UUHC Physicians Guide Future of Emergency Care in India

Students use hands-on learning techniques.

We all know the adage 'Give a man a fish and he eats for a day, teach a man to fish and he eats for a lifetime.'

Peter P. Taillac, M.D., and Vijay Kandula, M.D., M.P.H., AAHIVS, have put the phrase into remarkable practice. The pair have developed a "train-the-trainer" course that's modernizing emergency care in Karnataka, India and is now slated for use in other developing countries.

"Emergency medicine is a brand new concept in India," explained Taillac. "Emergency care skills are not well taught or represented in the Indian medical school curriculum."

In Karnataka, a region of southern India with a population of 61 million, medical school graduates will find work in government hospitals, many of which are isolated and lacking in resources, medications, and machines. It's inevitable that these newly minted residents will see patients who require emergency care, but unfortunately residents aren't trained in those skills.

The Comprehensive Emergency Care and Life Skill Support training program—or Jeeva Raksha, which translates to 'protect life'— was created two and a half years ago to teach basic skills in emergency care. It's a four-day course for medical students**,** and five-day course for trainers. At its conclusion, participants are to be able to recognize that a patient is critically ill or injured, stabilize the patient, and safely transport the patient to higher-level care.

Taillac and Kandula conducting a needs assessment on the kinds of emergency injuries and illnesses that were common in the region. A number of doctors in the state consistently said they were not comfortable handling emergencies, highlighting a desperate need for emergency skills training.

A memorandum of understanding (MOU) was signed between the University of Utah and Rajiv Gandhi University of Health Sciences (RGUHS)—the curricular authority for forty medical schools in Karnataka—to conduct a few pilot classes. Taillac and Kandula developed the curriculum for the course and began teaching with two intentions: to certify trainers who can later teach the course themselves and to certify institutions to have the capacity to conduct the training independently.

Surveys given both at the beginning and at the end of the course indicate individual progress in emergency skills, both in knowledge and in comfort performing them. On a larger scale, a review of medical school curriculum conducted by RGUHS concluded the primary area of concern to be addressed was emergency skills training.

"I think our class caused the interest in saving lives because it was so well-received," said Taillac.

Remarkable emails and personal testimonials are also proof to Taillac and Kandula that their program is making a change. For example, two young female interns who had completed the course were at a train station when a stranger went into cardiac arrest; using the skills and confidence imparted in the course, the young doctors performed CPR and saved the man's life. Kandula has been told by several participants that, after the course, they had the knowledge and confidence to respond to an emergency.

The course differs from the common didactic method of learning in Indian medical schools as it is highly interactive and encourages students to interrupt with questions. Taillac and Kandula describe their method as less Socratic and more like a give-and-take. Following morning lectures, students gain experience in a hands-on, case-scenario skills lab, something most students had never had access to before. The course also stresses the importance of learning skills over passing a course.

"Students will pass this course if they want to pass," Kandula said, meaning that the final test can be taken again and again until passed. "We tell them the exam is another opportunity to learn. So it requires a lot of energy and passion from the trainers."

In addition to medical school students, current doctors will now have the chance to take the course with the help from the Ministry of Health in Karnataka, which has allocated funds for 20 training courses for up to 20 doctors each.

The MOU was signed about two years ago, and more than 200 trainers have passed the course since. By the end of the year, Taillac and Kandula hope to have certified three medical schools that will be able to teach the course independently (one has already been certified, and the next two are quickly reaching that goal). For the course to be sustainable, Kandula hopes to certify at least twenty schools in the next three years.

As the course builds confidence and knowledge among the doctors and students of the region, Karnataka will surely see lowered mortality rates in emergency injuries and illnesses. With the help of the University of Utah School of Medicine's Global Health Program, Taillac and Kandula also now have the opportunity to bring the course to Morocco.

"The course is a good start," Kandula said, referring to the basics taught by the course that could be applied to further specializations in life support. "It's applicable in any country, but especially in developing countries."

by Shelley Miller at 10:35 AM