

"ARE YOU READY TO IGNITE YOUR EXCITEMENT AND FIND INSPIRATION?"

"Mismatch in resources, high-pressure environments, inadequate structures, and gaps in clinical governance—these challenges push us toward burnout. But how can we transform hopelessness into growth and become better clinicians?"

-DATUK DR. MAHATHAR ABD. WAHAB-

Sleep eluded me after the first MCI. Fear gnawed—an aid worker's vulnerability. Yet optimism flickered: the deconflicted zone would hold. Trust in God became my lullaby. And camaraderie with Team 3—our shared burden—eased our collective anxiety.

- DR SHARIDAN MOHD FATHIL-

**Beyond 24/7 OF EMERGENCY LIFE:
"Penang Emergency Fraternity work not only under high pressure but also play under high pressure !"**



"The OR buzzed with urgency. Acute orthopedic injuries demanded emergency surgery. Our preparation was hasty..." Read more in Echoes of Resilience: Amidst Chaos and Compassion (Part II)

Welcome to ER Chronicles, the official newsletter of the Malaysian College of Emergency Physicians. Our mission is to create a platform where emergency physicians and frontliners can share their invaluable experiences, challenges, lessons, and even emotions. ER Chronicles is not just a newsletter; it's a healing space for our community. We aspire to inspire people worldwide and keep the passion alive as we navigate the demands of the emergency department. Join us as we continue our journey of resilience, dedication, and hope.



Many will feel that they are being left behind, isolated and neglected; leading to feelings of helplessness. Such feelings, if left without intervention can potentially spiral into sadness and depression. Some bounce back after a brief period of malaise; others descend into depression with a paralyzing fear of the future. Read more in "Learned Hopelessness" article.

Discover the latest upcoming courses organized by MyCEP and its affiliates in our Program section.

Take a look at our past activities and explore the Words of Wisdom section for valuable insights.



"Learned Helplessness"

People talk about being steadfast and resilient, in the light of having to face very challenging situations in our day-to-day practice of Emergency Medicine. Mismatch of human resources, high intensity environments, inadequate structures, issues with clinical governance etc. leads to overworking and putting ourselves at risk of going into burnout syndrome.

Many will feel that they are being left behind, isolated and neglected; leading to feelings of helplessness. Such feelings, if left without intervention can potentially spiral into sadness and depression. Some bounce back after a brief period of malaise; others descend into depression with a paralyzing fear of the future.

The key question which needs to be addressed is how to be steadfast and resilient. Perhaps we should be learning from the corporate sector on how they turn losses into profits. Their ability to withstand austere economic situations and turn it into their favor. We should learn from their plight about the key success factors to overturn losses. Maybe an 'out of the box' approach may help, or at least provide options to overcome such issues.

In the late 1960's there was a discovery on "learned helplessness". Studies on dogs, rats, mice and even cockroaches that experienced mildly painful shocks over which they had no control of would eventually just accept it, with no attempt to escape. It also showed that some human beings behaved the same way! Strangely but interestingly, one third of the animals and humans who experience inescapable shocks never did become helpless.

We ask ourselves, what was it that made them that way? The answer is optimism.

The study discovered that people who did not give up had the habit of interpreting setbacks as temporary (The storm will pass by), local (it is a single situation) and changeable (I can do something about it). These findings suggest that people who teach themselves to think like optimists can be immunized against learned helplessness, depression, anxiety and giving up after failures.

Resilience can be taught and learned. Resilience can be developed. This is best learnt from corporate sectors especially the successful entrepreneurs. 'Failure' is hardly in their vocabularies. In difficult times, there is always an opportunity or opportunities. When things go wrong or failure is looming, the challenge is to turn a negative experience into a productive one by countering adversities with resilience.

Psychological resilience is the capacity to respond quickly and constructively to crises. This component can be hard to muster when one is paralyzed by fear, anger, confusion, or with a tendency to assign blame. A trademark of an emergency physician or doctors working in emergency department is the capability to change chaos into 'controlled' chaos. Hence, taking control of the situation, no matter how dire it seems. To have such a capability, one needs to change the way they respond to situations.

Most of us, when experiencing a difficult situation, make quick assumptions about its causes, magnitude, consequences, and duration. We need to shift from this kind of reflexive thinking to 'active thinking' about how to best respond to these situations. A 'pause' will be very beneficial. A 'pause' will realign the response from reflexive thinking into active thinking. A pause combined with optimism will lead towards objective and more defined approaches to overcoming difficult and challenging situations. Hence, strategizing our methods in achieving the outcomes we desire.



“EMERGENCY MEDICINE IS A PRACTICE THAT HANDLES PATIENTS WHEN IT MATTERS MOST. YOU ARE THE CHOSEN ONE, THE MOST IMPORTANT PERSON TO THEM, AT THIS TIME OF NEED”

Datuk Dr Alzamani Mohammad Idrose
President MYCEP





ECHOES OF RESILIENCE: AMIDST CHAOS AND COMPASSION (PART II)

By Dr Shahridan Mohd Fathil

The drone's incessant hum had become our unwanted companion—a dissonant melody that underscored the chaos. In Gaza, where the sky bore witness to relentless strife, we braced ourselves for the inevitable. When the night grew darker, and the drone's pitch intensified, we knew: an airstrike loomed.

THE RED ZONE TENT: MCI

Within the hospital compound, we set up the Red Zone tent—a sanctuary for the wounded. But this war was merciless, and its victims were often the most vulnerable: women and children. Team 3, our makeshift brigade of medical warriors, stood ready. Our mission: to salvage lives from the wreckage.

GUIDING RESUSCITATION AND UNUSUAL DECISIONS

In the midst of chaos, the ultrasound proved its worth. Focused echocardiography guided our resuscitative efforts. E-FAST—our compass—ruled in or out chest and abdominal trauma. Two cases of intraabdominal bleeding surfaced, their stability deceptive. We transferred them to better-equipped hospitals, praying for their survival.





But resource scarcity forced our hand. A pregnant mother, her brain matter oozing from a skull wound, gasped for life. In the Red Zone, we performed a “perimortem” caesarean section—a desperate dance between life and death. And the man with the gaping back wound? His heart beat valiantly, but we left him—a painful choice etched in our souls.

THE URGENT NEED FOR POCUS

Team 3’s briefing had left an indelible mark. Point-of-care ultrasound (POCUS) was our lifeline. With funds scraped together by the Society of Critical and Emergency Sonography Malaysia, we acquired a Kosmos ultraportable ultrasound. Its phased array probe held promise—a beacon in the darkness.



ORTHOPEDIC EMERGENCIES AND PNBS

The OR buzzed with urgency. Acute orthopedic injuries demanded emergency surgery. Our preparation was hasty, our tools basic. When feasible, we opted for peripheral nerve blocks (PNBs) as anesthesia—a delicate balance between pain relief and survival.

Beyond immediate care, we sowed seeds of resilience. E-FAST training sessions—didactic lectures and hands-on demonstrations—nurtured junior doctors. The ultraportable ultrasound found its final home in the hospital—a gift from our weary hearts.



Ultrasound-guided regional anesthesia became a skill shared. Local anesthesiologists and technicians learned—a legacy of hope. And the Laryngeal Mask Airways, donated by an industry that knew our struggle, bridged gaps in airway management.



THE UNCHARTED PATH OF A DISASTER ANESTHESIOLOGIST

Modern facilities hadn't prepared us for Gaza. Here, inhospitable terrain met scarce resources. Diagnostics were rudimentary, and reverse triage became our compass. Survival trumped all, even as we adapted—shifting roles, planning strategically, and optimizing every resource.

Disaster anesthesiologists, forged in adversity, carried echoes of resilience. We stitched wounds, whispered prayers, and navigated the impossible. Our legacy? Not just survival, but the unwavering belief that compassion could heal even the deepest scars.

TRUST IN GOD AND CAMARADERIE

Sleep eluded me after the first MCI. Fear gnawed—an aid worker's vulnerability. Yet optimism flickered: the deconflicted zone would hold. Trust in God became my lullaby. And camaraderie with Team 3—our shared burden—eased our collective anxiety.



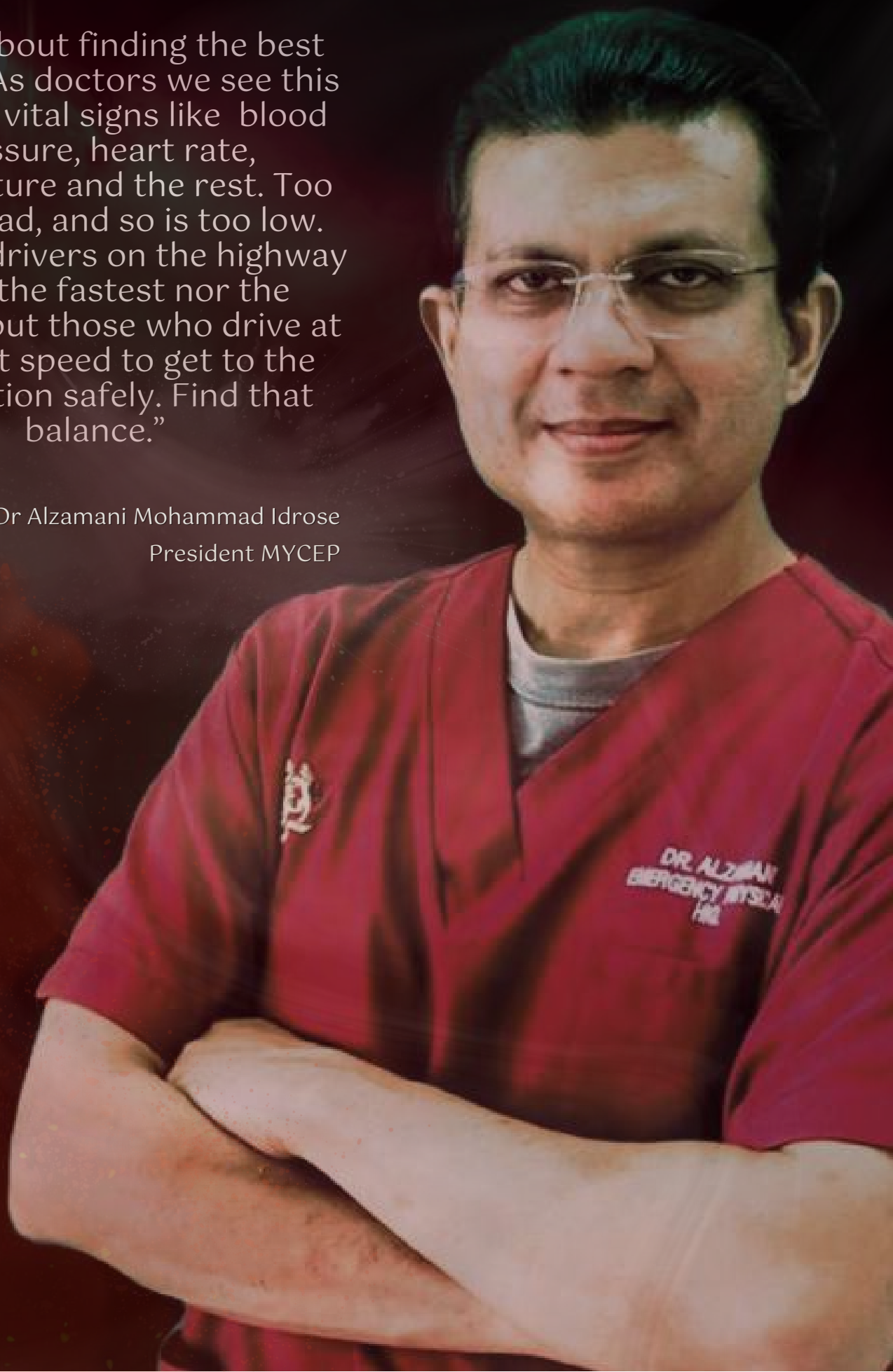
AS THE MISSION CAME TO A CLOSE, I WOULD LIKE TO REFLECT ON THE WORDS OF JOHN STUART MILL, REMINDING US ALL OF THE IMPORTANCE OF TAKING A STAND AGAINST INJUSTICE.

THE JOURNEY MAY HAVE BEEN FRAUGHT WITH CHALLENGES, BUT THE IMPACT OF THEIR WORK WILL FOREVER BE ETCHED IN THE HEARTS OF THOSE THEY TOUCHED.

AND SO, WITH HEADS HELD HIGH AND HEARTS FULL OF GRATITUDE, THE TEAM BID FAREWELL TO GAZA, KNOWING THAT THEY HAD MADE A DIFFERENCE IN THE LIVES OF THOSE WHO NEEDED IT MOST.

“Life is about finding the best balance. As doctors we see this in all the vital signs like blood pressure, heart rate, temperature and the rest. Too high is bad, and so is too low. The best drivers on the highway is not the fastest nor the slowest, but those who drive at the right speed to get to the destination safely. Find that balance.”

Datuk Dr Alzamani Mohammad Idrose
President MYCEP



BEYOND 24/7 OF EMERGENCY LIFE



We are approximately 70 members which consist of Emergency Physicians, Paramedics & Nurses from all 6 Hospitals in Penang who are working in Emergency Department. The members are mostly involved in middle level management of Emergency Department. This association was formed in 2007 with objective to take care of the welfare of our members pertaining to Emergency Department such as courses, community services, annual event & family days.

Penang Emergency Fraternity work not only under high pressure but also play under high pressure! To highlight our recent event in ESCAPE Penang organized by Persatuan Kebajikan Perubatan Kecemasan Pulau Pinang (PKPKPP) was unforgettable retreat in 2024.

Our Emergency Fraternity currently made of six Emergency Departments, and most of our members are from surrounding northern region. We are a very close-knit community.

This year we organized a get together event and to make it thrill with adventures, we chose ESCAPE Penang as our annual event with a theme of The Amazing Race.





The rules were simple, the more thrilling activities we do, the higher our score will be. Hence the highest score team wins ! But there is the catch, each of the team members are from different hospitals and they are comprise of MA , sister & specialist who only know each other virtually and that also during referrals and Inter Facility Transfer (IFT). So in this race, teamwork is the key !

We were like the three musketeers! All for One ! One for All ! Hence the race begins. Some of the activities like Monkey slingshots are pure adrenaline rush.

Proud to say we took the opportunity to slide on the longest waterslide IN THE WORLD! Such rollercoaster ride! 1111 meter long and its in Penang ! Now, how great is that ?



Along the race, we got to know each other beside the professional relationship we had in hospital. Our Head of Penang Emergency Department, Dr Azleen may be strict consultant at work but such a joyful person to mingle with beyond working hours.

Within short interaction and rapid rapport, all the strangers become friends from each team towards the end. A true meaning of team building was established at the end of the event.

By 6 o' clock evening, we are totally worn out. Our mean arterial pressure (MAP) is supported by epinephrine, thanks to our adrenal glands. Hampers were given to winners and we exchange good number of selfies and 'wefies' before departing with heartfelt joyness that we did something beyond 24/7 of Emergency department.



As we depart from Escape Theme Park to go back home, some took a chance to take the scenic drive via balik pulau highway on the way back home and some pitstop at the famous durian orchards for authentic balik pulau organic durians ! Cant miss the season. Till we organize next year annual event, Adios !

With Love : PKPKPP



CONGRATULATIONS!

NEWLY ELECTED BOARD MEMBER (2025-2028)

ASIA PACIFIC ASSOCIATION OF
MEDICAL TOXICOLOGY



Dr Ruth Sabrina Binti Saferi



TOPCOM 2024



APAMT 2024



WEA Sarawak Forestry Wilderness Medicine SIG Highlights



WEA Perbadanan Taman Negeri Pahang

UPCOMING EVENTS

GOOD CLINICAL PRACTICE WORKSHOP 1/2025

EVENT DETAILS

- 18hb - 20hb February 2025
- Kulliyah of Medicine
- 60 pax
- Exam is MCQ open book

REGISTRATION FEES

- New / Repeat:
 - IUM Student - RM 500
 - IUM Staff - RM 800
 - Non IUM - RM 1,000
- Re-Sit Examination (10 pax) - RM 100

MORE INFO

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DO NOT MISS OUT!

NEXUS 2.0

NEUROLOGICAL EMERGENCY EXCLUSIVE UPDATES SERIES

THEME: HYPERACUTE STROKE MANAGEMENT

FEB 27TH 2025
HPUPM

FIRST ANNOUNCEMENT!

SPECIAL WILDERNESS FIRST AID BORNEO 2025

MYR700/PAX (Terms applied)

Master life-saving skills with our sought-after Wilderness First Aid course, set amidst Kundasang's stunning Highlands. Train, explore, and be inspired by nature!

10-12 FEBRUARY 2025

HIMBAAN GARDENSTAY KUNDASANG

For more info, Contact: Dr. Jacknaim
016-9214239
jacknaim@gmail.com

WFA Course
Camping & Campfire
Live snake demonstration

(OR CLICK LINK)

PERCUSS PAEDIATRIC EMERGENCY & CRITICAL CARE ULTRASOUND SUPPORT COURSE

Latest updates on point of care ultrasound in paediatrics. Provides hands-on experience for beginners and intermediate level healthcare providers in emergency and critical care setting.

FEB 22-23, 2025 | 8 AM TO 5 PM
DAYCARE CENTRE,
SARAWAK GENERAL HOSPITAL, KUCHING

Register online :
<https://www.criticalultrasoundmalaysia.org/events>

Contact us @ percussmalaysia@gmail.com

LIMITED SEATS AVAILABLE

CLINICAL TOXICOLOGY COURSE 2025

TOPICS

- Clinical approach & general management in poisoning
- Household products poisoning
- CVS drug poisoning
- Abusive drug poisoning
- Analgesic poisoning
- Psychiatric drug poisoning
- Metal poisoning
- Pesticide poisoning
- Food poisoning
- Inhalation poisoning
- Pediatric poisoning
- Envenomation

WORKSHOPS

- Herbs/Plants
- GI decontamination & first aid
- Toxi-lab
- Antidotes

REGISTRATION FEE: RM350

17-18 FEB 2025

DEWAN PERDANA, HOSPITAL SEGAMAT

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