

AORA APPLICATION FOR INSTITUTIONAL & FACULTY ACCREDITATION

INSTITUTIONAL ACCREDITATION: NEW/ RENEWAL

FACULTY ACCREDITATION: NEW/RENEWAL

NUMBER OF FACULTIES FOR ACCREDITATION:

NAMES:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

APPLICATION FOR NUMBER OF AORA FELLOWSHIP SEATS:

Part 1 – General information about the Institution.

a. Name and address of the Institute (including website)

Website:

Email:

Address:

Phone:

Fax:

b. Year of establishment:

c. Type of Institute – Government / Private / Corporate:

d. Is this hospital recognized by MCI/DNB-National Board? Y/N

e. Is this hospital running MD/DA/DNB/ Fellowship courses in Anaesthesiology? (Please give details including number of seats per year)

1. MD:

2. DNB:

3. DA:

4. Fellowship (mention sub speciality):

5. Total number of Consultants (or Prof/Asso- Prof./Lecturer) in the department:

f. Total number of beds in the hospital:

g. Availability of institutional ethical committee: Y/N

h. What will be the job title of the trainee?

i. What salary / stipend the AORA fellowship trainee will be paid?

j. Has the hospital availability of residential rooms for residents on duty?

k. Security deposit being charged from AORA fellowship trainees. If any

Part 2 – Specific Information regarding the clinical material for teaching and training

a. Total number of beds in the hospital (ICU/ Private/Semiprivate/Free-category)

b. What are all the surgical specialties/services available in the hospital in which anaesthesia department is enrolled (including anaesthesia in remote locations)?

c. Does anaesthesia department have structured APS (Acute Pain System) system: Y/N (If yes please give details about its structure)

d. Whether all the specialities located in same campus?

e. Number of operating tables for elective and emergency services (specify):

d. Number of surgical cases performed last month specialty wise

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e. Does anaesthesiology department has exclusive US machine (Specify company name, model, year of purchase)?

f. Number of US machines with anaesthesiology department:

g. Does anaesthesiology department has PNS equipment (how many)?

h. Average number of regional anaesthesia procedures performed in the last one year (separate sheet of number of blocks done in last year under individual subcategory like subclavian perivascular, costoclavicular etc with PNS/USG can attached with this application form)

Block Category	USG	PNS/Landmark	Total number
Upper Limb			
Lower Limb			
Upper Trunk			
Lower Trunk			
Central Neuraxial (Lumbar+Thoracic)			
Paediatric (age less than 14)			
Continuous perineural catheters			
Labour Analgesia			
Grand Total			

(Please note: Scope of AORA fellowship is limited to Regional Blocks and Acute Pain Management only. Chronic Pain blocks are not part of AORA Fellowship curriculum)

i. What are the national and international journals available in the field of anaesthesiology in the department? (Specify)

j. Does the department have dedicated seminar room with audio visual aids?

h. Departmental registration for ESRA/ASRA/UK-Royal College etc and the facilities to attend webinar and e-ESRA, and other e-learning regional anaesthesia website access: Y/N (specify)

k. Does the institute can provide cadaveric anatomy exposure or simulation lab exposure to the candidates?

a. If yes where and how exactly the exposure will be provided?

b. Please specify if department has its own spine bone models, blue phantoms, or regional anaesthesia-ultrasound simulators etc.?

l. Does the department have exclusive library for the candidates?

a. If yes mention the list of latest edition books

j. Please indicate special facilities available with library associated with hospital /institute

a. Index Medicus:

b. Medlar/Medline:

c. Photocopy facility

d. Online library/journals/up-to-date/ovid/pubmed:

e. Internet

f. Printer facility

h. Please indicate if the institution has a liaison with any other library if so please mention its from the institution/hospital. Attach the permission letter from the concerned institution

j. Departmental PG activity (please attach a copy of time table)

Activity	Number per month	Name of resource person/society
Fellowship classes		
PG classes		
Journal Club		
Departmental academic meet		
Mortality meetings		
Demonstrations/Masterclass		
Guest lectures		
e-lectures/webinars		
Others		

k. Departmental participation in regional anaesthesia CME/ISA meets/ Discussion forums/Regional CME within your own city and state.

Part 3 - Specific information about the teacher

- a) Name
- b) Educational Qualification
- c) Current affiliation
- d) AORA membership number
- e) Additional qualification in the field of regional anaesthesia (if any)
- f) Number of research publications (index/non index/DNB or MD thesis/Conference Free Paper/Poster)
- g) Years of teaching experience (Post MD/DNB)
- h) How many other faculties in the department routinely practices and can teach US/PNS guided nerve blocks to the candidates?

If yes kindly provide the details.
- i) Does the teacher conducted any Conferences, CME and Workshops (Live, Cadaveric, Human volunteer and Simulation) in regional anaesthesia?

Teacher can also attach a separate sheet of this information along with the application

- i) If yes please provide details of last three years.

- j) Does the teacher participated as regional anaesthesia faculty in any of the Conferences, CME and workshops?

Teacher can also attach a separate sheet of this information along with the application

- i) If yes provide the details for the last three years

Part 4 – Undertaking

- a) The teacher will spend at least 6 to 10 hrs of direct contact teaching with the candidate every week.
- b) The hospital or the institute will give protected time for the candidate to take part in research/cadaveric dissection/academic/ journal clubs.
- c) The hospital or the institute will allow the candidate to attend two weeks of peripheral postings, conferences and CME in regional anaesthesia.

- d) In case the teacher leaves the institute both the teacher and the institute will make the alternative arrangements to train the candidate in RA.
- e) The institute or the hospital will inform the AORA regarding the leaving or joining of the AORA faculty.

Signature (Teacher)

Signature (Head of the Institute)

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INSTITUTIONAL ACCREDITATION APPROVED: Y/N

FACULTY ACCREDITATION APPROVED: Y/N

(NAMES):

- 1.
- 2.
- 3.

Remark by members of BOS (Board of Studies)/Director/President AORA: