

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:

- 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 (exclude beds/trolleys in the Triage area): _____
- h. Total number of ICU beds/ High Dependency Unit (HDU) beds in the department: _____
- i. 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 <i>(LoP for starting a course/permission for increase of seats/ Recognition of course/ Recognition of increased seats /Renewal of Recognition/Surprise</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</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/</i>

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	<i>/Random Inspection/ Compliance Verification inspection/other)</i>		<i>/Renewal of Recognition done/denied /other)</i>			<i>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 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 M ²
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

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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

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Signature of Assessor

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	Number s 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					
ECCG					
Rigid & Flexible Bronchoscope					

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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		

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ii. Intensive Care Facilities in The Hospital (Other than dept. of EM):
[Please Refer to Part-A of the Annual Self-Declaration Form]

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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).					

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Particulars	On the day of assessment (12 midnight to 2.00 PM)	Previous day data	Year 1	Year 2	Year 3 (Last Year)
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).					

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Particulars	On the day of assessment (12 midnight to 2.00 PM)	Previous day data	Year 1	Year 2	Year 3 (Last Year)
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		

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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.	Clinical Seminars		
3.	Journal Clubs		
4.	Case presentations		
5.	Group discussions		

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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:

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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

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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. Any Other Information

Signature of Dean

Signature of Assessor

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