## ONE STOP SOLUTION FOR ALL CRITICAL CARE MEDICINE LEARNING "Master Classes in CRITICAL CARE MEDICINE"

## **COMPREHENSIVE COURSE-1**

(WITH 150 TOPICS INCLUDED)

### One and only successfully running digital learning platform in critical care medicine throughout the globe

Dear all after the huge success of previous batches of "Master Classes in Critical Care Medicine", we are happy to announce the schedule of **COMPREHENSIVE CRITICAL CARE COURSE-1 from January 2024.** 



#### **Features of Comprehensive Course 1**

- Recorded version of the classes will be available to watch as per your convenience for the entire tenure of the course (from the start date of the course to end of the course-total 5 months) on mobile/ laptop / desktop with the individual login details
- To cover theory/practical points/MCQs of entire critical care medicine topics
- 10 Mock Tests with explanation of the answers included
- Case based approach to help CTCCM /IDCCM /IFCCM, EDIC / EDIAC II and DM/DrNB exit exams
- To discuss MCQs according to new pattern of NEET-SS and INI-CET critical care super speciality entrance exam
- Round the clock, one to one doubt clarification to help practicing intensivists / anaesthetists / physicians / pulmonologists / emergency physicians
- Continued academic support to registered delegates through "VOICE OF CRITICAL CARE MEDICINE" even after the batch is over
- With many more newer topics and MCQs included

#### WHO SHOULD ATTEND?

- Those who are practicing Critical Care Medicine, Anaesthesia, Pulmonology, General Medicine and Emergency Medicine and interested to learn and upgrade the knowledge in critical care medicine.
- Those who are doing postgraduation in Anaesthesia, Pulmonology, General Medicine and Emergency Medicine and interested to choose Critical Care as career option.
- Those who are doing CTCCM, IDCCM, IFCCM, PDCC, FNB/DNB, DM in critical care.
- Those who are preparing for EDIC/EDIAC part I & II.
- Those who are preparing for NEET super speciality and INI-CET entrance.





#### **COURSE FACULTY & DIRECTOR**

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#### Classes will be starting from JANUARY 2024

# COMPREHENSIVE



#### CURRICULUM (now with more than 200 topics included)

#### A. HEAMODYNAMIC MONITORING

- 1. PRESSURE BASED INDECES / STATIC PARAMETERS-CVP, PAOP AND ARTERIAL LINE
- 2. CASE BASED DISCUSSION-VOLUME BASED INDECES / DYNAMIC PARAMETERS-PPV,SVV,SPV
- 3. CARDIAC OUTPUT MONITORING AN OVERVIEW
- 4. CARDIOGENIC SHOCK-CASE BASED APPROACH
- 5. OBSTRUCTIVE SHOCK-CASE BASED APPROACH
- 6. CASE BASED DISCUSSION- FLUID RESPONSIVENESS AND ADVANCED HEMODYNAMIC MONITORING:FLOW TRAC / VOLUME VIEW / PLR
- 7. FAST, eFAST, POCUS, BLUE PROTOCOL AND VEXUS SCORE: AN OVERVIEW

#### **B. INFECTIONS AND ANTI – INFECTIVES**

- 1. SEPSIS A CASE BASED APPROACH
- 2. SEPSIS GUIDELINES 2021- WHAT'S NEW?
- 3. EMPERIC ANTIBOITIC APPROACH AND ANTIBOITIC DEESCALTION IN ICU
- 4. COMMUNITY ACUIRED PNEUMONIA
- 5. INVASIVE FUNGAL INFECTIONS A CASE BASED APPROACH
- 6. NEWER ANTIBIOTICS IN THE PIPELINE
- 7. MDR GRAM NEGATIVES IN ICU: BASICS AND BEYOND
- 8. DIFFERENTIAL USAGE OF CARBAPENAMS: CURRENT EVIDENCE
- 9. APPROACH TO TROPICAL INFECTIONS IN ICU
- 10. PK PD OF ANTIBIOTICS IN CRITICALLY ILL PATIENTS
- 11. INTERPRETATION OF CULTURE SENSITIVITY REPORT: -MIC, BPC, MPC WHAT TO SEE AT THE BEDSIDE?
- 12. RAPID DIAGNOSTICS AND THERAPEUTIC DRUG MONITORING IN ICU : IS IT THE FUTURE?
- 13. TREATING HIV PATIENT : ICU PERSPECTIVE
- 14. INFECTION CONTROL POLICIES IN ICU:-CARING OF LINES, DRAINS AND PIPES, BIOMEDICAL WASTE MANAGEMENT, TRANSMISSION SPECIFIC ISOLATION PRECAUTIONS
- IMMUNOMODULATION IN ICU WHAT IS THE EVIDENCE:-ULINASTATIN, METHYLENE BLUE, SEPSIVAC, THYMOCIN ALPHA, INTERFERON ALPHA MARIK'S PROTOCOL
- 16. MANAGING COMPLICATED UTI: AN OVERVIEW
- 17. OXA 48 AN EMERGING THREAT: WHAT WE SHOULD KNOW?

- 18. PULMONARY TB IN ICU: CHALLENGES IN DIAGNOSIS AND THERAPY
- 19. PYREXIA OF UNKNOWN ORIGIN: A PROTOCOLIZED APPROACH
- 20. MANAGEMENT OF COMPLICATED SKIN-SOFT TISSUE INFECTIONS IN ICU

#### C. RESUSCITATION AND DERESUSCITATION

- 1. PCO2 GAP PRACTICAL UTILITY AT THE BEDSIDE.
- 2. LACTATE IN NORMOTENSIVE PATIENTS: ITS CLINICAL RELEVANCE
- 3. MICROCIRCULATORY ASSESSMENT IN ICU: WHERE WE ARE TODAY?
- 4. DE-RESUSCITATION IN ICU PATIENTS: WHEN AND WHICH PATIENTS TO BE INITIATED?

#### D. ARDS

- 1. ARDS GENERAL AND VENTILATORY ASPECTS
- 2. LANDMARK TRAILS IN ARDS
- 3. UNDERSTANDING ARDS: CASE BASED APPROACH

#### E. MECHANICAL VENTILATION

- 1. NON-INVASIVE VENTILATION : CURRENT EVIDENCE
- 2. HIGH FLOW NASAL CANULA: CURRENT EVIDENCE
- 3. BASICS OF VENTILATOR GRAPHICS
- 4. ADVANCED MODES OF MECHANICAL VENTILATION AN OVERVIEW
- 5. WEANING FAILURE AND DIFFICULTY IN WEANING
- 6. DIAPHRAGM PROTECTIVE VENTILATION: WHAT IT IS EXACTLY?
- 7. PATIENT SELF INFLICTED LUNG INJURY: UNDERSTANDING THE NEW CONCEPT.
- 8. LUNG STRESS AND STRAIN IN MECHANICAL VENTILATION.

#### F. ENDOCRINE AND NUTRITION

- 1. DIABETIC EMERGENCIES IN ICU: DKA, HHS & HYPOGLYCEAMIA
- 2. ACUTE ADRENAL INSUFFICIENCY: ICU MANAGEMENT
- 3. MANAGING HYPOTHYROIDISM AND MYXEDEMA COMA IN ICU: AN OVERVIEW

## COMPREHENSIVE COURSE 1



- 4. MANAGING HYPERTHYROIDISM AND THYROTOXICOSIS IN ICU: AN OVERVIEW
- 5. AN APPROACH TO ENTERAL NUTRITION IN ICU
- 6. DISEASE SPECIFIC NUTRITION
- 7. PHARMACO-NUTRITION
- 8. REFEEDING SYNDROME
- 9. TOTAL PARENTERAL NUTRITION: WHEN, HOW MUCH AND WHICH PATIENTS?

#### G. NEURO CRITICAL CARE

- 1. SUB ARACHNOID BLEED
- 2. MANAGING STROKE: ICU PERSPECTIVE
- 3. GB SYNDROME
- 4. MYASTHENIA GRAVIS
- 5. ICU ACQUIRED WEAKNESS
- 6. TREATING MENINGITIS: ICU PERSPECTIVES
- 7. A STEPWISE APPROACH TO REFRACTORY STATUS EPILEPTICUS
- 8. AUTO IMMUNE ENCEPHALITIS: ICU PERSPECTIVE
- 9. ENCEPHALOPATHY IN ICU: METABOLIC
- 10. ENCEPHALOPATHY IN ICU: SEPTIC
- 11. TRANSCRANIAL DOPPLER AND ICP MONITORING: AN OVERVIEW
- 12. BRAIN DEATH DECLARATION AND ORGAN PRESERVATION

#### H. TRAUMA/BURNS/SNAKE BITE/TOXOCOLOGY

- 1. GENERAL VIEW ON ADVANCED TRAUMA LIFE SUPPORT (ATLS)
- 2. ABDOMINAL TRAUMA
- 3. TRAUMATIC BRAIN INJURY
- 4. AN EVIDENCE-BASED MANAGEMENT OF BURNS PATIENT IN ICU
- 5. ICU MANAGEMENT OF PATIENT WITH SNAKE BITE
- 6. TOXICOLOGY GENERAL APPROACH
- 7. MANAGEMENT OF CRITICALLY ILL PREGNANT PATIENT

#### I. NEPHRO CRITICAL CARE AND CONNECTIVE TISSUE DISORDERS

- 1. ACUTE KIDNEY INJURY
- 2. PRINCIPLES OF RENAL REPLACEMENT THERAPY
- 3. ROLE OF EXTRACORPOREAL FILTERS (CYTOSORB, OXARIS, TORAYMYXIN AND LPS ADSORBER) IN CRITICALLY ILL PATIENTS: WHERE WE ARE TODAY?

- 4. DIURETICS IN ICU: WHEN, HOW MUCH AND WHICH PATIENTS?
- 5. THERAPEUTIC PLASM EXCHANGE IN ICU: WHAT IS THE EVIDENCE?
- 6. MANAGING CATASTROPHIC ANTI PHOSPHOLIPID ANTIBODY SYNDROME: ROLE OF INTENSIVIST
- 7. RHEUMATOLOGICAL EMERGENCIES IN ICU: AN OVERVIEW

## J. ICU ORGANISATION/QUALITY ISSUES/END OF LIFE CARE/IMAGING:-

- 1. ICU ORGANISATION AND STRUCTURE : WHAT WE NEED TO UNDERSTAND ?
- 2. SCORING SYSTEM IN ICU
- 3. QUALITY INDICATORS IN ICU: AN OVERVIEW
- 4. HOW TO DO CLINICAL AUDIT IN ICU?
- 5. COMMUNICATION IN ICU: ITS SHORTFALLS AND HOW TO IMPROVE IT?
- 6. TRANSPORTING A CRITICALLY ILL PATIENT: PREPARATION AND TROUBLESHOOTING?
- 7. QUALITY INDICATORS IN ICU: AN OVERVIEW
- 8. BUNDLE CARE APPROACH IN ICU
- 9. END OF LIFE CARE PRINCIPLES
- 10. WHAT IS NEW IN END-OF-LIFE CARE POLICY INDIAN SCENARIO?
- 11. HOW TO DO CRITICAL APPRAISAL OF PAPER?
- 12. IMAGING IN ICU
- 13.CRITICAL APPRAISAL OF LAND MARK TRAILS IN ICU
- K. PRACTICAL POINTS TO REMEMBER ON ANTIBIOTICS, ANTIVIRALS AND ANTIFUNGALS: AN INTENSIVIST PERSPECTIVE
- 1. AN OVERVIEW ON DOXYCYCLINE, TIGECYCLINE AND MINOCYCLINE
- 2. AN OVERVIEW ON GLYCOPEPTIDES IN ICU: VANCOMYCIN AND TEICOPLANIN
- 3. AN OVERVIEW ON LINEZOLID
- 4. AN OVERVIEW ON CLINDAMYCIN
- 5. AN OVERVIEW ON DAPTOMYCIN
- 6. AN OVERVIEW ON FOSFOMYCIN USE IN ICU
- 7. AN OVERVIEW ON LEVONADIFLOXACIN: A NOVEL ANTI-MRSA ANTIBIOTIC
- 8. AN OVERVIEW ON POLYMYXINS IN ICU
- 9. AN OVERVIEW ON ARBEKACIN
- 10. AN OVERVIEW ON ROLE OF CEFTRIAXONE SULBACTAM DISODIUM EDETATE IN THE ICU

# COMPREHENSIVE



11. AN OVERVIEW ON CEFTAROLINE

12. AN OVERVIEW ON CEFTAZIDIME AVIBACTAM AND AZTREONAM AVIBACTAM

13. AN OVERVIEW ON AZTREONAM AVIBACTAM

14.AN OVERVIEW ON HIGH DOSE SULBACTAM

15. AN OVERVIEW ON ECHINOCANDINS: ANIDULAFUNGIN, MICAFUNGIN AND CASPOFUNGIN

- 16. AN OVERVIEW ON ERTAPENEM
- 17. AN OVERVIEW ON FAROPENEM
- 18. AN OVERVIEW ON ISAVUCONAZOLE
- 20. AN OVERVIEW ON POSACONAZOLE

21. AN OVERVIEW ON AMPHOTERICIN -B

22. AN OVERVIEW ON ANTIVIRALS: - ACYCLOVIR

23. AN OVERVIEW ON ANTIVIRALS: - GANCICLOVIR

24. AN OVERVIEW ON ANTIVIRALS: - VALGANCYCLOVIR

25. AN OVERVIEW ON ANTIVIRALS: - FOSCARNET

26. VABORBACTUM AND ITS COMBINATIONS (MEROPENEM-VABORBACTUM): AN OVERVIEW?

27. RELEBACTAM AND ITS COMBINATIONS (IMIPENEM-

- RELEBACTAM): CURRENT EVIDENCE
- 28. CLINICAL EVIDENCE ON TANIBORBACTAM COMBINATIONS (CEFEPIME-TANIBORBACTAM)

29. CLINICAL UTILITY AND EVIDENCE ON CEFIDEROCOL

#### I. PRACTICAL POINTS TO REMEMBER ON VASOACTIVE AGENTS: AN INTENSIVIST PERSPECTIVE

- 1. AN OVERVIEW ON ADRENALINE: CURRENT EVIDENCE IN ICU
- 2. NORADRENALINE: CLINICAL UTILITY AND EVIDENCE
- 3. DOPAMINE IN ICU: WHEN, WHICH PATIENTS AND HOW MUCH?
- 4. DOBUTAMINE: IS IT A WONDER IONODILATOR?
- 5. LEVOSIMENDAN: WHERE IS THE PLACE AMONG CRITICALLY ILL PATIENTS?
- 6. CLINICAL UTILITY AND CURRENT EVIDENCE ON VASOPRESSIN
- 7. TERLIPRESSIN IN CRITICAL CARE UNIT: BEYOND ITS ROUTINE USE
- 8. ANGIOTENSIN II IN VASODILATORY SHOCK: CURRENT EVIDENCE
- 9. PHENYLEPHRINE: WHEN AND WHICH PATIENTS TO USE?
- 10. MILRINONE IN MEDICAL ICU: CURRENT EVIDENCE
- 11. CENTHAQUINE- A NEW MEDICATION FOR HYPOVOLEMIC SHOCK: CURRENT EVIDENCE



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