Three Year Post Graduate Program in Emergency Medicine-
Masters in Emergency Medicine (International)
(started 2012)

Kokilaben Dhirubhai Ambani Hospital and Medical Research Institute, Mumbai, India

Message from the Chairperson

Impelled by the need to bring world-class healthcare with a uniquely Indian ethic to the country and empower patients to make informed choices, we launched the Kokilaben Dhirubhai Ambani Hospital & Medical Research Institute in Mumbai in 2009. India's newest, most advanced tertiary care facility with full-time doctors and an emphasis on excellence in clinical services, diagnostic facilities and research, it has already generated tremendous goodwill and performed path-breaking surgeries with outstanding outcomes, in the process filling existing gaps in the healthcare system. One such lacuna has been in the field of Emergency Medicine, a medical speciality that still remains in a nascent stage in India. In fact, it was recognized as a separate specialty by the Medical Council of India only in July 2009. Considering the magnitude of our population and the acute shortage of healthcare professionals to treat the critically ill, a comprehensive emergency management system with quick response time is the need of the hour.

Kokilaben Dhirubhai Ambani Hospital & Medical Research Institute has aimed to bridge this gap with the introduction of a Three-Year Postgraduate Program in Emergency Medicine since 2012, jointly with the George Washington University, Washington, DC, USA. The first of its kind in Western India, this Program will foster global cooperation and exchange of learning, and create a new generation of medical professionals who will be at the vanguard of the field of Emergency Medicine in India.

I wish prospective candidates every success in their professional endeavors.

Tina Ambani
Chairperson
Kokilaben Dhirubhai Ambani Hospital & Medical Research Institute
Mumbai, India
Greetings from Kokilaben Dhirubhai Ambani Hospital and Medical Research Institute in Mumbai. Kokilaben Dhirubhai Ambani Hospital (KDAH) in collaboration with George Washington University (GWU), USA, is running this academic bonanza for aspirants in the emerging post-graduate specialty of Emergency Medicine. This is the first such endeavor in the western India, opening up career options for MBBS graduates to pioneer in the field of Emergency Medicine.

Emergency Medicine is a relatively new specialty that is expanding at a phenomenal pace throughout the globe. In India, few post-graduate programs have been initiated at a limited number of institutions, but an enormous critical need still exists to train many more Emergency Physicians for the nation’s large demand for these healthcare providers.

KDAH at Mumbai has partnered with the GWU and the Ronald Reagan Institute of Emergency Medicine (RRIEM), Washington DC, USA, in providing this 3-year Post Graduate Program in Emergency Medicine. The two institutions will train and prepare these residents to practice in the complex and challenging area of emergency medicine at the highest levels. Through an on-going presence of faculty from GW at KDAH, the program will prepare a new generation of leaders in medicine who will expand the field of Emergency Medicine throughout India. At the successful conclusion of the program, the graduating residents will be able to practice independently within emergency departments as well-trained physicians, and they will receive an “International Certificate of Successful Completion of Three Year Post Graduate Masters Program in Emergency Medicine” from KDAH in collaboration with The George Washington University.

The first batch of students enrolled in 2012 have all passed out in first attempt and are currently pursuing active careers in India and abroad. Three batches enrolled in 2013, 2014 and 2015 totaling 38 residents are currently undergoing a vigorous training at this tertiary care center under the guidance of local and visiting faculty from GWU.

I assure the stakeholders of this program of all possible support to run this program at our institute, and wish all the candidates a grand success in this career option.

Dr. Santosh S. Shetty
Executive Director & COO
Kokilaben Dhirubhai Ambani Hospital, Mumbai, India
It is with great pleasure and excitement that the faculty of the Department of Emergency Medicine of the George Washington University closely collaborate with the faculty from Kokilaben Dhirubhai Ambani Hospital and Medical Research Institute in Mumbai to continue three-year Masters in Emergency Medicine program which began in July, 2012. This is the first program of its kind in western India.

Emergency Medicine is one of the newest specialties recognized by the Medical Council of India and acknowledges the critical need for specialized training in all aspects of emergency medical, surgical, pediatric, obstetric, gynecologic and trauma care. Additionally, the specialty of emergency medicine includes unique expertise in pre-hospital EMS, critical care medicine and many components of disaster preparedness and response. Emergency Medicine is a very young yet rapidly developing specialty in India and recent and current trainees are the pioneers who will ultimately determine the breadth and depth of this specialty for India.

The Department of Emergency Medicine at George Washington University is one of the oldest academic Emergency Medicine departments in the United States with over 45 faculty members and 40 emergency medicine residents in training. The faculty provides clinical emergency care at three hospitals, and has well established academic expertise in emergency medicine education, clinical research, emergency ultrasonography, emergency health policy, disaster preparedness, EMS education, injury prevention outreach, toxicology, and international emergency medicine development.

This three-year Masters in Emergency Medicine program mirrors the three-year emergency medicine residency training programs in the USA. It is critical that the same rigorous educational and training standards used at our GW program are maintained in this MEM program. To date, our faculties have had great success in implementing similar programs over the past several years in New Delhi, Calicut, Kolkata, Chennai, Bangalore, and Madurai.

This program has been a huge success since beginning July 2012 and its first class has already graduated in 2015. We remain fully confident that Kokilaben Dhirubhai Ambani Hospital and Medical Research Institute is firmly committed to our collaborative effort to make this one of the best MEM programs in India. We remain fully confident that Kokilaben Dhirubhai Ambani Hospital and Medical Research Institute is firmly committed to our collaborative efforts to maintain this program as one of the best MEM programs in India.

Dr. Jeffrey Smith, MD, MPH, FACEP
Director, Ronald Reagan Institute of Emergency Medicine
George Washington University Medical Center
Washington DC, USA
E-mail: jsmith@mfa.gwu.edu
Welcome to the exciting world of Emergency medicine. Emergency Medicine (EM) is a budding speciality in India, and only a few institutions have embarked on establishing emergency departments in the hospitals, and even fewer have launched training programs in EM.

A series of man-made and natural disasters over last few years in India have prompted the government to recognize EM as a post-graduate speciality, but only a few medical schools have started MD program in MCI approved medical colleges. The National Board of Examiners also started Diplomate of National Board (DNB) in Emergency Medicine since July 2014. The potential need for emergency physicians is huge, and to meet this, a mass movement to develop EM residency programs is required across India, both in public as well as private sector. Starting a three year post-graduate program in EM at Kokilaben Dhirubhai Ambani Hospital and Medical Research Institute in Mumbai, in collaboration the George Washington University (GW), USA, is one such step in this movement.

Through this program, we plan to train candidates in advanced cardiac, trauma, pediatric life support, disaster medicine, pre-hospital medicine and emergency medical services, so that the candidates can successfully and independently practice as emergency physicians. Research in the field of EM is our high priority and we will provide all resources necessary to conceive and conduct high quality research that can translate into health benefits to the community.

The three year program is a very structured program, with weekly modules, periodic evaluations and annual examinations. The program mirrors the EM residency programs in USA. Visiting faculty from GW, USA, along with local faculty with invited experts will train and prepare the residents to practice in the complex and challenging area of emergency medicine at the highest levels. High quality program makes student’s sincerity, commitment and punctuality, in attendance and performance as prudent factors for successful completion of this program. At the successful conclusion of the program, the graduating residents will receive an “International Certificate of Successful Completion of Three Year Post Graduate Masters Program in Emergency Medicine” by KDAH in collaboration with The George Washington University.

I encourage MBBS graduates to consider EM as a new career option. The first few generations of emergency physicians will truly become leaders in this new speciality, and will shape the future of Emergency Medicine in India. I wish all the interested candidates good luck in their endeavor to embrace this new branch.

Sanjay Mehta, MD
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At George Washington University Medical Center, Washington DC, USA

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At Kokilaben Dhirubhai Ambani Hospital, Mumbai, India

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**Executive Summary**

Emergency Medicine (EM) is a relatively new specialty within medicine that is expanding at a phenomenal pace throughout the globe. Within the international community, leaders in medicine, health economics, public health, and government have recognized the need to develop systems that respond to acute medical and surgical emergencies, and emergency medicine is the unique discipline and independent specialty with a unique body of knowledge to respond to these life-threatening events. Many countries have already recognized the specialty of EM and offer specific training programs to develop a cadre of physicians with the knowledge and skills to care for patients presenting with emergent medical problems. India has initiated a few training programs at a limited number of institutions, but an enormous critical need still exists to train many more Emergency Physicians for the nation’s large demand for these healthcare providers. There are limited seats in Medical Council of India (MCI) approved Medical Schools, and the National Boards of Examiners affiliated Diplomate of National Board (DNB) in Emergency Medicine.

Kokilaben Dhirubhai Ambani Hospital (KDAH) recognized the need to train highly-skilled physicians to treat patients presenting with acute medical conditions. The Ronald Reagan Institute of Emergency Medicine (RRIEM) at the George Washington University (GW) partnered together with KDAH and launched a 3-year Post Graduate Program in Emergency Medicine in 2012. Thirteen students enrolled in July 2012 (Class of 2015) have successfully graduated and are pursuing bright careers in India and abroad. Thirteen students enrolled in July 2013, 12 students enrolled in July 2014, and 13 students enrolled in July 2015 are undergoing a highly successful residency program. The Three Year Post Graduate Program in Emergency Medicine has placed KDAH at the forefront of emergency medicine in India, and it will prepare a new generation of leaders in medicine who will expand the field of Emergency Medicine throughout India.

Through the collaborative work of faculty from Emergency Medical Faculty at GW and Emergency Medicine Faculty at KDAH, residents are provided continuous guidance and education in the specific topics and skills that constitute the field of emergency medicine. The faculty provides lectures, seminars, simulations, and clinical teaching to the
residents. The quality of the education programs is maintained through continuous assessments of the residents, the faculty, and the overall program.

**Three Year Post Graduate Program in Emergency Medicine-‘Masters in Emergency Medicine (International)’**

The Post Graduate Program in Emergency Medicine (PGPEM) consists of a three-year curriculum, divided into 36 monthly clinical modules that will cover the breadth of emergency medicine. GW and KDAH collaboratively provide faculty coverage and program oversight for the post-graduate program. At the successful conclusion of the program, the graduating residents will receive an “International Certificate of Successful Completion of Three Year Post Graduate Masters Program in Emergency Medicine” from KDAH in collaboration with The George Washington University, and will be able to practice independently within emergency departments as well-trained physicians.

**A. CURRICULUM**

The post-graduate program will focus on a specific clinical module topic each month, in addition to focusing on a specific procedure each month. The residents will present case conferences and lectures in classroom teaching, and during clinical shifts the residents will round on patients in the emergency department with faculty. Each week there will be at least 9 hours of educational seminars, focusing on the month’s modular topic and core literature in Emergency Medicine. This will include didactic presentations, journal club article reviews, simulation exercises, and guest speakers from senior consultants. In addition to the overall curriculum structure, each resident will receive a monthly set of clinical and educational assignments and responsibilities. The residents will also be provided with online resources every month; the posts will include journal articles, lectures, grand rounds etc.

The primary textbook will be *Emergency Medicine: A Comprehensive Study Guide* edited by Judith E. Tintinalli. In addition, *Rosen’s Emergency Medicine: Concepts and Clinical Practice* will serve as a supporting textbook, and *Clinical Procedures in*
Emergency Medicine by James R. Roberts and Jerris Hedges will be used to teach necessary procedures in the emergency department. Each module will end with a post-test to measure the residents’ level of comprehension and mastery of the materials during the module session. The Society for Academic Emergency Medicine (SAEM) and the Council of Emergency Medicine Residency Directors (CORD) have developed a “Model Curriculum for Emergency Medicine” which serves as a basis for the post-graduate program’s curricular structure. The curriculum will be implemented on a rolling basis in coordination with other MEM programs in India to allow for streamlining and coordination. The full three year curriculum can be found in Appendix A in the syllabus.

The following table describes the curriculum details for the 36-month post-graduate program:

<table>
<thead>
<tr>
<th>Modules</th>
<th>Topic</th>
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<th>Topic</th>
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<td>Orientation</td>
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<td>Cardiovascular - I</td>
<td>14</td>
<td>Cardiovascular - II</td>
<td>26</td>
<td>Cardiology Critical care</td>
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<td>3</td>
<td>Airway</td>
<td>15</td>
<td>Trauma - II</td>
<td>27</td>
<td>Radiology</td>
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<tr>
<td>4</td>
<td>Pediatrics - I</td>
<td>16</td>
<td>Pediatrics- II</td>
<td>28</td>
<td>Neonatology</td>
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<td>Shock</td>
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<td>Procedures / Research</td>
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<td>Infectious Disease</td>
<td>18</td>
<td>Pulmonary</td>
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<td>Orthopedics- II Non-traumatic</td>
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<td>7</td>
<td>Trauma I</td>
<td>19</td>
<td>Soft Tissue/Wound Care</td>
<td>31</td>
<td>Infectious Diseases II Tropical</td>
</tr>
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<td>8</td>
<td>Gastro Intestinal- I</td>
<td>20</td>
<td>Psychosocial/ Violence</td>
<td>32</td>
<td>Renal &amp; Genito-urinary</td>
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<tr>
<td>9</td>
<td>Orthopedics- I Traumatic</td>
<td>21</td>
<td>EMS &amp; Disaster</td>
<td>33</td>
<td>Toxicology II Environmental</td>
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<td>22</td>
<td>Endocrine</td>
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<td>Hematology/ Oncology/ Dermatology</td>
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<td>ENT Ophthalmology &amp;</td>
<td>35</td>
<td>Administrative/Emergency Public Health</td>
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<td>REVIEW</td>
<td>24</td>
<td>REVIEW</td>
<td>36</td>
<td>REVIEW</td>
</tr>
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</table>
B. EDUCATIONAL PROGRAM

The residents will receive instruction from a combination of faculty from GW and KDAH. These educational experiences will include one-hour morning seminars with an emphasis on case-based teachings that will focus clinical management issues. The residents will be given or they would present a clinical scenario, and then the instructor will lead the residents through a discussion that includes: developing a differential diagnosis, ordering appropriate laboratory and radiology diagnostic tests, finding the diagnosis, and managing and treating the clinical problem. It is suggested that this occurs in ‘oral boards style’. Instructors will then provide clinical teaching through bedside clinical rounds of specific patients.

Each week, the program will dedicate a total of at least 9 hours for educational conference. It is suggested that this occurs as a once weekly block of 5 hours of protected didactic time for the residents that will include didactic lectures, case conferences, journal article discussions, and guest lecturers in addition to the daily one hour morning conference four days a week described above. During these conferences, the residents will be excused from clinical responsibilities, and will have protected time for their educational development. Fundamental components of the education program include:

- Lectures on the modular topic of the month
- Evidence-based medicine
- Journal article discussions
- Grand rounds and guest speakers
- Morbidity and mortality (M&M) conferences
- Role play
- Follow up case discussions on patients admitted through the emergency department
- Procedures and skills seminars
- Presentations by the residents
- Multidisciplinary case discussions
• Distance educational component between 6-8 hours monthly consisting of video-recorded conferences from George Washington University Medical Center including emergency and trauma grand rounds, study groups, journal clubs and specialty conferences. Additionally, interesting and timely cases and articles will be posted.

The content of the weekly seminars will also focus on the modular topic for the particular month. Residents will be expected to prepare presentations for their colleagues on both the modular topics and related journal clubs. These presentations will improve the residents speaking and presentation skills. The Emergency Medicine faculty will also invite experts from other fields such as cardiology, surgery, pediatrics, etc. to give guest lectures on important topics that are related to emergency medicine. Residents will be expected to read assigned chapters in their textbooks and to read relevant journal articles.

In addition, residents will be encouraged to initiate and conduct research projects pertinent to emergency medicine, and they will be required to write a scholarly article that is worthy of publication. The residents will be expected to work on a research project with the faculty, and they will be required to submit one abstract or oral presentation at a medical conference. The residents should also each submit one paper to a journal for potential publication. Finally, successful graduation for each resident will require the completion of a thesis paper that may be based on the resident’s prior research presentations or published articles.

During the third year of training, residents selected by KDAH and GW will have the option of spending 4 weeks at George Washington University Hospital working with the faculty in Washington, D.C. as an elective. These residents will be responsible for their airfare, housing, and meals during the elective.

GW will provide a faculty member onsite at KDAH for 3-4 days each month during the program for intensive academic instruction and for project oversight. GW faculty will also provide remote educational web-based resources monthly such as evidence based medicine articles, lecture presentations including video grand rounds, and journal clubs.
The faculty will additionally orient students during the three year program to prepare for the three part Membership Examination of the College of Emergency Medicine (MCEM) exam. Although not required, receiving MCEM certification will add additional employment opportunities for all graduates owing to its official recognition as a specialty degree.

C. FACULTY

Faculty (Consultants) from RRIEM / GW, Washington DC, USA:

1. Jeffrey Smith, MD, MPH, FACEP Director of Emergency Medicine (EM)
2. Katherine Douglas, MD, MPH Director, International Emergency Medicine
3. Robert F Shesser, MD, MPH, FACEP Professor of EM
4. Janice C Blanchard, MD, MPH, Ph.D Associate Professor of EM
5. Keith S. Boniface, MD, RDMS, RDCS Associate Professor of EM
6. Neal K. Sikka, MD Associate Professor in EM
7. Amelia Pousson, MD Assistant Professor of EM
8. Dan Hanfling, MD Clinical Professor of EM
9. Michael Pirri, MD Clinical Instructor
10. Shweta Gidwani, FCEM, MCEM, MRCP Adjunct Faculty
11. Colleen Kovack, MD Clinical Instructor
12. Jonathan Landry, MD Clinical Instructor
13. Aislin Black, DO Clinical Instructor
14. Griffith Davis, MD Assistant Professor
15. Leslie Hardware, MD Assistant Professor

Faculty at KDAH, Mumbai, India:

1. Sanjay Mehta, MD Consultant in Emergency Medicine
2. Sameer Rathi, D.Orth; IFEM Consultant in Emergency Medicine
3. Vatsal Kothari, MD, MRCP, EDIC, DNB Consultant in Adult Critical Care
4. Pretha Joshi, MD, DNB Consultant in Pediatric Critical Care
5. Vinay Joshi, MD, DM Consultant in Neonatal critical care
6. Suchitra Pandit, MD,DNB, DFP,MRCOG, FICOG, MNAMS Consultant in Obstetrics & Gynecology
7. Ahmed Quazi, MS, MCh Consultant in Plastic Surgery
8. Ashish Jain, MS, DNB Consultant in Orthopedics
9. Raman Sarin, DA, MD Consultant in Anesthesiology
10. Sanjiv Badhwar, MS Consultant in ENT
11. Niren Dongre, DO, DNB, FMRF Consultant in Ophthalmology
12. Sharad Maheshwari, MD Consultant in Radiology
13. Darshana Sanghvi, MD, DNB Consultant in Radiology
14. Manoj Moolchandani, MS, Consultant General & Colorectal Surgery
15. Mahesh Menon, MD Consultant in Pain management
D. CLINICAL ROTATIONS

The residents will rotate through both the emergency department and other important clinical services. The residents will spend about 6-7 months each year in the Emergency Department and of the remainders of the time rotating through other services. The rotations in the other departments will provide the residents with opportunities to develop important knowledge and skills in core subjects. Expected rotations will be as follows:

PGPEM Year I:
- Emergency Department (28 weeks)
- Adult Intensive Care Unit (12 weeks)
- Pediatrics (4 weeks)
- Anesthesia (4 weeks)

PGPEM Year II:
- Emergency Department (24 weeks)
- Adult Intensive Care Unit (12 weeks)
- Internal Medicine (4 weeks)
- Obstetrics & Gynecology (2 weeks)
- Radiology (2 weeks)
- General Surgery (4 weeks)

PGPEM Year III:
- Emergency Department (24 weeks)
- Adult Intensive Care Unit (12 weeks)
- Pediatric/ Neonatal Intensive Care Unit (4 weeks)
- Trauma (4 weeks)
- USA / Elective (4 weeks)

Clinical rotations, lectures, topics covered, and any component of the program may be modified as a part of program development, and according to local resources and needs.
E. EVALUATION AND ASSESSMENT

The residents will be routinely evaluated to assess their continuous learning and incorporation of the emergency medicine knowledge and skills. They will also be given an opportunity to provide feedback and assessments of the residency program and the instructors on periodic basis. The residents will take monthly post-tests for each module topic, and a minimum level of performance will be required in order to complete the program. In addition the faculty will conduct yearly written and oral exam that covers the core topics of Emergency Medicine. A comprehensive final exam including both a written and an oral component will be given at the end of the residency program, with minimum requirements for certificate distribution. External examiners will also be invited to participate as oral examiners for the final exit exam at the end of year three.

In addition to Residents will be evaluated according to expectations of graduated experience, knowledge, and responsibilities as they progress in the 36 month curriculum. Senior residents will be expected to provide bedside teaching, didactics, lectures, mentorship, and supervision of junior residents. Rotating residents will be evaluated based on the expectations listed on the rotation guides given to outside faculty at the start of the rotation. Faculty is expected to return the resident evaluations at the end of each monthly rotation with specific feedback.

- Residents will be evaluated using the evaluation forms every month by at least one attending, either an emergency medicine faculty or the main faculty supervising each outside rotation.
- At least one evaluation per year will be completed by members of the Emergency Department non-faculty staff (nurses, patient care staff) in regard to professionalism and interpersonal skills.
- Residents will be scheduled to review their evaluations, procedure logs, tests, and overall progress with the program director every six months. During this session, residents will be given feedback on performance in the residency program, pointers on how to improve their performance, and an opportunity to discuss
program-related issues with the program director. This will also be an opportunity to review procedure logs and research projects.

- Residents will be expected to fill-out an evaluation form for each monthly rotation. These evaluations will be reviewed by the program director as a way to continuously improve the program.

- Any feedback from residents regarding faculty or outside rotations will be provided to the faculty or outside rotations in an anonymous and constructive manner at the program director’s discretion.

- Residents will be able to review their own files and past evaluations at any point during the residency by appointment with the program director.

- Either the fellow or the program director can arrange a meeting at any point in the residency to address issues pertinent to the resident’s education.

The details of expectations and policies can be seen in Appendix-B; and minimum criteria for successful completion of a thesis in Appendix-C in the syllabus.

F. CAPACITY STATEMENT: ACCIDENT & EMERGENCY DEPARTMENT AT KDAH

Kokilaben Dhirubhai Ambani Hospital & Medical Research Institute is a 750 bedded hospital established in January, 2009 with a vision to strengthen healthcare in the communities, to serve and empower patients to make informed choices. As the flagship social initiative of the Reliance Anil Dhirubhai Ambani Group, it is designed to raise India's global standing as a healthcare destination, with emphasis on excellence in clinical services, diagnostic facilities and research activities. One of the India's newest and most advanced tertiary care facility, KDAH is not just a hospital but an organic entity, an institution that offers
comprehensive healthcare services under one roof, creating a platform for transparent patient-centric care where every life matters. Driven by talent, technology, infrastructure and total commitment, we have achieved a convergence of global best practices in healthcare, adapted to Indian needs and underlined by our core values of integrity, transparency, self-improvement, patient dignity and maximum care. At KDAH, state-of-the-art equipment and infrastructure, many of which are firsts for India, cutting-edge diagnostic and surgical solutions and, most significant, the best medical minds, all come together seamlessly to deliver results.

KDAH is one of the select few private hospitals in Mumbai and western India to have a comprehensive and busy Accident & Emergency Department (A&E) for patient care, training and research. The 18 bedded A&E is equipped with state-of-art equipment for a wide spectrum of patients with acute emergencies for initial evaluation, resuscitation, treatment, investigation, stabilization, monitoring and disposition. The annual patient workload is about 25000 patient visits. The A&E department has full time faculty comprising 2 Consultants, and 4 Associate Consultants. There are 36 emergency nurses who are experienced in resuscitation and emergency care. The support staff includes 12 Health Care Assistants, 5 housekeeping staff, and 5 ambulance drivers, who are trained in first aid and resuscitation. The A&E department has a meticulous teaching program for doctors, nurses and paramedics.

KDAH is the first and only institute in western India to offer an academic program in EM- the three year Masters in Emergency Medicine (International) in collaboration with GW, Washington D.C., USA. The program was first launched in July 2012, when a batch of 13 students (Class of 2015) was enrolled in the MEM program; this batch has graduated and are pursuing career in India and abroad. In July 2013, 13 students were enrolled (Class of 2016), in July 2014, 12 students were enrolled (Class of 2017) and 13 students enrolled in July 2015 (Class of 2019). The students are currently pursuing a greatly successful program at KDAH. Having started a three year post graduate program in emergency medicine to train doctors in this challenging and upcoming specialty reiterates our initiative and leadership in patient care, teaching & training, and research in the field of emergency medicine in India.
The department also conducts teaching programs for community medical professionals and lay people in first aid, life support, and various areas of public health importance, as a part of community outreach activities.

G. CAPACITY STATEMENT: RRIEM AT GWU

The Department of Emergency Medicine at the George Washington University was the seventh academic Emergency Medicine Department in the United States. The Department has extensive experience training health care practitioners and non-medical personnel throughout the U.S. and across the globe. The Department sponsors a broad range of clinical, educational, research, and consulting initiatives in the areas of Emergency Medicine and Emergency Management. The Department is committed to service excellence in patient care and education, expansion of Emergency Medicine's boundaries through the development of new programs and configurations, and the creation of new knowledge in this field. The Department is committed to improving our local community as well as providing a multitude of services throughout the world.

The Faculty from the Ronald Reagan Institute of Emergency Medicine at George Washington University has been working in India for the past seven years to provide Post-graduate Residency training in Emergency Medicine. These programs are the highly academically structured EM programs in India and mirror the three year training programs in the States, which has been very successful in training the largest number of emergency physicians globally. Additionally, this program will help prepare students to take the three part MCEM exam. Although not required, receiving MCEM certification may add additional employment opportunities for all graduates.
The Ronald Reagan Institute of Emergency Medicine at The George Washington University Medical Center was established in 1991, in recognition of both the undisputed excellence of the Medical Center's Department of Emergency Medicine and its role in saving the life of President Reagan after a 1981 assassination attempt. The Reagan Institute serves to strengthen the health and welfare of our local, national and international communities through research, education, training, and consultative support. The objectives of the Reagan Institute are successfully achieved through initiatives related to Injury Prevention and Control, the medical aspects of disaster planning, preparedness and response, and the enhancement of emergency medicine throughout the world.

- **The Center for Injury Prevention and Control**
  The Center for Injury Prevention and Control of the Ronald Reagan Institute of Emergency Medicine is dedicated to the reduction of death and disability from intentional and unintentional injury. The mission of the Center is to develop multidisciplinary intervention, surveillance, and evaluation programs in order to focus greater attention and resources to fight injury in much the same way we fight cancer, heart disease, and AIDS. The Center achieves its goals through a unique collaboration of medicine, public health, sociology, and public policy within a program of research and education.

- **Disaster Medicine Service**
  The Ronald Reagan Institute of Emergency Medicine’s Disaster Medicine Service is a consultation and training resource to national and international organizations responsible for disaster planning, preparedness, and response. Faculty members from the Reagan Institute are actively involved in medical training programs for Federal Emergency Management Agency (FEMA), National Disaster Medical System (NDMS), Office of Foreign Disaster Assistance (OFDA), and the United Nations Relief Organization.

  **Areas of Expertise**
  - Medical Disaster Planning
  - Search and Rescue
  - Collapsed Structure Response
  - Medical consequence management to hazardous material events
Medical consequence management to terrorist events
Medical preparation for mass gathering events
Confined space medical training

The George Washington University Emergency Health Services (EHS) Program serves as a resource to the national and international EMS communities. Located in the nation's capital, in close proximity to major federal and national EMS organizations, GW EHS provides exciting, relevant, and high quality education to EMS practices through a variety of methods, including the Internet. GW EHS has been preparing students for careers in emergency health care since the 1987. EHS is an essential component at The George Washington University School of Medicine and Health Sciences, nationally recognized for its involvement in advanced health professions education, patient care, research, and community service.