**ISCCM NEWS HEADLINES**

- This is the 2nd Special Post Conference issue of Critical Care Communications: How it Happened?
- Bengaluru CRITICARE 2015 a huge success.
- All workshops appreciated by the delegates and faculty alike.
- Indigenously developed hemodynamic simulator and ventilator similar used for the first time in Hemodynamic, Ultrasound and Ventilator Monitoring Workshops.
- The ISCCM oration delivered by Dr. George John on 6th March 2015.
- Dr. Divatia delivered the Past President’s Oration on 6th March 2015.
- Postal department brings out Special Postal Cover on the occasion of Criticare 2015.
- ISCCM merchandise sold at Criticare 2015, very popular.
- The annual scientific feast, the 3rd Best of Brussels approaches, scheduled from 8th to 12th of July.
- The Scientific program of the 3rd Best of Brussels uploaded on the website, registrations closed.
- Elections to the ISCCM national executive committee announced.
- Will have a double security, e-mail link followed by a One Time Password on the registered Mobile no. of the life members.
- Last date for filing nominations is 15th June 2015.
- Last date for withdrawal of nominations is 30th June 2015.
- Online voting to be held from 1st to 7th August 2015.
- Members urged to update their e-mail IDs and mobile nos.
- Webinars started by ICCCM, hugely popular.

**Editorial office**

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We request our esteemed readers to send their valued feedback, suggestions & views at newsletter@isccm.org
Dear Friends,

This issue is a special issue dedicated to the National Annual Conference of ISCCM – Criticare 2015 as a follow-up issue. This issue of the newsletter contains information about arrangements made in the conference, the workshop and conference report. Also there are write-ups about the quiz, photographs of the free paper winners, poster winners and the convocation report. You will read about the Special Poster cover, brought out by the postal department. The election notice for ISCCM office bearers is also reproduced here. As always I request you to update your e-mail and mobile nos. so that you can vote in this election. Please let me know your opinions about this idea of the special issue at my email address, kaivalyaak@yahoo.co.in.

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CRITICARE 2015 Bengaluru - A Grand Success

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THE CRITICAL CARE COMMUNICATIONS ® A BI-MONTHLY NEWSLETTER OF INDIAN SOCIETY OF CRITICAL CARE MEDICINE
Dear Members,

Greetings!

Criticare 2015 Bengaluru has concluded with all round appreciation for the quality of the scientific sessions and program. The Organizing Committee made their best efforts to keep all the delegates happy despite some problems with the venue.

Preparations have started in right earnest for Criticare 2016 at Agra which is a joint meeting with the International Sepsis Forum. We are in the process of closely working with the Agra Organizing committee to put up a good scientific program and workshops.

The ISCCM database project CHITRA is progressing well and ICU’s especially those accredited for ISCCM training courses will be asked to contribute data for the beta version.

The theme chosen for this year’s ISCCM day is “Good Communication in ICU – A Key to Better Outcome”. There have been a spate of attacks on doctors especially those working in the ICU. With better communication we will not only be able to prevent such incidents, but also anticipate and pre-empt these episodes.

Elections are round the corner. I request all members to update their contact details and participate in the elections. Nominations have already been invited and I urge younger academically minded ISCCM members to contest elections and join the ISCCM EC.

As all of you know from next year the presidential term will be only one year. The EC is contemplating changes that will help incoming presidents maximize their output. We are also moving towards organizing the ISCCM CRITICARE conferences from the center in order to face the challenges we face especially with regard to sponsorship for conferences. Centrally organized conferences will also help streamline the scientific program and standardize our workshops. Venue management can also be standardized.

The venues for our next two national conferences are Kochi and Varanasi. Dr. Subhall Dixit, Dr. Atul Kulkarni, Dr. Rajesh Pande visited the venues and found both venues to be excellent. Delhi too was an excellent venue but was asked to wait as the Delhi conference was only recently held.

Webinars have started again in full swing and the 4C courses are also being held regularly. I compliment Dr. Chawla and Dr. Ramakrishnan for their efforts.

Dr. Shivakumar Iyer
President, ISCCM
suchetashiva@gmail.com
Dear Friends,

Warm greetings from ISCCM office.

At the onset, I am pleased to take over the post of General Secretary of ISCCM at the CRITICARE 2015, Bengaluru. (This has been possible only because of your support and encouragement)

I am happy to inform you that CRITICARE 2015, Bengaluru was indeed a great success with a strong attendance of 2600 delegates attending this gala event. I take this opportunity to thank Dr. Pradeep Rangappa and the enthusiastic Team Bengaluru for their hard work and meticulous planning towards making this a great memorable event.

The scientific committee under the guidance of Dr. Shivakumar Iyer and Dr. Sampath planned an inspiring academic conclave covering a wide range of aspects of critical care relevant to our country. The scientific programme was a judicious mix of contemporary topics with recent advances and medicolegal issues related to our working environment. Various workshops helped in knowledge and skill transfer to the participants.

ISCCM provides a opportunity to recognise talent among young budding intensivists and encourages them to express their views on this platform. Four young dynamic intensivists made their way as faculty and proved their expertise in various aspects of Critical Care Medicine in India. I appreciate and thank the office bearers of the Chennai branch of ISCCM for their support and guidance in volunteering as well as sponsoring the young talent scheme of the society.

The goals of ISCCM for the coming year can be summarized as follows:

a. To increase ISCCM membership drive. I request all of you to encourage your contemporaries and colleagues to join this esteemed society as and avail the various benefits of membership. The benefits include discounts to conference registration and access to the prestigious JJCMC journal.

b. To improve transparency and approachability of ISCCM in an effort to spread the knowledge of Critical Care to remote places by getting together in a united way.

c. ISCCM plans to improve its international presence and connections by joining hand and strengthening bonds with the ESICM, SCCM and Neurological Society of America by reciprocal academic programs as well as dual membership programme (proposed).

d. To increase, strengthen and promote the indigenously developed programs of ISCCM like 4C. Further plans to develop more advanced teaching modules in various departments of critical care and to execute them in the coming year.

To sum up, in the end I assure you that I will do my best to grow ISCCM and its activities in the coming year.

I look forward to interacting with more members and branches of ISCCM. Thank you once again for support.

Warm regards

Cheers

New Office Bearers of ISCCM Branches

Hisar

Chairman: Dr. Ajay Singh
Secretary: Dr. Yashveer Arya
Treasurer: Dr. Ritu Chopra

Hyderabad

Chairman: Dr. Shyam Sunder T
Secretary: Dr. Ganshyam M Jagathkar
Treasurer: Dr. Srinivas Jakkaboina

Patna

Chairman: Dr. V K Thakur
Secretary: Dr. Amit Kumar Sinha
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Ranchi

Chairman: Dr. Md Naseem Akhtar
Secretary: Dr. Vijay Kumar Mishra
Treasurer: Dr. Rash Kujur

Trivandrum

Chairman: Dr. Suresh Kumar V K
Secretary: Dr. Naveen Jasmine
Treasurer: Dr. Satish Balan
4.1 Eligibility

4.1.1 For the post of President Elect, Vice President and General Secretary, Treasurer the candidate should have been elected and not nominated for 4 (Four) years as follows: on the National Executive Committee for a minimum of 2 (two) terms i.e. total 4 (four) years in the National Executive Committee or 1 (one) term of 2 (two) years in the National Executive Committee and 2 (two) years as office bearer in the City Branch Executive Committee, the 2 terms not co-existing concurrently.

4.1.2 For all other positions, membership of the Society for at least five years is mandatory. For re-eligibility to contest election for any post on the National Executive Committee the candidate must have attended at least 2 (two) out of the last 4 (four) Executive Committee Meetings held in both years of his/her previous term. In case of such absence the member shall not be eligible to contest elections for one term (i.e. two years) and can contest only after this term is over.

4.1.3 No member shall be eligible to seek election for more than two tenures as Vice-President, General Secretary or Treasurer on the National Executive Committee the candidate must have attended at least 3 (three) Executive Committee Meetings out of the 4 (four) last Executive Committee Meetings held in the term that he/she had served on the National Executive Committee.

4.1.4 The President/President-Elect, Immediate past president, General Secretary, Treasurer, Secretary is one year and for Vice President two years. The term for Executive Committee members and Zonal members is two years.

4.1.5 A member shall not contest simultaneously for more than one office bearer’s post (i.e. of President elect, Vice President, General Secretary and Treasurer).

No member except the president shall be on the executive committee for more than eight years regardless of posts held in the EC. After completing 8 years in the EC, the member can contest only for the post of President. Thus the president shall remain on the EC for 11 years i.e. 8 years as EC member in any capacity and 1 year each as President elect, President and Immediate Past President.

4.1.6 No member can contest for any post on the National Executive Committee, the 2 terms not co-existing concurrently.

4.1.7 The tenure of all office bearers in all committees including College Board will be for one year as term of EC is now one year.

4.2.6.1 Canvassing in any form will result in automatic disqualification from the election process. This includes emails, SMS etc., and any other form of communication.

The nomination paper which shall set out the candidate’s name, address and the office for which the candidate is nominated, shall be proposed by one valid member duly signed by the candidate, signifying his/her willingness to stand for the election and to serve on the Executive Committee if elected. There shall be a separate nomination paper for each candidate, and for each post. These nominations must reach the General Secretary not later than 15th June by 5.00 P.M. For every post, the nomination paper must be accompanied by a sum of Rs.5000/- (Rupees five thousand only) from a candidate, in the form of a demand draft payable at Mumbai. A nomination paper not accompanied by a Bank Draft of Rs.5000/-, shall be deemed invalid. A short bio-data not exceeding 200 words, should accompany the nomination or it can also be sent as soft copy along with a soft copy of photograph (compulsory) by e-mail.

The proceeding after this will be taken over by the election commissioner. The election commission shall inform BY EMAIL the contesting candidate of all the nominations received for the post they are contesting, and if any one wishes to withdraw his/her nomination, he/she should inform Election Commissioner in writing or from the original e-mail address (i.e. registered with ISCCM headquarters previously) on or before the 30TH of June by 5.00 P.M. No member of ISCCM EC except those in Election Commission will in any manner interfere in the Election Process.
Dr. George John, formerly of Christmas Medical College Vellore, a teacher, guide and mentor to many of today’s intensivists, delivered the ISCCM oration during the morning session of the March 7, the second day of the conference. He asked the question as to where is Critical Care Medicine heading (Quo Vadis) in our country. His reflections, borne from unmatched experience in dealing with sick patients at one of the premier health care settings in India, was illuminating and thought provoking.

Critical Care Medicine is a young area of medicine, with several teething problems to contend with. Struggling to establish a clear identity, we strive to challenge established silos of practice while staying clear of turf battles with specialists in other fields of practice. It is also one of the few areas of practice that respects and acknowledges team work – nursing and other ancillary specialists being key players who have a direct bearing on clinical outcomes.

Two classes of doctors metamorphose to intensivists – anaesthetists and physicians. The former, by training, are geared to reflexly cope with emergency situations such as handling of airways and resuscitative interventions, while the latter would come to their own in the care of those who demand patience and persistence. An intensivist of your dreams would have the speed and alacrity of an anaesthetist, the observational powers of a paediatrician, thoughtfulness of a physician, and communicating abilities of a psychiatrist while maintaining the diplomatic skills of the United Nations Secretary General as circumstances demand.

We live in an era of rapidly evolving technology with intense pressure upon us to take them up or perish. However, what may be considered standard of care today may well be thrown by the wayside tomorrow – as happened with activated protein C in sepsis and the pulmonary artery catheter in haemodynamic optimization. Non-invasive ventilation, point of care ultrasound and extracorporeal membrane oxygenation have caught up although time alone will tell us what kind of impact some of these interventions may have in the practice of critical care medicine. It serves as a reminder to us that the only constant factor in life is continued change! Herein lies the importance of critical thinking, being innovative, and willingness to take up learning as a life-long venture.

Although the multiple choice format is used as an easy and practicable tool of evaluation, it leaves a lot to be desired; such a system of evaluation forces to choose between black and white, while reality often exists in shades of grey. Perhaps it is an offshoot of our cultural trait of holding strong opinions one way or the other. It is important to look beyond the obvious; to challenge knowledge that has been passed on by tradition, without enough evidence to support; to have the courage to say no when we don’t know.

Most intensive care units in our country lie in the private sector, which few can afford, or have access to. We need to reach out to those who desperately need early, focussed care, not necessarily with the latest technological gizmo that is doing the rounds.

Communication, especially with sorrowing families facing the worst personal tragedies of their lives, is a key facet of our specialty. Unfortunately, we are not taught how to do this during our training; we are left to imbibe these qualities of kindness and compassion while on the job, from our peers and seniors. Breaking bad news involves being there, spending time and lending a compassionate ear. In the process, we really cannot remain detached emotionally; perhaps our perspective of life also changes along the way, at some point.

We should be wary of the slavish pursuit of guideline based practice – aiming for normal physiology may not always be an appropriate target; besides, the importance of tailoring therapy to the clinical situation cannot be overemphasized.

Dr. Jighesh Divatia, former president of the ISCCM, a pioneer and leading light in Critical Care Medicine in India, delivered the presidential oration of the evening of March 6, the opening day of the conference. He spoke at length on where we stand today in our battles against severe sepsis in this country.

To win the war on sepsis, we need to know the enemy well, as well as ourselves – how prepared are we? Several clinical studies in sepsis, including tropical fevers have been come out from India in the past few years. INDICAPS, an observational, one day point prevalence study on severe sepsis and septic shock, carried out during 2010-2011 was revealing. Nearly 20% of 1144 cases studied constituted tropical infections. Predictably, gram negative infections predominated, with pseudomonas, acinetobacter and klebsiella being the most common offenders. Fungal infections occurred in 7.6% of cases, predominantly from candida albicans (61.4%). Multivariate analysis revealed SOFA score, mechanical ventilation, use of vasopressors, tropical infections, infection developed in the ICU and medical versus surgical admissions to be independent predictors of mortality. Chakrabarti et al. studied 1400 patients with ICU acquired candidaemia. Candidaemia occurred early, at a median of 8 days of ICU and in patients with a relatively low mean APACHE II score of 17.2. In addition to APACHE II score, renal failure, presence of a central line, steroid therapy and care in a public hospital setting independently predicted mortality. Singh et al. studied 456 patients, including 173 children who developed tropical fever. Thrombocytopenia and acute respiratory distress syndrome were the most common clinical manifestations; dengue fever (23%) was most common in this series, while in 20% of cases the diagnosis could not be pin-pointed in spite of extensive work up. 23% patients died at the 90 day mark. Mehta et al. studied device related infection rates in ICUs of seven Indian cities. Ventilator associated pneumonia was the most common device related nosocomial infection (10.4 per 1000 ventilator days), followed by catheter related blood stream...
infection (7.9 per 1000 catheter days). Using a multi-faceted approach in 21 ICUs in ten Indian cities, a 38% reduction was observed in the incidence of ventilator associated pneumonia. We hit headlines of notoriety through the world-wide propagation of the so called New Delhi metallo-lactamase producing superbug just a few years ago and were left bewildered and hopelessly short of ammunition to battle it.

The MOSAICs study analysed patients with severe sepsis admitted to Asian ICUs. Compliance to resuscitation bundles were generally poor; particularly surprising was poor adherence to broad spectrum antibiotic administration in Indian ICUs, with only 62% patients being given antibiotics during the 6-hour bundle. Non-compliance with the bundled approach resulted in significantly higher mortality. The alarmingly rising trend of nosocomial infections in Indian ICUs are probably related to several factors, including poor surveillance and reporting, widespread and injudicious use of cephalosporins and quinolones and inappropriate use of broad spectrum antibiotics for inordinately long periods of time. Predominantly open ICUs with no clear cut leadership and lack of antibiotic and infection control policies add to the burden of uncontrolled hospital acquired infections in most hospitals.

The recentEbola epidemic has served to highlight the vital role intensivists may have to play in the disaster setting. Early recognition of such events, along with a concerted action, hand in hand with health care authority and emphasis on infection control practices form the cornerstone of handling such disasters.

We are probably at the cross roads of developing Critical Care Medicine as a key specialty in India. Public and private health care systems need to address performance, quality, efficiency and accountability as top priority. Public health systems cater to the majority of people in this country; hence there is a crying need to expand and make them more efficient. We need to make our systems safe and less prone to error to offer optimal clinical outcomes to our patients.

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**Ramesh Nagappan Memorial Grand Quiz Winners - CRITICARE 2015**

**Winner**
- Dr. Syed Nabeel Muzaffar
  - SGPGIMS, Lucknow

**Winner**
- Dr. Shakti Bedanta Mishra
  - SGPGIMS, Lucknow

**1st Runner Up**
- Dr. Swasti Sikta
  - Fortis Hospital, Kolkata

**1st Runner Up**
- Dr. Krishnaswamy Sundarajan
  - Royal Adelaide Hospital, Adelaide

**2nd Runner Up**
- Dr. Milind Anil Naik
  - PD Hinduja Hospital, Mumbai

**2nd Runner Up**
- Dr. Sanu Anand C
  - PD Hinduja Hospital, Mumbai

**3rd Runner Up**
- Dr. Ashok Elangovan
  - Manipal Hospital, Bengaluru

**3rd Runner Up**
- Dr. Saurabh Saigal
  - AIIMS, Bhopal

**Free Paper Winners - CRITICARE 2015**

**Winner**
- Dr. Alai Taggu
  - St. Johns Medical College & Hospital, Bengaluru

**Runner Up**
- Dr. Sridhar NV
  - Columbia Asia Referral Hospital, Bengaluru

**Poster Presentation Winners - CRITICARE 2015**

**1st Prize**
- Dr. Alai Taggu
  - St. Johns Medical College & Hospital, Bengaluru

**2nd Prize**
- Dr. Chitra Mehta
  - Medanta The Medicity, Gurgaon

**3rd Prize**
- Dr. Mohammed Ishq Ruknudeen
  - St. Vincents Hospital, Sydney, Australia
The annual conference of ISCCM CRITICARE 2015 was a huge success. Ably helmed by an efficient organising committee with the learned Dr. Srimad Sampath & dyanamic Dr Pradeep Rangappa as its organising Chairperson & secretary respectively, the conference provided a grand feast to the delegates both in terms of the scientific discourses and in reality too. One of the major hits of the conference was ‘Intensivist of the Year’ - the Grand Quiz of the conference. The quiz was conducted by Dr. Arindam Kar, Director Medica Institute of Critical Care and Dr. Soubhadra Chakrabarty, Consultant Neuroanesthesiologist and Pain physician, Park Clinic, Kolkata.

The quiz masters had crafted the event with great love and it showed in both the content and the way they presented the quiz. A record 57 teams took part in the prelims held on 7th of March 2015 at the Dhanvantari hall. The teams faced 35 choicest questions on Medical history, core critical care, Medicine in Movies, Literature, Sports etc. A special round called CRITICARE on eminent Intensivists and their studies was the icing of the cake in the prelims. After a close tussle 4 pairs of Intensivists were chosen to fight for the Grand Finale. The Prelims were topped by a composite team from Manipal hospital, Bengaluru and AIIMS, Bhopal Drs. Ashok Elongavan and Saurabh Saigal. They were closely followed by Dr. Swati Sikta from Fortis hospital, Kolkata and Dr. Krish S Rajan from RAH, Adelaide, another composite team. Coming third in the prelims were Nabeel Muzaffar and Shakti Mishra from SGPGI, Lucknow and rounding up were Dr. Milind and Dr. Sanu from PD Hinduja Hospital, Mumbai.

The final quiz was held on 8th March at the main hall i.e. Dhanvantari in front of an august audience with such luminaries like Dr. Shiva Kumar Iyer, the current ISCCM President, Dr. Srimad Sampath, the Scientific Secretary of the Conference, Dr. Atul Kulkarni, President elect, ISCCM. The quiz was mentored by an expert panel consisting of legends such as Dr. J V Divatia, Dr. Ravi Kumar and Dr. Prakash Shastry. The four finalists had to tackle 7 rounds before they could claim the first prize: a full sponsored trip to Berlin ESICM Conference 2015.

There were 4 general rounds, 2 Jackpot rounds to score heavily and a special CRITICARE buzzer round on landmark trials. The buzzer round had 9 questions which the teams had to answer in 4.5 mins. Each Answer started with the Letters in such a way to complete the word CRITICARE. The questions were humorously pitched in the form of limericks and was lapped up by all and sundry. The teams were not given a chance to crib about hard luck by the quizmasters as the quiz was entirely on a grid and the participants could choose their own questions thus eliminating bias. After 33 questions on hardcore critical care and related stuff where the participants had to answer on the real life inspiration of Sherlock Holmes who happened to be Joseph Bell, an Edinburgh Surgeon to find out the connection between CPR and the disco hit Staying Alive. The two lucky Intensivists to Go to Berlin: Dr. Nabeel Muzaffar and Dr. Shakti Mishra of SGPGI were crowned as the deserving winners. Coming second as in the prelims aided by a late burst from Krish Rajan was the team from Fortis hospital Kolkata/RAH Adelaide. They were happy winners of a fully paid trip to Best of Brussels at Pune.

The Hinduja hospital intensivists came 3rd to grab I-pads and Dr. Elongavan and Dr. Saigal came 4th to win I-pad minis. It was a bit tough for them as they were leading at one point of time. However everyone present appreciated the fare presented by the quizmasters and they in turn promised them an encore at Agra 2016. The quizmasters’ day was made when the President of ISCCM commented it was the best mix of Medicine and Entertainment he had ever seen. Now we wait for Agra 2016.

The indigenous Advanced ICU simulator project was initiated in 2012 as collaboration between the Indian Institute of Science (IISc) and St. John’s National Academy of Health Sciences (SJNAMS), funded by the Department of Biotechnology, Government of India. The aim of the project was to increase the adoption of simulation into current training methods by making affordable simulators which are easy to use for both trainees and senior doctors alike and customizable for different training approaches. A team of designers from the Centre for Product Design and Manufacturing (CPDM) in IISc worked closely with Dr. Srimam Sampath and his team in the ICU of St. John’s for close to three years. The probe and stethoscope were also used in the development. The ICU simulator made its debut in the 21st Annual Conference of the Indian Society of Critical Care Medicine (ISCCM) or Criticare 2015. Two simulators were used extensively in the pre-conference workshops on hemodynamics, mechanical ventilation and Ultrasound/ECHO. A stall was kindly provided by the ISCCM for delegates to use the product and for the developers to collect feedback. The product was warmly received with a positive response overall. The engineers have formed a company, Meduplay Systems, to bring this product to the market. This simulator was developed for the Indian market, to be extremely affordable and will cost approximately one tenth that of similar foreign products.

The advanced ICU simulator showing the manikin, vitals, ventilator and trainer consoles

The simulator consists of an instrumented manikin, virtual vitals monitor, virtual ventilator and wireless consoles for trainer control and trainee interventions. Additional modules include a mock ultrasound probe and stethoscope. The manikin consists of airway management trainee with chest excursion, stomach distension, palpable pulse, and a phantom for ultrasound guided needle insertion trainee with blood spurt on arterial access. The vitals screen will display all the information normally found on the ICU monitor- with alarms, scaling and even zeroing capabilities of the arterial line trace. A library of waveforms for ECG, ABP, EtCO2 is provided, along with libraries for USG/ECHO videos, heart and lung sounds, blood gas and culture reports, chest X-rays etc. The virtual ventilator works on mathematical models of the lung, displaying scalars, loops and numerical information found on an actual ventilators screen. Volume Control, Pressure Control and Pressure Support modes are provided. Combining these parameters, a database of medical scenarios have been created, which proceed in a linear or branched fashion. The trainer may also take full control, using the free-flight mode-changing any of the parameters as desired. The trainee can be debriefed at any point in the simulation, and the training process is recorded for future reference.

A few weeks before the workshops, the development team communicated with Dr. Atul Kulkami and Dr. Srinivas Samavedam, who were in-charge of the hemodynamics and mechanical ventilation workshops, to fine-tune the simulator to align with their requirements. Each simulator was provided a station, with the instructor given 30 minutes to get over a scenario for batches of six to ten delegates. In the hemodynamics station, the simulator was used to demonstrate the procedure for placing the arterial line, leveling the transducer, zeroing and fast flush test. The pause and zoom functionality on the simulated vitals monitor was used to teach the measurement the damping coefficient and amplitude ratios of the system. The library of waveforms was used to show pulse pressure variations (such as pulsus alternans and pulsus paradoxus), as well as the effect of passive leg raise on the arterial waveform and MAP.

Dr. Murlidhar explains the calculation of Amplitude Ratio and Damping Coefficient from an arterial trace

For the mechanical ventilation workshop, two clinical scenarios were personally designed by Dr. Srinivas Samavedam, and implemented into the simulator. The scenarios were a case of asthma exacerbation and a case of acute ARDS. The scenarios consisted of intubation, medical management of the patient, diagnosis of conditions such as pneumothorax, and their corrective action. The virtual ventilator was used to set ventilator settings, getting information on the state of the lung and airway and carrying out recruitment manoeuvring.

In the simulator station of the Ultrasound/ECHO workshop, Dr. Ram Rajagopal created different scenarios on the fly, using the library of USG/ECHO videos to guide the delegate. In all the workshops, the team of trainers challenged the trainees by deviating from the scenarios, taking full control of the various parameters using the free-flight mode and introducing further complications. Pre-loaded ultrasound videos, ABG test results and investigations were used to guide the trainee towards diagnoses decisions on medical management, drugs etc.

The development team from IISc - Pavan Sridharan (L) and Sreekanth Nayak (R), with the Advanced ICU Simulator

In the two days of the workshops, the simulator-led discussions were very spirited, with the creativity of the trainers expressed through the various capabilities of the simulator. Thus, a new platform has been developed for sharing clinical experiences, imparting knowledge and skill assessment. A workshop will be conducted in St. John’s Hospital by the Department of Critical Care Medicine, and ISCCM Bengaluru chapter, titled “Train the Trainer”, which will be aimed at senior doctors, on how simulators can be used for training purposes, and the learning from the development process of this simulator. Further details of this workshop will be announced when finalized. The developers wish to thank the ISCCM for the tremendous opportunity to showcase the simulator in Criticare 2015, as well as the delegates for their patience in using the product. Their invaluable feedback and suggestions will be used for improvement.

The development team can be contacted on e-mail at info@meduplay.in or via the website www.meduplay.in
Reflecting on proceedings of conference, organizing committee needs to debrief itself. There are objective and subjective elements to this debriefing. Objective merits of CRITICARE 2015 overwhelmingly mask some shortcomings of this event.

Scientific content was one of the best we witnessed in recent past, workshop were very good with roll out of four new innovative workshops, stupendous appreciation of trade area by friends from pharmaceutical industry and delegates with a record foot fall that they have witnessed, one of the best culinary layouts, with a record foot fall that they have witnessed, one of the best culinary layouts, two faculty dinners and two banquets. Conference Dha Manchini, Chitra database roll-out, 1st postal cover release worldwide commemorating Critical Care conference and Grand Quiz were all the “Icing on the cake”.

The sessions on end of life care and the moot court that re-enacted a real life scenario were captivating. We are probably clearer in our minds today about how best to approach a dying patient who needs compassion, empathy and comfort as priority. We discovered where ultrasonography is going to take us in the future and why we do not need to be enslaved by rigid protocols like early goal directed therapy as it was originally envisioned. We were captivated by the grand finale, ending up with the quiz that set up two young trainees on the way to Berlin next year for the ESICM annual conference. To cap it all, we met some long lost friends and had good fun along the way, in the true spirit of critical care camaraderie.

Trade area was one of the best witnessed in Criticare Conference and comparable to any European Conference. Strategic layout with every delegate made to visit trade area was well appreciated by the sponsors. Grand inauguration of trade area with local drummers added pomp and glory. Posters layout in trade area with assigned time for drummers added pomp and glory. Posters layout with every delegate made to visit trade area was well appreciated by the sponsors. Grand inauguration of trade area with local drummers added pomp and glory. Posters layout in trade area with assigned time for drummers added pomp and glory.

Primary ethos of the Bengaluru group is to deliver the best to our acutely unwell patients. Relentless efforts will continue from our group with such scientific endeavours to achieve this, underlining the trivial issues that may have attempted to trouble us.

**VOTE OF THANKS**

One year has passed by when we were given an opportunity to host CRITICARE 2015. Bengaluru team worked as one cohesive unit in committed, meticulous and systematic way with strategic efforts put in to unfold this conference in spectacular way.

As Organizing Secretary CRITICARE 2015, it's my honour and privilege to propose this vote of thanks. At the outset I thank Supreme Personality of God, and my Spiritual Masters for giving me courage and energy to deliver this conference in an effective way.

I thank ISCCM President Dr Shivakumar Iyer, General Secretary Dr Dhruva Chaudhary, President Elect Dr Atul Kulkarni and the EC Committee in bestowing confidence in us to hold this conference. Scientific content is an USP of any conference and this was spearheaded single handedly by my mentor, teacher and philosopher Dr Sriram Sampath. Salutations and thanks to you Sir for the relentless efforts in creating a vortex of intellectual energy in our conference.

Multiple meetings were held at odd times in clubs, coffee houses and hospitals with our core committee Dr Ajith Kumar, my school freind Dr Sunil Karanth, Dr Jose Chacko and of course Dr Sriram Sampath for strategizing the build up of the conference.

Gastronomical delight is a high point of an event of this nature; Dr Farooq and Dr Karthik had handpicked regional cuisines very carefully to tickle your palates.

Workshop occupies an important space in Critical Care Conference to impart expertise and skills to future Intensivists. This was championed by Dr Ajith Kumar, Dr Muralidhar and 32 workshop directors which included both national and local, and I thank one and all.

Conferences do not carry any meaning without the presence of accomplished faculty and overwhelming presence of delegates numbering a total of nearly 2700 despite the Holi festival and evolving rules and regulations which is reflective of our delegate’s thirst for knowledge. I once again thank one and all for gracing this occasion.

Conference of this magnitude demands flow of ample resources. This is not possible without overwhelming and enthusiastic participation of our friends from the pharmaceutical industry. I wish to thank all the friends from the industry for their wholehearted participation in CRITICARE 2015.

Most importantly I wish to thank my family Dr Thanuja and my two sons Ayyukth and Advait who had to miss precious family time in the run-up to the conference.

Conference of this nature needs attention to detail, this was beautifully executed by Hallmark Events who put in phenomenal efforts to manifest this.

A Conference has multifold non-scientific dimensions to it. I wish to thank the owners of Manpho Convention Centre, structural experts Arvind and Ashok Udupa proficient in structural engineering, audio-visual experts Anand Peter and caterers Rotighar and Somaiah.

I also wish to give special thanks to the Govt. of India and Karnataka State Government in giving us various permissions, clearances and granting of visas for foreign delegates.
The 4th Annual Convocation of Indian College of Critical Care Medicine was held on March 6, 2015 during Criticare Conference in Bengaluru. It was a pleasure to see the proud new fellows and office bearers of the college getting ready with their robe for the ceremony which started with a traditional march to the dais.

Dr. N. Ramakrishnan, Vice Chancellor of the College welcomed the gathering and requested Dr. Palepu Gopal, Secretary to conduct the proceedings. Dr. Gopal presented the report of the College activities during the year. He outlined the College’s commitment for advancing teaching and training of Critical Care Medicine in our country and highlighted the fact that several new centres and teachers were accredited during the year. We are proud that we now have 258 recognized teachers offering training in 136 institutions across the country with 71 IFCCM seats, 347 IDCCM seats, 345 Post MBBS Certificate course seats and 694 IDCCN seats and the numbers continue to grow. Dr. Deepak Govil’s contribution as the accreditation co-ordinator and his efforts for prudent scrutiny to maintain standards was specially mentioned. Dr. Gopal thanked all the teachers and the examiners and Dr. Yatin Mehta (Controller of Examinations) for efficiently conducting all the examinations. In 2014, we have successfully added 187 doctors (151 IDCCM, 15 IFCCM, and 21 Post MBBS Certificate Course) & 15 nurses (IDCCN) to the pool of formally trained ICU professionals in our country. Dr. Prakash Shastri contributions and commitment in developing and implementing the IDCCN course was specially mentioned.

Dr. Rajesh Chawla (Chancellor) during his address mentioned about the enthusiasm and success of the new courses such as Indian Diploma in Critical Care Nursing (IDCN) and Post MBBS Certificate Course in Critical Care. He also stressed on the efficient and transparent governance of the College Board with the support of Examinations) for efficiently conducting all the examinations. In 2014, we have successfully added 187 doctors (151 IDCCM, 15 IFCCM, and 21 Post MBBS Certificate Course) & 15 nurses (IDCCN) to the pool of formally trained ICU professionals in our country. Dr. Prakash Shastri contributions and commitment in developing and implementing the IDCCN course was specially mentioned.

During the difficult task of the vote of thanks, all College Board Members, office bearers of the ISCCM Executive Committee, Administrative Staff (Mr. Vimal Merchant, Ms. Sunita, Ms. Shabana, Ms. Jalaja & Mr. Prasanna) were thanked. Due to personal reasons, Ms. Jalaja & Mr. Prasanna) were thanked. Due to personal reasons, Dr. Gopal thanked Dr. Divatia and congratulated the Honorary fellows (FICCM) after careful scrutiny of several applications for this coveted honour. Dr. Gopal thanked Dr. Divatia and congratulated and welcomed the new fellows into the college. Honorary fellows (FICCM) were formally inducted. It was a special moment when Senior Retired Professor Dr. Dipak Kumar Mitra graced the occasion and accepted the honor. Special awards for toppers in the exams including Dr. Vijayalakshmi Kamat Award, Dr. Anand Memorial Award and IDCCN Excellence award were also given.

The accreditation committee chaired by Dr J.V. Divatia had diligently selected deserving senior critical care professionals for awarding Fellowship of Indian College of Critical Care Medicine (FICCM) after careful scrutiny of several applications for this coveted honour. Dr. Gopal thanked Dr. Divatia and congratulated and welcomed the new fellows into the college. Honorary fellows (FICCM) were formally inducted. It was a special moment when Senior Retired Professor Dr. Dipak Kumar Mitra graced the occasion and accepted the honor. Special awards for toppers in the exams including Dr. Vijayalakshmi Kamat Award, Dr. Anand Memorial Award and IDCCN Excellence award were also given.

During the difficult task of the vote of thanks, all College Board Members, office bearers of the ISCCM Executive Committee, Administrative Staff (Mr. Vimal Merchant, Ms. Sunita, Ms. Shabana, Ms. Jalaja & Mr. Prasanna) were thanked. Due to personal reasons, Dr. Palepu Gopal had requested to step down from his position as the Secretary of the College and Dr. Balasaheb Bande has taken over the role.

The 4C (Comprehensive Critical Care Course) and thanked the contributors, regional co-ordinators and faculty for making the program valuable and popular. He also mentioned that the popular webinar series would be continued this year and new technology enabled programs and e-learning platforms would be explored in the coming year.

Dr. Ajith Kumar A K
Organizing Co-chairperson
CRITICARE 2015

Criticare2015 had a total of 16 workshops including the 2 paediatric ones. All the workshops were very well attended and most of them were fully booked well in advance by three months prior to the event. The Workshops had a total of 180 faculty (local, national and international) and, about 650 participants.

Workshops like Quality & Safety, Communication, and Donor awareness (medical, ethical & legal) were included for the first time in a national critical care meet. The Care Beyond Basic (with its international curricula) workshop was launched for the first time in India at Criticare 2015. The adult and paediatric simulation workshops were conducted at the best simulation labs in Asia utilizing high fidelity 3G simman mannequins. The neurocritical care workshop was organized under the leadership of a bunch of senior neurocritical care experts from NIMHANS (National Institute of Mental Health & Neurosciences) Bengaluru, and more hands-on sessions (work stations) were organised this time for the benefit of budding intensivists.

The highest no of participants were at the 4C (Comprehensive Critical Care Course) workshop closely followed by the ventilation, haemodynamic monitoring and ECHO/Ultrasound workshops. Most participants have given the feedback as “excellent” for the workshops, while few of them classifying it under the “good” category.
The CriTiC al Care CommuniC aTions

a Bi-moThal newsleTTer of indian soCieTy of CriTiC al Care mediCine

Customized, Health in Intensive care, Trainable Research & Analysis tool.

Version 1.0

About

The Indian Society of Critical Care Medicine (ISCCM) proudly announces the development of an intuitive cloud-based app “CHITRA”, a tool for Customized, Health in Intensive care, Trainable Research & Analysis tool.

The primary objective of this application is to collect, analyze and report data related to selected quality indicators for Indian Intensive Care Units (ICUs). Development of national data base and meaningful utilization of this data is the final objective.

The app will be designed as a research tool that will work towards improving the quality of care provided by ICUs across the country. The app will form the framework for a national ICU research-data repository.

The app’s main intent is to collect patient level data from Indian ICUs. This data will be processed and reports will be presented in the form of interactive visualizations. These visualizations will display the current status of metrics and performance indicators of your ICU.

The app allows data entry at the bedside by any Android device or PC laptop, which can access the internet. In the absence of internet access, the data will be stored locally on the device. As and when networks become available, the tablet device can be synchronized with the central server to transfer the data.

The philosophy

ISCCM as a specialty society has the following advantages over other Indian societies with respect to research in Indian settings:

1. ICU care is reasonably standardized in major Indian centres
2. The technological gap between Indian ICU’s and developed nation ICU’s is not as large as the gap that exists with respect to other specialties
3. Documentation of processes and outcomes already exists in non-standardized II formats
4. The number of ICU’s registered with an interest in research is large

Large observational trials can capitalise on the pooled experience of the large number of institutions registered with ISCCM. The expertise gained from such large scale interactions between the registered institutions would prove very useful for future projects.

FAQs

Is there a cost to use this application and database?

If you are an existing entity and an early adopter of this application, there are no fees payable. Anyone anywhere in the data that you generate for research purposes or for quality improvement. In case you need access to anonymized data from the common pool, you will have to contact ISCCM’s scientific committee who will sanction your application for data access and make arrangements.

When is this application being launched?

We are expecting to launch the application by the end of 2023.

What kind of devices do I need to input data?

You can input data either using an Android-based tablet device or from a laptop or desktop computer. The device must be connected to the internet. The inputs are made in a spreadsheet format. Any standard spreadsheet program can be used to store the data.

How extensive is the data capture?

You can choose to enter either only basic data or more complex data. Both formats will be available on the app. However, the quality of data will depend on the amount of data entered by you.

What will the forms look like?

The forms are being designed to facilitate easy entry through tablet as well as PC based devices. The navigation will be intuitive to give the end-user maximum benefit from minimal effort.

Will I be required to share my data?

Yes, you will be required to share your data. The data entered by you will be completely anonymous in order to protect privacy. However, since the intention of this research initiative is to create standards that are specific to the Indian context, you are expected to contribute data to a common pool that will be shared on a secure central server.

Will there be training provided to use the application?

Yes, there will be a set of user sessions in the first few months of its launch. You will receive a detailed guide on how to use the application.

Will I need 24/7 internet access in order to use the application?

Although it is preferred that internet access is available at all times, the application is being designed in such a way that data can be entered locally on the device. Once the network connection is available, the data can be transmitted to the central database.

How is data privacy ensured?

Only anonymous identifiable data will be collected on the application. Evaluation of the data extracts will not reveal any of the possible patient or institutional identifiers.

Is my data secure?

The central data repository will be hosted in a Tier III data center. This ensures maximum availability, minimum down-time and maximum protection to your data.

How can I join this initiative?

If you wish to participate in this initiative, please use the QR code at the bottom right of this page and fill in the simple form. In case you cannot scan the QR code, please visit the site http://www.isccm.org/CHITRA and you will be notified when the app is ready.

For further enquiries please contact ISCCM.

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THE CRITICAL CARE COMMUNICATIONS 9 A BI-MONTHLY NEWSLETTER OF INDIAN SOCIETY OF CRITICAL CARE MEDICINE

THE CRITICAL CARE COMMUNICATIONS 9 A BI-MONTHLY NEWSLETTER OF INDIAN SOCIETY OF CRITICAL CARE MEDICINE
Dear organizing team of CRITICARE 2015,

First of all I must congratulate you on the successful organization of a mammoth conference. Expectations were high, and you did your best to fulfil them. Every conference has its good and bad moments and if the conference has more good moments than bad ones, it is certainly a successful one. I sincerely wish to thank the entire team for the gracious hospitality offered to us. Look forward to interacting with your team in the future too. Once again wishing your entire organizing team the best in any of your future endeavours.

Ratender Singh

Dear CRITICARE 2015 Team,

Thanks a lot once again for inviting me to part of CRITICARE 2015. I must say it was one of the very well conducted conference of recent times. Kudos to all team and my sincere regards to Dr. Srikanth, Dr Pradeep Rangappa, Dr Ajith Kumar and all others.

Prashant Nasa

Dear CRITICARE Organising Committee,

Firstly let me congratulate you on a great conference. The scientific program was excellent. It was a great honour to be invited. I thoroughly enjoyed it. Again many thanks for inviting me to the conference. I hope I will be seeing many of you again.

Chapman, Marianne (Health)

Dear all,

Thank you for a great scientific event and wonderful hospitality. I had an absolutely wonderful time listening to science, deliberating and meeting up with friends. The fellowship was great. Forgive me for one comment I am about to make. It is that to get a complex idea across in 12-13 mins (e.g., Stewart approach) is not easy. Having said that I would still emphasise that it was an absolutely wonderful event. Keep it up and thank you once again hosting us.

With best wishes.

Roop Kishen

Dear Dr Pradeep, Shiriram and all,

Many thanks for the opportunity to be a faculty in a very successful CRITICARE 2015 at Bengaluru. It was a pleasure to be with you all there and will look forward to meet you soon.

Balasheb Bande

Dear Pradeep,

Thanks to you and your team for a successful conference. I really enjoyed it and I mean it.

Subhash Todi

Dear all,

Congratulations for grand success of conference. I appreciate your team effort amazing. Thanks for providing excellent hospitality. Regards

Dr Ranvir Singh Tyagi

Congratulations my colleagues on a job well done. I thoroughly enjoyed the day I was there.

Farhad N Kapadia

Dear Hallmark team,

Congratulations for having organised a wonderful conference. Special thanks to Usha, Vaidhehi, and Shabeena with whom I co-ordinated for the Pediatric program

Jayashree Muralidhuran

Dear Sirs

Thankyou for the oppurtunity and for the excellent conference on all fronts. Warm regards

Dr Reshma Basu,
Artemis Hospital, Gurgaon

Dear Organizers!
At the outset, kudos for the meticulous organization of the conference and thank you for the warm hospitality.

Karthi N

Thank you for your hospitality and all the help your team rendered to me during the conference. We really enjoyed the conference.

Ravishankar

Dear Sir/Madam,

Congratulations to all of you for the grand success of CRITICARE 2015 and thanks for the invitation and also the warm hospitality, which is memorable.

Asif Ahmed

Dear all,

At the outset, I would like to thank Dr. Sampath, Dr Chacko, Dr Rangappa, Dr Kumar, Dr Karnath and all the members of the organizing committee for organizing the conference so well. I enjoyed participating as faculty, from floor and as part of this mega event.

Devi Samaddar

Dear Sir/Madam,

Hi. It was indeed a pleasure and an honour for me to be invited as faculty. The hospitality extended to us was warm to make it memorable.

Raj Chhabra
Invitation

Dear Friends,

Greetings from the city of Agra, Criticare 2016.

It gives us immense pleasure to invite you to the 22nd annual Conference of ISCCM and ISF to be held from 5th to 7th February 2016 at Jaypee Palace Hotel & Convention Centre, Agra. AGRAX which is a glorious structure blend of red stone and marble spread over 25 acres is elegantly landscaped luxuriant greenery.

In continuing with the history of ISCCM, we promise a galaxy of international and national faculties to share their knowledge and expertise in the field of critical care.

Reputed international organizations like ISF (USA) and critical care societies from around the world will participate in the conference. The conference will be succeeded by 12-15 workshops.

This is a great opportunity to see the grandeur and beauty of the Taj Mahal, which is one of the seven wonders of the world and a great gift of the love to the world by our country. The city is situated in the western part of Uttar Pradesh and is very important education and economical hub of India.

Once again we extend cordial welcome to you all and look forward to your active participation in Criticare 2016 in one of the most beautiful tourist city of India. Hope to meet you in Agra.

Warm regards

Dr. Divya Kaur
National President
& National Scientific Chairperson

Dr. Ramdev Singh Tyagi
Organizing Secretary

Dr. Subham Chandra
Organizing Chairman

Dr. Avin Sangwani
President ISCCM Agra Chapter

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