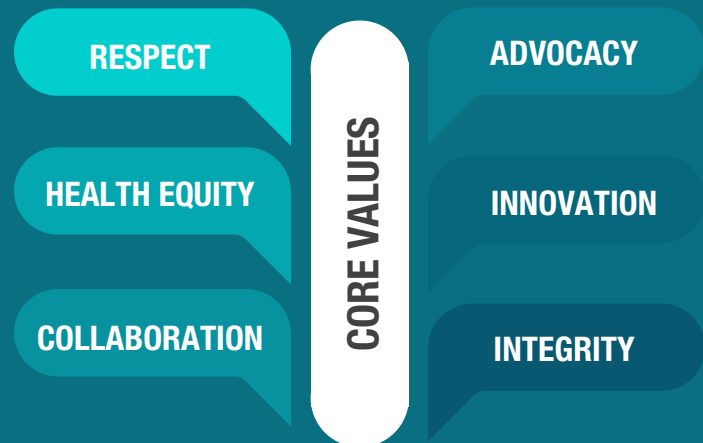


# SPORTAN

Serving Patients At Risk Through Agile Novelty

## Our Program Core Values

Our Core Values define the program guiding principles, and underpin the way our program works to meet our Vision and Mission of ensuring the highest standards that are maintained in the training of emergency physicians, and in the provision of emergency care to the communities of Pakistan. Our residency program Core Values are: Respect, Integrity, Health Equity, Innovation, Advocacy and Collaboration.





## Message from the Chairman

Dr Asad Iqbal Mian

And just like that the second issue of **SPARTAN** is here!

Time flies, especially when you are having fun, they say. But are we really having fun? As ED physicians we are a part of a multi-purpose team at the frontline of whatever the community is facing, be it a pandemic like COVID, or the endemic nuisances such as dengue, malaria, or typhoid. Yet we aren't only dealing with those infections and their aftermath, but non-communicable diseases, mental health scenarios, and trauma in rising numbers too.

In the background of the above illnesses and ailments, the real-life drama of environmental-related issues – such as, collapsed supply chains, inferior quality water/soil/air/food, and many other problems plague us in Pakistan. These affect our humanity, and it becomes clear how everything is directly or indirectly impacting our patients presenting to the ED as well as our ED workforce dealing with them.

Regardless of the problems being faced, we haven't taken a back seat. As this newsletter reveals, our residents, faculty and staff have continued to uphold environmental reform through initiatives like the President's Challenge for Climate Solutions Hackathon (as part of the "Waste Nothing" campaign) to specific teaching/learning related to the impact of environment on emergency medicine-based scenarios. All of this and more you will get to read in this edition of our newsletter. And as you did before, I hope you continue to enjoy these SPARTAN-like stories of valor and grit.

Send us a shout out if you appreciate our work; and of course, do share your suggestions, because that iterative process of self-improvement is what it's all about.

**Thank you and have a wonderful day!**





## Message from Program Director

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Dr Shahan Waheed

Hello readers,

I am electrified and with immense pleasure I would like to launch the second volume of emergency medicine residency program newsletter “SPARTAN – Serving Patients At Risk Through Agile Novelties”.

In this issue we celebrate the resilience and hard work of our residents who worked hard during the COVID 19 pandemic and continue to demonstrate excellence. In this edition we will also be introducing our residency program core values of: Respect, Integrity, Health Equity, Innovation, Advocacy and Collaboration. You will also get an opportunity to learn about our residents and their experiences, education innovations, awards and much more.

The content of this year newsletter is testament to the range of activities being undertaken by our program and to highlight the skills that our resident’s harbor.

As I write this message, we are a month away from the commencement of our PGY 5 residents graduation ceremony. I wish them best of luck for their future and I am sure that they will do great in the next phase of their professional journey.

I believe that emergency physicians are people of strong integrity. We spend years training in our specialty and choose to turn up to work each shift, because we want to make a real difference – to the people who require emergency care, to our colleagues, and to the broader health system.

I hope you enjoy these perspectives on emergency medicine. In these unpredictable times, please do take a lot of care of yourselves – and each other.

**Thank you!**



## Lessons Learned Outside the Emergency Room

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Sarah Afzal Khotari  
Resident Year II  
Emergency Medicine

Living a resident's life is every medical student's dream. You start medical school and you can't wait for the day you will be a real doctor. Focusing on exams and shifts one after another becomes top priority. In all the chaos and hustle, you start to lose yourself a little. You are learning the ways of ER but unlearning yourself and unlearning your way of life. When was the last time you stopped? A month ago I decided to take what I thought was a break which turned into an unplanned journey to explore "myself". After the 100th person refused to travel with me due to the off-timing of my leaves, I bought a ticket to Turkey to travel to a few offbeat and popular locations. The anxiety of the unknown is something an ER physician feels every time a patient is announced in the resus room.

People speaking a language I didn't understand made me get in touch with the patience inside me which I pretty much lost in the last 3 years. Pre-trip-Sarah was impatient, unable to wait for radiology and would definitely get agitated during long patient histories. Post-trip, something has changed. I would like to believe the failed plans, the broken buses, the delays and the wrong turns taught me how to be prepared for whatever comes and to find alternatives.

The long road trips I took helped me to start appreciating the journey instead of waiting for the destination, which is something I realized I was missing in my life. Let's pause and enjoy the view of where we are and appreciate the journey so far.





## Innovations in Emergency Medicine Education

LUDO – Learning  
Urogenital Diseases  
in Oddity



The “LUDO” gamification-based, timed activity teaches and assesses clinical practice essentials in the management of urogenital diseases among emergency medicine residents. Ludo is a game enjoyed through generations by Pakistanis of all walks of life. Combining this well-loved game with emergency medicine education enhances learning, ensuring the quick digestion of factoids with next to no effort. The activity allowed the faculty to assess core EM skills apart from medical knowledge, such as communication, collaboration, leadership, and problem solving. EM residents also got an opportunity to practice navigating team dynamics and working in a group within a safe learning space promoting collegiality among junior and senior residents.



# THE TALE OF A SUCCESSFUL RESUSCITATION OF KAJAL

## The Tale of a Successful Resuscitation of Kajal

The story of a successful resuscitation of Kajal, a real-life occurrence was transformed in to a low fidelity simulation scenario and conducted on Jan 22, 2022 at Jinnah Postgraduate Medical Institute (JPMC) under the umbrella of Pakistan Association of Obstetrics and Gynecology. The session high lights the critical points through unique learning method of obstetrical trauma resuscitation in emergency. As an outcome of our program a checklist was given to the center to practice simulation, develop obstetrical trauma crash cart packs and clinical care systems. The program highlight was our junior residents who played an outstanding role as a facilitator for the workshop and during the simulation.





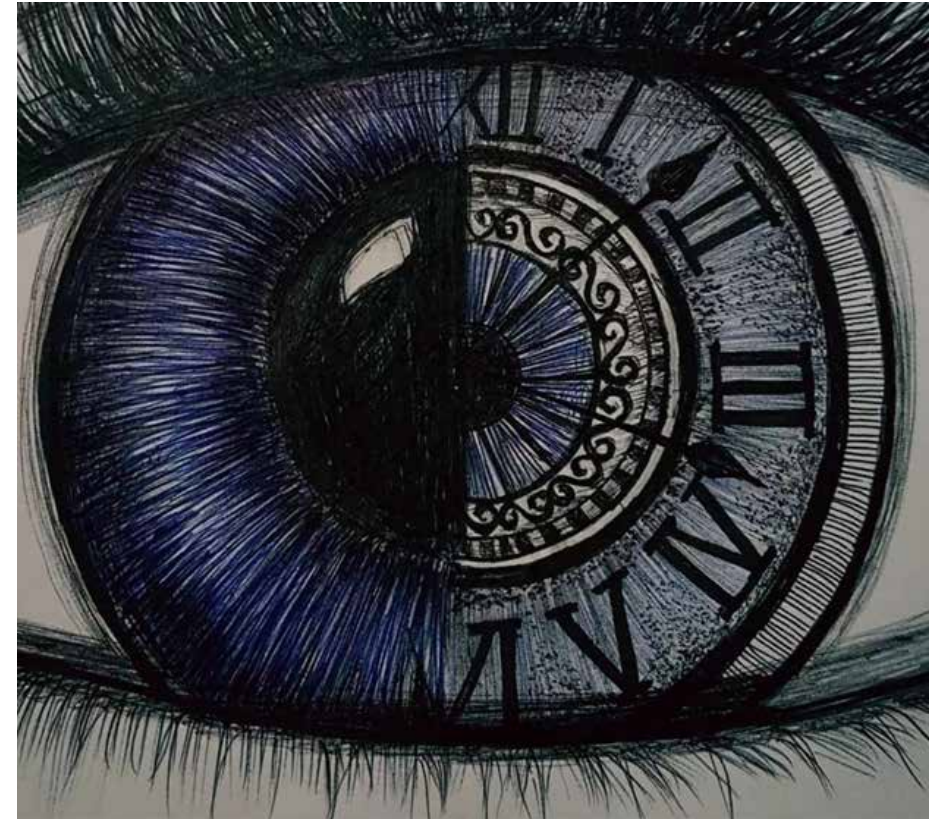


## **Gaze to glass! Eyes Locked, Time stopped**

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Najmus Sahar  
Resident Year II  
Emergency Medicine

Leonardo da Vinci said 'The eyes are the windows of the soul'. Looking into them is a sensational yet stirring experience. The silent, invisible yet cemented connection one can make just by holding someone's gaze is a feeling words fall short to explain. The unfathomed looks that can paralyze inside out, full of ever-changing emotions and enigmas of secrets that one can lose themselves in; in the matter of seconds what changes them once death ensues? From bottomless infinite to fixed and dilated. From reverberating with each fleeting moment to being anchored in time. From looking into an open window at a limitless sky to staring at a sealed door. From being able to start a fire of emotions to appearing extinguished and put out. Death takes away that sacred connection such that time stands still, and the bond breaks ~ from gaze to glass.





## Resident Insight

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Rida Jawed  
Resident Year II

I am Rida Jawed, Resident Year II emergency medicine at AKUH. I believe everyone has a special calling since they open their eyes and explore the world around them. Besides medicine, I have always had a particular knack for writing since childhood. I treasure every second I get to pen down about something interesting or heart warming. Writing allows my thoughts and imagination to flow in a seamless stream of words creating something so magical, uplifting and powerful that it becomes an absolute pleasure to be the creator and reader of those thoughts simultaneously. From winning multiple essay competitions in school to writing heart felt summaries of plays in college, I have always had a special bond with my English and Urdu teachers because I have always adored and relished these languages. Writing has been a true friend, as a leisure pursuit and a means of safekeeping, even financially when the need arrived. Later during my medical school, I wrote advertising articles on Cuban cigars and then got into actively writing celebrity news articles for a local website as a side hustle. My best “celeb” article has been the number 2 top trending search result on “Emma Watson” on Google in 2014.

Apart from writing, I have also been contentedly traveling since my almost- five years of marriage. Every year we have visited new places in our city and rest of the Pakistan especially Northern areas. Our latest travel was a 15-days road trip to Interior Sindh, Multan, Peshawar, Swat and Islamabad and then back to Karachi in our own car. I have basically wandered the walled city of Lahore and the entirety of Islamabad on foot. I am the person in the group who believes “ we can walk there”. Travelling has always induced a rare tingling sense of freedom and wonderment- a feeling that revives and breaths life into my normal routine days at the end of every eventful trip. Innahu kana bi hafiyya (My Lord has always been kind to me. Quran 19:47)







## **Unsung Hero!**

Our residency  
coordinator

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Muhammad Abid

We would like to extend our sincere thanks to our residency coordinator who have been dealing with our residency administration from last 4 years. He has recently taken up a hefty task of developing an automated residency dash board that will incorporate all the resident milestones that can be accessed simultaneously by the resident and the supervisor and an automated comprehensive report that will incorporate data visualization will be shared. The project is the start of a data driven, automated, active milestone tracking of our residency program. Stay tuned for some exciting work that will be coming forward in the next few months.



## The Science of Death

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Meeraj Fatima  
Resident Year IV

In one of his famous paintings, Spanish artist Francisco Goya depicts a man asleep on his desk, with monstrous creatures emerging from the shadows behind him. The caption on the painting reads: the sleep of reason produces monsters. If not for rational thinking our lives would be ruled by chaos, that much is true. But an interesting way to interpret this painting and its caption is: in its sleep science dreams of unknowable horrifying monsters. And yet there is no monster as unknowable and horrifying as death.

There lies a fundamental question at the heart of our conception of reality: where do things go when they cease to exist? In other words, what happens to a man when he dies? Einstein believed in an objective reality that can be explained by a set of equations. In 1915, when Einstein published his theory of general relativity, a physicist named Schwarzschild was serving in the German Army. Within a month, Schwarzschild had solved Einstein's field equations, and his calculations gave birth to what we now know as black holes. The concept is familiar: black hole is a place in the universe where a star had collapsed onto itself, where the gravitational field is so strong that it distorts time and space around it. In the author Benjamin Labatut's words, it is "an inescapable abyss permanently cut off from the rest of the universe," at the center of which lies the "singularity," where "the notions of space and time themselves became meaningless."

At this juncture of the narrative, we should then ask ourselves: can the death of a star be taken as a parable for the death of a human? When a person passes away, do they leave behind a singularity in their absence, a place of distorted space and time, a hole in the construct of reality? For ED

physicians there is nothing more familiar yet foreign than death. For those of us who have experienced human loss in one form or another, much of what I write might seem an erudite abstraction of a mind clouded with ennui, but it might also bring us a strange sense of acceptance and comfort. Astrobiologist Paul Davies has written extensively about Einstein's understanding of time. He explained in an interview: Einstein established the notion of block time, that the past, present, and future are just personal decompositions of time and that the universe of the past, present, and future has an eternal existence. What ingenuity lies behind these words! Davies, or rather Einstein, was trying to tell us that the past, present, and future are not confluent. The past does not disappear to make way for the present and the present will not disappear to make way for the future. People die. And yet within this grand time scape, nothing will change. Their lives are still there in the past, in its entirety, forever.

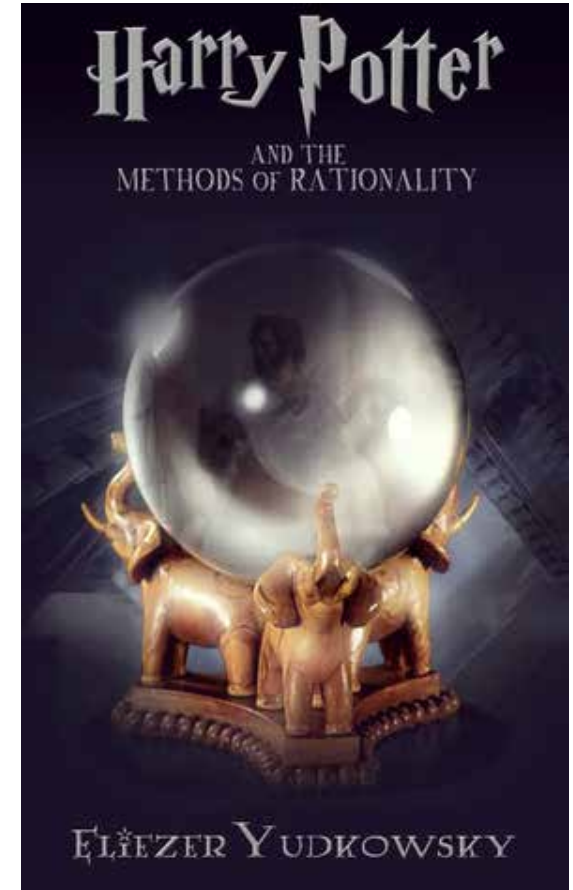


## Chief Residents Space

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Faysal Subhani

I used to think, as do many others, that there is no better work of fiction than the Harry Potter series. That was until I was introduced to 'Harry Potter and the Methods of Rationality' by Eliezer Yudkowsky. Starting off, I thought it was a parody of the original books. As it turns out it was anything but that-it's not meant to be a spoof, but an espousal of the author's philosophy of rationality. It follows the story of Harry Potter who gets invited to attend the Hogwarts School of Witchcraft and Wizardry after growing up with the Dursleys. The catch: the Dursleys aren't the cruel nincompoops as in the original series, but seasoned academics who have instilled the love of the scientific method in Harry. What follows is a hilarious series of events as Harry looks at the seemingly irrational world of magic through a scientist's lens and conducts controlled trials to further his understanding of magic. He even fights Voldemort using the scientific method! This book made me fall in love with decision sciences and introduced me to my







## Psychological First Aid

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Abdul Ahad Chhotani  
Senior Instructor  
Emergency Medicine



Critical incidents are important, often stressful, events which carry the potential to overwhelm one's usual coping mechanism resulting in psychological distress and impairment of normal individual, as well as collective adaptive functioning. Practically speaking, a crisis is defined by functional impairment to an event. The degree of functional impairment can be extremely mild, severe or disabling. Crisis intervention may be thought of as urgent psychological/behavioral care designed to first stabilize, then reduce symptoms of distress or dysfunction to achieve a state of adaptive functioning or to facilitate access to continue care. As physical first aid is to surgery – Crisis intervention is to psychotherapy. As a healthcare professional you are taught to put the needs of your patients first, to push through, to value achievement and excellence, but these "teachings" often come at a cost. This badge of honor of being chronically mentally and physically exhausted yet selfless, emotionally and physically fatigued yet resilient has led to a change in our "normal" mental bandwidth. As we begin to fail, we hide from others in fear of being rejected from the pack and thus may not seek support. In other words we are at high risk of stress injury formation when we feel overwhelmed, helpless and alone.

The field of psychological crisis intervention can be traced back about 100 years to the management of shell shock in World War I. Integrating the concepts of crisis intervention and physical first aid, psychological first aid was born.

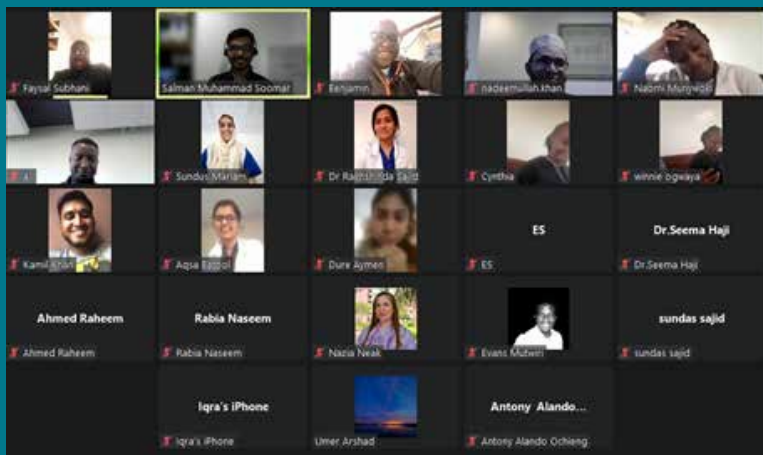
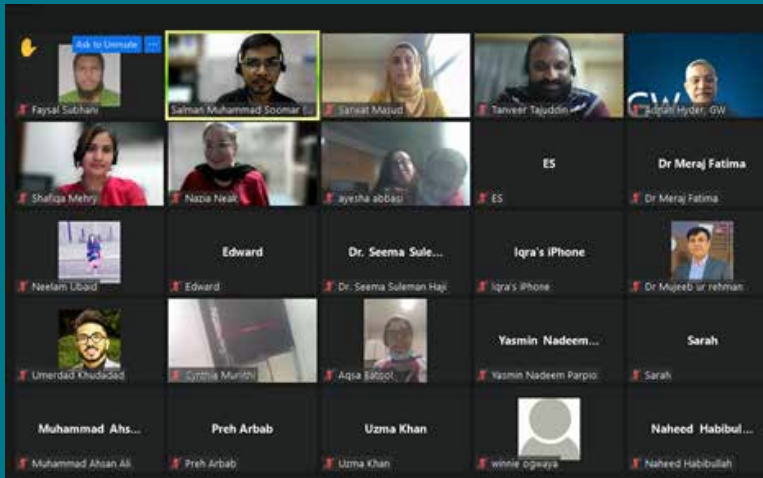
The Inter-Agency Standing Committee (IASC) was established in 1992 in response to the United Nations' General Assembly Resolution 46/182.

The resolution established the IASC as the primary mechanism for facilitating interagency decision making in response to complex emergencies and natural disasters. In its guidelines for mental health response, the IASC specifically mentions PFA, noting that most people experiencing acute mental distress following exposure to extreme stress are "best supported without medication" and that "all aid workers, and especially health workers, should be able to provide very basic psychological first aid" (2007, pp. 118–119). The International Federation of Red Cross and Red Crescent Societies (2003) published its training manual Community-Based Psychological Support, in which it described core elements of physical protection and psychological support.

The Institute of Medicine (IOM, 2003) noted that psychological first aid can provide the ability to increase skills, knowledge, and effectiveness in maximizing health and resiliency. PFA is not the practice of medicine, clinical psychology, or social work, per se. It does not entail diagnosis or treatment. It is a form of psychological crisis intervention. The Johns Hopkins RAPID PFA model is unique in that it is theory driven, evidence informed, and empirically validated. Thus, anyone who would typically be taught physical first aid can and should be taught psychological first aid.

We are homo-vinculum – One who bonds... having close connections with others is the survival code of our species and our greatest resource. Thus, A little help, rationally directed and purposely focused at a strategic time is more effective than extensive help given at a period of less emotional accessibility.

# Emergency Trauma Journal Club



A journal club provides an educational opportunity to appraise medical literature and apply it to clinical practice critically. The traditional, in-person journal clubs face challenges of scheduling participants and facilitators, recruiting local experts, and having a limited local impact. With the recent advancement and globalization, there is a need to engage different academic institutions and advance approaches to create a thriving learning environment.

Department of Emergency Medicine (DEM) Aga Khan University (AKU) Karachi, Pakistan, organizes journal clubs in collaboration with Aga Khan University Kenya, and Weill Cornell Medicine USA. The goal of ETJC is to develop residents' critical appraisal skills, keeping residents and attendees up to date with the current medical literature so that they can enhance their evidence-based practices with rich experience of three sites.

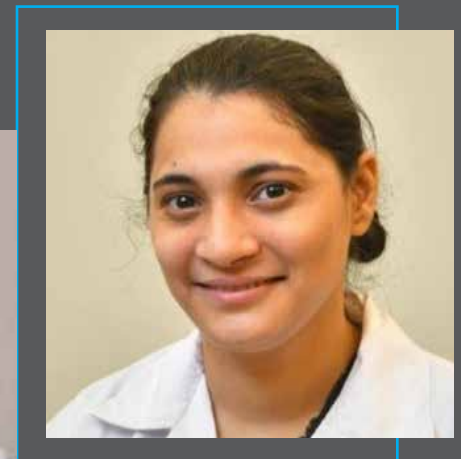
ETJC is a virtual journal club that occurs once a month on every first Monday. Residents of Emergency Medicine, AKU, Pakistan presents twice and residents of AKU Kenya present once in the quarter.

A group of 5-6 residents critically appraise the article and each of them present at least one section of the article. A faculty member is assigned as the facilitator. Facilitators raise 3-4 critical questions from the identified paper and share them with the residents to find the answers and ensure pre-reading.

On the day of JC, residents summarize the article considering the emergency medicine context using the equator guidelines/ checklist and generate discussion in the group to appraise the article critically. The audience is encouraged to reflect and ask questions. On an average, 30 attendees including residents, faculty and staff join this journal club out of which seven are from Kenya and rest from Pakistan. The JC is concluded with two to three key messages with the input of residents (reflection). The feedback through evaluation form documented that 75% of the participants reported that they gain significant medical knowledge through these Journal Clubs.

## Rockstar Residents - 2022

Residency is a key component of graduate medical training, offering an in-depth exposure to medical practice. The emergency medicine residency requires long hours and personal sacrifice dedicated to, education, study, quality patient care, patient advocacy, research and leadership. Emergency Medicine residents are an integral part of the healthcare team, often serving as indispensable resources for medical students, especially during clinical clerkship. In April 2021 the residency program starts honoring their residents through a program called "Rockstar Resident". The program evaluates residents monthly based on their academic, clinical, and scholarly contribution. Some of the residents of 2022.





# Annual Residents Picnic 2022 – Spartans!



**Emily Chien:  
AKU-Weil Cornell  
Medicine Global  
Emergency  
Medicine  
Research Fellow  
visit**



It was an incredible honor to visit AKU Karachi this summer from 30th September to 9th October 2022. Even though my time in Karachi was limited, I was overwhelmed by the warmth and hospitality of the faculty, staff, and residents. It was a pleasure to meet all the people involved in making an impact on Emergency care in Pakistan. During my visit, I had the opportunity to meet with the Department of Emergency Medicine faculty and residents, to work with the research teams in the Department of Emergency Medicine and the Center of Excellence for Trauma and Emergencies as well as visits to ChildLife Foundation and Aman Foundation.

The highlight of the trip was working with the residents. Many thanks to the residents and chiefs for introducing me to the Emergency Department at AKU and allowing me to provide a bit of bedside teaching on ultrasound along the way. The learning environment, clinical protocols and use of imaging modalities utilized at AKU were not drastically different from those of the US. Academic Day provided wonderful insight into the didactic learning environment at AKU. I was impressed by the commitment to research by the department and eager to see how the resident research projects will evolve as the residents progress in their training. My presentation on Emergency Medicine in NYC highlighted some operational differences between Emergency Departments in the US and at AKU as well as differences in residency program structures. I hope that my lecture on the Basics of POCUS can serve as a quick reference guide for early ultrasound learners. It has been wonderful working with the faculty, research teams, staff and residents and a pleasure to learn from and teach the residents here at AKU. I look forward to working more extensively with everyone in my future trips to Karachi.

# Creativity & Change Leadership

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Noor Baig  
Assistant Professor  
Emergency Medicine



Creativity is considered to be an essential life skill in the 21st century. In addition, creativity and complex problem solving are considered to be the core leadership skills in the modern world. Being an EM faculty member, we often face complex problems which require novel solutions. Hence I decided to acquire skills that will help me to identify and solve difficult and complex problems more efficiently. As a result, I completed my Master of Science (M.S) in Creativity & Change Leadership from Buffalo State College, the State University of New York (SUNY) in August 2022.

I was fortunate to work and learn from some of the best creativity practitioners in the world. The skills that I learned from these maestros helped me to become the proud recipient of Parnes-Noller Award (2019), Firestien Family Award (2021) and Mary Murdock Creative Spirit Award (2021 & 2022) during this journey. The creativity & problem solving skills that I learned will not only help me to navigate the challenges that we face in the dynamic world of Emergency Medicine but will also support the vision of the Pakistan Life Savers Programme (PLSP) to make Pakistan a nation of life savers by training 10 million citizens in CPR & Bleeding Control.

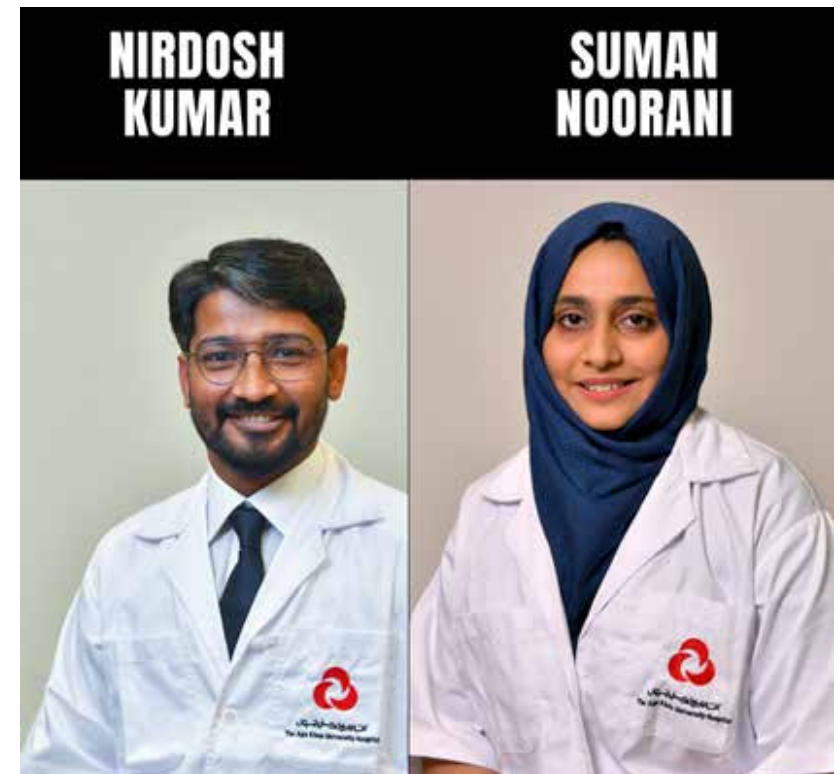


## Chief Resident Election of Emergency Department (CREED)

The attributes that are needed for an empathetic emergency medicine physician are multifaceted. Chief resident selection has been an important step in postgraduate residency. The selection process was traditionally based on seniority and academic achievements with no consideration for soft skills. This year we transformed our chief resident selection process by incorporating evidence-based, management selection process named Chief Resident Election of Emergency Department (CREED). The program was developed keeping in consideration the traditional method of election and interviews with the incorporation of reflexive, leadership, communication, and collaboration skills. You can learn more about the process in our article.

(Waheed S, Ali N. Chief Resident Election of Emergency Department (CREED) – An innovative approach to fair and bias-free chief resident selection in a residency program. Pak J Med Sci. 2022;38(6):1717-1719.)

Let's congratulate our upcoming chief residents for the year 2023!



**Emergency  
Medicine  
Residency  
Program Flag –  
A symbol of grit,  
resilience,  
teamwork and  
optimism.**

On May 27, 2022 our residency program launched our residency flag that symbolizes our program vision and showcase our resident attributes of grit, resilience, teamwork and optimism.





## Alumini Corner

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Syed Aqeel Mehdi  
MBBS, MSc, FCPS  
(EM), EBCEM  
Advance trainee  
Emergency Medicine  
Perth, Western  
Australia

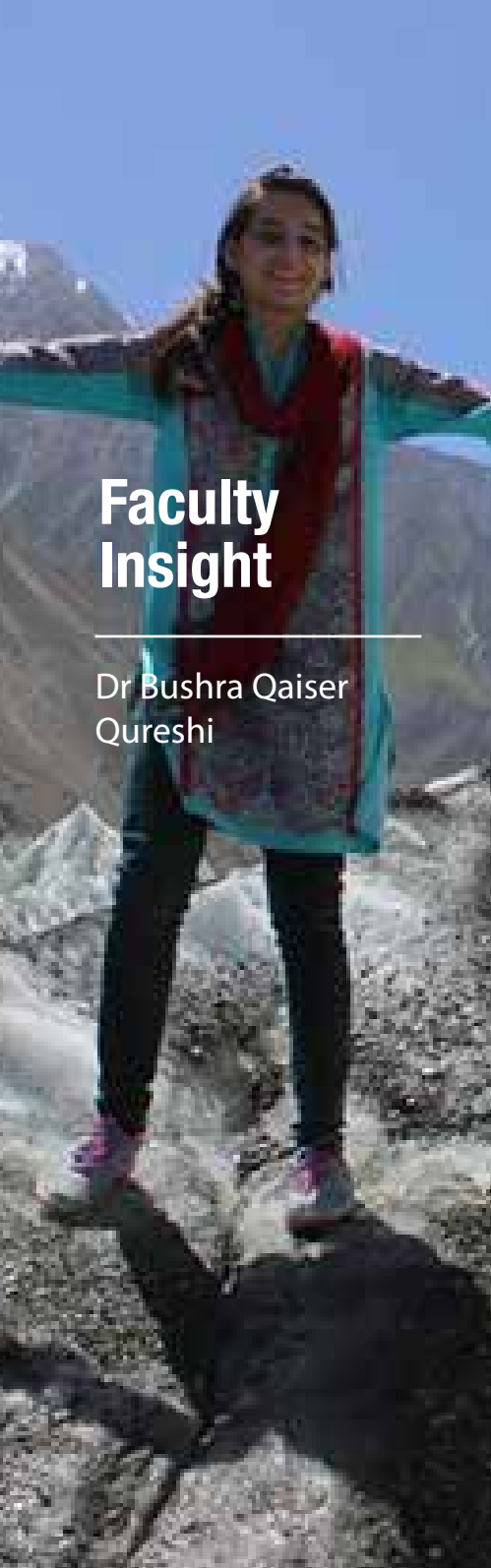
### My Story

My journey as an emergency doctor started 9 years ago from Aga Khan University Hospital, Karachi when I was selected as a year 1 resident. During my chief resident tenure, I realized Emergency Medicine just don't encompass clinical skills. There is much more to be learned about emergency department management and policy making. I was lucky enough to get Dean's Scholarship for MSc Health Policy and Management from AKU. At the end of training in 2018, I was graduated from 2 programs at AKUH. After training, I continued working in the same Department and cleared my FCPS Emergency Medicine Examination. Later on, I got the opportunity to work in Malta to know European Emergency Medicine system. While working there,

I passed my European Board Certification in Emergency Medicine (EBCEM).

Being a CPSP fellow and a graduate from one of the best university hospitals in Pakistan, I got approval from Australasian College for Emergency Medicine to work as an advance trainee in Emergency Medicine.

I am thankful to my parents, family, supervisor, mentors, friends and colleagues for their guidance and constant support during every difficult situation throughout my career. I believe, Successful mentoring relationship in training is the only way forward to excel in career. I am looking forward to follow my supervisor and mentor steps to become a toxicologist.



## Faculty Insight

Dr Bushra Qaiser  
Qureshi

### **1. What made you choose Emergency Medicine as your final calling in life? Any personal experience that led you to this decision?**

I did my housejob from JPMC and was probably the only house officer who willingly did 3 months of ER rotation rather than the 1-month norm. It was then that I had decided to pursue it as my final calling. EM always gave me an adrenaline rush. Every day was a new day, new patients, new challenges. It wasn't everyone's piece of cake and the fact that I enjoyed and found calm in the ED chaos made me want to excel in it even more.

### **2. What made you choose AKU?**

AKU was the only institution offering a proper training program in Karachi in Emergency Medicine at that time.

### **3. Had you not been an EM physician what would you have chosen and why?**

Would've been a part-time surgeon and a teacher, professional artist/ photographer with a certified travel blog.

After EM I am passionate about the aforementioned things. I don't enjoy long boring hours and chronic patient-doctor

relationships hence it was easy for me to fall in love with EM.

### **4. What major difference do you see in the AKU ED today compared to 10 years back?**

The Good and Bad.

I have been here for 8 years now.

Good: Juniors today are more vocal/ engaging compared to those before them. They are being involved and take active interest in educational and recreational activities that are being conducted. Senior residents are taking part in national activities. Core activities have become more engaging. Research academics have improved by infinity and more residents are involved in publications. More use of POCUS at bedside.

Bad: Back in the day whenever a consultant would come for a round in ED (be it of any specialty) the EM physician would leave his/her chair and accompany the consultant in the round. As of today, most junior physicians don't leave their chair, don't accompany the consultant in the round- which is why I believe there has been a drastic drop in "passing-of-the-knowledge-at-bedside"



## 5. What advice would you like to give to your juniors in ED today?

No one is perfect. There is new knowledge every day. Medicine is an ever changing field. Never think you know enough. Never stop learning. Respect your seniors AND your juniors.

Take it easy and enjoy life outside of AKU also. There is a whole world outside of AKU and you are capable of doing wonders. Engage in more inter-departmental activities, make ever lasting connections across the board.

Engage more with senior faculty members who have been here for years- they have a zakhira of knowledge that will help you both in life and at work.

For my female physicians: there is nothing you cannot not achieve that your male colleague can. Your battles may slightly differ; your path may have more hurdles- but don't give up on your dreams.

Also some golden words that Dr. Nadeem has told many of us- and we pass it on to all our juniors: "when you worry, worry someone else" ☒

Lastly, be fearless!

## 6. Three life lessons/ Rules to go by- that the floor of EM has taught you that you would like to pass on to your juniors and seniors.

1. The (non-functional) patient is always right- LISTEN to them, they are giving you clues. When in doubt- always go for a second opinion- there's no shame in asking for help for your patients' safety.

2. The parent is always right- if the parent is saying there's something wrong with their child- there's something wrong with their child.

3. You will eventually learn it the hard way that: Care not documented is NOT provided.

## 7. What is your biggest accomplishment so far- 1 personal -1 professional

Professional: As a resident- becoming a Chief resident was my biggest accomplishment, and then becoming a Faculty in the very ED in which I was trained amongst 3 other favorite male candidates for that one seat. Being the 1st female from our institute to have completed FCPS in EM in one go was my biggest accomplishment. It is a big deal. Especially for a married female in our culture to take on this path and then excel in it also. Being very gravid and still being able to do all my calls/ night shifts/ solo bad shifts till the very end with a respirator is also one of my accomplishments \*laughs\*

Personal: I have always given more importance to my education/work/exam all

my life. For the longest time the mere idea of having a child whilst being an EM physician seemed impossible/unwise to me as I knew one would have to compromise one thing over the other. After having a child (alhamdulillah) I had a lot of personal self-battling- because one cannot give a 100% to work and a 100% to child being an EM mom. It's not possible. I had to give up on A LOT of opportunities at work- that which I would have easily conquered had I not been a mom- it's very painful to see your colleagues excelling in their careers while you juggle life to keep your head just above the waters.

So personally- being able to accept that it's OKAY to slow down and be happy with where I am, who I am, has been my biggest personal accomplishment.

## 8. What is your driving force of inspiration to come to work every day with the same enthusiasm and energy- considering EM sometimes feels like a thankless job?

I don't like to brag, but I've been told I'm good at what I do ;) I have also inspired many young female physicians to not drop out of EM residency and be BOMB EM physicians. (bomb= extraordinary).

I aspire to inspire! :D Despite EM being a thankless job- there's always that one patient in that many 10000's you see that makes you see each patient with the same enthusiasm. ER k logo ki bohot choti choti khushyan hoti hain :D For me it was a patient who I had given an over of to the night shift and received again the next day in morning shift- who pointed at me while I walked in to take the over- "Iss dr ne meri jaan bachayi hai!". She was a young functional class1 patient with appendiceal CA in septic shock who I had received obtunded at front area. I had a smile plastered on my face the entire shift. No amount of badtamezi by any attendant could wipe that feeling off.

**9. Everyone is aware of your painting/hiking hobby- Does that help you maintain emotional well-being in a chaotic EM field?**

Yes! Its rejuvenating to detach from the chaos every once in a while and visit some place with forests/trees/ nature. I like to travel the road less travelled- My worst/best experience is of Adam's Peak at Sri Lanka- I will NEVER ever climb that top again- A LOT of life lessons learnt whilst climbing those 5500 steps.

I paint- and gift the paintings away :')

**10. Are there other hobbies/interests?**

Photography. Sports.

**11. If you could go back in time and change anything - what would it be and why?**

I would go back and tell myself to enjoy more, travel more. Age is not just a number \*laughs\*. I would tell myself to be more vocal about my aspirations and explore myself/capabilities more.

If I could parallel time travel- I would tell myself to be an anesthetist and a dentist along with being an EM physician. EM being my passion, the other two bringing in the easy money ;P







Central Park Hospital, Lahore



Postgraduate Medical Institute (PGMI), Quetta

## After Hours

After hours is a program meant to facilitate learning of resuscitation skills to medical students, medical officers and specialty doctors working in the emergency room in each and every corner of the country. The purpose is to be the servant leaders in emergency medicine education for our fellow physicians working all over the country. We care and advocate for physicians who work tirelessly and deliver emergency care. In the year 2022, our resuscitation program, resuscitation in the emergency department (RED) was conducted in Quetta, Karachi and Lahore. Our residents and faculty facilitated the sessions and the feedback we received was very good to excellent. We are looking forward to extending this program to other areas of the country as well.



Ziauddin Hospital Kemari Campus, Karachi



Combined Military Hospital (CMH), Lahore

# Annual Emergency Medicine Residency Interviews – 2023 (AEMRI)

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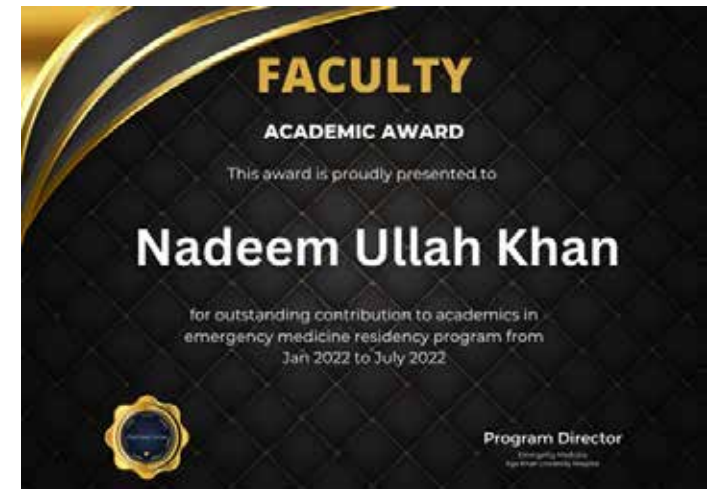
This year we received 127 applications for our residency program which has increased from previous year. The residency interviews for this year were held by involving external interviewers from different specialties. We are really very thankful to all the faculty who took time and became part of our program.



# Emergency Medicine Residency Program Faculty Appreciation Award

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On 5th October 2022, on Teachers Day emergency medicine residency program started a program at departmental level to appreciate our faculty based on the feedback they receive from their resident academic sessions, the novel teaching methods they adopted for their teaching sessions and their academic input during Jan-Jul 2022. In this session Dr Nadeem Ullah Khan, associate professor emergency medicine was awarded as the first recipient. We thank Dr Khan for the exemplary commitment and quality education that he continues to provide to our residents.





# Preparatory Assessment for Universal Scenarios in Emergency Department (PAUSED)

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To inculcate leadership and management skills into our senior residents, Dr Javeria Siddiqui (PGY 5) took the lead of facilitating a pre IMM OSCE preparation program named as "Preparatory Assessment for Universal Scenarios in Emergency Department (PAUSED)". The key feature of this program was it was open to all emergency medicine residents of Karachi who were appearing in IMM.





# SPARTANS

Serving Patients At Risk  
Through Agile Novelties

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First EM residency  
symposium!

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Lecture Hall 1  
Wednesday,  
December 28, 2022  
Aga Khan University

Registrations will be  
opening soon!

## Program Highlights

- Time management during residency - listening to the EM maestro!
- Learning during EM residency - breaking the barrier
- How to ace residency like a pro - preventing burnout during ED practice.
- Attempting an OSCE - the Do's & Don'ts
- Exam Review - 100 clinical vignettes for EM practice
- Aabra ka daabra - ED Scores!
- Disaster management essentials.
- Data Interpretation - Connecting the dots
- 20 important ECGs!
- High Yield Tox by the boss.
- Peadiatric EM Board review
- How to attempt a MCQ - tips & tricks



# Toxicology in the Emergency Department – TOXED

The emergency medicine residency programme at Aga Khan University Hospital is home to the only clinical toxicologist in the nation. On November 23, 2022, during the annual PGME conference, we held the nation's first high-fidelity clinical toxicology symposium, directed by Dr. Nadeemullah Khan and supervised by Drs. Javeria and Sara Usman, our senior residents. Twenty-six people enrolled for this session, and the responses ranged from very good to exceptional. In 2023, our resident programme will include a five-day, comprehensive, high-fidelity toxicology course. Don't miss out; register for this course now! A few views of our workshop.

## TOXED TOXICOLOGY IN THE EMERGENCY DEPARTMENT



Wednesday, November 23, 2022  
CIME  
Aga Khan University Hospital  
09 AM - 02 PM

