

BACHELOR OF SCIENCE IN CARDIOVASCULAR TECHNOLOGY(BCVT)

Minimum Requirements for the conduct of the course:

The course shall be conducted only in a well equipped hospital setting with a proper Department of Cardiology. The following are the minimum requirements for registration of the course.

**The following are the minimum requirements for admitting maximum 2 students for BCVT
The hospital shall have active and well functioning Cardiology and Cardio thoracic Surgery Department with,**

a Infrastructure

Library	Of minimum 30ft X 20ft area and minimum of 20 books of related subjects including major journals in cardiology
Lecture Hall	1 number , 30ft X 20ft
Students room	Seperate for boys and girls
Hostel	Seperate for boys and girls
Office, Staff room, Toilet facilities for staff and students	

b Equipments: The following equipments should be available in good working condition in the Department.

1. ECG machines sufficient no. of digital and analog single channel /6 or 12 channel with facility for bedside ECG
2. Modern automated treadmill machines
3. Holter analyzer with sufficient no. of recorders
4. Standard quality dedicated echocardiograph suitable for cardiac applications with adult , pediatric and transesophageal probes and facility for dobutamine stress echo and trasesophageal echo
5. A modern cath lab consisting of:
 - a. Digital angiographic equipment with motorized gantry
 - b. Hemodynamic recorder
 - c. Hemoximeter
 - d. Pressure injector
 - e. IABP
 - f. Other necessary ancillary equipments for adult and pediatric studies

c Patients and procedures:

- 1 Minimum bed strength for Cardiology – 20
- 2 CCU with at least 4 beds with all modern amenities like invasive and noninvasive monitors and ventilators
- 3 Minimum ECG load of 2500 per year
- 4 Minimum number of treadmill tests 1000 per year
- 5 Minimum number of Holter testing 100 per year

- 6 Minimum number of echoes - 3000 per year which should include congenital , valvular and coronary heart diseases TEE – 40 per year
- 7 Minimum number of cath lab procedures*
 - a. Coronary angiography-600 per year
 - b. Coronary angioplasty- 120 per year
 - c. Balloon valvotomy- 20 per year
 - d. Electrophysiology- 20 per year
 - e. Closure of congenital cardiac defects -20 per year
 - f. Diagnostic right and left heart catheterizations – 20 per year

*Departments which do not perform one or two of the above procedures as specified may be permitted to register for the course but should send the candidates for 3 months training in any other reputed institution where such procedures are performed

b) Minimum staff requirement

i For 2 seats per batch

Cardiologist	DM/DNB Cardiology with atleast 2 years experience after the qualification	2
Instructors	1. Cath lab Technologist (science graduate with diploma in lab technology) with ≥ 2 years experience	1
	2. ECG Technicians	2
Administrative Officer	Graduate with experience administration for 3 years Degree/ Diploma in Hospital Management preferred	1
Assistant	Graduate with computer knowledge	1

Note:

1. The cardiologists should be full time and in the pay roll of the institution

ii. For each additional seat

- One additional full time cardiologist with atleast 2 years experience after qualification

B. Course concerned proforma
DEGREE IN CARDIO VASCULAR TECHNOLOGY

Details of infrastructure facilities available in the institute

Sl No	Details	Detailed area In Sq.metre	Available No.
a.	Built in area of building proposed for the course (after excluding common area mentioned in the general proforma)		
b	Number of Lecture hall(With its available / proposed facilities)		
c	Number of Open Heart OT		
d	Seminar room with facilities I. Table II. Chair III. Audiovisual aids – OHP IV. LCD projector V. Computer		
e	General store with facilities		
f	Common toilet- a) for Boys b) for Girls		
g	Faculty rooms & staff rooms		

27. Whether the institute has a functional hospital of your own:

If yes, Total number of out patients / month:

Total number of in- patients/month:

28. Whether the hospital have the facility of 24 hour casualty:

If yes, Total number of out patients / month:

29. Whether the hospital has a well functioning cardiology department:

If yes, Total number of out patients / month:

Total number of in- patients/month:

30. Whether the hospital has a well functioning cardiothoracic Surgery department:

If yes, Total number of out patients / month:

Total number of in- patients/month:

Average number of cardiothoracic surgery/month:

Total no. of cases done for the last 2 years:

31. Total working area in the theatre for cardiothoracic surgery:
32. Total number of operation table in the theatre:

33. Whether the hospital has a well functioning intensive cardiac coronary unit:
If yes, Total number of bed available in the ICCU:
Mention the facilities available in the ICCU:

34. Whether the hospital has post operative care unit in each department:
If yes, Give the details:
Total number of bed available:
Mention the facilities available:

35. Whether the hospital has invasive and non-invasive laboratory:
If yes, Mention the year of installation:
Facilities available in the labs:
Total number of test per month:

36. Whether the hospital has a functional Echo laboratory:
If yes, Mention the year of installation:
Make/model of machine:
Name of the person who operate the machine:
Total number of test per month:

37. Whether the hospital has a functional Treadmill exercise laboratory:
If yes, Mention the year of installation:
Make/model of machine:
Name of the person who operate the machine:
Total number of test per month:

38. Whether the hospital has a functional Holter laboratory:
If yes, Mention the year of installation:
Make/model of machine:
Name of the person who operate the machine:
Total number of test per month:

39. Whether the hospital has a functional cardiac catheterization laboratory:
If yes, Mention the year of starting function:
Name of the person who operate the machine:

Total number of cases done in the last 2 years:

40. Whether the hospital has a functional ECG laboratory:

If yes, Number and types of machine used:

Total number of cases done in the last 2 years:

41. Whether a full fledged post operative intensive care facility is available:

42. Whether the staff members are posted for teaching:

BCVT course:

If yes, give the details:

Teaching Faculty

Sl. No.	Designation	Name	Qualification	Experience	Date of joining	Full/Part time
1	Director					
2	Assistant Professor(Medical)					
3	Instructor					
4	Administrative Officer					
5	Assistant					

Details of equipments available/proposed

- 1) Digital ECG Machines
- 2) Modern Automatic Treadmill Machine
- 3) Holter Analyzer
- 4) Standard Quality Echocardiograph
- 5) Mechanical ventilators
- 6) Digital Angiographic Equipment
- 7) Hemodynamic Recorder
- 8) Hemoximeter
- 9) Patient warmer
- 10) Invasive and non invasive monitors
- 11) Pressure injector
- 12) IABP

Give the detailed list of staffs presently available in the concerned department

Sl. No.	Designation	Name	Qualification	Experience	Date of joining	Full/Part time

DECLARATION

I on behalf of the Medical College do hereby state that the information given above is true to the based of my knowledge. Further I do agree to abide by future direction of the State Government Paramedical council regarding mod of selection, minimum standard and fee structure of the proposed course.

Signature of the applicant

Place:

Date:

(Seal)

Inspection Proforma for Continuation of Affiliation of Medical Colleges

(All Points and parameters are to be verified and established in person by the designated Inspector. All necessary documents to be verified and attested by the Principal for submission along with the report)

Name of College: _____

Name of Principal: _____ Phone No. _____

E-mail ID: _____

College website address:

Year of Establishment:

Date of Inspection: _____

University Order No: _____ Date: _____

Name and Address of Inspectors

1. _____

2. _____

A.DETAILS OF THE COURSES CONDUCTED BY THE COLLEGE

(UG/PG DEGREE / DIPLOMA / SUPER SPECIALITY)

SI No	Name of the course	No of seats	Year of commencement of course

(Details of courses should be attached in separate sheet in the specified proforma if necessary)

B.TEACHING STAFF

- 1 . Whether qualified teaching staff are present in all the departments :
(Please enter the details of staff (department wise) in the Proforma A)
2. Whether the staff are full time/ part time :
3. Whether the staff are taking classes regularly :
(Enclosed a copy of topic taught register attested by Principal and HoD with relevant portion of students attendance register)
4. Whether the college is having a master time table with the name of the staff who is taking class(enclose a copy) :

C.INFRASTRUCTURE FACILITIES

1. Whether sufficient class rooms with adequate seating capacity according to the no. of admission along with audio-visual facilities are available :
2. Whether sufficient space and equipments available with basic science laboratories :
3. Whether sufficient teaching aids like cadavers, histology/pathology slides, specimens, models etc are available :
4. Whether adequate qualified laboratory staff are available :
5. Whether separate students common room available for male and female Students :
6. Whether hostel facilities are available :
If so no. of rooms , occupancy per room for male,female etc. :
7. Whether College bus/van is available for students:

D.LIBRARY

1. Whether department libraries are available. If so no. of titles and copies :
(Add separate sheet)
2. No. of books available in the central library and no. of titles and copies :
3. Whether sufficient no. of standard text books are available :
4. Library timings :
5. Whether students are allowed to borrow books :
6. Whether journals are available :
If so no. of National/International journals :
7. Whether the journals are subscribed :
8. Annual budget of library :

E.CLINICAL MATERIALS

1. No. of beds available in the hospital :
2. No. of beds in general ward :
3. No. of beds in pay ward :
4. Whether students are accessible to general and pay wards :
5. Average bed occupancy per day :
6. Bed occupancy on the day of inspection :
7. Average O.P strength :
8. O.P strength on the day of inspection :
9. No. of deliveries per day :
10. No. of major surgical procedures per day :

11. No. of minor surgical procedures per day :
12. Whether full fledged casualty :
13. No. of beds in casualty :
14. No. of casualty cases per day :
15. No. of biopsies per day :
16. No. of autopsies per day :
17. No. of deaths per day :
18. Whether satellite clinics are available :
19. Whether the hospital is sufficient to impart clinical training to the students:

F. INTERACTION WITH STUDENTS

1. Whether you have interacted with the students , if so please add their views in a separate paper :

G.EXAMINATION HALL

SI No	Particulars	Detail
1	Seating arrangement and spacing	Satisfactory/Not satisfactory

2	Extension of landline	Yes/No
3	CCTV	Available/Not available
4	Mobile Jammer	Available/Not available
5	Other	

H. CONFIDENTIAL ROOM

1	Two Computer	Available/Not available
2	Two internet connections	Available/Not available
3	Printer	Available/Not available
4	Fax Machine	Available/Not available
5	CCTV	Available/Not available
6	Mobile Jammer	Available/Not available
7	NKN connection	Available/Not available
8	Generator	Available/Not available
9	UPS	Available/Not available
10	Other	

1. Whether provided required number of eligible examiners for evaluation as per Kerala University of Health Sciences Norms(List should be submitted with inspection report)

J. Cardinal Deficiencies (if any)

1. Infrastructure

2. Equipments

3. Clinical material

4. Faculty

5. Academic training

Signature and name
Inspector-1

Signature and name
Inspector-2