**Format of Application for Accreditation of Postdoctoral Fellowship Course**

**in Neuroanaesthesia**

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| **Name of the Institution:** |  |
| **Address of the Institution:**  Tel:  Fax:  Email (For correspondence): |  |
| **Name, address and contact details of the Head of the Institution** |  |
| **Name, address and contact details of the Head of the Department of Anaesthesia** |  |
| **Name, address and contact details of the Course Director of PDF (Neuroanaesthesia)** |  |
| **Details of the Institution**   1. Inception 2. General Hospital / Neurosciences centre |  |
| **Information on Neurosciences:**   1. Neurosurgery: Present / Absent 2. Neurology: Present / absent 3. No. of qualified neurologists 4. No. of qualified neurosurgeons 5. No. of dedicated neurosurgical operation theatres 6. No. of tables for neurosurgical cases / week 7. No. of Neurosurgical operations / year (average over the last two years). Please provide list of operations carried out in the last 12 calendar months in the enclosed format) (Yes/No) 8. Elective surgeries (last 12 months) 9. Emergency surgeries (last 12 months) 10. Emergency surgeries 11. Dedicated Neuro-ICU (Yes/No) 12. Do all postoperative patients pass through NICU 13. No. of admissions to Neuro-ICU in the last 12 calendar months in the format enclosed 14. Is there a separate neuroradiology department (Yes/ No) 15. Provide information on the number of neuroradiological investigations carried out under anaesthesia in the last 12 calendar months 16. Any other information |  |
| **Facilities in the Neuro-operation theatres**   1. Anaesthesia machines (No. & make / OT) 2. Monitors 3. ECG 4. NIBP 5. IBP 6. Pulse oximetry 7. Capnography 8. BIS 9. EEG 10. Entropy 11. Neuromuscular transmission monitor 12. Adjustable OT tables 13. Infusion pumps 14. Infusion syringes 15. Fibreoptic broncho-/laryngoscope 16. LMA’s 17. Any other airway devices 18. Intraoperative EEG for seizure surgery 19. Evoked potentials 20. Any other equipment |  |
| **Facilities in NICU**   1. ICU ventilators per bed and make 2. Monitoring facilities 3. ECG 4. NIBP 5. IBP 6. Pulse oximetry 7. Capnography 8. ICP 9. EEG 10. Blood gas analyser 11. Infusion pumps (Total no) 12. Infusion syringes (Total no.) 13. Bed-side x-ray 14. Bronchoscope 15. Transport ventilator 16. Round-the clock Biochemistry 17. Round the clock x Ray service 18. Microbiology back-up 19. Any other information |  |
| **Facilities in Neuroradiology**   1. Angiography 2. CT Scan 3. MRI 4. Dedicated anaesthesia machine 5. Monitoring facilities 6. ECG 7. SPO2 8. NIBP / IBP 9. Capnography 10. Infusion pump/Syringe 11. MRI-Compatible anaesthesia machine/monitor 12. Any other information |  |
| **Staff**   1. No. of dedicated Neuroanaesthetists 2. No. of Anaesthesiologists doing Neuroanaesthesia by rotation 3. No. of Professors/Senior Consultants 4. No. of Junior faculty (below the rank of additional professor) / Junior consultants 5. Senior Residents 6. Junior Residents 7. Anaesthesia Technicians 8. One consultant per ---- no. of OT’s 9. Residents / OT 10. No. of Residents per ICU (day) 11. No. of Residents per ICU (night) 12. Consultant coverage for ICU (an independent consultant available) (yes/no) 13. No. of Residents on Emergency duty 14. Consultant for emergency (in-house / on-call) 15. Any other information |  |
| **Proposed Teaching programs**   1. No. of seminars / week 2. No. of journal clubs / week 3. No. of case presentations / week   (A minimum of three hours of class-room teaching is mandatory per week in addition to bed-side discussions) |  |
| **Library**   1. No. of books in anaesthesia (< 10-year-old editions) 2. No. of journals in anaesthesia 3. No. of journals pertaining to Neuroanaesthesia 4. Internet access for the faculty / students (Yes/No) 5. Information on relevant on-line material subscribed for by the institution. |  |
| **Class-room facility**   1. Computer 2. LCD projector / OHP |  |

**DETAILS OF SURGICAL OPERATIONS OVER ONE YEAR**

|  |  |
| --- | --- |
| **Type of operation** | **Total no. of cases (in 12 months)** |
| Elective |  |
| Supratentorial tumours |  |
| Infratentorial tumours |  |
| Cerebral aneurysms |  |
| Other vascular lesions |  |
| Pituitary |  |
| Cervical Spinal lesions |  |
| Other Spinal lesions |  |
| Shunts |  |
| Neuro-endoscopy |  |
| Surgery on bony lesions / skull base lesions |  |
| Peripheral nerve surgery |  |
| Any other surgery |  |
| Emergency |  |
| Head injury |  |
| Other emergency (List below) |  |

**DETAILS OF NEURO-ICU PATIENTS OVER ONE YEAR**

|  |  |
| --- | --- |
| **Diagnosis** | **Total no. of cases (in 12 months)** |
| Postoperative observation only (no invasive interventions) |  |
| Neuro-medical patients for observation only) |  |
| Patients requiring ICU interventions |  |
| Patients requiring invasive monitoring (IBP, ICP) |  |
| No. of patients requiring mechanical ventilation |  |
| Diagnostic categories |  |
| 1 |  |
| 2 |  |
| 3 |  |
| 4 |  |
| 5 |  |
| 6 |  |
| 7 |  |
| 8 |  |
| 9 |  |
| 10 |  |
|  |  |

**DETAILS OF ANAESTHESIA FOR NEURORADIOLOGY OVER ONE YEAR**

|  |  |  |
| --- | --- | --- |
| **Diagnosis / Procedure** | **No. of cases** | **No Anaesthesia Services/ MAC/GA** |
|  |  |  |
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**Signature & Seal of the Course Director of the PDF**

**Signature & Seal of the HOD of Anaesthesiology**

**Signature and Seal of the Head of the Institution**

**Please note:**

1. The selected candidate should become member of ISNACC
2. A common exit evaluation examination will be held by the ISNACC at the end of the course for the entire country.
3. A fellowship certificate will be issued by the ISNACC
4. Successful candidates will be presented at the Annual conference of the ISNACC
5. An inspection fee of Rs. 50,000/- should accompany this application, which may be paid in the form of a DD drawn in favour of **“Indian Society of Neuroanaesthesiology and Critical Care”**
6. The examination fee for each candidate is Rs. 15000/- which shall be paid by the candidate before appearing for the examination. An application form for the examination will be made available on the ISNACC website or can be collected from the ISNACC Secretariat. Admission fee of Rs 10000 has to be paid at the time of admission.
7. Applications to be sent to

**ISNACC SECRETARIAT**

Department of Neuroanesthesiology & Critical Care

Neurosciences Centre, 6th Floor/ Room No. 9

All India Institute of Medical Sciences, Ansari Nagar, New Delhi- 110029 (India)

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