



## College of Critical Care Medicine

(under Critical Care Education Foundation)

F- Gemini Park, Mankhurd, V.N. Purav Marg, Mumbai-400 088.

email: office@icudoctor.in

Tel: +91 9820038240



### 2-Yr Fellowship Examination of the College of Critical Care Medicine Endorsed by the International Board of Medicine and Surgery (IBMS) USA

## Log Book for the Critical Care Examination (Part 1, 2)

Applicable to all examinations held after January 2014

Logbook is designed to evaluate performance of the candidate throughout the year in his/her institute. Submission of and securing minimum of 50% marks in logbook is a **mandatory** requirement before appearing for the Critical Care Examination. Logbook carries 10% weightage of the total marks in the examination.

**The logbook consists of the following components:**

**A. Clinical Cases**

**B. Investigative Critical Care.**

1. ECGs
2. ABGs
3. Biochemistry
4. Hematology/ Coagulation studies
5. X-rays
6. CT Scans / MRI Scans

**Format of presentation:**

Each section must be written in the Format specified in the download section of [www.icueducation.com](http://www.icueducation.com). Download the Templates (word document format) for each section. Completed examples are also available at this site along with detailed instruction for each section

**Last date of submission of logbook:**

1. Logbooks must reach the College office by the last date mentioned in the College Calendar available on the website. See (4) and (5) below.
2. Late Fee: In special circumstances a logbook maybe accepted with late fee as per specifications in the calendar of the College. This late fee must accompany the logbook sent late as per the time frame specified.
3. Payment of late fee should be by DD/ Multicity cheque in favour of "College of Critical Care Medicine". All DD must be payable in Mumbai.
4. **For Part 1 Examination:** Last date for logbook submission is 30<sup>th</sup> Nov midnight (must reach College by this date). Late fee upto 5<sup>th</sup> Dec is Rs 10,000 and no logbook will be accepted after this date. **Note:** Passing logbook is **MUST** for appearing in the theory and practical exam. Candidates who fail to submit their logbook will need to re-register for next year examination
5. **For Part 2 Examination:** Last date for logbook submission is 30<sup>th</sup> September midnight (must reach College by this date). Late fee upto 5<sup>th</sup> October is Rs 10,000 and no logbook will be accepted after this date. **Note:** Passing logbook is **MUST** for appearing in the theory and practical exam. Candidates who fail to submit their logbook will need to re-register for next year examination

	Last Date	Late fee of Rs 10,000
Part 1 candidates	30 <sup>th</sup> November	Upto 5 <sup>th</sup> December
Part 2 candidates	30 <sup>th</sup> September	Upto 5 <sup>th</sup> October



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6. This log book will carry 10% of the total marks in the examination.
7. Failure to submit Logbook with result in automatic disqualification from appearing at the examination. Institutions and candidates mentors/guides must ensure that candidates adhere to these templates and verify the originality of the material. Any copying of content from another candidate (current or previous years) or from the Internet will result in disqualification from the examination and can lead to banning of the candidate or institute/teacher at the discretion of the college.
8. The logbook must be submitted as neatly organized in transparent loose sheets inserted into a display folder.
  - a) **DO NOT BIND THE LOGBOOK.**
  - b) **DO NOT INSERT THE XRAY /CT INTO THE FOLDER** (send separate along with logbook)
9. **DVD submission:** The full logbook (all with all supporting images and documents) must also be submitted as softcopy on a DVD in the format specified. See the templates for instructions available at [www.icueducation.com](http://www.icueducation.com).
  - a) CT scans to be submitted as CD with appropriate labeling on the surface of the CD.
  - b) Name of the Candidate must be written on all CD/DVD.

### Details of the Components of the log book are as follows:

	Component: Clinical Case Studies	Part 1	Part 2
A.	<p><b>Clinical Case Studies.</b> Headings for each case study:</p> <ol style="list-style-type: none"> <li>1. Clinical problem: Not more than 1 paragraph.               <ol style="list-style-type: none"> <li>a. Start with “reason for ICU admission” in not more than 1-2 sentences.</li> <li>b. Give age and sex.</li> <li>c. State relevant positive and only relevant negative points.</li> <li>d. Mention associated medical problems.</li> </ol> </li> <li>2. Management: Immediate management (in order of priority).</li> <li>3. Investigations: Tabulated in chronological order with normal ranges.</li> <li>4. Course in ICU and further management: Include in chronological order the major events and actions taken with outcome.</li> <li>5. Discussion:               <ol style="list-style-type: none"> <li>a. state the “Aspect focused on”.</li> <li>b. Summary of literature review on this issue. Highlight finding seen and not seen in your case. Mark references as superscript (eg.<sup>1</sup>)</li> </ol> </li> <li>6. Influence on future Management: What did I learn from this after review (in not more than 5-6 sentences)?</li> </ol> <p><b>Type of Cases:</b></p> <ol style="list-style-type: none"> <li>1. All 5 cases must be of different categories (as given below) as far as possible.</li> <li>2. Categories: RS, CVS, CNS, GI-Liver, Renal (including Electrolyte abnormalities), Metabolic/ endocrine, Trauma, Pregnancy related, Miscellaneous (e.g. Thermal disorders, drowning, snake bite, burns, poisonings, etc)</li> </ol> <p>Note:</p> <ol style="list-style-type: none"> <li>1. All clinical material must be original managed by the candidate.</li> <li>2. Clinical photographs can be included in the cases and are encouraged and advised but identity must be protected as per standard norms.</li> <li>3. Total length of case study must not exceed 4 pages (A4 size paper typed single spaced).</li> </ol>	5	5



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	Component: ECGs	Part 1	Part 2
B.	<b>ECGs: (Color xerox of ECG must be submitted, not original)</b> Printout of a photograph taken of the ECG is not acceptable. Tachycardias, bradycardias, blocks, pacing, infarcts, Pulm. Embolism, pericarditis, electrical alternans, long QT, electrolyte abnormalities, cerebral T waves etc. <b>Format:</b> (Maximum 2 pages A4 size typed single spaced) <b>SEE TEMPLATES</b> <ol style="list-style-type: none"><li>1. Relevant medical history.</li><li>2. Original ECG.</li><li>3. Findings in the ECG.</li><li>4. Interpretation.</li><li>5. Focused discussion on ECG abnormality</li></ol>	5	5
C.	<b>Component: ABGs</b> <b>ABGs: (xerox of ABG must be submitted. Also, ABG must be tabulated in logbook with normal range)</b> Oxygenation abnormalities (with Alveolar-arterial gradients), Ventilatory abnormalities, simple and mixed acid base abnormalities (fully worked up with anion gaps, urinary anion gap) <b>Format:</b> (Maximum 2 pages A4 size typed single spaced) <b>SEE TEMPLATES</b> <ol style="list-style-type: none"><li>1. Relevant medical history.</li><li>2. Xerox of ABG.</li><li>3. Tabulated data of ABG with units and normal values</li><li>4. Interpretation in detail (supported by other investigations such urine/serum electrolytes).</li><li>5. Focused discussion on ABG abnormality (correlation of clinical presentation and ABG).</li></ol>	10	10
D.	<b>Component: Biochemistry</b> <b>Biochemistry</b> (Electrolytes, Liver Function tests, Renal function tests, pleural fluid, CSF analysis etc.) (xerox of report must be included. Also, values must be tabulated in logbook with normal range) <b>Blood:</b> SIADH, adrenal insufficiency, rhabdomyolysis, liver cell failure/ necrosis, electrolyte abnormalities, refeeding syndrome. DKA, hyperosmolar states, etc. <b>CSF:</b> meningitis, encephalitis. <b>Pleural Fluid:</b> empyema, tuberculosis, esophageal tears etc. <b>Urine:</b> sterile pyuria, hematuria, casts etc. <b>Format:</b> (Maximum 2 pages A4 size typed single spaced) <b>SEE TEMPLATES</b>	5	10
E.	<b>Component: Hematology/ Coagulation studies</b> <b>Hematology/ Coagulation studies.</b> (xerox of report must be included. Also, values must be tabulated in logbook with normal range) Low and high WBC/Hb/platelets, abnormal cells (e.g. Heinz bodies, Howell-Jolly bodies etc). Conditions like HELLP syndrome, TTP, DIC etc. <b>Format:</b> (Maximum 2 pages A4 size typed single spaced) <b>SEE TEMPLATES</b>	3	5

(institutes and candidates can keep a Xerox copy of this application for their record if required)



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	<b>Component: X-Rays</b>	<b>Part 1</b>	<b>Part 2</b>
F.	<p><b>X-rays: (Original film needs to be submitted along with softcopy on CD in DICOM + jpeg formats).</b> Please collect <b>Dicom</b> and <b>jpeg</b> images from your radiology department where digital xrays are done. As many departments delete the images after few days, make sure you collect the images immediately. Photos of Xrays are not acceptable. These are to be submitted on the DVD in format given on the website.</p> <p><b>Chest: Devices</b> like central line, ICD, ET tube, Trachy, Drains, Pace-maker, AICD, Swan Ganz, IABP, cardiac valves (Normal, abnormal positions/ <i>Pathologies:</i> pneumonia, pneumothorax, effusion, ARDS, Collapse, pericardial effusion, pneumopericardium, pneumo-mediastinum, dissection, trauma, gas under diaphragm and any other acute situations.</p> <p><b>Abdomen:</b> obstructions, trauma, devices etc. <b>Miscellaneous:</b> e.g. Vertebral trauma, skull fractures. etc Format: (Maximum 2 pages A4 size typed single spaced) <b>SEE TEMPLATES</b></p>	5	5

	<b>Component: CT scans/ MRI scans</b>	<b>Part 1</b>	<b>Part 2</b>
G.	<p><b>CT Scans / MRI Scans</b> (Original film needs to be submitted along with softcopy on CD in DICOM + jpeg formats). Please collect <b>CD of the scans</b> from your Imaging department. As many departments delete the images after few days, make sure you collect the DVD/CD immediately. Photos of CT/MRI are not acceptable. These are to be submitted on the DVD in format given on the website. Proper labelling of CD/DVD must be done with your details.</p> <p><b>Head:</b> Bleeds (SAH, intracerebral, intracerebellar, brainstem), infarcts, trauma, infections, devices, and other emergency situations. Spine: Trauma.</p> <p><b>Chest:</b> Dissection, PTE, trauma, ARDS, devices, herniation etc <b>Abdomen:</b> trauma, pancreatitis, infections, toxic megacolon, perforations, devices and other emergency situations. <b>Others: Neck, limbs etc</b> Format: (Maximum 2 pages A4 size typed single spaced) <b>SEE TEMPLATES</b></p>	3	5

**Dr P. K. Jain**

**Chairman: Critical Care Education Foundation.**



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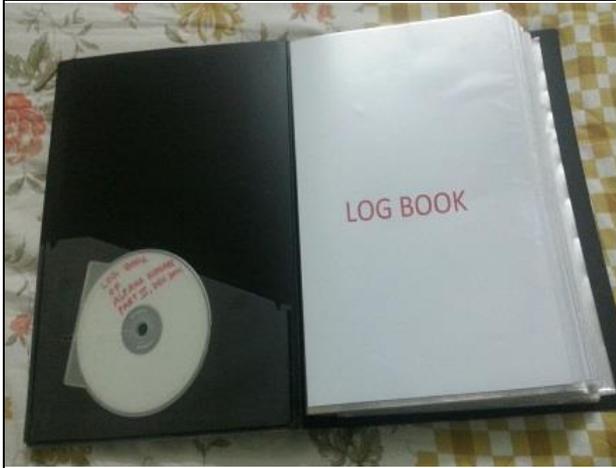
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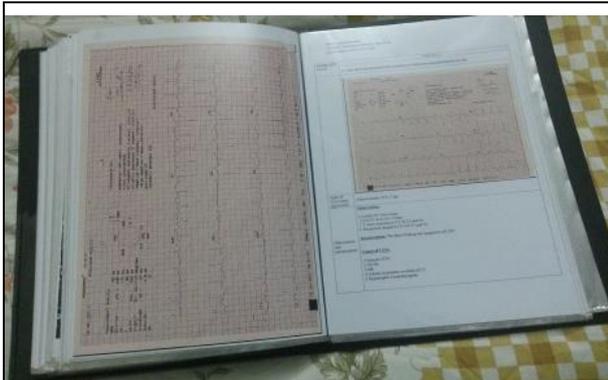
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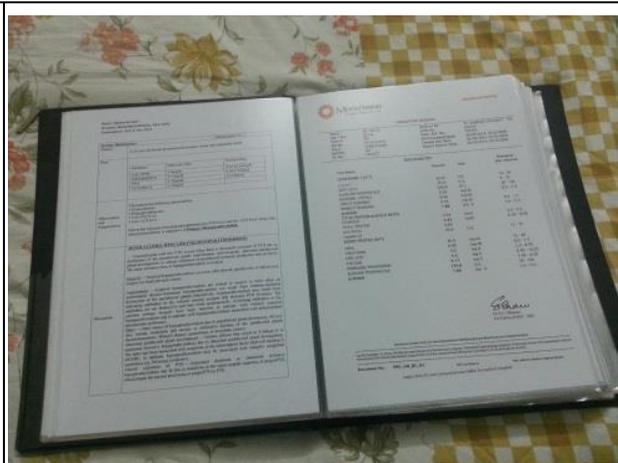
Logbook with CD labeled



Signature of Teacher



ECG with color Xerox with jpeg image inserted into document.



Biochemistry with supporting lab report



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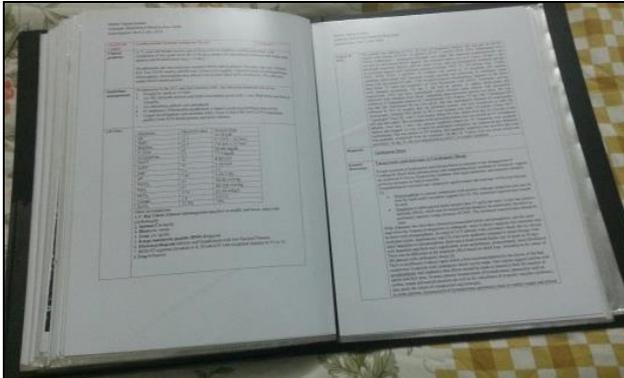
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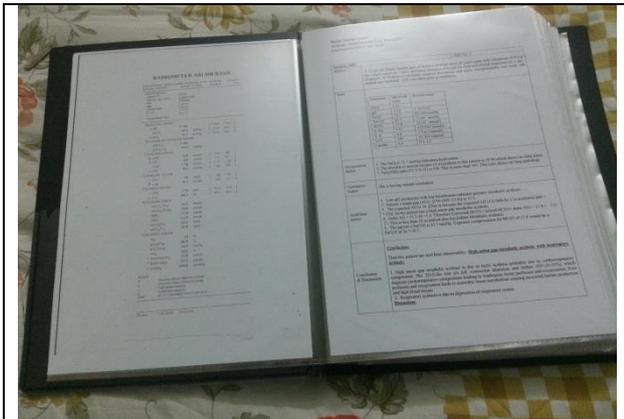
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Clinical Case with focused discussion. Lab reports tabulated with normal ranges.



Xray with jpeg image inserted into document. Dicom and jpeg images included on CD.



ABG with xerox of ABG.