**STANDARD ASSESSMENT FORM- B**

(DEPARTMENTAL INFORMATION)

**EMERGENCY 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**:

1. Date of LoP when PG course was first Permitted: \_\_\_\_\_\_\_\_\_\_
2. Number of years since start of PG course: \_\_\_\_\_\_\_\_\_\_\_\_\_
3. Name of the Head of Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Number of PG Admissions (Seats): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Number of Increase of Admissions (Seats) applied for: \_\_\_\_\_\_\_\_\_
6. Total number of Units: \_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. Number of beds in the Department (exclude beds/trolleys in the Triage area): \_\_\_\_\_\_\_\_\_\_\_\_
8. Total number of ICU beds/ High Dependency Unit (HDU) beds in the department:\_\_\_\_\_\_\_\_
9. Number of Units with beds in each unit:

|  |  |  |  |
| --- | --- | --- | --- |
| **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 Inspection/ Compliance Verification inspection/other)* | **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 of Recognition done/denied /other)* | **No of seats Increased** | **No of seats**  **Decreased** | **Order issued on the basis of inspection**  *(Attach copy of all the order issued 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 by MCI/NMC** | **Number of Admissions per year** |
|  | Yes/No |  |
|  | Yes/No |  |

**B. INFRASTRUCTURE OF THE DEPARTMENT:**

**a. OPD**

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

**Area of each OPD room (add rows)**

|  |  |
| --- | --- |
|  | **Area in M2** |
| **Room 1** |  |
| **Room 2** |  |
|  |  |

Waiting area: \_\_\_\_\_\_ M2

Space and Arrangements: Adequate/ not adequate.

Minor Surgery/Procedure Room details:

**b. Wards**

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

|  |  |
| --- | --- |
| **Parameters** | **Details** |
| Distance between two cots (in meter) |  |
| Ventilation | Adequate/Not Adequate |
| Infrastructure and facilities |  |
| Dressing/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: Available/Not Available

Audiovisual equipment details:

**e. 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 |  |

Internet Facility: Yes/No

Central Library Timing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Central Reading Room Timing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Journal details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Journal** | **Indian/ Foreign** | **Online/offline** | **Available up to** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**f. Departmental Research Lab:**

|  |  |
| --- | --- |
| Space |  |
| Equipment |  |
| Research Projects completed in past 3 years |  |
| List Research projects in progress in research lab |  |

**g. Equipment:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of the Equipment** | **Must/ Preferable** | **Numbers Available** | **Functional Status** | **Important specifications in brief** | **Adequate**  **Yes/No** |
| Ventilators |  |  |  |  |  |
| Defibrillators |  |  |  |  |  |
| Fully equipped disaster trolleys |  |  |  |  |  |
| Multipara monitors |  |  |  |  |  |
| Dedicated portable x-ray machine: |  |  |  |  |  |
| Ultrasonography with color Doppler and curvilinear probe, Linear probe, and Phased array probe(cardiac) |  |  |  |  |  |
| ABG machine |  |  |  |  |  |
| ECG |  |  |  |  |  |
| Rigid & Flexible Bronchoscope |  |  |  |  |  |

**C. SERVICES:**

**i. Emergency Service:**

| **Emergency Service** | **Available/**  **Not Available** | **Comments/details** |
| --- | --- | --- |
| Neurosurgical services in the Hospital |  |  |
| Emergency OTs – Major |  |  |
| Emergency OTs – Minor |  |  |
| Portable X-Ray Machine |  |  |
| Emergency laboratory |  |  |
| ABG machine |  |  |
| ECG |  |  |
| USG with color Doppler and curvilinear probe, Linear probe, and Phased array probe (cardiac |  |  |
| Multipara monitors in EM |  |  |
| ICU ventilators in EM |  |  |
| Transport ventilators in EM |  |  |
| Echo-Cardiography |  |  |
| Rigid & Flexible Bronchoscopy |  |  |
| BLS ambulances |  |  |
| ACLS ambulances |  |  |
| PAC |  |  |
| Pre-operative beds |  |  |
| Post-operative beds |  |  |
| Emergency services for OBG patients |  |  |
| Triage |  |  |
| Medico-legal services |  |  |
| Police outpost near ED |  |  |
| Others |  |  |

**ii. Intensive Care Facilities in The Hospital (Other than dept. of EM):**

**[*Please Refer to Part-A of the Annual Self-Declaration Form]***

**D. CLINICAL MATERIAL AND INVESTIGATIVE WORKLOAD OF THE DEPARTMENT OF EMERGENCY MEDICINE**

**i. Clinical workload / material of the Emergency Medicine Department:**

| **Particulars** | **On the day of assessment (12 midnight to 2.00 PM)** | **Previous day data** | **Year 1** | **Year 2** | **Year 3**  **(Last Year)** |
| --- | --- | --- | --- | --- | --- |
| **1** | **2** | **-** | **3** | **4** | **5** |
| Number of patients attended (in the green zone of the Emergency Department).Write average daily attendance in columns 3, 4 and 5\* |  |  |  |  |  |
| Admissions (number of patients admitted in Red and Yellow Zones). Write average daily admission in columns 3, 4 and 5\* |  |  |  |  |  |
| Total number of patients admitted in the hospital through EM dept. |  |  |  |  |  |
| 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 Major surgeries for patients attending EM# |  |  |  |  |  |
| Number of Minor Surgery/Procedures in EM **@** |  |  |  |  |  |
| Number of patients put on ventilator |  |  |  |  |  |
| Procedures **$** |  |  |  |  |  |
| Daily consumption of blood units for EM patients. (Write average of all days in column 3, 4 and 5). |  |  |  |  |  |
| X-rays per day for EM patients. (Write average of all days in column 3, 4 and 5). |  |  |  |  |  |
| Ultrasonography per day for EM patients (OPD + IPD). (Write average of all days in column 3, 4 and 5). |  |  |  |  |  |
| CT scans per day for EM patients (OPD + IPD). (Write average of all days in column 3, 4 and 5). |  |  |  |  |  |
| MRI scans per day for EM patients (OPD + IPD). (Write average of all days in column 3, 4 and 5). |  |  |  |  |  |
| Haematology workload per day for EM patients (OPD + IPD). (Write average of all days in column 3, 4 and 5). |  |  |  |  |  |
| OPD Haematology workload per day for EM patients. (Write average of all days in column 3, 4 and 5). |  |  |  |  |  |
| Biochemistry workload per day for EM patients (OPD + IPD). (Write average of all days in column 3, 4 and 5). |  |  |  |  |  |
| OPD Biochemistry workload per day for EM patients. (Write average of all days in column 3, 4 and 5). |  |  |  |  |  |
| Microbiology workload per day for EM patients (OPD + IPD). (Write average of all days in column 3, 4 and 5). |  |  |  |  |  |
| OPD Microbiology workload per day for EM patients. (Write average of all days in column 3, 4 and 5). |  |  |  |  |  |
| ABG per day for EM patients (OPD + IPD). (Write average of all days in column 3, 4 and 5). |  |  |  |  |  |
| Cardiac biomarkers per day for EM patients (OPD + IPD). (Write average of all days in column 3, 4 and 5). |  |  |  |  |  |
| Total deaths in the EM department |  |  |  |  |  |

\* Average daily attendance is calculated as below.

*Total patients attending EM in the year divided by total number of days in a year*

# Total number of major surgeries of patients shifted to Hospital/Operating Room directly from ED or are operated in the ED Operation Theatre.

@ Minor Operation can be those that are done in the Procedure Room /Minor Operation Theatre/ Major Operation Theatre inside the ED. These may include wound wash/debridement in the ED, wound suturing or removal, K-wiring, dislocation reduction, etc.

**$ Procedures (OPD + IPD)**

|  |  |  |
| --- | --- | --- |
| **Procedures** | **On the day of Assessment** | **(Last Year)** |
| Central line placement |  |  |
| Chest tube insertion |  |  |
| Cardioversion/defibrillation |  |  |
| Incision and drainage of abscess |  |  |
| Endotracheal intubation |  |  |
| Major trauma primary care like splinting/dressing |  |  |
| Tracheostomy |  |  |
| Transcutaneous Pacing |  |  |
| Regional Block |  |  |

**E. STAFF**:

**i. Unit-wise faculty and Senior Residents 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** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
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\* - 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. | Clinical Seminars |  |  |
| 3. | Journal Clubs |  |  |
| 4. | Case presentations |  |  |
| 5. | Group discussions |  |  |
| 6. | Guest lectures |  |  |
| 7. | Death Audit Meetings |  |  |
| 8. | Physician conference/ Continuing Medical Education (CME) organized. |  |  |
| 9. | Symposium |  |  |

*Note:* *For 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:**

1. **List of External Examiners:**

|  |  |  |
| --- | --- | --- |
| **Name** | **Designation** | **College/ Institute** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

1. **List of Internal Examiners:**

|  |  |
| --- | --- |
| **Name** | **Designation** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

1. **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**

1. **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**

**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.* |