STANDARD ASSESSMENT FORM- B

(DEPARTMENTAL INFORMATION)

CARDIOLOGY

*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-V	
Unit-II		Unit-VI	
Unit-III		Unit-VII	
Unit-IV		Unit-VIII	

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

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

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

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^2
Room 1	
Room 2	

Waiting area: _____ M^2

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

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

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

g. Departmental Research:

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

h. Intensive care Service provided by the Department: …….

Type	Number of total beds	Bed occupancy on the day of inspection	Average bed occupancy for the last year
Intensive Coronary Care Unit-ICCU			

List of Major Equipment and their Numbers in ICCU

Item	Number available	important specifications in brief
ICCU Beds: Mechanically or electronically operated along with air mattress		
ICCU Ventilators integrated with humidifier		
Multiparameter (8 parameters) monitor: ECG, NIBP, SpO_2, IBP-1, IBP-2, $ETCO_2$, Temp-1, Temp-2		
No. of dedicated outlets **(**There should be two oxygen, one medical air and two vacuum outlets per bed)	**NA**	
Syringe infusion pumps (should be at least 3 per ICU bed)		
Patient warming device (At least 1 per 2 ICU beds)		

Other Equipment required in the ICCU Facility

Item	**Number available**	**important specifications in brief**
Ultrasound machine color Doppler and echocardiogram facility with 3 probes (curvilinear, linear, and phased array)		
Defibrillator		
Patient warming device (At least 1 per 2 ICU beds)		
Airway/Crash cart		
Oxygen cylinder (B-type) with **pressure regulator**		
Patient transport trolley with **3 parameters monitor**		
Arterial Blood Gas Analyzer		
Flexible Bronchoscope		
Facility for bedside **Renal Replacement Therapy**		
OTHER		

i. Equipment:

Name of the Equipment	Available/Not available	Functional Status	Important specifications in brief
ECG Machines			
Treadmills			
Echo Machines			
Holter			
HUTT Test			
EPS/RFA Equipment			
Portable Xray Machine			
Computerized PFT			
Defibrillators			
Cath Labs			
Crash Cart			
Ventilators			
Pulse oximeters			
Syringe pump			
Temporary Pacemaker			
Others			

C. SERVICES:

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

Name of the clinic	Days on which held	Timings	Average No. of cases attended	Name of Clinic In-charge
Pacing clinic				
Arrhythmia clinic				
Heart failure clinic				
Combined clinic with CTVS department				
Pediatric Cardiology Clinic				

D. CLINICAL MATERIAL AND INVESTIGATIVE WORKLOAD OF THE DEPARTMENT OF CARDIOLOGY:

Parameters	On the day of inspection	Previous day data	Year 1	Year 2	Year 3
1	2	3	4	5	6
Total numbers of Out-Patients					
Out-Patients attendance (write **Average daily Out-Patients attendance** in column 4,5,6) *					
Total numbers of new Out-Patients					
New Out Patients attendance (write average in column 4,5,6) * for Average daily New Out-Patients attendance					
Total Admissions for Year					
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
Total ECG (OPD+IPD)					
Number of TMT done					
Number of Echo done					
Number of Stress Echo done					
Number of PPM implanted					
Number of Holter recording done					
Number of IPS/RFA procedures done					

Number of Cath Lab procedure					
Coronary angiograms					
PTCA/stents done					
Peripheral angiograms & procedures Done					
valvuloplasty/umbrella closures					
IVC filters					
Mechanical Circulatory Assist Devices: Intra-Aortic Balloon Pump Insertion Pulse Cath Impella					
X-rays per day (OPD + IPD) (write average of all working days in column 4,5,6)					
CT coronary angiogram per day					
CT aortic reconstructions/CT TAVR protocol					
Cardiac MRI scan/ Stress MRI/ Viability studies					
X-rays per day (OPD + IPD) (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 **					
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.

E. 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.

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		

Signature of Dean Signature of Assessor

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:

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

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. Whether Independent department of CTVS and Pediatric Cardiology exists in

The institution: …… Yes/ No…….

If yes……. Since when……)

iv. 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