INDIAN SOCIETY OF CRITICAL CARE MEDICINE

Application form for Fresh Accreditation

CRITICAL CARE MEDICINE

Indian Diploma in Critical Care Nursing

Step 1

PART –I

GENERAL INFORMATION

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

i. Website:_____

ii Email:_____

iii. Address _____

iv Phone: _____

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 ☐
   b. PG/Post doctoral courses ☐
   i) ISCCM Courses: IDCCM, IFCCM
   ii) Superspeciality Course(FNB & DM Critical Care)☐iii)PG Courses in Other Subject☐

6. Please mention the number of seminar rooms/conference room with their seating capacity
   a) No. of Seminar /conference rooms_____
   b) Seating Capacity_____

7. Mention the name of various audio-visual aids available in the auditorium/seminar/conference rooms. : Projector☐
   : Laptop☐
   : Mikes☐
   : Sound system☐

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

Step 2

PART—II

CRITICAL CARE MEDICINE & RELATED INFORMATION

9.

i) Total Number of beds in the Critical care Units
ii) Name the allied specialties:
iii) Whether all the specialties are located in the same campus. (Y/N)
iv) Number of beds in the Casualty Services

Category wise Bed strength	Total ICU Beds	HDU	PICU	NICU	MICU	Cardio Throcic ICU	Neurosurgical ICU	Misc.

10. Case distribution record in the ICUs during last 3 years.

Year	Cardiology	Trauma	Surgery	OBG	Sepsis	Toxicology	Respiratory	Misc.	Total Admission

11. Record Keeping

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

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.

Step 3

13. Proposed Teaching staff/Consultants:-

a. Details of Critical CareFaculty

ISCCM Mem. No.	Name	Desigation	Primary Qualification	Training in Critical	Qualification in Critical Care	MCI Reg. No.	Experience after post graduation	Research Publication

14. Academic Activities :

Proposed teaching schedule for IDCCN candidates

Activity	Number per month	Name of resource person
Bed-side Clinics		
Seminar Other (Upload)		

15.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☐

16. General Information related to organization of ICU:

i. List of Equipment in the ICU related to Critical care Medicine (Upload)
ii. No. of Nurses in the ICU per shift _____
iii. Ratio of Nurses to Patient in ICU _____

17. Supportive Services investigations carried out during the last three years

Discipline	Pathology	Biochemistry	Microbiology	Radiology	Blood Bank in house Yes/No	Any Other
Year I						
Year II						
Year III						

Step 4

18. Library Facility:

Library available in-house (Y/N) , If no, proof of Association with another library and distance of that library from the institution.

Text books available in Critical Care Medicine :

Name of the Book	Name of the Author	Yr of Publication	Edition

Kindly provide the list of Journals

:

i)Name of Journala.E-Journal_____b.Printed Copy_____

ii)Name of Publisher_____
(Table View)

Electronic / Online Library

Name From Date To Proof of Subscription

No. of Reading Rooms_____ :
No. of staff in the Library with their qualifications_____ :
:

. Library Timings

a. On working days (Drop Down)

:
b.On holidays_____ :

c. Special facilitiese. Internet☐
d.. Printer facilities☐
e. Photocopy facility ☐
f. Teleconferencing equipment
Any Other _____

Is there a Departmental Library Yes ☐ No☐

Step 5

19. Undertaking

b. Each Teacher/Consultant will spent at least 8-10 hrs / week for teaching **IDCCN candidates** as per the curriculum so as to complete the curriculum.
c. Hospital / institute will give permission to attend ISCCM organized conferences/Workshops to IDC CN candidates.
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.

Signature ;

Name: **Date:**_____

STAMP

Director/H.O.D./Consultant, Critical Care MedicineSignature of Head of Institute

Note –

1. Institute accreditation fees and form should be sent to the ISCCM Secretariat office Mumbai.
2. Fess are Rs. 5900/- (Five Thousand nine Hundred only) Demand draft should be drawn
in favour of"Indian Society of Critical Care Medicine Education" payable at Mumbai.
3. Institutes are requested to send 1 complete sets of institute form with copies of all certificates/documents to ISCCM Office. Institute are also requested to send the soft copy of the complete set of their Institute form and all certificate/document to be sent on education@isccm.org