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|  | Specialty Specific Application Form  For Secondary Hospital  DNB - Anaesthesiology |
| 1. This Specialty Specific Application Form has been designed for filling up the data / information related to SECONDARY INSTITUTE / HOSPITAL only under the Joint Accreditation Scheme 2. However, the information related to IPD, OPD, Case Mix/Spectrum of Diagnosis, Surgical case load have to be filled up for both Primary & Secondary Hospital in the separate tables given in this application form. | |

 General Information of Applicant Department

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| **1.** | **GENERAL INFORMATION OF THE DEPARTMENT FOR WHICH ACCREDITATION IS BEING SOUGHT** | |
| **1.1.** | Unique Online Application Registration ID |  |
| **1.2.** | Nature of Application |  |
| **1.3.** | Name of the Specialty |  |
| Whether the hospital is running any parallel academic programme of similar nature (in affiliation with other universities/organization) for 2-3 years (or more) duration | |  |  |  | | --- | --- | --- | | Yes/No | **If yes:** | | | Programme Name | Programme Duration (in year) | |  |  |  | |
| **1.4.** | Name of Applicant Institution / Hospital |  |
| **1.5.** | Address of the Institution / Hospital |  |
|  |  |  |
| **1.6.** | Name of the Parent Company (as per RoC/ Trust / Society / Charity) running the hospital / institute) |  |
| **1.7.** | Head of the Department / Course Director | |  |  |  | | --- | --- | --- | | Name | Mobile Number | Email ID | |  |  |  | |

 Infrastructure in the Department

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| **2** | **BEDS IN THE APPLICANT DEPARTMENT** |
|  | Details of Beds are not required for the application of DNB - Anaesthesiology. |

Patient Load



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| **3.** | | **PATIENT LOAD IN THE SPECIALTY** | | | |
| **Surgical Procedures of SECONDARY HOSPITAL ONLY** | | | | | |
| Surgeries / Procedures Performed by the Department | | Year Wise No. of Surgical Procedures | | |
| 2021 | 2020 | 2019 |
| Orthopaedics | |  |  |  |
| Obstetrics | |  |  |  |
| Gynaecology | |  |  |  |
| Ophthalmology | |  |  |  |
| Otorhinolaryngology | |  |  |  |
| Pediatric Surgery | |  |  |  |
| General Surgery | |  |  |  |
| Neuro Surgery | |  |  |  |
| Urology | |  |  |  |
| Cardiac Surgery | |  |  |  |
| Burns and Plastic Surgery | |  |  |  |
| Surgical Gastroenterology | |  |  |  |
| Surgical Oncology | |  |  |  |
| Critical Care | |  |  |  |
| Emergency Medicine | |  |  |  |
|  | |  |  |  |
| **Any other Surgical Procedures that are not listed above** | | | |  |

**Surgical Procedures of PRIMARY HOSPITAL ONLY**

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| Surgeries / Procedures Performed by the Department | Year Wise No. of Surgical Procedures | | |
| 2021 | 2020 | 2019 |
| Orthopaedics |  |  |  |
| Obstetrics |  |  |  |
| Gynaecology |  |  |  |
| Ophthalmology |  |  |  |
| Otorhinolaryngology |  |  |  |
| Pediatric Surgery |  |  |  |
| General Surgery |  |  |  |
| Neuro Surgery |  |  |  |
| Urology |  |  |  |
| Cardiac Surgery |  |  |  |
| Burns and Plastic Surgery |  |  |  |
| Surgical Gastroenterology |  |  |  |
| Surgical Oncology |  |  |  |
| Critical Care |  |  |  |
| Emergency Medicine |  |  |  |
|  |  |  |  |
| **Any other Surgical Procedures that are not listed above** | | |  |

**SPECIAL CLINICS**

* 1. *Name of special clinics (as relevant to the specialty) and the number of times the clinic is held in a week.*

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| Name of Clinics | No. of times per week | Total number of cases seen last year |
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|  | |  |  | | --- | --- | | **Details of Clinical / Surgical procedures performed by the Department of Anaesthesiology** | | | I. | Operative Load in the specialty (during the last three years) |  |  |  |  |  | | --- | --- | --- | --- | | **Operative Load in the specialty of SECONDARY HOSPITAL ONLY** | | | | | Particulars | Year | | | | 2021 | 2020 | 2019 | | Total Number of Major Surgeries |  |  |  | | Total Number of Minor Surgeries |  |  |  | | **Operative Load in the specialty of PRIMARY HOSPITAL ONLY** | | | | | Particulars | Year | | | | 2021 | 2020 | 2019 | | Total Number of Major Surgeries |  |  |  | | Total Number of Minor Surgeries |  |  |  | |
| II. | Hands on Training proposed to be provided to DNB - Anaesthesiology trainees |
|  | |  |  |  |  |  | | --- | --- | --- | --- | --- | | Name of Clinical / Surgical Procedures | Year of Training | Number of Procedures | | | | Proposed to be Observed | Proposed to be Assisted | Proposed to be Performed (Under Supervision) | | Endotracheal Intubation, Subarachnoid & Epidural Block,Brachial Plexus  Block- various  approaches,Caudal  Anaesthesia, Nerve Blocks, Lines Insertions. | First |  |  |  | | Endotracheal Intubation, Subarachnoid & Epidural Block,Brachial Plexus  Block- various  approaches,Caudal  Anaesthesia, Nerve Blocks, Lines Insertions. | Second |  |  |  | | Endotracheal Intubation, Subarachnoid & Epidural Block,Brachial Plexus  Block- various  approaches,Caudal  Anaesthesia, Nerve Blocks, Lines Insertions. | Third |  |  |  | |

 Academic Facilities & Infrastructure

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| **4.** | **ACADEMIC FACILITIES & INFRASTRUCTURE** | | | | | | | | | |
| **4.1.** | Number of Books available Anaesthesiology Programme Hospital/Institute Library | | | for | in | DNB | -  the |  | | |
| **4.2.** | Details of Journals subscribed for DNB - Anaesthesiology trainees | | | | | | | | | |
|  |  | | | | | | | | | |
| **4.3.** | **Rotational Posting of Trainees**  *DNB - Anaesthesiology trainees should be rotated / posted in different modalities / departments / areas*  */ OTs such that exposure as prescribed can be ensured.* | | | | | | | | | |
|  | | | | | | | | | |
|  | Department / Area of Rotation | Tentative schedule  **(In Days OR Month(s))** | | | | | Name & Address of the institute / hospital where trainees are posted for rotation | Supervising  Consultant Name |  |
| General Surgery# | 06 months | | | | |  |  |  |
| Urology | 02 month | | | | |  |  |  |
| Eye | 01 month | | | | |  |  |  |

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| Categor y | Title of the Journal | Version | Publisher Details | Date of Subscri ption | Validity up to (Year) |
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| ENT# | 02 months |  |  |  |
| Dental/Faciomaxillary Surgery | 01 month |  |  |  |
| Orthopedic / Trauma / Emergency Medicine # | 05 months |  |  |  |
| Gynecology # | 03 months |  |  |  |
| Obstetrics/ Labour Room # | 03 months |  |  |  |
| Pediatrics Surgery | 02 months |  |  |  |
| Burns /Plastic Surgery | 01month |  |  |  |
| CTVS, Cardiac CATH lab | 01 month |  |  |  |
| Neurosurgery | 02 months |  |  |  |
| ICU | 04 months |  |  |  |
| Pain Clinic # | 01 month |  |  |  |
| Recovery area (PACU) | 01 month |  |  |  |

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| Peripheral Theatre / Family Planning OT, / Radiology, Radiotherapy, ECT | 01 month |  |  |  |
|  | **# Core areas which needs to available in-house and cannot be fulfilled through externship.** | | | |  |
|  | | | | | |
|  | Certified copy of MoU with other NBEMS accredited institute / hospital or medical college where DNB - Anaesthesiology trainees are posted for any of the above rotations, if the same is not feasible within the institute/hospital is required to be enclosed with hard copy of Specialty Specific Application which is to be submitted to NBEMS. | | | | | |

 Full Time Faculty/Staff

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| **5.1.** | **FULL TIME STAFF IN THE APPLICANT DEPARTMENT**  ***(Please refer Information Bulletin for Accreditation for details of Minimum Faculty requirements)*** |
|  | Faculty declaration form for the faculty in Secondary Hospital & all their supportive documents related to the full time status of faculty must be filled and uploaded on the same web page where the faculty details of Primary Hospital / Institution have been submitted on Online Application Form. |

 Academic Sessions & Track Record

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| Training Status of  Candida te | Name of the Candidate | NBEMS  Registration Number | Year in which last  appeared for Final / Exit Examination s | Year for Thesis  Acceptance  **(Applicable for DNB Programme**  **only)** | Result | |
| Theory | Practical |

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| **6.1.** | **TRACK RECORD OF DNB - Anaesthesiology TRAINEES IN FINAL / EXIT EXAMINATIONS CONDUCTED BY NBEMS:** | |
| **PLEASE PROVIDE THE DETAILS OF LAST 5 YEARS ONLY** | |
|  |  | |
|  | **SINCE GRANT OF FIRST ACCREDITATION TO THE APPLICANT DEPARTMENT:** | |
| a. | How many DNB - Anaesthesiology Trainees have been registered in the department? |  |
| b. | How many DNB - Anaesthesiology Trainees have completed their training? |  |
| c. | How many DNB - Anaesthesiology Trainees have qualified their Final / Exit Exams? |  |
| **DECLARATION:**  I, , am duly authorized to act for and on behalf of \_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** acting in my official capacity as \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_for submitting the application of Accreditation for DNB - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for the year \_\_\_\_\_\_\_\_\_\_\_\_. I, do hereby undertake and declare that:   1. I am competent to make this submission regarding the application for seeking accreditation in DNB - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to National Board of Examinations in Medical Sciences 2. The facts stated in this application are correct and based on official records and I shall be liable for any wrong or incorrect data/information submitted. 3. This hospital / institute has understood the terms, conditions, instructions, minimum accreditation criteria etc. indicated in the Information bulletin for accreditation and agree to abide by the same. | | | | |

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| **Date:**  **Place:** | |
| **Secondary Hospital / Institute**  **Signature with official stamp of Administrative Head of the**  **Secondary Institute/Hospital**  (Authorized signatory on behalf of Secondary hospital)  **Name:** **Designation:** | **Primary Applicant Hospital / Institute**  **Signature with official stamp of Administrative Head of the**  **Primary Institute/Hospital**  (Authorized signatory on behalf of Primary applicant hospital)  **Name:** **Designation:** |