IEMSIG

Newsletter of the International Emergency Medicine Special Interest Group of ACEM

Volume 3 | Issue 2 | April 2007

In this Edition

Thailand
Don Liew reports on the involvement of the Royal Melbourne Hospital in providing AusAID funded support for the development of emergency medicine in Bangkok.

Sri Lanka
Gim Tan and Shane Curran made substantial contributions to the launch of emergency medicine in Sri Lanka when they attended the inaugural emergency medicine seminar conducted by the newly established Sri Lankan Society for Critical Care and Emergency Medicine.

Mark Fitzgerald and Gerard O'Reilly are leading a project from The Alfred to contribute to developing emergency medicine in Galle.

Shane Curran is assisting with the development of a Diploma of EM.

Nepal
Owen Lewis is developing a one year fellowship and a three year MD programme at the B.P. Koirala Institute of Health Sciences in Dharan.

Italy
Gordian Fulde extends his reporting on European styles of emergency medicine following a visit to Italy.

China
Gerry Fitzgerald invites expressions of interest in visiting China and in contributing to developments there.

Cambodia
Maureen Rogers describes the challenges of limited resources

Contents

Thailand - RMH supports EM training	Don Liew	2
Sri Lanka - The inaugural Seminar on EM	Gim Tan/Shane Curran	3
The Alfred supports developments in Galle	Mark Fitzgerald	4
A new Diploma of EM	Shane Curran	6
Nepal - EM Fellowship in Dharan	Owen Lewis	7
Letters to the Editor:		
Italy - Observations of EM	Gordian Fulde	9
China - Expanding contacts	Gerry Fitzgerald	9
Cambodia - A visit to Angkor Children's Hospital	Maureen Rogers	10
PEMSoft - Paediatric EM software for developing countries	Rob Pitt	10
Conferences in 2007:	South Africa, India, Sri Lanka	11

Editor Chris Curry chris@chriscurry.com.au

Thailand

The Royal Melbourne Hospital supports Emergency Medicine Training

Don Liew

In November 2005 the Royal Melbourne Hospital (RMH) embarked on a 6-month collaborative with Rajavithi Hospital in Bangkok to consolidate Emergency Medicine training in Thailand.

Titled "Collaborative Development of an Integrated System for Emergency Medicine Training in Thailand", the project was funded by the Commonwealth Government through AusAID and its Asia Public Sector Linkages Program (PSLP). PSLP aims to transfer capacity to partner public services, such as health, through collaboration with an Australian government or public university. In our case, official participants were the Department of Human Services in Victoria and the Thai Ministry of Public Health. RMH and Rajavithi were respective agents of these.

Grant funding for approximately A$219,000 followed a successful tender by this partnership. The fund covered all costs, including a full-time FACEM commitment and consultancy fees. Project governance was borne by RMH staff, within a framework established by a Record of Understanding.

The Project key objectives were:

- To facilitate the accelerated development of a robust and integrated system for Emergency Medicine training in Thailand
- To develop stronger collaboration amongst the leadership teams of the various involved departments of Rajavithi Hospital.

In summary, activities included:

- Short courses in EM education and principles of EM systems in Bangkok, convened by RMH staff.
- 4-week visiting tours to Melbourne by senior Thai clinicians, to facilitate exposure to Western EM systems and collaboration in sub-projects. A total of 16 visitors were hosted.
- A 3-day international EM symposium in Bangkok, co-convened by RMH and Thai staff. Local attendees were joined by delegates from Singapore, Hong Kong, USA and Australia.

The project was unanimously deemed a success; this was reflected in a co-authored Activity Completion Report submitted to AusAID in May 2006. The report also identified areas requiring further activity, framed within a proposal for a sequel project.

A formal submission for grant funding of approximately A$250,000 for this sequel project was approved by AusAID in November 2006. This project is titled "Construction of Sustainable Capacity to Deliver Emergency Services in Thailand". In essence, it delivers a comprehensive, module-based course to graduating Thai Emergency Physicians in 2 key areas:

- Administration and Clinical Governance
- Advanced Knowledge Management

RMH faculty for this course comprises 3 Emergency Physicians, 2 senior registrars and a Project Officer, all working in a part-time capacity. Course work entails 20 hours of structured teaching and 20 hours of assignments per week. Required outputs include formal exams, assignments, presentations, and organization of a planned international symposium in July 2007 – the finale to the 6-month project.

RMH staffs are excited by the opportunity to continue some important work, and share the belief that we as a fraternity bear some obligation to assist those less advanced in Emergency Medicine than we are.

Donald.Liew@mh.org.au
December 2006

Sri Lanka

The Inaugural Seminar on Emergency Medicine

Gim Tan, Shane Curran

Sri Lankan Society for Critical Care and Emergency Medicine (SSCCEM)
11th and 12th November 2006, Colombo

Background

Currently, emergency medicine as we understand it does not exist in Sri Lanka. Patients who present to hospital are seen in their Outpatient Departments, which are not like our Outpatients. There is no concept of triage and patients are seen in order of presentation, not in order of severity of illness. As such the only way a sicker patient is seen first is if the relatives demand it. Minimal treatment is carried out in these Outpatients and patients are admitted to the ward for most of their treatment. Relatives can also request admission. These departments are staffed by junior doctors with no ongoing training and with minimal supervision. There is an Emergency Treatment Unit in most hospitals that is a separate unit for the treatment of the acutely sick patient.

The Sri Lanka Society for Critical Care and Emergency Medicine (SSCCEM) was formed in the last two years by a group of interested individuals. The president is Professor Chula Goonasekera, who is a most interesting man. He is an adult anaesthetist/intensivist who has done 10 years of paediatrics and also has a PhD in nephrology. He is the driving force that all new societies need. He is also very politically savvy and has a mid to long term plan for the establishment of emergency medicine in Sri Lanka. The Society has about 300 members country-wide, but the majority seem to be concentrated in Kandy, where Prof Goonasekera works.

Over the past twelve months the concept has gained popularity and there are moves to promote emergency medicine as a recognised specialty. The interested parties include members of SSCCEM, some members of the Ceylon College of Physicians and the Sri Lanka Board of Studies. There is also interest at government levels with particular interest at the Ministry of Disaster Management.

In September 2006 a group of emergency physicians, Gim Tan, Shane Curran, Peter Cameron and Gerard O'Reilly, addressed the Annual Scientific Meeting of the Ceylon College of Physicians. We met Prof Goonasekera, who invited us to the inaugural Seminar on Emergency Medicine for the SSCCEM.

Seminar on 11th and 12th November 2006

Shane Curran and Gim Tan went to the seminar where we presented the concept and role of Emergency Medicine, Triage and Disaster Management to a packed room of over 230 doctors and some nurses. Seventy other hopeful delegates had to be turned away due to space constraints. Senior members of other craft groups also attended, with paediatricians and anaesthetists well represented. The Minister for Disaster Management sent his apologies. Eminent speakers from around Sri Lanka were invited. Some were protecting their turf, and some information was wrong, but everyone demonstrated a huge degree of enthusiasm to improve patient care.

The following day we ran a small "hands on" workshop on various clinical aspects of emergency medicine, including initial assessment of the acutely unwell patient, ACLS skills, ECG and CXR interpretation. Lectures and workshop were well received and we even had national press coverage! It was very heartening to see so much interest.
Prof Goonasekera and both of us agreed that the seminar and workshop were a great success and went a long way in promoting the 'Cause for Emergency Medicine' in Sri Lanka, now on the cusp of development. It was both a privilege and an honour to be involved in the beginning of an exciting era in Sri Lankan emergency medicine.

There may be the possibility of further involvement by FACEMs at the inaugural scientific meeting to be held in Kandy, 12-17 November 2007. Further information will be circulated as it becomes available.

g.tan@alfred.org.au
November 2006

Health for the South - Emergency Trauma Centre Project The Alfred supports EM developments in Galle

Mark Fitzgerald, Gerard O'Reilly

Background
The Indian Ocean Tsunami of 26 December 2004 led to a commitment from the Victorian State Government to support development in the south of Sri Lanka. The Sri Lankan Ministry of Health identified that the Teaching Hospital Karapitiya (THK) in Galle had to be improved, with a strengthened 'Accident and Emergency Unit'. The Victorian Government undertook to lead a consortium of donors to contribute to funding the Unit, to be referred to as the Emergency Trauma Centre. The undertaking is part of a wider Health for the South Project.

THK is the main teaching hospital and multidisciplinary service provider for the Southern Province of Sri Lanka. The Faculty of Medicine from the University of Ruhuna (FMUR) is co located and provides medical training. The THK and FMUR identified emergency services as THKs highest clinical priority.

When THK was built in 1982 construction of the Emergency Department was deferred to a later stage. The absence of an ED caused significant operating difficulties for THK. During the 2004 tsunami disaster the hospital's ability to respond to the emergency was limited. Many patients died due to the lack of emergency and resuscitation facilities. The only public medical facility in Sri Lanka with a large capacity to treat trauma patients effectively is the Colombo Hospital Accident and Emergency Service.

The Health for the South Project includes plans to enhance THK's ability to provide emergency and trauma treatment. It is introducing initiatives that:
- Improve initial assessment, resuscitation and stabilisation of critically unwell patients;
- Improve patient outcomes by reducing delay to definitive treatment;
- Reduce unnecessary inpatient admissions to over crowded wards;
- Reduce patient stays in hospital;
- Improve admission processes and decision making through training programs;
- Develop THKs capacity to respond to disaster and mass casualty situations;
- Sustain the service into the future.

A key aspect of the project is the construction of a multi storey Emergency and Trauma Centre (ETC). The purpose built facility will consist of an ED, two equipped operating theatres with shell space for two more, two short stay wards (one male and one female), and educational facilities.

The Capacity Building Component
Building the capacity of THK and FMUR to maximise usage of the new ETC is fundamental to the sustainability of the AUD $5.7million project. Significant operational and organisational changes are required for THK to adopt a model of care that incorporates expanded ED functions and use of short stay wards. THK needs assistance to develop new protocols and provide training in new skills and approaches. Specific training programs are being developed through a partnership of staffs from THK, FMUR and The Alfred Hospital, Melbourne.

The capacity building project is managed by a Steering Committee co-chaired by Assoc. Prof Mark Fitzgerald, Director Emergency and Trauma Centre at The Alfred Hospital and Prof Ariyananda, Dean and Professor of Medicine at FMUR. It is jointly resourced by the Department of Premier and Cabinet (DPC), Bayside Health, The Alfred staff, THK and FMUR. DPC has secured funding of $277,000 from AusAID.

Activities of the project include:
- Improving the skills of medical and nursing staff in the care of critically injured or sick patients;
- Expanding of the role of the admitting officers to include active treatment;
- Introducing a standardised combined medical/ nursing record;
- Developing triage and other operational protocols for the ED and short stay ward and their linkages to patient retrieval, theatres, inpatient wards, and outpatients department;
- Developing a Quality Assurance program for the ED;
- Assisting FMUR to develop its curriculum to provide on-going training for the programs;
- Developing an emergency and trauma procedure manual in English and Sinhalese;
- Developing post-training information dissemination strategies; and
- Assisting THK to plan for a response to disaster and mass casualty situations.

Delivery:
Small teams of three experienced trauma management staff from The Alfred, the Royal Children's Hospital and other major Victorian teaching hospitals will spend up to 4 weeks at a time at THK. Six rotations will be scheduled over 18 months.
Champions amongst THK staff will undertake intensive further training in The Alfred's Emergency Department (ED) to expand their expertise. It is intended that these staff will occupy key positions in the new THK ED, such as the equivalent of Australia's Nurse Unit Manager and Director of Emergency Medicine. It is proposed that two teams of two champions will spend three weeks in Melbourne each.

The first Alfred Team started in Galle in late April 2007. A member of the team returned the following dispatch:

Fly On The ETC Wall

After two days working in the ETC the following is a partial list of our observations.

Day 1

- No gloves being worn by staff for anything.
- No hand washing.
- No IMEDS. One syringe driver available.
- No nursing documentation (i.e. being performed or actual documents for nurses to write on).
- No assessment of patients by nursing staff.
- No written drug orders – AT ALL.
- No trauma patients – all medical thus far.
- No intubation drugs other than midazolam.
- Hudson masks and O2 tubing reused despite the quantity of sputum, vomit and other residue that collects in them. They are washed between patients – with soap and water (note to self, if unwell BYO O2 mask).
- No appropriate airway trolley.
- No wall oxygen or suction.
- No adaptors to connect ventilators to oxygen cylinders (therefore can't use ventilator or NIV). Parts coming from the middle east ?when.
- Obvious respect between doctors and nurses.
- Excellent cannulation skills by nursing staff (have not seen one miss yet) although gloves needed.
- Staffs are very eager and open to change.
- We feel like kings and queens, we are waited on hand and foot.

Day 2

- Gloves available and being used ☺.
- Sux and thio now available (upon our request) ☺.
- No documentation during arrest.
- Calm environment maintained during arrest with reasonable communication.
- Varying CPR capabilities from nursing and medical staff.
- DCR unsafe.
- Management of low blood pressure in AMI patients needs to be reviewed.
- Lack of patient handling and positioning skills.
- ?resistance from medical staff re. Alfred nurse suggestion of need for O2 use (eg. for patient in RAF rate 140, SOB and resolving CP)

The Teaching Mission Begins

Day 1

- Education provided on importance of gloves and hand washing.
- Education regarding use of O2 and the need to turn it on more than 2lt/min.
- Quest for ventilator connector initiated ('kermit' raiding ICU for equipment – again some things are the same all over the world).
- Lots of time to observe staff and patient management within the ETU.
- Due to morning meetings, pleasantries and the high number of patient presentations, structured education time was reduced.

Day 2

- ETU staff arranged teaching corner, removing needed bed from ETU as they were expecting some didactic teaching. This was emphasised by the moving of all chairs to the created area as soon as we arrived. Whiteboard now present with new whiteboard markers and eraser.
- Staff educated on the need for documentation on EVERY patient, and the need for repeat observations.
- Temporary observation charts made by the 'kermits'.
- Informal teaching in the afternoon involving both nursing and medical staff covering airway and breathing with the ultimate hurt mannequin. Nursing staff not responsive to Gerard O'Reilly in this situation, questions from nurses were asked by medical staff, nurses quite shy.
- Nursing staff responded well to nurse only sessions, becoming more vocal and interactive.
- Nursing staff seem to understand better with written information rather than auditory information.
- The need for BLS training has been highlighted.
- Weekend objectives for staff written on whiteboard as a reminder (i.e. glove wearing, hand washing, documentation and regular vital signs).

Objectives for Week 2

- Devise appropriate airway and circulation trolley.
- Education re. monitors.
- Fingers crossed education re. ventilator.
- Address need for cardiac monitoring for all ETU patients and ensure adequate supply of ECG dots.
- Educate re. preparation of cubicle eg, O2 equipment and suction check.
- Need for changing of sheets between patients.
- Revisit education re. A and B and hopefully C and D.
- Fingers crossed new documentation charts will be ready.
- Education re. patient assessment.

M.Fitzgerald@alfred.org.au

(Edited by Chris Curry)

Postscript.
Mark Fitzgerald has been invited to contribute to the development of pre-hospital and hospital trauma and emergency services in a northern Indian state. Anyone interested in participating is invited to contact Mark.

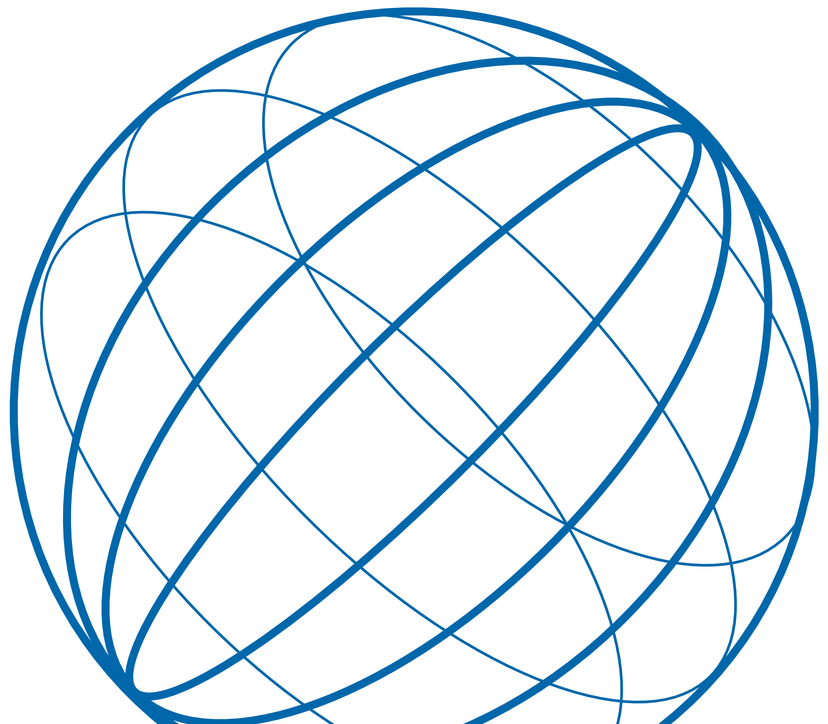
A new Diploma of Emergency Medicine

Shane Curran

Shane Curran is visiting Sri Lanka in August 2007 to assist with the development of the curriculum for a training programme that has been officially approved by the Postgraduate Institute of Medicine for a Diploma of Emergency Medicine.

He is likely to be asking for expressions of interest from anyone wanting to assist.

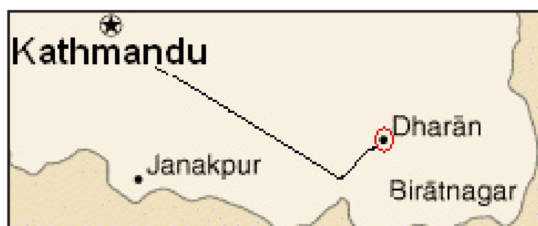
shane.curran@bigpond.com



Nepal

A Fellowship in Emergency Medicine
B.P. Koirala Institute of Health Sciences (BPKIHS) Dharan

Owen Lewis



Owen Lewis originates from Adelaide and is Professor of General Practice at BPKIHS. He is developing training in emergency medicine, initially through a one year Fellowship and in the future with a full MD specialization programme.

He reports:
"When the Academic Committee meets in May 2007, we will seek approval for the Fellowship and for the MD Emergency Medicine combined curriculum document. Fellowship in Emergency Medicine is a one year post MD/MS programme. The MD/MS is a 3 year post graduate specialist qualification. Those eligible for the Fellowship will be doctors who have completed MD General Practice/ Family Medicine or MD Anaesthesia, Medicine, Paediatrics, or MS Surgery/ Orthopaedics. Fully trained GPs will complete the training in 12 months while other specialties will do a longer rotation of jobs (18 months) to top up in areas in which they have less experience. We plan to start the Fellowship programme from October 2007. Dr Gyanendra Malla leads the emergency team. Coming from a background of anaesthesia and general practice, he spent a year in the Royal Adelaide Hospital to gain more emergency experience. We hope that Dr Brian Cobb, an American Emergency Physician, will come from Kathmandu for 2 weeks every 2 months to provide teaching. We will delay the 3 year MD Emergency Medicine programme until we have more faculty.

We welcome anyone who would like to visit/help or stay for a longer time. Despite the political instability, over the past few years we have had many general practitioner visitors from Australia and the USA, who have come to help for several weeks at a time with teaching and supervision. We now want to specifically invite Emergency Physicians. Please write and I will respond to your queries, pronto!"

owen_d_lewis@hotmail.com

B.P. Koirala Institute of Health Sciences (BPKIHS)

www.bpkihs.edu

B.P. Koirala Institute of Health Sciences (BPKIHS) was established in 1993 and upgraded to an Autonomous Health Sciences University in 1998. It was set up as a joint venture by the Government of India and His Majesty's Government of Nepal and is the single largest project implemented through Indo-Nepal co-operation. The University is named after the late Bisheshwar Prasad Koirala, a nationalist and former Prime Minister, who was Nepal's foremost visionary for social betterment. It is now the largest health training institute outside the capital Kathmandu. It has extended its health services to Primary Health Care Centers, District Hospitals and Zonal Hospitals in six districts of the region. The Institute has adopted innovative approaches to community-based training of students and to services for the local people through the concept of a Teaching District.

Situated in Dharan in the hilly slopes sprawled over an area of about 700 acres, the University boasts a clean pollution-free environment and reliable water and electricity supplies.

The BPKIHS Teaching Hospital has 750 beds and well established major clinical and basic sciences departments. The MBBS is recognized by the Nepal Medical Council, the Medical Council of India and the Sri-Lanka Medical Council. It is listed in the World Directory of Medical Schools published by the World Health Organization. The MBBS programme is four and a half years followed by a year of a community oriented Residential Rotational Internship in the hospital and it's teaching districts. The postgraduate programmes of three years for MD/MS and M.Sc. were started in December 1999. A School of Public Health was established in 2005 and is running a two-year MPH programme.

Dharan

Dharan is a lovely small town situated at the foothills of the Himalaya in the Eastern Region of Nepal. It is an important industrial, economic and educational centre in the region and a gate-way to the eastern hills and mountains of Nepal. The population of Dharan Municipality is 125,000.
The summer is warm having a maximum average temperature of 32C and the winter very pleasant having a minimum average temperature of 10C.
Dharan is serviced by a domestic airport in Biratnagar, about 50 kilometers south, with a good metalled road. Noted destinations from Dharan include the Arun Valley, Tinjure-Milke Rhododendron Protection Area, Makalu-Varun National Park, and Kanchenjunga.

B.P. Koirala Institute of Health Sciences, Dharan, Nepal
P.O. Box. 7053, Kathmandu, Nepal
Fax No.: 977 (25) 520251
www.bpkihs.edu

Letters to the Editor

Italy - Observations of Emergency Medicine

On my recent study leave, I have gained more knowledge about European "Emergency Medicine", patient care and systems, particularly in Italy, Germany and Switzerland. Unfortunately, Europe comes from entrenched "territorial" disciplines of various internal, surgical and sub-specialties which tend to resist change. However, more recently, there is a definite change in attitude, systems are gaining strength and momentum to a more functional and practical recognition of an emergency medicine system. The stimulus, seemingly an international problem, is from lack of resources (cost, efficiency, lack of health care workers etc) not dissimilar from the stresses in Australasia.

Italy has a diverse ambulance service run by charitable organizations e.g. Red Cross and there are no access barriers to the "pronto soccorso", it is free to Italians – all presenters must be seen. Triage, in the first instance, is decided by the ambulance.

There is a low threshold to send patients to the "ED" by both GPs and Specialists. Patients themselves present to a colour coded area.

The four codes are:
Red – Resuscitation
Orange – Ill but not life threatening
Green – Need medical attention
White – General Practice and less urgent cases

The latter categories have large attendance numbers. The admission rate is less than 20%. Initiatives such as fast track and in-working-hours nurse initiated care have started in some parts of Italy.

Some major Departments have good computer systems that are well established. Also, work in the "ED" is popular amongst young doctors.

Many major tensions exist, especially with anaesthetics and surgery, who still control the turf of resuscitation, major trauma, disaster medicine e.g. patient intubation and trauma is often a separately staffed area.

Access block and nursing shortages exist to a lesser degree, but are on the increase. One major hospital had an interesting solution: each ward had to provide two beds each day for ED patients no matter what. Their observation ward did not allow a stay greater than 24 hours.

Gordian Fulde
gfulde@stvincents.com.au
EM in Kurdistan, and an invitation

China - Expanding contacts

Since moving to Queensland University of Technology (QUT) I have established contacts with a number of Universities in China who offer education in medicine and some in emergency medicine. These Universities are very interested in exploring ways in which they may upgrade their education in emergency medicine.

I believe we could assist in two ways. One is to explore ways in which some of their faculty could gain experience in Australia through a fellowship program. This would involve registration and positions in Australia for a small number of senior experienced people.
We are also exploring the opportunity of organizing a self funded study tour in Emergency Medicine to China. I am therefore seeking expressions of interest from people who may be interested in such a tour.

I would appreciate it if anyone who is interested in either of these proposals could contact me directly.

Gerry FitzGerald
gj.fitzgerald@qut.edu.au

Professor of Health, Queensland University of Technology
Victoria Park Road, Kelvin Grove, QLD 4059
Telephone + 61 7 3864 3935
Facsimilie + 61 7 3864 5662
Mobile 0439 772383

Cont'd p16

Cambodia - A visit to Angkor Children's Hospital

I visited Angkor Children's Hospital with Dr Kathy Currow from The Children's Hospital at Westmead (CHW), who has exported the CHW Diploma of Child Health to the hospital as a valuable teaching resource. This diploma has been made available to the doctors there through a donated scholarship fund.

The Angkor Children's Hospital is staffed by 7 senior paediatricians and about 10 junior staff. The paediatricians have had no formal training in paediatrics but have just learnt on the job with help from visiting specialists. Their medical training was also very limited in that the medical school in Phnom Penh had just started again after the horror years when they attended it - staffed by the remnants of the Cambodian medical profession (only 34 doctors in the whole country survived the Pol Pot regime) and a few Vietnamese and Russian doctors.

However they do a wonderful job under very difficult circumstances. The facilities are very limited. There is just one operating theatre, 2 ventilators and two humidicribs, no piped gases (only large rusty cylinders) and no air conditioning in the wards. They have plenty of oral and intravenous antibiotics but no facilities to culture organisms so treatment is all hit and miss. They have virtually no dermatological preparations, oral or topical.

They have only had antiretroviral drugs for AIDS in the last year or so and only one doctor has real experience with their use. There is a huge burden of AIDS, brought in by UN workers when they were sorting out the withdrawal of the Vietnamese who had "liberated" Cambodia from Pol Pot and the Khmer Rouge. These people have such a tragic history.

There is lots of TB, tetanus, measles encephalitis (no vaccination), and dreadful malnutrition. I saw 3 cases of really severe rickets with irreversible bone changes so the children could hardly walk. The patients with any thing other than the most straightforward congenital heart disease are unable to be operated on. A Korean team comes and does the simple ones at the hospital and a select few go to Korea for operation. All the others just die after a few admissions for pneumonia. In Australia they would all have operations and go on to have a normal life.

I worked in the Outpatients with the junior doctors. We saw lots of fairly ordinary skin diseases but, except for the bacterial infections, had nothing appropriate to treat them with. I am going explore possibilities of having some preparations sent over. However their use will be a little difficult because dermatology knowledge is poor. Only one dermatologist has volunteered previously, and that several years ago.

The doctors, junior and senior, were desperate for knowledge. They have lectures every day at noon, while having lunch, and at 4PM as well as half an hour of English a day. Khmer is obviously their first language; they did medicine in French and now are trying to speak English in the hospital as this is the language of most volunteers. They asked me to give extra lectures at 6.30AM as well as at the other scheduled times. I had simplified the English as much as I could on my Powerpoint slides but the wonderful English teacher had another go with them to simplify it further. Almost the entire staff came to all my talks and there was also a lot of one to one teaching in the Outpatients.

I have rarely had so avid an audience. I am going to send more material over the next few months and also initiate email contacts so they can send pictures of cases to me.

My visit to Cambodia was an amazing experience on so many levels. I really want to go back.

Maureen Rogers
MaureenR@chw.edu.au

PEMSoft The Australian Paediatric Emergency Medicine Software - www.pemsoft.com

PEMSoft has been used in Ho Chi Min City Hospital for about 6 months now. Ron Dieckmann and I have been invited back to Vietnam in June to install PEMSoft in several hospitals and to lecture to staff.
There is an open invitation for ACEM fellows to take PEMSoft with you if visiting hospitals in developing nations.

Rob Pitt
chwpitt@ug.edu.au

Editors in Chief: Ronald A Dieckmann MD MPH FACEP FAAP
W Robert Pitt MBBS FRACP FACEM

Reviews in 2007: Annals of Emergency Medicine in January, Emergency Medicine Australasia in April. To download copies of published reviews go to the review web page http://www.pemsoft.com/ModCoreFrontEnd/index.asp?PageID=113

A free trial PEMSoft CD offer is available at http://www.pemsoft.com so you can evaluate it for yourself on your personal computer.

Conferences 2007

South Africa

EMERGENCY MEDICINE IN THE DEVELOPING WORLD
Thursday 4 to Saturday 6 October 2007
Pre-conference Workshops: 3 October

Cape Sun Hotel, Cape Town, South Africa

Key Speakers
International: Dr Silvio Aguilera, Argentina; Prof Billy Selve, Papua New Guinea; Prof Elizabeth Molyneaux, Malawi; Prof Suresh David, India; Prof Owen Lewis, Nepal; Prof Chris Curry, Australia; Dr Soon Joo Wang, Korea; Dr Fatima Latief, Singapore
USA: Prof Jerome Hoffman; Prof Joe Lex; Dr Amal Mattu; Dr Bob Corder
South Africa: Prof Ken Boffard; Dr Jacques Goosen; Prof Andrew Argent; Prof Andy Nicol; Dr Walter Kloeck; Dr Elmin Steyn; Dr Wayne Smith

There are two key themes to the conference:
Emergency Medicine in developing world settings:
- Systems development; Resource allocation; Training of staff; Affordable quality management; Operational standards.
The practice of Emergency Medicine
- All aspects of emergency medicine will be covered in the scientific and educational plenaries.

Workshops include:
Ventilation in the ED; Disaster planning; Ultrasound in the ED; Resuscitation; Burns management; Difficult airway management

Abstracts may now be submitted through the website: or via the contact details below.

Registration opens 1 March 2007. Abstract submission will close on 1 July 2007

www.emssa2007.co.za/register/

Information & Enquiries:
www.emssa2007.co.za
UCT Conference Management Centre
Tel: +27 (0) 21 406 6407 Fax: +27 (0) 21 448 6263
Belinda Chapman: belinda.chapman@uct.ac.za
Marta Collins: mcollin@curie.uct.ac.za

India

"Trends & Strategies in Emergency Medicine"
9th Annual Conference of the

Society for Emergency Medicine in India

November 16 - 18, 2007

Sri Ramachandra Medical College & Research Institute, Chennai

1 full day of workshops and 2 days of cutting edge Emergency Medicine topics

Secretariat
Dept. of Accident & Emergency Medicine
SRMC & RI Porur, Chennai – 116.
Ph: 044-24768403 (EXT No. 378/380/100)
Fax No: 09144-24767008
E-mail: emcon2007@gmail.com

www.srmc.edu/emcon2007

Contact: Suresh David
suresh.david@cmcvellore.ac.in

Sri Lanka

Sri Lankan Society of Critical Care and Emergency Medicine
First Annual Scientific Meeting
12 – 17th November 2007
Kandy

Included will be the inaugural Emergency Life Support course (Sri Lanka), along with an APLS course to be run by Australian faculty coordinated by Jeremy Raftos.

Contact: Shane Curran
shane.curran@bigpond.com