

# STANDARD ASSESSMENT FORM- B

## (DEPARTMENTAL INFORMATION) CARDIAC ANAESTHESIA

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 Inspection/ Random Compliance</i>	Type of Inspection <b>(Physical/ Virtual)</b>	Outcome <i>(LOP received/denied. Permission for increase of seats received/denied. Recognition of course done/denied. Recognition of increased seats done/denied /Renewal of Recognition done/denied /other)</i>	No of seats Increased	No of seats Decreased	Order issued on the basis of inspection <i>(Attach copy of all the order issued by NMC/M</i>

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	<i>Verification inspection/other)</i>					<i>CI) 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. OPD

No of rooms: \_\_\_\_\_

Area of each OPD room (add rows)

	Area in M <sup>2</sup>
<b>Room 1</b>	
<b>Room 2</b>	

Waiting area: \_\_\_\_\_ M<sup>2</sup>

Space and arrangements:

**Adequate/ Not Adequate.**

If not adequate, give reasons/details/comments: \_\_\_\_\_

### b. Wards

No. of wards: \_\_\_\_\_

Parameters	Details
Distance between two cots (in meter)	
Ventilation	Adequate/Not Adequate
Infrastructure and facilities	
Dressing and procedure room	

### c. Department office details:

Department Office	
Department office	Available/not available
Staff (Steno /Clerk)	Available/not available

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Computer and related office equipment	Available/not available
Storage space for files	Available/not available

<b>Office Space for Teaching Faculty/residents</b>	
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

**d. Seminar room**

Space and facility: Adequate/ Not Adequate

Internet facility:

Audiovisual equipment details:

**e. 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

**f. 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
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**g. Departmental Research:**

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

**h. Equipment in Operation Theatre:**

Name of the Equipment	Available/ Not available	Functional Status	Important Specifications in brief
Operating Tables			
Anesthesia work station			
Multiparameter Monitors (8 parameters) per operating table			
Laryngoscope (Macintosh)			
Flexible Bronchoscope (Size and length)			
Second generation Supraglottic Airway devices			
Video-laryngoscope			
Bougies/Stylets/Airway exchange catheters			
Resuscitation equipment/Crash cart			
Defibrillators			
Ultrasound machine with 3 probes (Linear, curvilinear, and phased array)			
Patient warming devices			
Any other equipment (Add rows)			

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**i. Equipment in ICU (Required with each Intensive Care Unit Bed):**

<b>Name of Equipment</b>	<b>Numbers Available</b>	<b>Functional Status</b>	<b>Comments/ Important Specifications in brief</b>
<b>ICU Beds:</b> Mechanically or electronically operated along with air mattress			
<b>ICU Ventilators integrated with humidifier</b>			
<b>Multiparameter (8 parameters) monitor:</b> ECG, NIBP, SpO <sub>2</sub> , IBP-1, IBP-2, ETCO <sub>2</sub> , Temp-1, Temp-2			
<b>No. of dedicated outlets</b> (There should be two oxygen, one medical air and two vacuum outlets per bed)	NA		
<b>Syringe infusion pumps</b> (should be at least 3 per ICU bed)			
<b>Patient warming device</b> (At least 1 per 2 ICU beds)			

**Other Equipment required in the ICU Facility:**

<b>Name of Equipment</b>	<b>Numbers Available</b>	<b>Functional Status</b>	<b>Important Specifications in brief</b>
<b>Ultrasound machine color Doppler and echocardiogram facility</b> with 3 probes (curvilinear, linear, and phased array)			
<b>Defibrillator</b>			
<b>Patient warming device</b> (At least 1 per 2 ICU beds)			
<b>Airway/Crash cart</b>			

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<b>Oxygen cylinder (B-type) with pressure regulator</b>			
<b>Patient transport trolley with 3 parameters monitor</b>			
<b>Arterial Blood Gas Analyzer</b>			
<b>Flexible Bronchoscope</b>			
<b>Facility for bedside Renal Replacement Therapy</b>			

**Nurse patient ratio in ICU:**

**Doctor patient ratio:**

**C. SERVICES:**

**i. Specialty clinics being run by the Department and number of patients in each.**

S. No.	Name of the clinic	Days on which held	Timings	Average No. of cases attended	Name of Clinic In-charge

**ii. Intensive care facilities under Cardiac Anaesthesia Department:**

Name of ICU	Number of beds	Bed occupancy			
		Bed occupancy on the 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)

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Signature of Assessor

**D. CLINICAL MATERIAL AND INVESTIGATIVE WORKLOAD OF THE DEPARTMENT OF CARDIAC ANAESTHESIA**

Parameters	On the day of inspection	Previous day data	Year 1	Year 2	Year 3 (last year)
1	2	3	4	5	6
Number of Major Cases					
Number of Minor Cases					
Emergency Cases					
Total patients Under General Anaesthesia					
Total patients number of regional Anaesthesia					
Total number of patients under Sedation					
Total number of patients under Monitored Anaesthesia Care (MAC)					
Total number of Cath lab. Procedures/Investigations in cardiology department.					
Coronary Angiograms					
PTCA / stents					
Peripheral Angiograms & other procedures					
Valvuloplasty					
Umbrella closures					
IVC filter					
Intra-aortic Balloon pump insertions					
PPM implanted.					
TMT					
Echo					
Stress echo					
EPS/RFA procedures					

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**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

**F. 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		
6.	Group discussions		

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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:**

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**G. 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).

**H. 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****I. 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

**J.****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/came 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