London
Breaking Barriers in EM

Global Emergency Medicine Programme
GEM

# LONDON GLOBAL
# EMERGENCY MEDICINE FOUNDATION PROGRAM

"Emergency Medicine Is the Mother of All Specialities,
Every Doctor Must Have Basic Knowledge & Skills of EM"


"Dr Ashfaque Ahmed Sorathia"
**Founding Director London GEM**

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PEMA
Pakistan Emergency Medicine Association
UK

LCC
EveryoneIsAnAchiever
London Clinical Courses
PLAB, MRCEM, FRCEM, EBEEM, MRCP

# WHO WE ARE

**London Global Emergency Medicine (LGEM)** is a fast growing and one of the leading clinical and Emergency Medicine training providers in the UK and Globally, its sister company London Clinical Courses (LCC) was established in 2013 with an intention to help International Medical Graduates and non-trainee doctors of UK and abroad to get familiar with UK exam and training systems. We can proudly claim that we have trained more than 5000 IMGs in the UK, out of them more than 700 doctors were EM physicians who passed MRCEM exam after attending our courses, our exam success rate is consistently higher than 80%. We have conducted 25 MRCEM OSCE courses and 4 FRCEM final OSCE Courses, our 4th FRCEM Final OSCE course had 100% success rate, we published our result on our facebook page of the successful candidates. Here it's important to mention that most doctors who attended our courses were non trainee doctors of UK or overseas, who had never worked in the UK, most were from KSA, UAE, Qatar, Pakistan, and India. We are the first organisation to conduct MRCEM FRCEM Courses in Medina during 2020, We have also conducted 6 MRCEM OSCE courses in Dubai with success rate of consistently more than 80%. We are connected with 1000s of Non Trainee doctors, therefore are fully aware of challenges and weaknesses that they have to overcome, we know they have no one to train them, no one supervises or guides them and no one takes their ownership, they struggle to progress in their career, Considering all these hardships and challenges that a non-trainee doctor faces, Dr Ash and his team has started this unique project, mainly for non-trainee doctors, final year MBBS undergraduates and house officers/foundation level doctors.

# MEET THE TEAM

Meet our team of highly accredited and qualified professionals, ready to bring a revolution in Emergency Medicine Field of the World.

### Dr Ashfaque Sorathia

**MBBS, MRCEM, MRCP, MRCPCH, MRCS, FRCEM, EBEEM**
**Director London Global Emergency Medicine & London Clinical Courses**
**Consultant Emergency Medicine, Acute Medicine & Geriatric Medicine NHS UK**

Dr Ashfaque Sorathia (Dr Ash) is among the few leading EM consultants in the UK who has taught and trained over 1000 EM physicians in the UK, he is a very passionate EM physician with a vast academic and teaching background, he is actively involved in teaching MRCEM, FRCEM and EBEEM Courses. He is Founding Director of London Clinical Courses and a Founder of Pakistan Emergency Medicine Association. Dr Ash has worked at Leading NHS UK hospital trusts, including Barts London NHS, The Royal London Hospital, Guys and St. Thomas Hospital London, Queen Hospital London, and Newham Hospital London. He has conducted numerous teaching sessions in UAE, Dubai, Saudi Arabia, Egypt, and Brussels Belgium. He is the pioneer of MRCEM, FRCEM courses In Dubai and Medina. All he wants now is to change Emergency Medicine in Pakistan.

### Dr Naila Sorathia

**MBBS, MRCEM, MRCP, FRCEM, DGM**
**Medical Lead Consultant Barking Havering and Redbridge NHS Trust London UK,**
**Director London Clinical Courses & Senior Faculty Member at London GEM**

### Engr. Syed Qaiser Bukhari

**Director IT & International Relations at London GEM, Director Operations & International Relations at Synergy Networxx, London UK"**

International Relations & IT Specialist with a strong focus on strategic analysis of Foreign markets to help realise company goals. Experience with designing public relations strategies in foreign markets for true global expansion.

**Prof Dr Jameel Ahmed**
MRCP, FRCP, FPSIM
Dean Faculty of Medicine,
Chairman & Head of Department of Medicie
Baqai Medical University Karachi, Pakistan.

**Prof. Dr. Kashif Ikram**
BDS, FDSRCS (Eng.), FFDRCS (Ireland), FICOI (USA)
Professor, & Pro Vice Chancellor
Baqai Medical University Karachi, Pakistan.

**Dr Mukhtiar Ahmed Pathan**
Medical Director & Head of Emergency Department,
Memon Medical Institute Hospital Karachi, Pakistan.
Director, London Global Emergency Medicine Pakistan,
LGEM Program Director, Baqai Medical University Karachi,
Pakistan.

**Dr. Rida Naseem Rana**
MBBS, CCP-EM, Level 7 Diploma in Emergency Medicine -
Christ College London
Director LGEM Foundation Program, Baqai Medical University
Karachi, Pakistan.

**Dr Haider Ali Sorathia**
MBBS, CCP-EM
Chief Medical Officer, Memon Medical Complex Karachi,
Pakistan
Director LGEM Undergraduate Program, Baqai Medical
University Karachi, Pakistan.

**Dr. Sara Fawad**
MBBS, CP-PEM, DCH (UK)
Associate Director LGEM Foundation Program, Baqai Medical
University Karachi, Pakistan.

# London Global “EM Foundation Program”

Emergency medicine is an emerging speciality across the globe. it is a relatively new speciality but has made significant impact in managing acutely unwell or injured patients. Emergency Medicine is not a random care it is a complete science and there is a scientifically proven evidence-based method to deal with a complex patient who has multiple injuries or medical co morbidities. It is all about prioritisation, quick decisions and early interventions which result in positive patient outcomes.

Director London GEM, Dr Ash believes, EM is the mother of all specialities, the way a mother looks after and provides comfort to the entire family, similarly a qualified EM team on the ground floor can provide relief to all specialities in hospital. if a well-trained qualified EM team is on board, then:

a). **Anaesthetist will be at peace because they will not need to rush to ER to provide basic airway support**
b). **Orthopaedic trainees will be at comfort as most dislocations, fracture manipulations, splints and plasters can be safely done in ED by EM physicians**
c). **Similarly, cardiologist, neurologist, stroke physicians and other specialities will also feel comfortable knowing that EM team will be able to deal with all above acute patients.**

We believe that every doctor, no matter which speciality they choose to work, must have a basic knowledge of Emergency Medicine as a patient can have medical emergency in any ward, theatre, OPD/Clinic or outside hospital. Post operative patients can have a heart attack or pulmonary embolism in the surgical ward. Patient can go into cardiogenic or septic shock in any medical or surgical ward, elderly patients can have significant falls and head injuries in elderly care ward, not to forget Emergency situations outside hospital such as accidents, floods, earthquakes, and all other natural disasters , which will require an immediate and systematic approach to save patients and prevent further harm.

*“Here it’s important to mention that , Accidents, Emergencies & Trauma doesn’t differentiate between rich and poor.Elite class may be able go abroad for elective medical problems but in a situation of dire Emergency even the richest of the rich may not be able to leave the country , they will have to rely on local trainees , doctors and hospitals. This is the reason why we must invest more in Emergency Medicine and the best time to Invest is the final year of medical college, when medical students are about to leave and are getting ready to become fully qualified doctors .*

*Due to the high significance and relevance of EM , we believe all final year medical students must have a basic knowledge and understanding of Emergency Medicine , no doubt , It is the best time to introduce Structured Emergency Medicine teaching programme which will not only give them confidence but also a complete sense of being a qualified medical professional who is ready to handle any situation “*

## About this Programme.

**Title:** Basics of Emergency Medicine For Undergraduates

**Programme Duration:** 1 Year
**Total Number of Hours:** 140 Hours of Teaching - 70% online and 30% On Site - at Local University Campus

**What this programme will include**
2 live interactive lectures in one week
Each lecture will be one hour long.
**Breakdown of 1 hour lecture:**
• 1st 10 minutes, Case Presentation by Candidate
• 30 -40 minutes of Clinical Interactive Discussion
• 10 Minutes for One-to-One Real Time OSCE Case with tutors
• Last 10 minutes Q/A Sessions
• Consultant will recommend relevant resources and guidelines
• All presentation will be recorded and saved on LGEM portal for candidates to revisit later if needed.

## Programme Outline and Details:

a. **Basics of Emergency Medicine**

b. **History taking skills:**
EM history taking is not same as other specialities, it is a completely different art, here patient will try to share lots of information, lots of red herring which may deviate a clinician from main diagnosis, as an EM doctor it's very important to identify the most relevant information, promptly formulate a working diagnosis, rule out other life-threatening differential diagnosis, initiate treatment and facilitate safe discharge or transfer to other specialities.

c. **Communication and Conflict Resolution:**
Emergency department is a place where things are constantly changing , every cubicle will have a different category patient with different medical problems, this requires a special communication and conflict resolution training , which includes, patient refusing or demanding certain treatments , not allowing certain treatments to children including vaccinations and other lifesaving treatments, special consideration will be given to discuss further resuscitations or do not attempt resuscitation . EM department is a place where cases of child abuse, elderly abuse or domestic abuse presents quite frequently, this may be the only time when the victim may meet health care professionals, identifying these set of patients and communicating with victims' family can be very challenging, again this will require specific methodology to explore all the events and provide safe care to the patient

d. **50 Most Common Medical Emergency Conditions Including, Evaluation of:**
1) Chest Pain, 2) Headache, 3) Back Pain, 4) Shortness Of Breath, 5) Abdominal Pain, 6) Haemoptysis, 7) Haematemesis, 8) Haematuria, 9) Epistaxis, 10. Bleeding Per Vagina, 11. Bleeding Per Rectum, 12. Testicular pain, 13. Eye pain, 14. Ear pain, 15. Skin Rashes, 16. Fever, 17. Jaundice, 18. Diarrhoea , Vomiting, 19. Sepsis, Septic shock, 20. Dysphagia, 21. Sexually transmitted diseases, 22. Urinary tract infections, 23. Acute Viral/ Bacterial illnesses, 24. Cardiac Failure, 25. Pulmonary Embolism, 26. Skin infections , Cellulitis, 27. Head Injuries, 28. Trauma Management, 29. Pregnancy related complications, 30. Septic Joints , Septic Arthritis, 31. Stroke , Paralysis / CVA, 32. Fitting child, 33. Paediatrics upper respiratory illnesses, 34. Paediatrics Rashes and life threatening causes, 35. Child abuse &Negligence, 36. Elderly abuse & Negligence, 37. Domestic Violence, 38. Abdominal pain in Children, 39. Febrile illnesses in children, 40. Knowledge of Common Drug overdoses, 41. Burns Assessment, 42. Acute confusional state, 43. Psychosis , acute stress disorder, 44. Evaluation of Mental Health Patient in ED, 45. Seizures in adults, 46. Collapse , transient Loss Of Consciousness,47. Unconsciousness, 48. Cardiac arrhythmia, 49. Endocrine Emergencies Diabetic Ketoacidosis, 50. Fluid and Electrolyte imbalances.

e. **50 Emergency Medical Procedures:**

1. Basic Airway Manoeuvres to open up airways, 2. Use of Nasopharyngeal Airway, 3. Use of Oropharyngeal airway, 4. Use of Bag Valve Mask and Assistance in Basic Ventilation and Oxygenation, 5. Needle Decompression in Tension Pneumothorax, 6. Open pneumothorax, applying 3 side occlusion dressing, 7. Obtaining Intravenous access, 8. Venepunctures, 9. Arterial Blood Gases, 10. Suturing, 11. IV fluids set up and safe prescription, 12. Infiltration of local Anaesthetics in small wounds, 13. Intramuscular Injections, 14. Incision and drainage of wound, 15. Draining nail haematoma, 16. Manipulation and Management of phalangeal fractures, 17. Basic Life Support Paediatrics, 18. Basic life support Adult, 19. Removal of foreign body from airway, 20. Release of Choking, 21. Neck protection in trauma patient, 22. Log Roll in suspected Spinal Injuries, 23. Applications of Collar and cuff slings, 24. Applications of Plasters in ED, 25. Use of various finger and hand splints in ED for management of Fracture, 26. Fundoscopy Technique, 27. Otoscopy Technique, 28. How to Check Eye PH, 29. Management of Chemical Eye Injuries, 30. Removal of foreign body from Nose, 31. Removal of Foreign body from ear, 32. Ring removal from swollen finger, 33. Application of Pelvic Binder in Trauma patients, 34. Vagal Manoeuvres for cardio versions, 35. Removal of foreign body from vagina, 36. Helmet removal in trauma patient, 37. Digital ring block, 38. haematoma blocks, 39. Taking high vaginal swabs, 40. Biannual PV examinations, 41. Ophthalmology examination under Fluorescein, 42. Removal of foreign body from eye tarsals, 43. Removals of foreign body from cornea, 44. Application of local Anaesthetics to eye, 45. Shoulder Dislocations and Relocation, 46. Measurements of Peak Expiratory Flow by using Bed Side PEFR, 47. Primary survey in trauma patient, 48. Secondary survey in trauma patients, 49. Antenatal Exam in Advance pregnancy, 50. Neonatal Resuscitation

f. **10 Most Important Clinical Examinations relevant to Emergency Medicine.**

1. Examination of Patient with Stroke, 2. Examination of Patient with poisoning, 3. Cardiovascular Examination, 4. Respiratory Examination, 5. Examination of patient dizziness, 6. Examination of unconscious patients, 7. Abdominal Examination, 8. Maxillo Facial Examination in Trauma patients, 9. Examination of Back in ED, 10. Neuro Examination of Upper and Lower limbs.

g. **Special workshops on:**

A) Trauma Management: Step wise ABCD approach in management of trauma patients, B) Management of acutely unwell patient, C) ECG Workshop which will be conducted by UK cardiologist, D) Radiology Workshop, in which 50 most common abnormal X-rays, CT and Ultrasound images will be taught.

## Course work and Candidate Responsibilities:

- Must attend >80% of lectures live.
- Any lecture missed must be attended within the same week by watching recorded lectures and sending us confirmation email that candidate has watched the video and must provide feedback.
- Candidate must fill case base discussion forms after each session, they must write reflective learning points and upload it on their folders.
- Candidate must read and go through all resources and guidelines recommended by tutor at the end of session, also fill reflective learning form for any self-study they do.
- Every candidate must present clinical case, marks will be awarded for each presentation, these presentations will be uploaded to your portfolio, with tutor feedbacks.
- Candidate must attend practical session which will be conducted at their local university near the end of course.
- Practical session will be 4 days long, 10 hours per day, total 40 hours of teaching, in which we will teach 50 Emergency Medicine Procedures as outlined above.

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**Please Visit the below Facebook Pages to read the detailed FEEDBACK from LGEM trained Doctors;**
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