INDIAN SOCIETY OF CRITICAL CARE MEDICINE

Application form for Fresh Accreditation

CRITICAL CARE MEDICINE

(Fellowship in Neuro Critical are)

PART –I GENERAL INFORMATION

1. Name and address of the Institution (including PIN Code)

i. Website:_____

ii Email:_____

iii. Address:

_____

Iv. Phone:_____(Contact Person)

v Fax:

_____

2. Year in which established:

3. Total Number of beds in the Hospital:

4. Status of the Hospital please mark (/) : Govt.[1]☐ /PVT. [2] /☐Corporate[3]☐

5. Is the hospital recognized by MCI/DNB/ISCCM for
   a. Internship (Yes/No) ☐
   b. PG/Post-doctoral courses (Yes/No) ☐
   c. Courses

   i)PG☐

   ii) Super-speciality Course(FNB & DM Critical Care) ☐

   iii) Other Subject☐

   Please mention the number of seminar rooms/conference room with their seating capacity within the department?

   a) No. of Seminar /Conference Rooms_____

   b) Seating Capacity_____

6. Mention the name of various audio-visual aids available in the auditorium/seminar/conference rooms?

   : Projector☐ : Laptop☐ : Mikes☐ : Sound system☐ : Overhead Projector ☐

7. Library/ Journal Access (Yes/No with details):

8. Duty Rooms available for resident. Yes ☐ No ☐

9. Amount of Stipend to be paid to FNCC Trainees per month

_____

10. Proposed security deposit charged from the trainees (if any)

11. Details of Academic Coordinator
    Name_____
    Email id:_____
    Mobile:_____

PART —II

CRITICAL CARE MEDICINE & RELATED INFORMATION

i) Total Number of beds: and Neurology/NeuroSurgery beds in the Critical care Units (in case of general critical care ,minimum 30% beds to b occupied by Neurocritical care)
ii) Number of neurosurgery: OTs
iii) DSA Lab is present: (Y/N)
iv) Name the allied specialties, exposed :Whether all the specialties are located in the same campus. (Y/N)
iv) Number of beds in the Casualty Services :

v) Whether Residents are exposed to handle emergency service (Y/N)

Category wise Bed strength	Total ICU Beds	HDU	Neurology beds	Neurosurgery beds				Misc.

Case distribution record in the ICUs during last 3 years.

Year	Head Injury	Poly Trauma	SAH	Neurology Infections	GBS	Status epilepticus	Post -OP	Misc DSA	Total Admission	MISC Stroke Services

Year	Head Injury	Poly trauma	SAH	Neurology infections	GBS	Status epilepticus	Post -OP	MISC DSA	Total Admission	MISC. Stroke Service

Adult/Paediatric	Surgical	Vascular	Functional	Endoscopic	Trauma	DSA	CT/MRI

It is desired to have Minimum cases 300-400 per annum.
Initial recognition will be for 3 years the re-accreditation will be taken up every 3 years.

Proposed Teaching staff/Consultants:-

a. Details of Critical Care Faculty

Details of Medical records system for the department.(Please attach a copy of the record form.)

SNCC\ ISCCM Membership No	Name	Design	Primary Qualification	Training In Neurology	Qualification In Critical Care	MCI Reg No	Exp in Neuro Critical Care	Exp After Post Graduation	Research Publication

Record Keeping

Electronic/ Manual

a) Death Records
b) M.L.C. Record
c) Admission Record
d) Discharge Record
e) Transfer Record
f) Radiology Record
g) Lab Record
h) Etc.

Proposed teaching schedule for FNCCM [please attach a copy of a Time table]

Academic Activities

Activity	Number per month	Name of resource person
Bed-side Clinics		
Death Review & Morbidity Meetings		
Clinico-Pathological Meeting		
Journal Club		
Seminar		

Other		

Policies and procedures

Patient care responsibility	Yes☐	No☐
Nursing protocols (documents)	Yes☐	No☐
Medical protocol documents	Yes☐	No☐
Adverse events audit	Yes☐	No☐
Patient care audits	Yes☐	No☐
List of procedures performed	Yes☐	No☐

General Information related to organization of ICU:

i. List of Equipment in the ICU related to Critical care Medicine

ii. Specialised Equipment
   a. TCD
   b. EEG, Video EEG
   c. Cerebral Oxymeter
   d. CT/MRI

iii. No. of Nurses in the ICU per shift

iii. Ratio of Nurses to Patient in ICU

Supportive Services investigations carried out during the last three years(upload the file)

Discipline	Pathology	Biochemistry	Microbiology	Radiology	Blood Bank	Any Other
Year I						
Year II						
Year III						

Library

Text books available in Neuro Critical Care Medicine :

Name of the Book	Name of the Author	Date of Publication	Edition

Electronic / Online Library :

Neuro Anaesthesia	
Neuro Critical Care	
Neurosurgery	
NeoroInterventional Radiology	

Kindly provide the list of Journals

Name Of Journal		Name of Publisher
E -Journal	Printed Copy	

Other information

No. of Reading Rooms. _____ :

II. No. of staff in the Library with their qualifications _____ :

III. Teleconferencing reception equipment available/not available? Yes __No

Library Timings:

a. On working days_____:

b. On holidays_____: :

Please indicate special facilities available in the library or in an associated hospitals/Institution

Special facilities . Internet☐

. Printer facilities☐

,Photocopy facility ☐

.Teleconferencing equipment ☐

.Other _____

Is there a Departmental Library Yes ☐ No☐

Undertaking

b. Each Teacher/Consultant will spent at least 8-10 hrs / week for teaching of IDCCM/IFCCM candidates as per the curriculum so as to complete the curriculum.
c. Hospital / institute will provide facilities and time for research work as well as to attend ISCCM organized conferences/Workshops to IDCCM/IFCCMcandidates.
d. In case a Teacher leaves they will continue to provide training to the trainee.
e. Hospital will inform the ISCCM within one week of leaving/joining of faculty.

Date:_____

Director/H.O.D./Consultant, Critical Care Medicine **Signature of Head of Institute**

Note:

1) Institute & teacher accreditation form should be sent along with institute accreditation fees to the ISCCM secretariat office Mumbai.
2) A fee for the institute accreditation is Rs. 59,000/-(including GST). is applicable to institutes already running IDCCM courses. Demand Draft should be drawn infavour of "Indian Society of Critical Care Medicine Education" Payable at Mumbai. (ISCCM will arrange stay & travel of Inspector and hospital will have to arrange for local travel & hospitality of the inspector for institute inspection).
3) Institute is requested to send 1 complete set of institute form with copies of all certificates/ documents to ISCCM office along with the soft copy of the same.