

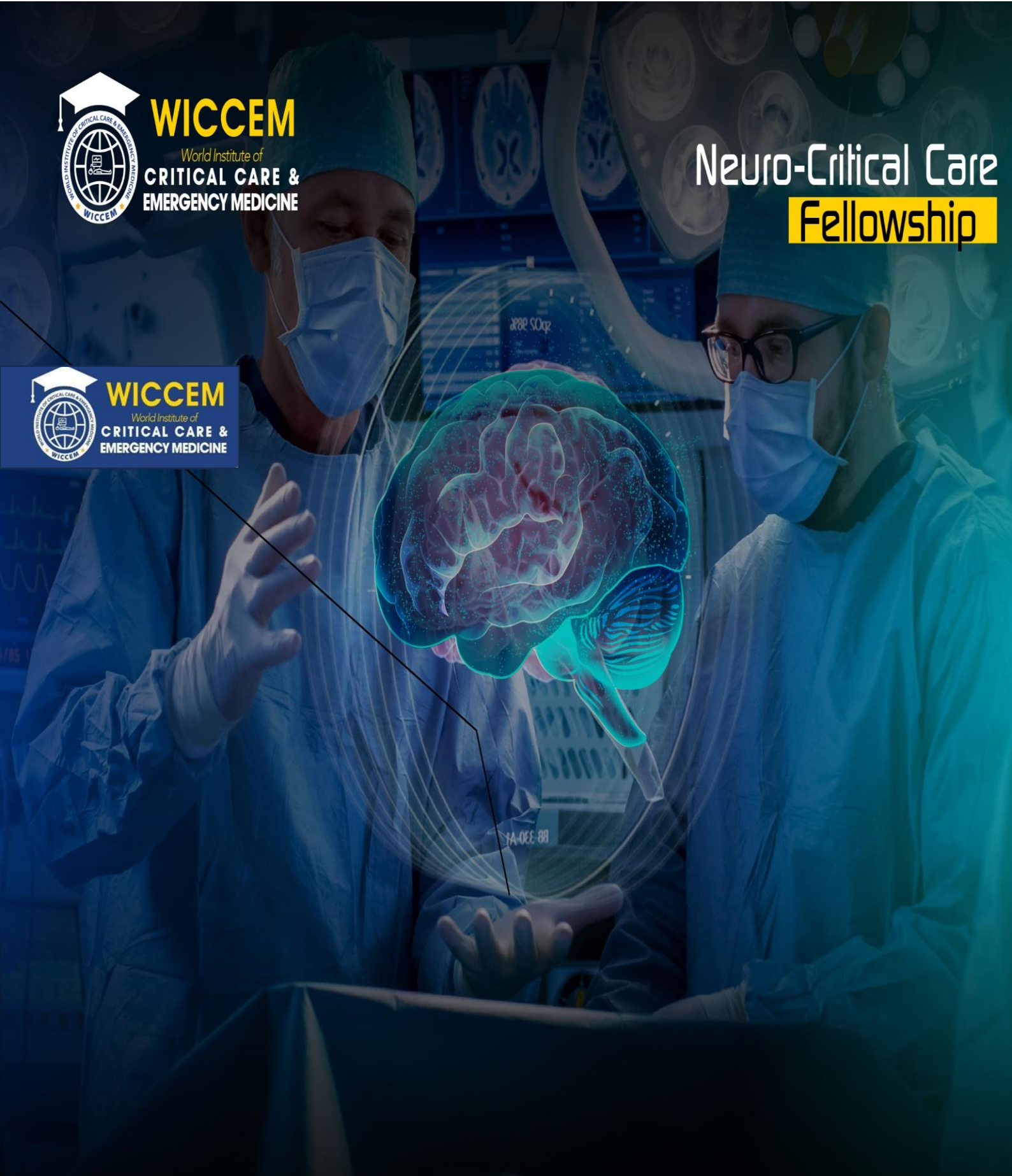


WICCEM
World Institute of
**CRITICAL CARE &
EMERGENCY MEDICINE**

**Neuro-Critical Care
Fellowship**



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**Neuro-critical Care (NCC) Fellowship
Program Handbook**



NEUROCRITICAL CARE FELLOWSHIP



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NEUROCRITICAL CARE FELLOWSHIP



Dear All

On behalf of the [World Institute of Critical Care & Emergency Medicine \(WICCEM\)](https://www.wiccem.org/), we welcome you to the **Neuro-Critical Care (NCC) Fellowship**.

We have written this **Handbook** to explain how the program is designed. This handbook will guide you through the whole program and help you to understand what we expect from you and highlight how we help you during your study. It provides you with the roadmap for your education with us. The Handbook is not a replacement for any communication with the program staff and faculty but helps you to understand the rules and the regulations followed during your study.

We have invested in appointing a dedicated staff to help you. Therefore, your engagement with the Fellowship Program staff/faculty is essential to get the maximum benefit during your study with us. Please read it thoroughly before joining the program and keep referring to it during your journey through the Fellowship.

We wish you the best in your career.

Foreword by the Fellowship Program Board

Welcome to the **Neuro-Critical Care Fellowship**. This program, a unique, flagship program, is offered wholly online. It is structured as 3 modules, 30-credit each.

We are very pleased you have chosen to start the next stage of your education with us, with a massive investment to improve our resources for all our students and to recruit appropriately qualified national and international experts to inform and deliver our curriculum, to ensure that all we deliver is current, evidence-based and research connected.

We aim to give you a valuable and satisfying fellows experience. To achieve this successfully, our experience is a partnership between us as tutors and the fellows. This wholly online program will establish your peer support/learning via the online discussion group and journal club. You will learn things from us as well as from each other. Most importantly, you will also discover things for yourself. We would particularly urge you to keep in touch with the **Program Board** to achieve the best educational objectives.



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Admission is open for **All International Students** in a **Part-time Capacity**. The program is delivered in 3 modules, each module will be delivered over a 16-week period and will comprise:

- Asynchronous audio-video lectures.
- Recorded synchronous tutorials.
- Student-led teaching.
- Reflective practice on the national and international guidelines.
- Real-life clinical scenarios.
- Group discussion of complex cases.
- Critical appraisal of scientific papers.
- Critical appraisal of the available evidence with reflection on the local practice.
- MCQs with answers and explanations.
- Facilitated online discussion boards.
- Webinars.

The total number of scheduled learning and teaching hours is 20 hours/module (6 hours of directed student activity and 14 hours of student self-directed learning activity).

The student is expected to spend 16-17 hours of studying per topic over the 16 weeks of the module. Additional time is provided to guide the students during the assessment (formal and informal). Our materials will be issued in a cycle every 7 days (please see the timetable provided for each module). Emphasis will be placed upon developing effective clinical reasoning strategies based upon the use of 'best evidence' and critical reflection of practice.

Distinguished fellows are encouraged to submit their work for presentations in national and international conferences and also publish it in peer-reviewed journals. We also support our fellows' applications for international grants to support advanced Neuro-Critical Care training.

Program Level:

The program-level study requires the participants to take 'ownership for their studies', and this requires highly motivated, autonomous students, particularly given the challenges in maintaining a work/life balance and international study in some cases. Additionally, given this program is delivered wholly online, participants are expected to engage and contribute to the activities in each 7-day cycle. Therefore, excellent skills in time-management are



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important; but rest assured that the program's academic, clinical, and professional services staff is here to support you. We will be working collaboratively to ensure optimal student learning experiences.

If you have any questions, concerns or problems, then PLEASE raise them at an early stage with the Program Board. We sincerely hope that you will enjoy your time studying with us and wish you every success.



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Information about the WICCEM

The WICCEM is a non-commercial organization conceptualized and developed by professionals with proven credentials in education through distance learning. It is delivered through an interactive electronic platform to enable an evidence-based, cost-effective approach to managing patients with critical illness and those who are in Emergency situations. This ambitious endeavour, an asynchronous global ward round, will bridge a massive hiatus in clinical practice by fostering a live interaction between healthcare professionals from different countries. There is a dire need to help, guide, mentor, and support our colleagues committed to healthcare systems looking after patients from low- and middle-income backgrounds.

The WICCEM emphasizes the practical implementation of Critical Care and Emergency medicine. WICCEM is based on equipping clinicians in scientific analysis of evidence in a learning environment that encourages questioning the current practice, consistently fine-tunes the clinical skills, and fostering reasoning for the most pragmatic approach. The WICCEM is your own institution as your knowledge enriches it just by participation. It enhances self-learning by garnering the support of experienced colleagues around the globe with whom you share your challenges.

Communication with Students

Email: Communications with the students are through the WICCEM email account created on joining the Fellowship Program. It is imperative that you check this daily during term-time and also regularly during vacation periods.

Other Communication Tools:

Other communication supportive tools are employed to maximize communication with the students and facilitate engagement, such as Zoom, Team Meetings, direct telephone calls, WhatsApp, and Messenger.

Learning Management System (LMS)

The LMS is a digital learning platform used for delivering the program's educational materials through an easy-to-use system. It allows interactive discussion and engagement of the students and provides an excellent learning experience. For further information on the LMS visit: https://en.wikipedia.org/wiki/Learning_management_system#Characteristics



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Administration and Technical Support

ICOM Group is the official business and management company in charge of the Fellowship Project. Administration, students' admission, LMS Management and technical support are provided by ICOM. For further information, please contact:

habiba.mohab@icomgroup.org

Fellows' Admission

Admission is open on a 4-month basis. Dates and deadlines of the application process will be published in due course. We encourage early application to allow sufficient time to consider the applications. In the event the program becomes full, we will no longer be able to consider applications.

Cost Information

The Fellowship is a **non-commercial** program; however, it incurs fees to cover the expenses of the administration, the technology involved and the educational materials. The registration fees will be announced when the call for application is opened. Payment is not requested until your application has been checked and meets all requirements for admission.

Patients Anonymity

Patients' confidentiality must be maintained at all times, and there should be no reference to specific patients, identification numbers, etc., that could potentially lead to the identification of a patient either in any coursework or in the discussion forum. It is your responsibility to ensure this. Any information that a student provides from which a patient might be identified is a serious professional issue and will be treated as such. Despite the program not being subject to local health authority regulation, it will conform to the local health authority guidance on patient confidentiality.

Any breach of the statements outlined by the guidance may result in referral to an academic integrity investigation by the program director, which in turn may result in removal from the module or failure of an assessment etc.

Accreditation

The fellowship is accredited by the **American Association of Continuing Medical Education® for 32 credits for each module (96 total credits).**



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Academic Board (alphabetical):

Dr. Ahmed Lotfi

Critical Care King Abdulaziz University Hospital, KSA

Prof. Amr El-Husseini

President of WICCEM, USA

Dr. Aryan Dawoodi

Senior spine Surgery, NHS, UK

Dr. Ashraf Al Tayyar

Senior Critical Care Consultant, Egypt

Dr. Ayman Morish (B/S)

Critical Care, Geriatric Medicine, KSA

Dr. Bastiaan ter Meulen (B/S)

Senior Neurology, Netherland

Prof. Chiara Rubba

Neurocritical Care, Italy

Dr. Eman Alnosair

Neuro-critical Care Attending, PeaceHealth Sacred Heart Medical Center, Oregon, USA.

Dr. Fadel Ibrahim

Critical Care Consultant Sheikh Zayed Specialized Hospital, Egypt

Dr. Hamzah Saei

Neuro-Intervention, USA

Dr. John Thomason

Senior Emergency medicine, Scotland

Dr. Manzoor Ahmed

Neuroimaging, USA

Dr. Mohamed Mostafa

Critical Care Fellow, University of Texas, USA

Dr. Mostafa Gamal

Critical Care Consultant, King Abdulaziz University Hospital, KSA

Dr. Moutasem Azzubi

Head of pediatric neuro-surgery department, King Abdullah Children Hospital, KSA

Dr. Rashed Alrehaili

Critical Care Consultant, King Faisal Specialized Hospital, KSA



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International Guest Speakers

The scientific committee will invite international speakers to have life presentations and discussions with students using Zoom videoconferences.

Program Structure

- **Aims and Objectives**

The course is the first of its kind to deliver up-to-date knowledge and evidence-based clinical experience in **Neuro-critical Care**. This program is offered wholly online study using an interactive electronic platform, which produces a high-quality interface for learning and teaching through keynote lectures, a multitude of interactive discussion boards and a series of parallel journal clubs. The 3 modules are 30 credits each (200 hours of directed and self-directed learning - **table 1**). English language examination is NOT required for those who studied medicine in English; others need to demonstrate evidence of a good command of English.

Directed (Virtual Classroom) Learning	
The expected number of hours for each student per week engaged in the virtual classroom in the discussion, dedicated to task group work and individual assignment.	6 hours
Total number of hours per module	72 hours
Self-directed (Non-virtual Classroom) Learning	
The expected number of hours for each student per week reading to support engagement in discussion board and individual assessment.	11 hours
Total number of hours per module	128 hours

Table 1: Breakdown of directed and self-directed learning.

This program teaches clinical neuro-critical care basics and advanced knowledge in the **Neuro-critical Care field**. The program is not a substitute for practical clinical training in **Neuro-critical Care**, but it enhances the practice and boosts the clinical experience of Neuro-critical Care by providing reflective learning and clinical-based training.



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- **Program Description, Overview, and Philosophy**

The **Neuro-critical Care Fellowship** is delivered by leading experts from renowned national and international **Neuro-critical Care and Neurosciences programs**, offering fellows exposure to diverse clinical practices, advanced neuro-monitoring, and cutting-edge research. The program combines **asynchronous online learning** with **optional interactive live sessions** to accommodate different time zones while maximizing engagement.

- **Teaching and Learning Methods**

This program emphasizes the practical implementation of **Neuro-Critical Care** knowledge fosters analysis, questioning, and reasoning of the current practice, and compares it with the recent best available scientific evidence (table 2).

Teaching and Learning Methods	
1	Online delivery using pre-recorded, asynchronous keynote lectures, online tutorials, videos, podcasts, and case studies: supported by facilitated discussion boards, journal club, and facilitation of group interaction.
2	Evidence-based learning and practice. Critical appraisal of scientific papers and professional documents.
3	Critical reflection on practice in the workplace through the online platform.
4	Implement the best available evidence to tailor the treatment within the boundaries of the local resources
5	Individual (formal and informal) tutorial support to prepare for assessment as required.
6	Individual tutorial support of underperforming students.

Table 2: Teaching and Learning Methods.

The candidates will be encouraged to formalize a treatment plan for routine, challenging and complex clinical cases. The platform provides the most ambitiously equipped electronic library (e-library) that facilitates access to critical scientific papers and textbooks covering a wide range of **Neuro-critical Care** topics. They are also encouraged to write scientific articles for publication in peer-review journals and present abstracts in international



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conferences. This maximizes their learning experience and improves their employability chances.

This mixed pedagogy is particularly appropriate when students bring knowledge and expertise, which is a valuable resource, to the online classroom. The learning and teaching strategy are designed to take the students through a reflective learning environment in a structured way over a 16-weeks, using examples of where underpinning knowledge and understanding can be applied across the theory-clinical interface using a case-based approach. This will be supported by a robust, current evidence base.

- **Underperforming Students**

Underperforming students are identified by the module lead and reported to the program director. The reason for underperformance is investigated by the program director and rectified. Individual tutorial support for underperforming students is delivered by the module leads/program director (table 2).

- **Eligibility**

1. Medical graduates.
2. Has worked or currently working in a **Neuro-critical Care Program** dealing with various kinds of critical illnesses.
3. Those who have the opportunity to work in a **Neuro-critical Care Program**.

- **Assessment**

Fellows have to submit summative assignments. These assignments are in the form of MCQs, clinical case scenarios, and critical appraisal of scientific papers. The fellows have the option to submit a draft for review (formative assessment) before the final submission. A regular informal formative assessment during the course is known to drive learning and, thereby, will enrich the learning process with a resultant long-lasting educational outcome. By employing various assessment strategies, the faculty aims to negate each technique's limitations and, thereby, make the assessment process more robust. Senior clinicians supervise the assessment in the relevant fields to ensure achieving the planned learning objectives.

Students should contribute to more than **66%** of the discussion scientific materials and journal club to be eligible to take the exam.



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- **Marking**

Marking criteria for each assessment will be available on the module's online space. Each assignment is marked by examiners. A random sample of the marked assignments is ratified by an external examiner assigned by the program managers before submitting the results to the exam board for approval.

- **Re-sit**

One resubmission of any unsatisfactory assignment is allowed generally within one month of the date of the release of the results (after approval by the exam board).

- **Exit Awards**

The **Neuro-critical Care Fellowship Program** (90 credits) is awarded after successfully completing the 3 modules (16 weeks each).

- **Extensions**

Extensions to coursework submission deadlines are only available on written agreement from the Board of Examiners and after submitting evidence of extenuating circumstances.

Extenuating Circumstances

Fellows are allowed to delay their assignment submission and apply for an extension in case of unforeseen circumstances affecting their performance before or during the assessment process. Fellows must submit evidence to support their claim of their right for extension and consider their eligibility for extenuating circumstances to the Board of Examiners.

Academic Integrity Policy and Academic Writing

The **Neuro-critical Care Fellowship Program** is committed to delivering a high standard of education in the **Neuro-critical Care** field and protects the value of its awards. Therefore, all fellows are taught a compulsory short module by experienced members of the scientific committee on the principles of evidence-based medicine, presentation skills, academic integrity, plagiarism, the principles of academic writing, and how academic misconduct can affect the integrity of science. The tutorial is supported by practical exercises to ensure the understanding of these important academic principles.



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Spectrum of Offences and Penalties Applied

Fellows must produce their own work, understand the principles of proper referencing, respect the copyrights, and be expected to practice intellectual honesty.

The Fellowship Program employs a plagiarism software checker for any submitted work. Any academic misconduct will be taken seriously and may lead to a penalty which could be up to termination of the study. The following code of practice on assessment (figure 1) will be explained to the students at the beginning of their study:

Category A

- Minor errors (missing quotation marks, minor mistakes in referencing).
- Mark penalty (up to 10% of maximum mark), as laid out in the marking scheme, with detailed feedback on how to avoid errors in the future.

Category B

- Poor academic practice (poor paraphrasing and inadequate referencing).
- Assignment mark is capped at a minimum pass grade for assignment (50%).
- Advice is given to avoid any future poor academic practice.

Category C

- Plagiarism, copying, collusion, or dishonest use of data.
- Committing category B twice.
- 0% for the assignment and have to resubmit it after the appropriate amendments.
- Written warning.
- Advice is given to avoid any future offenses.

Category D

- A second or subsequent category C offense following the first written warning, thereby an intent to deceive.
- The student fails the whole module.
- If a student accumulates sufficient modules with 0% due to multiple category D offenses, then the Board of Examiners could exercise the right to **terminate** studies due to a lack of satisfactory progress.

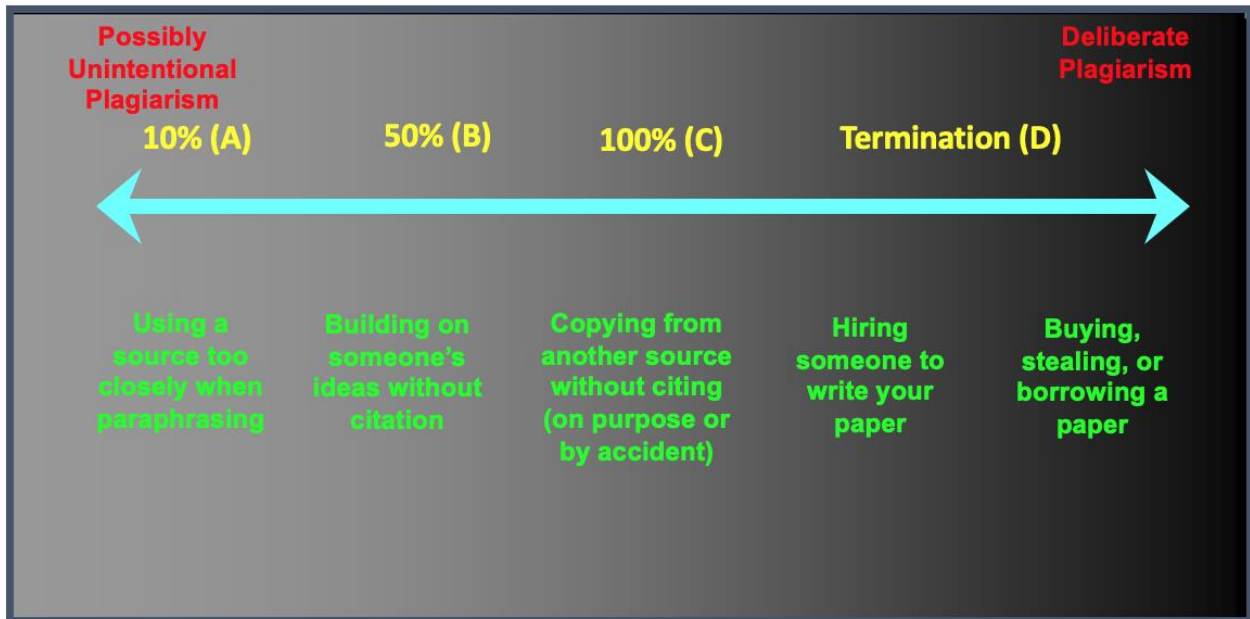


Figure 1: Spectrum of offenses implemented in the program.

Our academic integrity policy is adapted from the University of Kentucky Academic Offenses Rules for Graduate Students: <https://www.uky.edu/universitysenate/ao>

Board of Examiners

The Board of Examiners is committed to managing and overseeing the education process and ensuring the delivery of intended learning objectives. The panel consists of the following members of the staff:

- Program director (chairperson).
- Associate program directors.
- Academic Director
- Academic Co-Directors
- Module leads.

It has the following responsibilities:

- Endorses the exam results.
- Approves the extenuating circumstances.
- Ratifies the penalty for those students who committed plagiarism and academic dishonesty.
- Making recommendations for underperforming students and suggesting the level of support they require.



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Board of Directors:

The Board of Directors is committed to managing and overseeing all aspects of the program including visions, missions, values, and promotion of the program. The board sets strategy and structure, and shares in decision-making and future directions. its overall purpose is to identify any gaps or deficiencies and suggests the necessary changes.

The board meets 2 times/year and when necessary.

The board consists of the following personnel:

1. The Program Director and Associate Program Directors
2. Academic Director and co-directors
3. The president of the [World Institute of Critical Care & Emergency Medicine](#)



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Syllabus

Module Topics & Lectures

Module 1 (Traumatic Brain Injury)

I. Overview of triaging & Diagnosing:

Objectives: To train fellows in evidence-based prehospital and ER management of TBI, including GCS classification, hemodynamic stabilization, and early neurosurgical intervention. Fellows will master clinical assessment (pupils, motor response, ICP signs) and interpretation of CT findings (hematomas, edema, fractures) to guide acute care and prevent secondary injury.

II. Admission & Management

Objectives: This module trains fellows in **risk-stratified TBI management**, beginning with **mild TBI** (ward monitoring, escalation criteria for repeat CT/neuro-checks). For **moderate/severe TBI**, protocols emphasize ICU admission with strict **BP/O₂ optimization** and temperature control to prevent secondary injury. Fellows will master **ICP monitoring indications** and tiered therapies (hyperosmolar agents, sedation, surgical options). Skills are reinforced through **case-based simulations** of deterioration scenarios.

Advance Managements & Complications

Objectives: This mini-module will train neuro-critical care fellows to master comprehensive TBI management across the spectrum of injury severity, from recognizing escalation criteria in mild TBI (serial neuro-checks, repeat CT indications) to implementing ICU protocols for moderate/severe TBI (ICP/ CPP optimization, secondary injury prevention). Fellows will develop expertise in advanced TBI care including sodium/water balance disorders (CSW, DI, hyponatremia), management of traumatic spinal cord injuries and its complications, and neurosurgical interventions (EVD, decompressive craniectomy), while becoming proficient in tiered ICP management strategies (hyperosmolar therapy, sedation, surgical options) and evidence-based approaches to fluid/electrolyte optimization in neuro-critical patients.



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Module 2 (Cerebrovascular Pathology & Supportive care)

I. Acute Management:

Objectives: This module teaches fellows to identify acute ischemic stroke, apply early diagnostics, and implement reperfusion therapies aligned with current guidelines. It develops clinical strategies for managing intracerebral haemorrhage, emphasizing imaging, blood pressure control, and surgical decision-making according to the bundle of care principle. Fellows also learn key approaches to subarachnoid haemorrhage, including aneurysm treatment and vasospasm prevention. Overall, the focus is on urgency, precision, and outcome-driven neuro-critical care.

II. Diagnostic & Grading:

Objectives: This module strengthens fellows' proficiency in conducting focused neurological examinations and evaluating comatose patients. It builds competence in stroke imaging modalities—CT, MRI, CTA, MRA, and perfusion studies—for rapid diagnosis and therapeutic planning. Fellows learn to adapt for cerebral sinus venous thrombosis and its management challenges.

III. Supportive Management:

Objectives: This module introduces fellows to key strategies in secondary stroke prevention, including antiplatelets, anticoagulation, and statins. It develops ICU-based approaches for managing cerebral edema and seizures as critical complications. Fellows will explore malignant MCA infarction and the role of decompressive craniotomy as life-saving intervention. Emphasis is placed on integrating timely supportive therapies with neuro-critical care goals.



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Module 3 Core Topics in Neuro-critical Care)

I. Seizures Related disorders & Neurology infections:

Objectives: This neuro-critical care mini-module trains fellows to master status epilepticus (SE), including ILAE 2023 definitions and evidence-based management of new onset refractory (NORSE) and super-refractory cases (SRSE). Trainees will gain proficiency in EEG interpretation for seizure detection and monitoring in critical care settings. The curriculum covers CNS infections (meningitis, encephalitis, abscess) with focus on rapid diagnosis, antimicrobial selection, and complication management.

II. Specialized Neuro-critical Care:

Objectives: This neuro-critical care module trains fellows to diagnose & manage neuromuscular emergencies including Guillain Barre Syndrome (focusing on respiratory monitoring and IVIG/plasma exchange), myasthenic crises (with emphasis on early intubation criteria), & Lambert Eaton Myasthenic Syndrome (cancer screening and 3,4-DAP use). The curriculum differentiates tetanus, botulism, Neuroleptic malignant syndrome, & serotonin syndrome through key clinical features and specific treatments (e.g., antitoxin for botulism, dantrolene for NMS). Fellows will master multimodality neuro-monitoring, interpreting ICP, brain tissue oxygenation, micro-dialysis, and advanced EEG to guide therapy.

III. Delirium, Cognitive dysfunction & End of life care:

Objectives: This mini-module guides fellows in recognizing and managing delirium and toxic-metabolic encephalopathies, with attention to nutrition and metabolic disturbances in the ICU. It promotes ethical competence in end-of-life decisions, including brain death and organ donor coordination. Fellows will also develop expertise in post-cardiac arrest care, including neuro-prognostication and therapeutic goals, fostering compassionate and evidence-based approaches to complex cognitive and ethical challenges.

Final Exam

The Comprehensive Final Exam will be released after completing the 3 modules. Eligible candidates will have 4 weeks to finalize their assignments.



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Module I Timetable (TBI)

Times	Topic
<u>Nov 2025</u>	I. Triaging & Diagnosis
Week 1	1. Basic principle, Neuro-physiology & Cerebral Hemodynamic.
Week 2	2. Radiological Workup in TBI (CT, Advanced Imaging).
Week 3	3. Classification & Assessment of TBI (Mild, Mod. & Severe).
Week 4	4. Live Webinar (1 session)
<u>Dec 2025</u>	II. Admission & Management
Week 5	1. Mild. TBI: Ward management & Escalation criteria.
Week 6	2. Mod. & Severe TBI: Management & Secondary Injury Prevention.
Week 7	3. Respiratory Support of brain Injured patient.
Week 8	4. Live Webinar (1 session)
<u>Jan 2025</u>	III. Advance Management & Complications
Week 9	1. Sodium & Water imbalance in TBI.
Week 10	2. Neurosurgical & Interventional management in severe TBI.
Week 11	3. Traumatic Spinal Cord Injuries & its Complications
Week 12	4. Live Webinar (1 session)
<u>Feb 2026</u>	IV. Semi-Final assignments and exam
Week 13-16	



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Module II Timetable (Cerebrovascular & Supportive Care)

<u>March 2026</u>	I. Acute Management
Week 1	1. Acute Ischemic stroke: Pathophysiology, diagnosis (NIHSS) & Reperfusion therapies (Burden of stroke).
Week 2	2. Intracerebral haemorrhage & Management.
Week 3	3. Subarachnoid haemorrhage, Management & Interventional Rad.
Week 4	4. Live Webinar (1 session)
<u>April 2026</u>	II. Diagnostics & Grading
Week 5	1. Neurological Examination & Evaluation of Comatose patient.
Week 6	2. Imaging in Stroke: CT, MRI, CTA, MRA Perfusion.
Week 7	3. Cerebral Sinuses Venous thrombosis.
Week 8	4. Webinar (1 session)
<u>May 2026</u>	III. Supportive Managements
Week 9	1. Secondary prevention (Anti-platelets, Anticoagulation & Satins).
Week 10	2. Management of complications: Cerebral edema, Seizures.
Week 11	3. Malignant MCA Infarction & Decompressive Craniotomy.
Week 12	4. Live Webinar (1 session)
<u>June 2026</u>	Semi-Final assignments and exam
Week 13 -16	



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Module III Timetable (Core Topics in Neuro-critical care)

Times	Topic :
<u>July 2026</u>	I. Seizures related disorders & Neurology infections
Week 1	1. Status Epilepticus (ILAE 2023 Definition), RSE & SRSE.
Week 2	2. Basics of EEG monitoring.
Week 3	3. Meningitis, Encephalitis & Brain abscess.
Week 4	4. Live Webinar (1 session)
<u>August 2026</u>	II. Neuromuscular emergencies
Week 5	1. Neuromuscular emergencies (GBS, Myasthenic crises, LEMS).
Week 6	2. Tetanus, Botulism & NMS Vs Serotonin Syndrome.
Week 7	3. Multimodality Neuro-monitoring.
Week 8	4. Live Webinar (1 session)
<u>Sept 2026</u>	III. Delirium, cognitive Dysfunction & End of life care
Week 9	1. Delirium & Toxic-Metabolic Encephalopathy /Nutrition & Metabolism in Neuro-CC
Week 10	2. Ethics & End-of-Life Care (Organ Donor Management).
Week 11	3. Post Cardiac Arrest care & Neuro-prognostication.
Week 12	4. Live Webinar (1 session)
<u>Oct 2026</u>	I. Final Exam
Week 13-16	

Graduation Day: Dec 21st, 2026



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