



INDIAN SOCIETY OF CRITICAL CARE MEDICINE
Application form for Fresh/Renewal of Accreditation
CRITICAL CARE MEDICINE
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. Year of recognition by ISCCM:
4. Date of next Re-inspection:
5. Total Number of beds in the Hospital: _____ :
6. Status of the Hospital please mark (/) _____ : Govt.[1] /Pvt.[2] /Corporate[3]
7. Is the hospital recognized by MCI/DNB/ISCCM for
 - a. Internship [1]
 - b. For-house job [2]
 - c. PG/Post doctoral courses [3]
 - d. DCCM/IFCCM/Post MBBS [4]
8. Annual Budget of the hospital for preceding three years: i ii
iii
9. Please mention the number of seminar rooms/conference room with their seating capacity.
10. Mention the name of various audiovisual aids available
in the auditorium/seminar/conference rooms. : Projector
: Laptop
: Mikes
: Sound system
: Overhead Projector
11. Has the Hospital has availability of Residential rooms for residents on duty?
12. Amount of Stipend being/ to be
paid to ISCCM Trainees per month
13. Security deposit being charged from the ISCCM trainees. If any

PART—II
CRITICAL CARE MEDICINE & RELATED INFORMATION

14.

- i Total Number of beds in the Critical care Units :
- ii Name the allied specialties, exposed :
- iii Whether all the specialties are
located in the same campus. :
- iv Number of beds in the Casualty Services :
- v Are casualty services available round the clock :
- vi Whether Residents are exposed to handle
emergency services :

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

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

Year	Cardiology	Trauma	Surgery	OBG	Sepsis	Toxicology	Respiratory

16. IPD record in the Hospital during the last three calendar years.

17. Has the Institution provided any special facilities/
training for the IDCC Residents/IFCCM Fellows/Post MBBS Certificate course

(Please name the facilities) :

18. Date of expiry of last renewal :

19. Deficiencies/Comments of the
Inspector communicated to the institution
and the action taken thereon :
(Please attach a separate sheet, if necessary)

20. Track record of all the candidates registered
with the institution in the IDCCM/IFCCM/Post MBBS Certificate :

:

Candidates	Registered	Left	Appeared	Passed	Failed
Year I					
Year II					
Year III					

21. Supportive Services (Please attach a separate list of staff, equipments and the number and the investigations carried out during the last three years) [use separate sheet]

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

Library

22. Is there a Departmental Library :

- Please attach list of Books relevant to Critical care Medicine
Text books available in Critical Care Medicine (Mention the edition date of publication and name of the Authors).
List of books obtained during the last 3 years.

• Kindly provide the list of Journals :
(National/International) subscribed [Paper or Digital]

23. Other Information

- I. No. of Reading Rooms :
- II. No. of staff in the Library with their qualifications :
- III. Teleconferencing reception equipment available/not available :

24. Please indicate the number of hours per day for which the library facilities will be available for the trainees.

- a. On working days :
- b. On holidays :

- Please ensure that library facilities are available for at least two hours after working hours

25. Annual budget for the Library for three preceding years

26. Please indicate the special facilities :

available in the library or in a associated hospital/Institution.

- a. Index Medicus :
- b. Medlar /Medline :
- C. Photocopy facility :
- d. Online library :
- e. Internet :
- f. Printer facilities :
- g. Any Other :

27. Please indicate if the institution has a liaison with any other library if so please mention its distance from the Institution /Hospital. Attach the permission letter from the concerned Institution :

RECORD KEEPING

28. 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 etc.

29. Please attach details of investigations/procedures carried out in the Department in last three years by IDCCM Residents/ Fellows [Year I, II, III]

Year	(only for renewal)					
Type of Investigations/Procedures	Total No(s)			Done by IDCC/IFCC Trainee		
	Year I	Year II	Year	Year I	Year II	Year III
ECG						
2 D ECHO						
USG/DOPPLER						
FoB						
CENTRAL LINE						
ARTERIAL LINE						
SWAN GAUGE						
PERCNTANEOU						
INTRA CRANIAL PRESSURE						
VENTILATOR – INVASIVE &						
RADIOGRAPHIC PROCEDURE						
LUMBAR PUNCTURE						
PLEURAL TAPPING						
PERITONEAL TAPPING						
FNAC						
LIVER ABCESS DRAINAGE						
ICD						

30. Teaching staff/Consultants:-

a) Name of ICU Director/Head/Incharge: _____

b) Sr. Consultant having at least 8 years experience after Training in Critical care Medicine

Name	Qualification	MCI Reg. No.	Experience after post graduation	Research Publication

c) Teaching staff/Sr. Consultants (having at least 5 years experience after Training in Critical care Medicine

Name	Qualification	Experience after post graduation	Research Publication

31. Whole time Sr. Resident with postgraduate degree please note that the IDCC/IFCC

Candidates undergoing training in the department should not be shown as Senior Residents.

Name	Qualification	Experience after post graduation	Research Publication

32. Whole time Residents without PG. qualification.

Name	Qualification	Experience after post graduation	Research Publication

Note: Please, attach the Bio data of the above staff with Performa

33. Is the teaching organized on a Unit :
system, if so give composition of the Unit :
34. Is the selection of the staff made by properly
constituted committees. :
35. Is the appointment of staff in the :
department contractual for a limited period ? if Yes for how long [attach proof]
36. Whether students maintain Log Book as per approved by IDCCM
sample.(Only for renewal)
37. Training in basic sciences relevant to specialty (Give details). [The applied aspects of the subject will be
dealt by the consultants]
38. Teaching schedule for Post MBBS/IDCCM/IFCCM [please attach a copy of a Time table]

Activity	Number per month	Name of resource person
Bed-side Clinics		
Death review Meetings		
Clinic-Pathological		
Journal Club		
Seminar		

39. No. of research publications (abstracts/papers/presentations) made by
the department staff and IDCC/IFCC Trainees during
last three years in recognized journals
only (submit list and copies of Reprints). -
40. Please refer to the curriculum and give the details how would you provide the practical hands on training to these
candidates.(Please give the details of covering the theory syllabus and providing the desired practical skills during
the training period of one year) attach a separate sheet.
41. Please provide the details of selection criteria of candidates for IDCCM (in case of
renewal).
42. General Information related to organization of ICU:
i. List of Equipment in the ICU related to Critical care Medicine (use separate sheet)
ii. No. of Nurses in the ICU per shift
iii. Ratio of Nurses to Patient in ICU

Undertaking

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

Director/H.O.D./Consultant, Critical Care Medicine

Signature of Head of Institute

Note:

- Institute accreditation fees and form should be sent to the ISCCM Secretariat office, Mumbai.
- Fees are ₹ 25,000 /- (₹ Twenty five thousand only). Demand Draft should be drawn in favour of
"Indian Society of Critical Care Medicine " payable at Mumbai.
- Institutes are requested to send 1 complete sets of Institute form with copies of all certificates/documents to ISCCM
office. Institutes are also requested to send the soft copy of the complete set of their Institute form and all
certificates/documents in a CD to ISCCM office.