and Communication in Disaster Medicine will be held on 1st to 3rd December, 2023 at Dhulikhel Hospital, Nepal.

The theme of the conference will be "Health institutional Disaster Response and intra or inter-departmental and inter-hospital communications and coordinations" focusing on the Emergency, Trauma, Disaster Health, Emergency Preparedness, Pre-Hospital Care Medicine, Public Health Policy, Global Health Security, Intercontinental Health Sustainability, etc. are areas which will be under the scientific scope of WACEM.

World Academic Council of Emergency Medicine -  
Tabletop Exercise and Communication in  
Disaster Medicine

**WACEM- TOPCOM**

Theme: Health institutional Disaster Response and intra or inter-departmental and inter-hospital communications and coordinations

**Keynote Speakers**

Country	Early Registration (1st-3rd Dec)	Local Registration (1st-3rd Dec)	On-site Registration (1st-3rd Dec)
International	1500-2000	1000-1500	1000-1500
Nepal	1000-1500	500-1000	500-1000
Local	500-1000	200-500	200-500
Student	100-200	50-100	50-100

**Organizing Team**

**INTERNATIONAL CONFERENCE 2023**

1<sup>st</sup> to 3<sup>rd</sup> December, 2023  
Dhulikhel Hospital, Nepal  
<https://dhulikhelhospital.org/>

**For Registration**

Website: <https://dhulikhelhospital.org/>

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## “Frontiers” not mandatory

## It's Impact on Indian Health Care System

Article by : **Dr. Suman Rastogi**

Assistant Prof. Heritage IMS, Varanasi

Dropping Emergency Medicine Department from the list of mandatory Department for undergraduate admissions in any approved medical College/institution has sparked heated debate within the medical community and raised concerns about its potential implications. NMC Stated that, “Casualty Services or Emergency Medicine Departments shall be managed by relevant departments 24x7 by rotation.” While struggling for the stability of our branch and competing with the private unrecognised courses, such decision is a huge blow to the morale of Emergency Medicine Post graduates and practising Emergency Physicians. Here's an in-depth look at the possible outcomes and consequences of such a decision.

1. **Dilution of Specialised Care:** Emergency medicine as a discipline specifically caters to the immediate treatment of patients with acute illnesses or injuries, requiring specialized training and knowledge. Removing EM from NMC may dilute the emphasis on specialized training for emergency care, potentially compromising patient safety.
2. **Increase in Medical Errors:** Without a dedicated and recognized specialty training for emergency medicine, there is an increased risk of medical errors. It's essential to understand the unique challenges presented by emergency cases, which differ from routine outpatient or inpatient care.
3. **Career Implications for Aspiring Emergency Physicians:** For doctors aspiring to specialize in EM, this decision may alter their career trajectory. With no formal recognition, there could be fewer incentives or opportunities for them to pursue training in this vital field, leading to a potential decrease in EM experts in the long run.
4. **Impediment to Research and Advancements:** Recognised specialties often get more research funding and opportunities. With EM's removal, there might be a decline in research specifically aimed at improving emergency care techniques, tools, and protocols.
5. **Potential Overburdening of Other Specialties:** In the absence of trained emergency physicians, other specialists might have to fill in the gap, leading to overburdening and potential inefficiencies in the healthcare system.
6. **International Implications:** Globally, emergency medicine is recognised as an essential specialty. Removing it from the NMC's list could impact the international standing and recognition of India's medical education system, possibly influencing international collaborations, exchanges, and the global perception of Indian trained emergency physician.
7. **Patient Perception and Trust:** Public perception of the medical community might change if they believe that the system doesn't prioritise emergencies. Trust in medical institutions could decline if the public feels they might not get the best care during acute emergencies.
8. **Public Health Impact:** By emphasising emergency medicine in undergraduate education, We can enhance the Public health infrastructure. Graduates will be better prepared to serve in rural areas, respond to disasters and mass casualties.

It's important to recognise that Emergency Departments are distinct entity from traditional Casualty Departments. While casualty was previously based on the first come first serve rather than severity of the patients disease which

was followed by the case management within specific departments. Emergency department now delivers comprehensive and specialised care for various medical and surgical fields on the basis of severity and urgency. This holistic approach is crucial for effective management of emergencies and for instilling a multidisciplinary perspective in medical students that is essential for the modern medical practice. The development of qualified medical personnel who can deliver the best emergency treatment depends on academic Emergency Medicine. It's also important to highlight that the shortage of qualified doctors and the workers in emergency situations is partly responsible for the rise in violent incidents in the healthcare settings across India. Academic Emergency Medicine gives medical practitioners stability they need to handle such difficult situations successfully. It is noteworthy that NMC in its previous initiatives approved the establishment of academic programmes such as MD and DNB courses in Emergency Medicine.

This progressive step has been paralleled by gradual raise in number of Emergency Medicine seats across various medical colleges in India, indicating its growth, recognition and importance.

However, limited number of faculties in Emergency Medicine would have compelled NMC to take such decision but it is likely to make situation even worse. Instead they should have relaxed the criteria for the establishment of Emergency Medicine Department. EMA (Emergency Medicine Association) India, INDUSEM and various Junior Resident Association has raised their concerns regarding this decision.

In conclusion, while administrative and educational decisions within the medical community are complex, the removal of Emergency Medicine from NMC's list of recognized specialties could have widespread implications. It's essential to consider the potential consequences on patient care, the career aspirations of doctors, the broader healthcare ecosystem and include Emergency Medicine in the list of mandate departments.



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