|  |  |
| --- | --- |
|  | Specialty Specific Application Form**For Secondary Hospital**DNB – Emergency Medicine |
| 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**

|  |  |
| --- | --- |
| **1.** | **GENERAL INFORMATION OF THE SECONDARY HOSPITAL 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 |  |

**Infrastructure in the Department**

|  |  |
| --- | --- |
| **2.1.** | **BEDS IN THE APPLICANT DEPARTMENT** |
|  | Total Operational ER Beds in the Department | Number of General Beds \* in the Department of Emergency Medicine |
|  |  |
| **2.2.** | **ICU Beds** |
|  | ICU | Total ICU Beds | Number of General ICU Beds |
| Medical ICU (MICU) |  |  |
| Surgical ICU (SICU) |  |  |
| Intensive Coronary Care Unit (ICCU) |  |  |
| Pediatric ICU (PICU) |  |  |
|  | The pre-filled data if any, has been derived from the information entered in online Main Application form. Any changes made herein above shall update the information in online Main Application Form also. |

\* **General Beds:** General Beds are those *'earmarked'* beds/cases whose patients shall be accessible at all times for supervised clinical work to DNB trainees. Data of patients admitted on such beds or such cases shall be accessible to DNB trainees for research purposes subject to applicable ethical guidelines and clearances from institutional Ethics Committee & institutional policies. As per NBEMS norms, at least 30% beds should be allocated.

**Patient Load**

|  |  |
| --- | --- |
| **3.** | **PATIENT LOAD IN THE SPECIALTY** |
| **3.1.** | **Emergency Room Visits in the Specialty** |
|  |  |
|  | Details of SECONDARY HOSPITAL ONLY |  |
|  | Year | Total Number of Patients registered by the department | Total Number of General\* Patient registered by the department |  |
| 2022 |  |  |  |
| 2021 |  |  |  |
|  |  | 2020 |  |  |  |
|  |  |

|  |
| --- |
| Details of PRIMARY HOSPITAL ONLY |
| Year | Total Number of Patients registered by the department | Total Number of General\* Patient registered by the department |
| 2022 |  |  |
| 2021 |  |  |
| 2020 |  |  |

 |  |

|  |
| --- |
| **Case Mix/Spectrum of Diagnosis of SECONDARY HOSPITAL ONLY** |
| Case Mix / Spectrum of Clinical/Surgical Diagnosis | Year Wise No. of Clinical Cases/ Surgical Procedures |
| 2022 | 2021 | 2020 |
| Cardiovascular Emergencies |  |  |  |
| Dermatological Emergencies |  |  |  |
| Endocrine and Metabolic Emergencies |  |  |  |
| Fluid and Electrolyte Disturbances |  |  |  |
| Ear, Nose, Throat, Oral And Neck Emergencies |  |  |  |
| Gastrointestinal Emergencies |  |  |  |
| Gynaecological and Obstetric Emergencies |  |  |  |
| Hematology and Oncology Emergencies |  |  |  |
| Immunological Emergencies |  |  |  |
| Infectious Diseases and Sepsis |  |  |  |
| Musculo-Skeletal Emergencies |  |  |  |
| Neurological Emergencies |  |  |  |
| Ophthalmic Emergencies |  |  |  |
| Pulmonary Emergencies |  |  |  |
| Psychiatric and Behaviour Disorders |  |  |  |
| Renal and Urological Emergencies |  |  |  |
| Trauma |  |  |  |
| **Any other Diagnosis / Procedures that are not listed above** |  |

# 3.2. Case Mix/Spectrum of Diagnosis Available in the Specialty:

|  |
| --- |
| **Case Mix/Spectrum of Diagnosis of PRIMARY HOSPITAL ONLY** |
| Case Mix / Spectrum of Clinical/Surgical Diagnosis | Year Wise No. of Clinical Cases/ Surgical Procedures |
| 2022 | 2021 | 2020 |
| Cardiovascular Emergencies |  |  |  |
| Dermatological Emergencies |  |  |  |
| Endocrine and Metabolic Emergencies |  |  |  |
| Fluid and Electrolyte Disturbances |  |  |  |
| Ear, Nose, Throat, Oral And Neck Emergencies |  |  |  |
| Gastrointestinal Emergencies |  |  |  |
| Gynaecological and Obstetric Emergencies |  |  |  |
| Hematology and Oncology Emergencies |  |  |  |
| Immunological Emergencies |  |  |  |
| Infectious Diseases and Sepsis |  |  |  |
| Musculo-Skeletal Emergencies |  |  |  |
| Neurological Emergencies |  |  |  |
| Ophthalmic Emergencies |  |  |  |
| Pulmonary Emergencies |  |  |  |
| Psychiatric and Behaviour Disorders |  |  |  |
| Renal and Urological Emergencies |  |  |  |
| Trauma |  |  |  |
| **Any other Diagnosis / Procedures that are not listed above** |  |

**Academic Facilities & Infrastructure**

|  |  |
| --- | --- |
| **4.** | **ACADEMIC FACILITIES & INFRASTRUCTURE** |
| **4.1.** | Number of Books available for DNB - Emergency Medicine Programme in the Hospital/Institute Library |  |

|  |  |
| --- | --- |
| **4.2.** | Details of Journals subscribed for DNB - Emergency Medicine trainees |
|  |
| **4.3.** | **Rotational Posting of Trainees***DNB - Emergency Medicine 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 |  |
| **1st Year** |  |
| Emergency Department | 7 months (or 8 months if no separate trauma bay) |  |  |  |
| Trauma (if separate from ED) | 1 month |  |  |  |
| Pediatric EM | 1 month |  |  |  |
| ICU | 1 month |  |  |  |
| CCU | 2 weeks |  |  |  |
| Wound Care | 2 weeks |  |  |  |
| Orthopedics (Trauma) | 1 month |  |  |  |
| **2nd Year** |  |
| Emergency Department | 6 months |  |  |  |
| Ophthalmology | 2 weeks |  |  |  |
| ENT | 2 weeks |  |  |  |
| OBG | 1 month |  |  |  |
| Psychiatry | 2 weeks |  |  |  |
| PICU | 2 weeks |  |  |  |
|  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | Orthopedic (trauma) | 2 weeks in ED / 2 weeks in ward |  |  |  |
| Pediatric EM | 1 month |  |  |  |
| NICU | 2 weeks |  |  |  |
| Medicine (emphasis on infections) | 2 weeks |  |  |  |
| **3rd Year** |  |
| Emergency Department | 6 months |  |  |  |
| Trauma | 2 weeks |  |  |  |
| Research | 2 weeks (submit thesis); will work with thesis guide |  |  |  |
| Radiology (US, CT, MRI, etc.) | 2 weeks |  |  |  |
| Neurology | 2 weeks |  |  |  |
| Cardiology | 2 weeks |  |  |  |
| Dermatology | 2 weeks |  |  |  |
| Prehospital (Ambulance) | 2 weeks |  |  |  |
| Rural hospital\* | 1 month |  |  |  |
| Elective | 2 weeks |  |  |  |
| **\*May liaison with a local medical college Yes for the rural hospital attached to it** |  |
|  |  |
|  | Certified copy of MoU with other NBEMS accredited institute / hospital or medical college where DNB - Emergency Medicine 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**

|  |  |
| --- | --- |
| **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**

|  |  |
| --- | --- |
| **6.1.** | **TRACK RECORD OF DNB - Emergency Medicine TRAINEES IN FINAL / EXIT EXAMINATIONS CONDUCTED BY NBEMS:** |
| **PLEASE PROVIDE THE DETAILS OF LAST 5 YEARS ONLY** |
|  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Training Status of Candidate | Name of the Candidate | NBEMSRegistration Number | Year in which last appeared for Final / Exit Examinations | Year for Thesis Acceptance**(Applicable for DNB Programme only)** | Result |
| Theory | Practical |
|  |  |  |  |  |  |  |

 |
|  | **SINCE GRANT OF FIRST ACCREDITATION TO THE APPLICANT DEPARTMENT:** |
| a. | How many DNB - Emergency Medicine Trainees have been registered in the department? |  |
| b. | How many DNB - Emergency Medicine Trainees have completed their training? |  |
| c. | How many DNB - Emergency Medicine Trainees have qualified their Final / Exit Exams? |  |
| **6.2.** | **Academic Sessions Conducted by the Department during year 2022** |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| Academic Session for DNB/FNB Trainees | Date / Period (dd-mm-yyyy) | Topic | Presenter's Name |
|  |  |  |  |

 |

|  |
| --- |
| **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.
 |

|  |
| --- |
| **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:**  |