

Interview

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Would you please briefly provide your biography?

I was born in the UK to parents of Indo-Pakistani Kashmiri and Persian ancestry. My father was an orthopedic surgeon trained in the UK who was one of the pioneers of modern orthopedic surgery in Saudi Arabia after he moved there in 1968. My brother and I attended a variety of international schools until high school. I studied medicine in King Abdulaziz University in Jeddah, Saudi Arabia, graduating with the 13th batch in 1988. Soon after, I returned to the UK to initially pursue specialist surgical training; however, the death of my brother and father in close succession resulted in several interruptions. After earning an MSc in Surgical Sciences from the University of London and becoming a fellow of the Royal College of Surgeon of Edinburgh, I decided to pursue my generalist interests in acute care. After working in several emergency departments (ED) I was appointed to the London Deanery's Specialist Registrar Training Scheme and completed my Certificate of Completion of Training, I became a Fellow of the Royal College of Emergency Medicine (EM) in 2010. I was fortunate to obtain experience in the world renowned London Helicopter Emergency Service during my training. Thereafter, I worked in several EDs in the London area as a Consultant in EM.

What is your current position?

I am currently a consultant and the head of the ED of Sheikh Khalifa General Hospital (SKGH) in Umm Al Quwain, UAE. I was appointed in 2014 and to acting Head in 2016. The department has experienced many challenges because many of our specialists and consultants had left two years after the department opened. I was approached by the senior management of the hospital to lead the department and since January 2016, I assumed this responsibility. I am pleased that the hard

work put in has paid dividends and the department now has an excellent reputation for service and quality, though I regularly challenge our team to keep improving.

Would you please introduce your hospital, Sheikh Khalifa General Hospital? Its ED case mix, ED admission rate, and related facilities for emergent and critical cases?

This is an interesting question because the common way of responding to it is by showing off about the complex case-mix experienced in one's large academic institution. SKGH is a moderate size hospital with 150–180 beds. It was commissioned and is overseen by the Ministry of Presidential Affairs (MOPA) in Abu Dhabi and was set up to provide a high standard of medical care to the citizens and residents of the Northern Emirates. In fact, since SKGH opened, MOPA has commissioned two other hospitals; a Specialty Hospital in Ras Al Khaimah and a General Acute Hospital in Ajman. SKGH ED attendances have grown steadily since opened in late 2013 and now serves around 55,000 individuals annually. Roughly half of the patients seek help for primary care or acute problems and the rest are experiencing medical emergencies or are seriously ill. Our acute case level is not very high compared to some regional institutions with admission rates of around 10% and around 7000 triage level 1 and 2 patients, including a mixture of medical, surgical, trauma, pediatric, and maternity/gynecology cases. Diabetes, cardio/neurovascular disease, and vehicular trauma are particularly common. A high proportion of the population is children because of the high birth rate in the area, meaning these services are well-utilized. SKGH cannot provide all specialties so the challenge is to manage patients when a specialty cover is not present and to arrange care of these patients in a practical yet safe way. This is often the particular challenge of

consultants in a smaller and relatively new ED that does not come under the traditional ministry of a health remit.

In what activities related to emergency medicine are you currently involved?

Other than clinical work, supervision, and support, I try to be involved in all aspects of the department's clinical work (especially when it is busy) as that sets a good example on the importance of all patients. My main challenge, however, is to be the constant driver of both higher quality of care (through education, case reviews, discussions, promoting auditable clinical practice guidelines and projects to reduce risk such as through review of missed x-ray lesions and laboratory results, and optimally utilizing resources) while ensuring we meet our timeliness key performance indicators for all categories of patients. Working closely with our senior charge nurse, we ensure equal weight is provided by the whole team (often this means challenging cultural assumptions of roles). In order to increase the profile of the ED, we have been actively involved in organizing regional emergency skills workshops and I also founded the MOPA hospitals' Emergency Club. All of this has to be done with minimal administrative/secretarial support. Because all our specialists and medical practitioners are career doctors (i.e., not residents), I try to inspire them to get involved in projects that lead to posters that can be presented at regional or international emergency conferences. I am fortunate that all of this effort was recognized and I received an awarded for distinguished medical specialist in the annual Health Magazine/Dubai Health Authority awards in 2018.

Is there any emergency medicine specialist, working in your ER? If yes, how do they cooperate with other specialist or sub-specialists regarding patients' management?

Currently we have 2 consultants and 7 specialists. All of the specialists have excellent Emergency Medicine/Critical Care qualifications and experience, although they come from a variety of nationalities. We also have 8 experienced medical practitioners who have been with the ED for the last few years and have built up experience and skills. We run a very flat system and all doctors see all patients although there is always an experienced doctor—a specialist and/or a consultant—on shift in order to provide advice/support to medical practitioners. We lucky

to have stable staffing and therefore any investment we make in their training and education is worthwhile in the long run. Ideally, I would like to set up some rotations for the staff in specialties key to the ED in order to enhance their skills and ensure our patients get optimum service. The UAE is dependent on expat residents and workers but from the medical side I would like to see a structured system where expat doctors get the opportunity to earn recognizable qualifications as well as experience during their work here.

You are the Head of the Emergency Department in a middle eastern country. To what extent are you interested in learning about emergency medicine in other countries in this area like Turkey, Iran, etc.?

Attending as many international fora as I can, I realize that despite different geography, politics, climate, and cultures, many of the challenges emergency physicians face world-wide are similar. It is, therefore, very important that we network as physicians in order to learn from each other and try new things. I am glad the world health organization (WHO) has prioritized emergency care in its global development goals and I hope this will give momentum to the development of this relatively new but important discipline of modern healthcare.

UAE has recently become a member of the Asian Society of Emergency Medicine (ASEM). What is the UAE government prediction for the future of emergency medicine in your country?

Emergency medicine is growing rapidly in the UAE under the leadership of the government and a vibrant community of Emirati doctors, many of whom have gained excellent training and experience in North America and are heavily involved in the development of residency programs in the UAE. The UAE emergency fraternity also collaborates with colleagues from other gulf states, in particular Saudi Arabia, where the development of these programs are more established. UAE's involvement in ASEM has had a noticeable early effect with several leaders in EM from Asian countries taking part in education events in the UAE in 2017. Our own ministry has been a pioneer in this regard and our sister Sheikh Khalifa Specialty Hospital is managed by the National University Hospital of Seoul which means we in particular have been collaborating with one of the progressive Asian states for several years already. I would say that the position of the UAE as

a regional and global hub makes the medical community in general and the emergency community in particular very vibrant, and the Emirates Society of Emergency Medicine (ESEM) has one of the best attended and popular annual conferences (and the society is also active in

organizing a number of other events during the year). I am also pleased that the 20th International Conference of the International Federation of Emergency Medicine is expected to be held in Dubai in 2021.