

STANDARD ASSESSMENT FORM- B

(DEPARTMENTAL INFORMATION) CRITICAL CARE MEDICINE

1. Kindly read the instructions mentioned in the **Form 'A'**.
 2. Write **N/A** where it is **Not Applicable**. Write **'Not Available'**, if the facility is **Not Available**.

A. GENERAL:

- a. Date of LoP when PG course was first Permitted: _____
- b. Number of years since start of PG course: _____
- c. Name of the Head of Department: _____
- d. Number of PG Admissions (Seats): _____
- e. Number of Increase of Admissions (Seats) applied for: _____
- f. Total number of Units: _____
- g. Number of beds in the Department: _____
- h. Total number of ICU beds/ High Dependency Unit (HDU) beds in the department: _____
- i. Number of Units with beds in each unit: (Specialty applicable):

Unit	Number of Beds	Unit	Number of beds
Unit-I		Unit-IV	
Unit-II		Unit-V	
Unit-III		Unit-VI	

j. Details of PG inspections of the department in last five years:

Date of Inspection	Purpose of Inspection <i>(LoP for starting a course/permission for increase of seats/ Recognition of course/ Recognition of increased seats /Renewal of Recognition/Surprise /Random</i>	Type of Inspection (Physical/ Virtual)	Outcome <i>(LOP received/denied. Permission for increase of seats received/denied. Recognition of course done/denied. Recognition of increased seats done/denied /Renewal</i>	No of seats Increased	No of seats Decreased	Order issued on the basis of inspection <i>(Attach copy of all the order issued</i>

Signature of Dean

Signature of Assessor

	<i>Inspection/ Compliance Verification inspection/other)</i>		<i>of Recognition done/denied /other)</i>			<i>by NMC/MCI) as Annexure</i>

k. Any other Course/observer ship (PDCC, PDF, DNB, M.Sc., PhD, FNB, etc.) permitted/ not permitted by MCI/NMC is being run by the department? If so, the details thereof:

Name of Qualification (course)	Permitted/not Permitted by MCI/NMC	Number of Seats
	Yes/No	
	Yes/No	

B. INFRASTRUCTURE OF THE DEPARTMENT:

a. Department office details:

Department Office	
Department office	Available/not available
Staff (Steno /Clerk)	Available/not available
Computer and related office equipment	Available/not available
Storage space for files	Available/not available

Office Space for Teaching Faculty/residents	
Faculty	Available/not available
Head of the Department	Available/not available
Professors	Available/not available
Associate Professors	Available/not available
Assistant Professor	Available/not available
Senior residents rest room	Available/not available
PG rest room	Available/not available

b. Seminar room

Space and facility: Adequate/ Not Adequate

Internet facility:

Signature of Dean

Signature of Assessor

Audiovisual equipment details:

c. List of Department specific laboratories with important Equipment:

Name of Laboratory	Size in square meter	List of important equipment available with total numbers	Adequate/ Inadequate

d. Library facility pertaining to the Department/Speciality (Combined Departmental and Central Library data):

Particulars	Details
Number of Books	
Total books purchased in the last three years (attach list as Annexure)	
Total Indian Journals available	
Total Foreign Journals available	

Internet Facility: _____ Yes/No

Central Library Timing: _____

Central Reading Room Timing: _____

Journal details

Name of Journal	Indian/foreign	Online/offline	Available up to

e. Departmental Research:

Research Projects Done in past 3 years.	
List of Research projects in progress.	

f. Equipment:

Name of the Equipment	Available/ Not available	Numbers available	Functional Status	Remark
ICU Beds: Mechanically or electronically operated along with air mattress				

Signature of Dean

Signature of Assessor

12-lead ECG machine				
Multiparameter (8 parameters) monitor: ECG, NIBP, SpO ₂ , IBP-1, IBP-2, ETCO ₂ , Temp-1, Temp-2				
Invasive vascular pressures equipments				
invasive ventilation facilities				
Non-invasive ventilation facilities				
Crash cart: Crash intubation equipment, Crash resuscitation equipment				
ICU Ventilators				
Laryngoscope set				
PA catheter for cardiac output				
Flexible Bronchoscope				
Second generation Supraglottic Airway devices				
Video-laryngoscope				
Bougies/Stylets/Airway exchange catheters				
Defibrillators				
Ultrasound machine with 3 probes (Linear, curvilinear, and phased array)				
Patient warming devices				
Bed-side availability of various modalities of renal replacement therapy like haemodialysis and peritoneal dialysis				
fiberoptic bronchoscopy				
Temporary pacemakers available in ICU				
Volumetric/syringe pumps in adequate				

Signature of Dean

Signature of Assessor

quantities available in ICU				
Portable X-ray				
Ultrasound machine with Echocardiography equipment				
Fluoroscopy				
CT/MRI/Cardiac Cath Lab facilities in hospital				
24-hour Stat/Emergency Lab services including arterial blood gas in hospital				
24-hour pharmacy support				
Availability of Point-of-care Immunoanalyzer (Procalcitonin, NT-ProBNP, IL6, CRP, Troponin etc.)				
Other				

g. Intensive care facilities:

Number of beds	Bed occupancy on the day of inspection	Bed occupancy on previous day of inspection	Average bed occupancy per day for the year 1	Average bed occupancy per day for the year 2	Average bed occupancy per day for the year 3 (last year)

Nurse patient ratio in ICU:

Doctor patient ratio in ICU:

C. CLINICAL MATERIAL AND INVESTIGATIVE WORKLOAD OF THE DEPARTMENT OF CRITICAL CARE MEDICINE:

Parameters	On the day of inspection	Previous day data	Year 1	Year 2	Year 3
1	2	3	4	5	6
Total ICU Admissions					

Signature of Dean

Signature of Assessor

Bed occupancy			X	X	X
Bed occupancy for the whole year above 75 % (prepare a data table)	X	X	Yes/ No	Yes/ No	Yes/ No
Number of Patients on Invasive Ventilation					
Number of patients on ECMO					
Number of patients on Renal Replacement therapy (RRT)					
Number of patients of Acute respiratory distress syndrome (ARDS)					
Number of patients Transferred after Major Surgery (due to some complication)					
Number of patients with sepsis					
Head Injury & other Poly Trauma cases					
Toxicology/Poisoning patients					
Average monthly number of central lines and arterial lines done					
Investigations					
ABG					
Electrolytes					
Echo					
ICP Monitoring					
MR Angiogram					
Bronchoscopy					
Endoscopy					
X-rays per day (OPD + IPD) (write average of all working days in column 4,5,6)					
Ultrasonography per day (OPD + IPD) (write average of all working days in column 4,5,6)					

Signature of Dean

Signature of Assessor

CT scan per day (OPD + IPD) (write average of all working days in column 4,5,6)					
MRI per day (OPD + IPD) (average (write average of all working days in column 4,5,6)					
Cytopathology Workload per day (OPD + IPD) (write average of all working days in column 4,5,6)					
OPD Cytopathology Workload per day (write average of all working days in column 4,5,6)					
Haematology workload per day (OPD + IPD) (write average of all working days in column 4,5,6)					
OPD Haematology workload per day (write average of all working days in column 4,5,6)					
Biochemistry Workload per day (OPD + IPD) (write average of all working days in column 4,5,6)					
OPD Biochemistry Workload per day (write average of all working days in column 4,5,6)					
Microbiology Workload per day (OPD + IPD) (write average of all working days in column 4,5,6)					
OPD Microbiology Workload per day (write average of all working days in column 4,5,6)					
Total Deaths **					

Signature of Dean

Signature of Assessor

Total Blood Units Consumed including Components					
---	--	--	--	--	--

* **Average daily Out-Patients attendance** is calculated as below.
Total OPD patients of the department in the year divided by total OPD days of the department in a year

***The details of deaths* sent by hospital to the Registrar of Births/Deaths

Signature of Dean

Signature of Assessor

D. STAFF:

i. Unit-wise faculty and Senior Resident details:

Unit no: _____

Sr. No.	Designation	Name	Joining date	Relieved/Retired/working	Relieving Date/Retirement Date	Attendance in days for the year/part of the year * with percentage of total working days** [days (%)]	Phone No.	E-mail	Signature

* - Year will be previous Calendar Year (from 1st January to 31st December)
 ** - Those who have joined mid-way should count the percentage of the working days accordingly.

Signature of Dean

Signature of Assessor

ii. Total eligible faculties and Senior Residents (fulfilling the TEQ requirement, attendance requirement and other requirements prescribed by NMC from time-to-time) available in the department:

Designation	Number	Name	Total number of Admission (Seats)	Adequate / Not Adequate for number of Admission
Professor				
Associate Professor				
Assistant Professor				
Senior Resident				

iii. P.G students presently studying in the Department:

Name	Joining date	Phone No	E-mail

iv. PG students who completed their course in the last year:

Name	Joining date	Relieving Date	Phone no	E-mail

E. ACADEMIC ACTIVITIES:

S. No.	Details	Number in the last Year	Remarks Adequate/ Inadequate
1.	Clinico- Pathological conference		
2.	Theory classes taken		
3.	Clinical Seminars		
4.	Journal Clubs		
5.	Case presentations		

Signature of Dean

Signature of Assessor

6.	Group discussions		
7.	Guest lectures		
8.	Death Audit Meetings		
9.	Physician conference/ Continuing Medical Education (CME) organized.		
10.	Symposium		

Note: For theory classes, seminars, Journal Clubs, Case presentations, Guest Lectures the details of dates, subjects, name & designations of teachers and attendance sheets to be maintained by the institution and to be produced on request by the Assessors/PGMEB.

Publications from the department during the past 3 years:

--

F. EXAMINATION:

i. Periodic Evaluation methods (FORMATIVE ASSESSMENT):
(Details in the space below)

ii. Detail of the Last Summative Examination:

a. List of External Examiners:

Name	Designation	College/ Institute

b. List of Internal Examiners:

Name	Designation

Signature of Dean

Signature of Assessor

c. List of Students:

Name	Result (Pass/ Fail)

d. Details of the Examination: _____

Insert video clip (5 minutes) and photographs (ten).

G. MISCELLANEOUS:

i. Details of data being submitted to government authorities, if any:

**ii. Participation in National Programs.
(If yes, provide details)**

iii. Any Other Information

H. Please enumerate the deficiencies and write measures are being taken to rectify those deficiencies:

Date:

Signature of Dean with Seal

Signature of HoD with Seal

Signature of Dean

Signature of Assessor

I.**REMARKS OF THE ASSESSOR**

1. Please **DO NOT** repeat information already provided elsewhere in this form.
2. Please **DO NOT** make any recommendation regarding grant of permission/recognition.
3. Please **PROVIDE DETAILS** of deficiencies and irregularities like fake/ dummy faculty, fake/dummy patients, fabrication/falsification of data of clinical material, etc. if any that you have noticed/come across, during the assessment. Please attach the table of list of the patients (IP no., diagnosis and comments) available on the day of the assessment/inspection.
4. Please comment on the infrastructure, variety of clinical material for the all-round training of the students.

Signature of Dean

Signature of Assessor