**ISCCM NEWS HEADLINES**

- Election of Office Bearers of the Executive Committee for 2017-2018 has been declared
- First E-course of ISCCM on “Critical Care Infectious Diseases” (CCIDC) was launched on 13th May 2016
- INDINAN JOURNAL OF CRITICAL CARE MEDICINE (IJCCM) got selected in Thomson Reuters ESCI
- Kochi 2017 National conference preparations are in full swing
- Council has decided to amend MMC CME credit points policy with effect from 01/05/2016

**ISCCM Elections 2016 Appeal**

Please update your Email ID and Register your mobile number with ISCCM

**Dear Members**
Free and fair elections are the foundation of any democratic society. ISCCM elections are now held online only. It is therefore, imperative that ISCCM has email ids and mobile phone nos. of all its members for registering them on the electoral rolls. You are therefore requested to please update your email ids and mobile numbers as soon as possible. Election participation has been less than 30% in ISCCM election 2015. Please visit our website www.isccm.org for downloading the membership update form. All branches have special duty for following this task. I will be in touch with all branch secretaries for continuing this important work for ISCCM election 2016.

Dr. Kapil Zirpe
Chairperson Election Commission • preidentelect@isccm.org
Dr. Anand Dongre • Dr. Abhinav Gupta • Dr. Susruta Bandyopadhyay • Dr. Babu Abrahama Members Election Commission

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Editorial

Dear Colleagues,

Welcome to the Critical Care Communication (CCC). CCC is the official news letter of ISCCM. The aim of CCC is to give a highly readable and valuable information in the field of critical care medicine. We are pleased to publish the Second Issue of the newsletter, which includes election notice, journal scan, medico legal information for all of us, information about ISCCM branches & their academic activates.

I am delighted to inform, First e-course on “Critical Care Infectious Diseases” (CCIDC) was launched on 13th May 2016 by Honorable Minister Dr Harsh Vardhan, Ministry of Science and Technology. The Critical Care Infection Disease Course has been prepared with the help of eminent intensivists & infectious disease experts. The Course has 20 (twenty) modules to run over twenty weeks.

Election of Office Bearers of the Executive Committee for 2017-2018 has been declared on 15th May. Last date to receive the nomination at ISCCM Office 15th June 2016 by 5.00 P.M. and last date for withdrawal is 30th June 2016 by 5.00 P.M.

As the Editor-in-Chief of the CCC, I take this opportunity to express my sincere gratitude to contributors who have chosen the CCC to disseminate their information.

We are more than happy to receive contributions for our next issue from ISCCM Members and branch officials to ensure the consistency and the success of the newsletter. We welcome comments and suggestions that would advance the objectives of the news letter.

Dr. Kapil Zirpe
Editor in Chief,
The Critical Care Communications
President-Elect, ISCCM
kapilzirpe@gmail.com

www.isccm.org
Dear ISCCM members,

Greetings from Mumbai. I would like to take this opportunity to inform you about various projects undertaken by us during the past few months. The Critical Care Infectious Diseases Course was launched on the 13th of May at Delhi by Dr Harshavardhan, the honourable minister for Science and Technology and Ministry of Earth Sciences. This is a fabulous online course conceived by Dr Rajesh Chawla, our past chancellor of Indian College of Critical Care Medicine. At the end of the course you will get a certificate from Indian College of Critical Care Medicine. I urge all members to go through the course; it will increase your knowledge tremendously. I am planning to bring out 2 more online courses on topics which are generally neglected by most of us. Dr N. Ramakrishnan has kindly agreed to lead the online course on "Administrative Aspects of Critical Care", which will have 10-12 online modules. Dr Pradeep Rangappa and Dr Abhinav Gupta are going to lead the online module on "Medicolegal Aspects of Critical Care". This course will also have similar number of modules. The registrants for both modules will get a course manual which will be published by Jaypee Brothers Medical Publisher (P) LTD. At the end of both the courses you will get a certificate from Indian College of Critical Care Medicine. On behalf of ISCCM, I am going to sign a contract with Jaypee Brothers Medical Publisher (P) LTD, for next 3 years, starting with Criticare 2017, to bring out annual congress books called “Update in Critical Care”. This year’s book has 80 chapters and around 800 pages. The preparations for the book are in full swing. The elections for the National Executive Committee of ISCCM are around the corner and I urge all of you to update your e-mail IDs and mobile nos. with the ISCCM office. Electronic communications is the future and therefore this updating of contact details is vitally important. The ISCCM app, envisioned by Dr Shiva Iyer, our immediate past president, is now live and fully functional and will provide all the information on the website at your fingertips. Please download it from Google playstore and try it and give us feedback. Last but not the least, the preparation for Criticare 2017 is well underway. I recommend that all of you register for the conference. The younger members of the society can become faculty if they participate in the Young Talent Hunt competition; please upload your presentations on the website isccm.org. I wish all of you a good, bountiful and a badly required monsoon!

Invitation for ISCCM Day Poster Competition

Dear ISCCM Member,

We have been celebrating ISCCM Day every year with a theme. The theme of ISCCM Day for this year is "Patient Safety in the ICU". Poster is a good method for making doctors and lay people aware of Patient safety in the ICU. Taking the opportunity of the ISCCM day celebration, we are announcing a Poster competition on "Patient Safety in the ICU". Top 2 posters will receive a citation from society and prize of Rs 10,000 and Rs 7,500 respectively.

Instructions for submission of Poster on "Patient Safety in the ICU"

1. Ensure that poster is catered to Indian setup
2. It should be original and not copied from somewhere else
3. Should be in poster format
4. Words allowed-up to 100 maximum
5. Should be in English

Last day for submission is 10th September 2016 and it should be emailed to Dr Vijaya Patil, Secretary ISCCM and Chairman, ISCCM Day Committee, ISCCM at vijayappatil@yahoo.com

We welcome any other suggestions from our members.

With warm regards

Dr. Atul P. Kulkarni
President, ISCCM
kaivalyaak@yahoo.co.in

11 September, 2016 at Delhi.

Winners of first episode get free registration for First ICCMID Course on 10-11 September, 2016 at Delhi.
Dear All

Today I feel proud that I am serving a society which really cares and values each and every member of the society. ISCCM is progressing and I am pledged to work with highest ethical standards. The good name of ISCCM is one of the most valuable assets for me. Good names are prone to vulnerability. Integrity and accountability amongst us will lead us towards right path and will prevent us from being vulnerable.

Right course of action in right time is the mantra of success. The hard work which we put is visible to the society; Growth in membership is an important indicator of it. Now every year we are adding approximately thousand members to our society. Only thing which we need is to work with commitment. Personal interests have to be kept apart.

Academics and education are two important empowering tools for us. Without government support we are working hard to spread the knowledge of critical care all across the country. Conferences are becoming more and more organized. Further improvements will be visible very soon. ISCCM run critical care courses are expanding every year. With the overwhelming response we are in the process of further improvement in the quality of teaching and exams.

Publication and research make us more acceptable to other people. Our Journal has gone one step ahead and now it is being cited by Thomson Reuters which will help improving its impact factor. ISCCM driven multi-centric CHITRA Study has been launched and more than 1000 registries have happened. More centers are getting attached to share their data. I thank you all, and end with a saying by “Phil Jackson” The strength of the team is each member and the strength of each member is the team.

General Secretary's Desk

New Office Bearers of ISCCM Branches

**Aurangabad**
- **Chairman**: Dr. Vyankatesh Deshpande
- **Secretary**: Dr. Prashant Walse
- **Treasurer**: Dr. Nahush Patel
- **Executive Committee Members**:
  - Dr. Avinash Tribhuvan
  - Dr. Yogesh Deogirikar
  - Dr. Sunil Dhule
  - Dr. Krishna Deshpande
  - Dr. Shrikant Sahastrabudhe
  - Dr. Amol Kulkarni

**Rajkot**
- **Chairman**: Dr. Tejas Karamata
- **Secretary**: Dr. Milap Mashru
- **Treasurer**: Dr. Hetal Vadera
- **Executive Committee Members**:
  - Dr. Tejas Motivaras
  - Dr. Bhumil Dave
  - Dr. Tushar Patel
  - Dr. Bhavin Gor
  - Dr. Dipak Aghara
  - Dr. Amit Patel

**Karamsad**
- **Chairman**: Dr. Samir B. Patel
- **Secretary**: Dr. Tejash M. Parikh
- **Treasurer**: Dr. Archana Sinha
- **Executive Committee Members**:
  - Dr. Jyoti Mannari
  - Dr. Hemlata Kamat
  - Dr. Himanshu Pandya
  - Dr. A.C. Patel

**Ahmedabad**
- **Chairman**: Dr. Jigar Mehta
- **Secretary**: Dr. Anish Joshi
- **Treasurer**: Dr. Gopal Rawal
- **Executive Committee Members**:
  - Dr. Faruk Memon
  - Dr. Harshil Thaker
  - Dr. Vivek Dave
  - Dr. Amrish Patel
  - Dr. Nirav Visavadia
  - Dr. Jay Kothari
ICU Radiology CME by SCCM Nagpur

SCCM, Nagpur organized CME on ICU Radiology on 13th March 2016 at Hotel Tuli Imperial. The CME was attended by total 75 delegates. It covered various topics including Chest X-rays in ICU, Lung Ultrasound, FAST, role of MRI in intracranial vascular emergencies, Role of CT scans in Traumatic Brain Injury, and also CT Thorax and abdomen. Application of 2D ECHO in ICU and its use by Intensivist was also discussed. Similarly quiz on ICU Radiology was conducted by Dr. Imran Noormohammad. The other speakers were Dr. Prashant Nimbalkar, Dr. Anil Jawahirani, Dr. Parimal Fuke and Dr. Nilay Nimbalkar. MMC has granted 2 MMC Credit Hours for this CME. It was first of its kind CME in Nagpur.
ISCCM Activities

Critical Care Refresher Course was held at Medanta The Medicity, Gurgaon by Dr Deepak Govila and Dr Sachin. The course was an instant hit with a houseful show.

Sepsis Rediscovered an Open House session was organized by ISCCM Delhi at India Habitat Centre.

International Speaker Program on high flow nasal oxygen therapy was organized on 10 April at IHC. Professor J.J.Rouby was the guest speaker for the program.

IA one day CME on Critical Care – Spreading The Knowledge was held on 24th April 2016 which was jointly organized with Department of Critical Care Medicine, Fortis-Escorts Hospital, Faridabad and Society of Critical Care Medicine (Delhi-NCR) on 24 April 2016, Sunday at Hotel Vivanta by Taj, Surajkund, Haryana.

Indian Association of Medical Microbiologists (Delhi chapter) and ISCCM Delhi NCR organized CME “Bench to Bedside” a joint educational program on microbiology and critical care on 7 May at India Habitat Centre. The CME was specially designed for microbiologist and critical care specialist. The topics on blood culture, antimicrobial resistance, respiratory viral infection and many more discussed.

First E-course on “Critical Care Infectious Diseases” was launched on 13th May 2016 by Honorable Minister Dr Harsh Vardhan, Ministry of Science and Technology. Dr Harsh Vardhan gave a very inspirational talk. Dr Yash Javeri moderated the session. Dr Rajesh Chawla moderator CCIDC gave a brief introduction to the course. Dr Harsh Vardhan inaugurated the course. Dr Atul Kulkarni, Dr Dhruv Chaudhary, Dr Debashis Dhar and many senior colleagues were present for the launch of e course.

Dear ISCCM members,
ISCCM is committed for giving opportunity to young and new talent in Criticare 2017. We hereby invite online applications from our members to participate in Young Talent Hunt and to be a part of the National Faculty at Criticare 2017, Kochi. The members are required to upload their presentation on ISCCM website. The webpage for uploading the presentation is available on ISCCM website.

Criteria:
1. Member should not have spoken/delivered lecture at previous ISCCM National Conferences.
2. Age <35 years.
3. The member can select his/her topic for the presentation.
4. The member’s presentation should not be more than 12 minutes.
5. The last date of Application is 15th October 2016.
6. The eligible members may please log on to ISCCM website and upload their presentation for Young Talent Hunt.
7. The conference secretariat will bear the expenses for your stay during conference only.
8. ISCCM center will pay for travel by II A/C.
9. All the presentations uploaded on the web site will be viewed and the best will be selected. The selected members will be invited to speak at Criticare 2017, Kochi.

With warm regards

Dr. Atul Kulkarni
President, ISCCM

Dr. Kapil Zirpe
President-Elect, ISCCM

Dr. Pradip Kumar Bhattacharya
General Secretary, ISCCM
Annual Conference on Neuro Critical Care Medicine 
& Pre-Conference Workshops on Neurology

Organised by Indian Society of Critical Care Medicine, Nagpur
17-19 June 2016 • Hotel Centre Point, Ramdaspeth, Nagpur
Pre-Conference Workshops : 17 June 2016

HIGHLIGHTS
• Thematic Sessions on Traumatic Brain & Spinal injuries
• Transport and Care
• Neuropharmacology covering Therapeutic Hypothermia
• Neuro Monitoring
• EEG Monitoring, Remote and Tele Monitoring, Neuroscales view
• Infections in Neurocritical care
• Neurosurgical Complications and prevention
• Various Research and Updates in Neurocritical Care
• Neuro Imaging
• Nutrition in Critically Ill Neuro Patients

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Sepsis syndrome is associated with unifying of host-related mechanisms. This triad is in particular hallmarks of the disease complex. Hyperlactatemia is a known accompanying and regression of lactic acidosis has been suggested as a marker of effective resuscitation. Several interventions – expensive or otherwise – have been tried to reduce the microcirculation environment. Di Lorenzo et al tried to study if addition of Thiamine, which is an essential Vitamin for aerobic metabolism, improves the “metabolic atmosphere” in septic patient, and used lactate clearance as an indicator. They enrolled more than 80 patients with Sepsis (by SIRS criteria) and septic shock. Patients with liver dysfunction were excluded as well as “alcoholics”. Primary end-point was reduction in lactate levels 24 hours after drug administration. Patients randomised to intervention arm received 200 mg of Intravenous Thiamine. It was a randomised study where in all patients had thromine levels measured prior to receiving the drug or placebo. APACHE scores were more than 25 in both groups with SOFA scores greater than 8. Index of sicker cohort of patients. Thiamine deficient patients were identified a priori. Overall thiamine supplementation did not have a significant effect on lactate clearance or shock reversal. However, patients with thiamine deficiency showed better lactate levels and shock reversal, with a longer time to death when treated with thiamine.

Reviewers comments: Thiamine deficiency and its consequences are well reported from the subcontinent. Prescription of thiamine containing multi vitamin preparations are common in ICUs. Routine administration does not seem to confer a benefit amongst general cohort of patients. But thiamine deficiency can be a potential benefit of thiamine supplementation regimen. It is definitely an area to investigate amongst our cohort of patients.

Neuro Critical Care: Hypertonic saline in severe traumatic brain injury: a systematic review and meta-analysis of randomized controlled trials

QJM 2016;109(18):112-120

The management of raised Intracranial Pressure in the context of Traumatic Brain Injury is a core area of Neuro Critical Care. Traumatic Brain Injury is the osmotic diuretic Mannitol. Of late some concerns have emerged about the adverse effects of Mannitol and the use of alternative Hypertonic Saline have been advocated – Pellegrini et al performed a meta analysis of literature to evaluate the potential benefits or harm associated with the use of HS in the management of TBI associated raised ICP. The results from analysis of 12 studies including 1808 patients on HS compared to other fluids. The authors therefore do not recommend HS or survival with the use of HS when compared to other fluids. The authors therefore do not recommend HS or HS fluids for ICP management.

Reviewers comments: This meta analysis attempts to answer a common question in neuro critical care. However, including pre hospital resuscitation with HS is a confounding factor. More data needs to emerge before manitol is completely taken off the shelf in neuro ICU.

Impact of Intracranial Pressure Monitoring on Prognosis of Patients With Severe Traumatic Brain Injury

Medicine Volume 95, Number 7, February 2016

Another area in neuro intensive care which is drawing attention is when to perform ICP monitoring and results in better outcomes. Several studies have emerged in the recent past which have questioned the wisdom of measuring or evaluating ICP to tailor therapy. Han et al performed a meta analysis evaluating the role of ICP monitoring in influencing outcomes among patients with severe TBI. Eighteen studies satisfied the screening criteria laid down by the authors. The authors did not find any difference in mortality between conventional ventilation or ICU stay when therapy was guided by ICP monitoring. However, softer outcome parameters like need for RRT and length of hospital stay in the group that was monitored in non TBI settings needs to be evaluated separately before the paradigm change is recommended across all patients in neuro ICU.
Endovascular thrombectomy after large vessel ischaemic stroke – a meta-analysis of individual patient data from five randomised trials

The Lancet 387 (10029) 1723-1731

One of the areas where a definite change of practice is imminent is in the management of large vessel ischaemic infarcts. Last year saw the publication of at least five RCTs on this subject. Goyal et al attempted to analyse the patient data from these five RCTs to come to a more comprehensive conclusion. Reduced disability on the modified Rankin score was taken as the primary end point for this analysis. Data of more than one hundred patients was evaluated. Endovascular thrombectomy was associated with lower disability at 90 days across the data base. The number needed to treat for at least one point improvement in the outcome scores was 2.6. Elderly population and those who had contraindications for thrombolysis seemed to benefit equally well. Severe clinical deficit also was not a contraindication for thrombectomy.

Reviewer’s Comments: While thrombolytic therapy offered a ray of hope for patients with Ischemic Stroke, Thrombectomy brightens the scene with inclusion of those in whom thrombolysis is contraindicated. A definite paradigm shift is in place here.

Mechanical Ventilation: Diastolic dysfunction as a predictor of weaning failure: A systematic review and meta-analysis

Journal of Critical Care Med 2016

Weaning from mechanical ventilation is intricately linked to cardiac function. Decompensation of systolic function is known to be a determinant of weaning failure. Diastolic dysfunction and its association with outcomes among critically ill patients is increasingly being investigated. Almeida et al performed a meta analysis to identify the relationship between diastolic dysfunction and weaning from mechanical ventilation. One of the screening criteria for studies included in this meta analysis is the need for an Echocardiograph soon after as SBT. The analysis suggested that a prolonged E/e’ ratio predicts weaning failure especially if the assessment is done after an SBT. However the duration and patterns of SBTs were highly variable.

Reviewer’s Comments: The SBT has been a good tool to assess weaning from mechanical ventilation. Till date only surrogate markers have been used to suggest hemodynamic intolerance of the SBT. This meta analysis suggests a more practical and replicable method of assessing the consequences of an SBT

Mechanical Ventilation and Diaphragmatic Atrophy in Critically Ill Patients: An Ultrasound Study

Crit Care Med 2016

The diaphragm is a crucial participant in the process of weaning from ventilator support. Atrophy of the diaphragm is known to happen very early among patients ventilated in a controlled mode. Identification of dysfunction of the diaphragm is therefore of prime importance when the process of liberation from mechanical ventilation begins. Zambon et al conducted a prospective single centre observational study on the effect of mechanical ventilation on diaphragmatic thickness. The diaphragm was assessed at the zone of apposition. The authors found that the thinning of the diaphragm is seen more often with controlled ventilation than with spontaneous breathing or CPAP. Ultrasound seems to be very useful in identifying this thinning. A decrease in thickness of 15% - 6% per day was noted by the authors.

Reviewer’s Comments: Ultrasonographic assessment of cardio respiratory function has become standard of care. The report of measurable decay in diaphragmatic thickness is yet another parameter we can easily assess during patient evaluation.

Other articles: BTS/ICS guideline for the ventilatory management of acute hypercapnic respiratory failure in adults


ARDS is very well reviewed in the March issue of the ICM.

IDCON 2016 by SCCM Nagpur

The SCCM Nagpur chapter organized a conference on Infectious Diseases. It was held on 23rd and 24th January 2016 at Chitnavis Convention Center, Nagpur. The conference covered various topics starting from malaria, tuberculosis, MDR tuberculosis, and other tropical illnesses to many complicated nosocomial infections including management of complex MDRO. The faculty for the conference included Dr. Atul Kulkarni, noted Critical Care Consultant from TATA Memorial Hospital, Dr. Ashit Hegde and Dr. Rajeer Soman from Hinduja Hospital, Dr. Tanu Singhal, Kokilaben Ambani Hospital, Dr. Abdul Gafoor, Dr. Ram Gopalkrishnan and Dr. Ram Subramanian from Apollo Hospital Chennai, Dr. Narvekar from Lilavati Hospital, Mumbai, Dr. Sandhya Joshi, Minimal Hospital, Bangalore and Dr. George Vergese from CMC, Vellore. In all 360 delegates registered and attended the conference. Dr. Ram Subramanian delivered an oration on 10 Commandments of ID while Dr. Ashit Hegde spoke on various topics including New onset Fever in ICU and Colistin vs Polymyxin B. This was first major conference on Infectious Diseases covering especially Critical Care ID related topics. MMC has granted 4 credit hours for this conference.

Council has decided to Amend MMC CME Credit Point Policy with effect from 01/05/2016

1. CME credit hours exemption to be granted on the request of the RMP considering the official age for senior citizen to lower the age required to 65 from 70 years. This will be applicable who have completed 65 years of age. Till the age of 65 years they will have to get 6 credit points per year, exemption is only for credit points and not for renewal of registration.

2. For the purpose of smooth function of CME credit hours certification the council should authorize members to certify the credit hours only and other certificates after verification of original CME certificate of the RMP with their signature/seal. One copy should be preserved by them. Members should be careful while authenticating any document.

3. For the purpose of decentralization and streamline the work for the benefit of the RMPs of renewal of Registration CME credit hours certification the Council should authorize to President of accredited organization, Dean of Govt. Medical Colleges/Principal of Private Medical Colleges, Civil Surgeons, Director, Joint Director, Deputy Director of Medical Education and Research and Director, Joint Director, Deputy Director and DHO of Health Services and President, Indian Medical Associations all branches to certify the original credit hours certificate of the RMP with their signature/seal. They should mention the accredited number given by MMC under signature and seal. Further the affidavit in this regard should also be obtained from the President of respective regional Indian Medical Associations and organisations.

4. It was discussed to relax the norms of 6 Credit Hours per year and 30 credit hours every 5 years to 6 credit hours every 5 years preferably 6 credit hours per year. This is in conjunction to Chapter 1 clause 1.2.3 of Indian Medical Council (Professional Conduct Etiquette and Ethic) Regulation, 2002.

5. Indian Medical Council (Professional Conduct Etiquette And Ethic) Regulation, 2002 Chapter 1 clause 1.2.3 states that- “For the advancement of his professional, a physician should affiliate with associations and societies of allopathic medical profession and involve actively in the function of such bodies.” Hence all the RMPs applying for the Registration / Renewal of Registration should be advice to become the members of associations/societies of Allopathic Medicine.
The resistant bug has troubled all of us in the ICU for as long as we can remember. Now it’s getting smarter & smarter and more skilful in surviving what we hit it with. The problem of drug resistant bacteria in the ICU is as old as the ICU itself and we are slowly getting to a point where we might lose this war completely. Although we have potent antibiotics but they are slowly but surely beginning to fail. Newer antibiotics are slow in coming and no new antibiotic class is expected any time soon! We have to do with what we have and it is in both, the patient’s and our best interests that we treat with caution and wisdom, based on the current best practices.

There are many risk factors in ICUs which predispose patients to infections. Despite the availability of potent antimicrobial therapy and advances in supportive care, infections in critical care units remain a major cause of morbidity and mortality. It is well known that Gram negative bacteria are most commonly responsible for nosocomial infections in the ICUs in the Asia-Pacific region and frequently lead to sepsis and septic shock while in the western world Gram positive infections play a major role. Nosocomial infections with sepsis and septic shock have a mortality of 12 - 38% and the outcome depends in part on the time of institution of antimicrobial therapy. Therefore a broad spectrum antibiotic cover is started early, even before the receipt of microbiological data, which is later modified, depending on sensitivity patterns. Nosocomial Gram negative organisms, however, pose serious therapeutic problems because of the increasing incidence of multidrug resistance. The situation is alarming because there are not many antibiotics in the pipeline for Gram negative infections.

We are also well aware of the problems of antibiotic overuse and misuse, both inside and outside the ICU. There is also often a delay in initiating antimicrobial treatment in critically ill patients. Then there are issues with dosing of antibiotics as well as the duration of treatment with physicians often erring on one side or the other. They also sometimes fail to review antibiotic treatment once microbiological culture data becomes available. It is important not only to prescribe appropriate antibiotics as early as possible, but more important is not to prescribe and to discontinue antibiotics when not required or not indicated. One also needs to know how to distinguish between infection and colonization as also between community acquired and nosocomial infections because the later portend a much greater threat to life than the former. It is also important to know the appropriate microbiological tests required to reach a diagnosis and to correctly interpret them. It is therefore important to understand these and other principles that govern antibiotic prescription in infections in the critical care unit in order to achieve favourable outcomes. With these issues in mind we at Indian College of Critical Care Medicine (ICCM) of Indian Society of Critical Care Medicine(ISCCM) decided to start its first online course on infections prevalent in ICU - Critical Care Infectious Diseases eCourse (CCIDC).

Critical Care Infectious Diseases eCourse (CCIDC), the first e-course by ISCCM was launched by Honourable Dr. Harsh Vardhan, Minister of Science & Technology and Earth Sciences, Govt. of India, on 13th May at The Claridges Hotel, New Delhi. The function was attended by Dr Atul Kulkarni, President ISCCM; Dr. Pradip Bhattacharya, General Secretary ISCCM; Dr. Dhruva Chaudhary, Vice-chancellor, Indian College of Critical Care Medicine; Dr. Yatin Mehta, Prakash Shastri, Dr. Rajesh Pande, Dr. D. K. Singh, Dr. Deepak Govil, Dr. Yash Javeri, Dr. Krishan Chugh, Dr. Rahul Uttam, Dr. Rupak Singla, Dr. Avdhesh Bansal, Dr. Sudha Kansal, Dr Vivek Nangia, Dr. Debshish Dhar, Dr. Supradip Ghosh, Dr. Anirban and many others. This is the first structured e-course started by any critical care society in the world at such a low enrolment fee.

As I am writing, more than 250 delegates have already registered and the feedback is very encouraging.

Making of the course
Conceptualization:
Over the last 2 decades so much has changed the way we communicate. Communication has become extremely easy. Most of the medical teaching is done physically in classes. We all will agree that the standard of teaching is not the same everywhere and at different points in time. Over the years I have felt that in the ICU there is a great need of updating the knowledge of care givers.

I have always been thinking as to why we don’t have virtual e-class room in critical care and the best and most experienced person in the country takes this class on a particular subject which is available to everyone who wants to learn. I shared this with many IT personals over the years, but nothing materialized. About a year ago a pharma company approached us with a particular person with whom I had discussed this idea earlier. The idea got a real push when they sounded serious to support Critical Care Infectious Diseases Course. I was chancellor for the college at that time and we jumped at the idea which
was fully supported by the college board and executive body of the ISCCM. That is how we started working for Critical Care Infectious Diseases Course (CCIDC) as the society’s first e-course.

Subsequently I told the Pharma to find out the cost of making such a program. After three months they told me that there are vendors who make such a program like BMJ but they are asking for 80 lakhs & another famous company who is asking for 40 lakhs. We had a budget of only about 15 lakhs. After seeking more competent and innovative organizations to execute the project we approached Kamyab infotech Pvt. Ltd. (eLearning Services Division) who understood the concept and suggested the execution be done, using Lean Six Sigma concepts which helped bring the cost down without compromising the production quality and time.

Selection of topics & facility:
We discussed the possibilities of a lot of topics to be covered in this course. I talked to infectious disease specialists in India and abroad, office bearers, intensivists and short listed topics. Then I asked Dr. V. Ramasubraminan, ID Specialist, Apollo Hospital, Chennai and Dr. Subhash Todi for help in making a final list of topics. We then finalized 20 topics for 20 modules to be covered in the course.

The faculty for the Master Classes was selected from the eminent ID specialist, microbiologists and intensivists with special interest and competency in infectious diseases. Out of them we named six co-ordinators, Dr. Camilla Rodrigues, Dr. Subhash Todi, Dr. V. Ramesh, Dr. Shiva Iyer, Dr. N. Ramakrishnan & Dr. Rajesh Chawla (chief coordinator).

We divided the topics into five groups. Each co-ordinator was given the task of looking after each group. Each coordinator was asked to co-ordinate among 4-5 faculty members. After receiving the presentation from the speaker the group co-ordinator sent it to all the other members of the group for their inputs. Subsequently we organized contact meetings at Mumbai on 25th October 2015 to discuss the presentations, contents and knowledge transfer possibilities of various topics. The meeting was attended by Dr. Camilla Rodrigues, Dr. Subhash Todi, Dr. V. Ramesh, Dr. Shiva Iyer, Dr. N. Ramakrishnan, Dr. Rajesh Chawla, Dr. V. Ramasubraminan, Dr. Atul Patel, Dr. Rajiv Soman, Dr. Kunal Lahiri, Dr. Pravin Amin and Dr. Dhruba Chaudhary. The content & presentation material was discussed in each group and then after correction they were presented in front of all the groups together. The inputs were collated and incorporated and the final presentation & course material set was sent for formatting and designing.

The faculty included are not only the eminent in the field but are also very busy. I must say that they all co-operated & gave us the content in record time. The faculty for the Master Classes and Expert Interview included Dr. Camilla Rodrigues, Dr. Subhash todi, Dr. Ramesh Venkatraman, Dr. Shiva Iyer, Dr. N. Ramakrishnan, Dr. Rajesh Chawla, Dr. V. Ramasubraminan, Dr. Arunaloke Chakrabarti, Dr. Atul Patel, Dr. Rajiv Soman, Dr. Shrish Prayag, Dr. Pravin Amin, Dr. Ram E Rajagopalan, Dr Ram Gopalakrishnan, Prof. Kunal Lahiri, Dr. Atul Kulkarni, Dr. J. Divatia, Dr. Abdul Ghaful, Dr. Dhruba Chaudhary, Dr. Vivek Nangia, Dr. J. C. Suri, Dr. G. C. Khilnani, Dr. Pradip Bhattacharya, Dr. Suresh Ramasubban, Dr. Krishan Chugh, Dr. Avdhesh Bansal, Dr. Sheila Myatra, Dr. Sudha Kansal, Dr. Rajiv Uttam, Dr Yash Javeri and Dr. Rupak Singla, Dr Prashant Nasa and Dr. Deven Juneja helped in preparing MCQs of few modules.

Initially we had thought of only a couple of Master Classes and Self Evaluation Quiz (Case Based MCQs) in each module. But later, on Dr. Todi’s suggestion we gave links for articles which are free on the internet. He also suggested the Take Home Points Section which one must know at the end of each class. So each module now includes Master Class(es), Take Home Points, Suggested Reading, Expert Interview , Self Evaluation Quiz (MCQs) with explanations and Feedback.

Presentation on the platform
We were initially not very sure how the presentation would look on the web. I visited many online courses, medical & nonmedical and youtube video. I did not find what I was looking for. I discussed the challenge with Ankit, Systems Architect & Analyst at Kamyab Infotech Pvt. Ltd., along with their production team including Dharmender Berry and after several trials we could make the Production we were looking for.

The shoots and production was carried out at multiple places: Post Graduate Institute, Chandigarh; Hinduja Hospital, Mumbai; Apollo Hospitals Chennai; Indraprastha Apollo Hospitals, Delhi; J. P. Hotels, Agra and The Claridges Hotel, Delhi.

These video productions were edited several times to get the refined perfect video.

I would like to thank everyone especially Dr Shiva Iyer, Dr Atul Kulkarni, Dr Kapil Zipre, Dr Subhal Dixit, Dr Dhruba Chaudhary, Dr Pradip Bhattacharya college board, executive committee of ISCCM for giving me the freedom and supporting me at every step. I would like to thank Abbott Healthcare Pvt Ltd for supporting this endeavour. I would like to thank Kamyab Infotech FVT Ltd and their team for making this dream a reality. I am sure we will have many such courses in future.


Happy learning!

Enrollment has started
Course Fee:
- ISCCM members: Rs. 2000/-
- Non ISCCM members: Rs. 3000/-

Logon to enrol at www.isccm.org or www.isccmcourses.org
1. These Regulations may be called the “Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations, 2002.”

2. In the “Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations, 2002”, the following amendments/deletions/substitutions, shall be, as indicated therein:

3. The title of Section 6.8, as amended vide notification dated 10/12/2009, shall be further amended by deleting the words “and professional association of doctors” as under:

4. Code of Conduct for doctors in their relationship with pharmaceutical and allied health sector industry” as under:

5. Section 6.8.1, as amended vide notification dated 10/12/2009, shall be substituted as under:

6. Travel Facilities: A medical practitioner shall not accept any hospitality like hotel accommodation for self and family members for vacation or for attending conferences, seminars, workshops, CME Programme, etc. as a delegate. A medical practitioner may carry out, participate in, work for pharmaceutical and allied healthcare industries. A medical practitioner shall not receive any cash or monetary grants from any pharmaceutical and allied healthcare industry for individual purpose in individual capacity under any pretext. Funding for medical research, study etc. can only be received through approved institutions by modalities laid down by law/rule/guidelines adopted by such approved institutions, in a transparent manner. It shall always be fully disclosed.

7. Cash or monetary grants: A medical practitioner shall not receive any cash or monetary grants from any pharmaceutical and allied healthcare industry for individual purpose in individual capacity under any pretext. Funding for medical research, study etc. can only be received through approved institutions by modalities laid down by law/rule/guidelines adopted by such approved institutions, in a transparent manner. It shall always be fully disclosed.

8. Cash or monetary grants more than Rs. 5,000/- up to Rs. 10,000/-: Censure

9. Cash or monetary grants more than Rs. 10,000/- to Rs. 50,000/-: Removal from Indian Medical Register or State Medical Register for 6 (six) months.

10. Cash or monetary grants more than Rs. 50,000/- to Rs. 1, 00,000/-: Removal from Indian Medical Register or State Medical Register for 1 (one) year.

11. Cash or monetary grants more than Rs. 1, 00,000/-: Removal for a period of more than 1 (one) year from Indian Medical Register or State Medical Register.

12. Medical Research: A medical practitioner may carry out, participate in, work in research projects funded by pharmaceutical and allied healthcare industries. A medical practitioner is obliged to know that the fulfillment of the following items (i) to (vii) will be an imperative for undertaking any research assignment/project funded by industry-for being proper and ethical. Thus, in accepting such a position a medical practitioner shall:

   i. Ensure that the particular research proposal(s) has the due permission from the competent concerned authorities.

   ii. Ensure that such a research project(s) has the clearance of national/state/ institutional ethics committee/bodies.

   iii. Ensure that it fulfills all the legal requirements prescribed for medical research.

   iv. Ensure that the source and amount of funding is publicly disclosed at the beginning itself.

   v. Ensure that proper care and facilities are provided to human volunteers, if they are necessary for the research project(s).

   vi. Ensure that undue animal experimentation are done and when these are necessary they are done in a scientific and a humane way.

   vii. Ensure that while accepting such an assignment a medical practitioner shall have the freedom to publish the results of the research in the greater interest of the society by inserting such a clause in the MoU or any other documents/agreement for any such assignment.

   Action: First time censure, and thereafter removal of name from Indian Medical Register or State Medical Register for a period depending upon the violation of the clause.

f. Maintaining Professional Autonomy: In dealing with pharmaceutical and allied healthcare industry a medical practitioner shall always ensure that there shall never be any compromise either with his/her own professional autonomy and/or with the autonomy and freedom of the medical institution.

   Action: First time censure, and thereafter removal of name from Indian Medical Register or State Medical Register.

g. Affiliation: A medical practitioner may work for pharmaceutical and allied healthcare industries in advisory capacities, as consultants, as researchers, as treating doctors or in any other professional capacity. In doing so, a medical practitioner shall always:

   i. Ensure that his professional integrity and freedom are maintained.

   ii. Ensure that patients interest are not compromised in any way.

   iii. Ensure that such affiliations are within the law.

   iv. Ensure that such affiliations/employments are fully transparent and disclosed.

   Action: First time censure, and thereafter removal of name from Indian Medical Register or State Medical Register for a period depending upon the violation of the clause.

h. Endorsement: A medical practitioner shall not endorse any drug or product of the industry publically. Any study conducted on the efficacy or otherwise of such products shall be presented to and/ or through appropriate scientific bodies or published in appropriate scientific journals in a proper way.

   Action: First time censure, and thereafter removal of name from Indian Medical Register or State Medical Register.

   Dr. Reena Nayyar, Secy. I/c.

   (ADVT.-III/Exty./100/347)

The Principal Regulations namely, “Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations, 2002” were published in Part - III, Section (4) of the Gazette of India on the 6th April, 2002, and amended by MoC notification dated 22/02/2003, 26/05/2004 & 10/12/2009
**Report on JCCM**

**Friends**

I am happy to share with you that IJCCM, the scientific mouthpiece of the ISCCM has been recognized by Thomson Reuters for the Emerging sources citation index. This would mean that the journal will have greater visibility in the Web of Science. IJCCM will also be monitored for eligibility for an Impact Factor, the hallmark of a quality journal. Letters from Thomson Reuters and our Publishers Wolters Kluver are proudly enclosed!

We have a long way to go for the coveted Impact Factor, but it is clearly possible for us. We have had so far 2696 authors, 1472 reviewers and more than 600 manuscript submissions a year. IJCCM has been a monthly since January 2014 with 200 articles a year. Nearly 20% are overseas submissions. Our acceptance rate, however is still high at 35%.

The way to ensure that we make the cut for an Impact Factor is to raise the quality of our articles. We need more Original Research, meta analyses and systematic reviews. These submissions will receive top priority. In an effort to enhance quality the rejection rates may go up.

I would urge you all to conduct well designed studies with robust methodology addressing original questions. Please submit to the IJCCM as the preferred journal as the visibility in PubMed and ESCI will greatly add value to your work. Please bear with the review process which will be stricter, but I assure you every effort will be made to help you improve your work. For the above category of articles, publication would be fast-tracked to within 6 months.

But this moment of our recognition is a moment to savour.

Warm regards

Dr. R. K. Mani
Chief Editor, IJCCM
raj.rkmjs@gmail.com

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**Letter from Wolters Kluwer**

Respected Dr. Mani,

Hope this email finds you well. We are very pleased to inform you that IJCCM got selected for coverage in Thomson Reuters ESCI. Your journal will now be available in Web of Science and will get a new logo at your website soon.

Now your focus should be publishing mainly those articles which you think can bring good citations, because your citation metrics will be monitored by Thomson Reuters and when they find it suitable for SCIe, they will upgrade your journal and provide an impact factor.

It is however time to celebrate the fantastic achievement. Our Editorial team will continue to help you further achieve higher indexing status.

The letter of selection is enclosed.

Sincere Regards

Dr. Sunny Duttagupta
Senior Managing Editor
Editorial Quality Management
Health Learning, Research & Practice
Wolters Kluwer, India

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May 17, 2016

Dr. Sunny Duttagupta
Senior Managing Editor
Wolters Kluwer Health - Medknow

Dear Dr. Sunny Duttagupta,

I am pleased to inform you that Indian Journal of Critical Care Medicine has been selected for coverage in Thomson Reuter’s products and services. Beginning with 2016, this publication will be indexed and abstracted in:

- Emerging Sources Citation Index

If possible, please mention in the first few pages of the journal that it is covered in these Thomson Reuters services.

Would you be interested in electronic delivery of your content? If so, we have attached our Journal Information Sheet for your review and completion.

In the future Indian Journal of Critical Care Medicine may be evaluated and included in additional Thomson Reuters products to meet the needs of the scientific and scholarly research community.

Thank you very much.

Sincerely,

Marian Hollingsworth
Director, Publisher Relations

---

**Thomson Reuters**

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Philadelphia PA 19130
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Fax (215)823-6635
In line with the forecast of robust growth of Critical Care, Kochi will host Criticare Conference 2017 which will be held from February 1st to 5th, 2017 at Hotel Le Meridian, Kochi.

The conference will act as a strategic platform to offer deeper insights on the latest trends in research, therapy and management of the critically ill through interactive sessions, plenary lectures, and presentations that will assist the Critical Care Specialists in providing the best care to their patients. The conference will also include cutting edge Workshops.

The objective of Criticare 2017 Conference is to provide a common platform for Critical Care professionals from across India & a few faculty from across the world will collaborate, network and exchange knowledge, education, training, research experience and best practice to ensure optimal care management for the critically ill.

PEdiATRIC SECTiON
Led by key speakers and experts from the Pediatric Sections, this course provides an insight into current topics and controversies in ventilation, sepsis & hemodynamics and renal issues including renal replacement therapy on ICU. Each area will have both dedicated theory and workshops.

Kochi Criticare Conference 2017 will host over 4000 Critical Care professionals, including Doctors, Nurses and other allied healthcare professional in Intensive Care from different parts of the world.

Dr. Banani Poddar and Dr. Rajiv Uttam with the EC are sparing no pains to get the National Scientific Pediatric programme completed by June 30th 2016.

Please register early & get in touch with the Travel Coordinators of Criticare 2017 for room bookings, ticketing & sightseeing.
National & Local Cordinators for the workshop.

> BPICC (BASIC PEDIATRIC INTENSIVE CARE COURSE) -
> DR. RAJIV UTTAM
> Local Coordinators: 1. Dr.Rajappan Pillai, 2. Dr.Vivin Abraham

> MECHANICAL VENTILATION COURSE -DR. SUBHAL DIXIT
> Local Coordinators: 1. Dr.Shyam Sunder.Cochin, 2. Dr.Anoop.S. Calicut

> ECHO AND USG COURSE – DR. VIJAYA PATIL

> COMPREHENSIVE CRITICAL CARE COURSE (4C) - DR. S.K. TODI
> Local Coordinators: 1. Dr.Rajesh V.Cochin, 2. Dr.Mathew Pulicken Thiruvalla.

> COMPREHENSIVE TRAUMA LIFE SUPPORT COURSE (CTLS)
> DR. GANAPATHY
> Local Coordinators: 1. Dr.Jerry Paul.Cochin

> HAEMODYNAMIC MONITORING COURSE- DR. ATUL KULKARNI
> Local Coordinators: 1. Dr.Nita George. Cochin.

> NEURO CRITICAL CARE COURSE - DR. KAPIL ZIRPE
> Local Coordinators: 1. Dr.Sreevalsan. Cochin, 2.Dr.Manikandan. Trivandrum

> RENAL REPLACEMENT THERAPY - DR. ARINDAM KAR
> Local Coordinators: 1. Dr.JacobVerghees, 2.Dr.Abi Abraham. Cochin,
> 3. Dr.Cherish Paul.Trichur.

> DIFFICULT AIRWAY AND BRONCHOSCOPY COURSE- JIGI DIVATIA

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> Local Coordinators: 1. Dr.Anuroop, 2. Dr.Paramez. 3.Dr.Anoop Warrier

> NURSING CRITICAL CARE COURSE- DR.RAYMOND SAVIO
> Local Coordinators: 1. Dr.Cuckoo Susan .Cochin

> OBSTETRICS CRITICAL CARE COURSE- DR. DILIP KARNAD
> Local Coordinators: 1. Dr.Sindhu Balakrishnan. Cochin, 2. Dr.Mansoor. Trichur

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