

Dr.NTR UNIVERSITY OF HEALTH SCIENCES
VIJAYAWADA – 520 008.

Application format for the course of
Post Doctoral Fellowship in
Pain and Palliative care
for the academic year 2018-19

Part [A & D of Pain and Palliative care](#):

PART- B
Specialty specific information

(Radiotherapy)

General Departmental facilities:

- No. of beds in the department
- No. of Units in the department.
- Unit wise teaching Resident staff (Annexed)

Note: Unit wise teaching Resident Staff should be shown separately for each unit on a separate page.

3. Unit wise teaching Staff:

Unit _____

Bed strength _____

S. No.	Designation	Name with Date of Birth	Nature of employment Full time/part time/Hon.	PG QUALIFICATION			<u>Experience</u> Date wise teaching experience with designation & Institution					
				Subject with Year of passing	Institution	University	Designation	Institution	From	To	Period	

* List of teaching staff with additional qualification post MD/DNB: - (Diploma or Fellowship in Pain & Palliative care)

Sl.No	Name	Additional Qualification
1.		
2.		
3.		

1. List of Non-teaching Staff in the department: -

S.No.	Name	Designation

2. Available Clinical Material: **(Give the data only for the department of Radio-therapy)**

- Average daily OPD.
- Average daily IPD.
- Average daily bed occupancy rate:
- Average daily operations: Major Minor

3. Teaching facilities:

	Number	Size	Sitting capacity
Seminar Rooms			
Demonstration Rooms			

Audiovisual Aids: Adequate / Inadequate.

4. Departmental Library:

- Total No. of Books.
- Purchase of latest editions in last 3 years.

5. Departmental Museum (Wherever applicable).

- Space:
- No. of specimens
- Charts/ Diagrams.

6. Departmental Research Lab.

- Space
- Equipment

7. Working Ward Side lab.

- Space
- Facilities
- Departmental Technicians

8. OPD Space:

- No. of rooms
- Patient Exam. arrangement: Adequate/ Inadequate
- Equipments Adequate/ Inadequate
- Teaching Space Adequate / Inadequate
- Waiting area for patients. Adequate / Inadequate
- Indoor Space: Adequate / Inadequate

9. Office Accommodation:

- Departmental Office
- Space
- Staff (Steno /Clerk).
- Computer/ Typewriter:

Office Space for Teaching Faculty:

- HOD /senior consultant
- Professor / senior consultant
- Assoc. Prof./ Reader / junior consultant
- Lecturer/ Asst. Professor / junior consultant
- Resident duty room

10. Accommodation for the Therapy Department: -

		Area (Sq.m.)
1)	For Teletherapy	
2)	For Intracavitary	
3)	For Interstitial Implant	
4)	For Radio-Active-Material	
5)	For Radio-therapy Panning	
6)	For radio-Diagnosis section dedicated to Radiotherapy a) For simulator b) For Marker X-rays. c) For Ultrasonography d) For other imaging	
7)	Mould Room	
8)	Computer Room	
9)	Medical Physics Lab	
10)	Radio-Biology Lab	
11)	Medical Illustration and Photography	
12)	Dedicated O.T. (Major O.T.)	
13)	Minor O.T.	
14)	Indoor Beds	
15)	Daycare for Chemotherapy	

11. Details of the equipments available:

a) Equipments for Teletherapy

- Give the details of Radiotherapy Unit Stating Type of Unit Linear Accelerator (Electro/Photons). Cobalt Unit/Cesium units/Deep E-ray/superficial X-ray etc.
- Equipments of Radio-Surgery with details
- Facilities for intra operative radiotherapy

b) Equipments for Brachytherapy

Specify dose rate (LDR/MDR/HDR), Manual/Remote, Pre-Loaded/After-Loading/Sources used.

- For Intracavitary
- For Interstitial
- For surface moulds
- For Ophthalmic applications
- For facilities for pre operative Radiotherapy

c) Equipments for Treatment Planning

Treatment planning done manually or with the help of Computerized Treatment Planning System.

Furnish details of equipments:

d) Facility for patient immobilization-furnish details.

e) Facility for casting individualized shielding blocks-furnish details.

f) Facility for tissue compensation furnish details

g) Equipments for department of medical physics.

- Facilities for Dosimetry . Equipments furnish details

- Facilities for Radiation Monitoring furnish details

- Facilities for Radiation Protection furnish details.

- Facilities for mould room equipment furnish details.

12. Protective measures

- What are the protective measures against radiation hazards?

- Are they strictly enforced?

- Is there any monitoring service

- What are the average doses received by the staff per year.

- Has anybody received any over does during last year?

- What measures have been taken?

13. Are there any facilities for radioactive isotope work, Diagnostic/Therapeutic give details?

Functional/ Non-functional

14. No. of patients treated in the department during the last three years:

S. No.	Year	Year	Year
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Total no. of patients registered

Total no. of patients treated by Teletherapy

Total no. of the patients treated by Brachytherapy

Break-up of the patients disease wise:

S. No.	Year	Year	Year
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1. Head & Neck Cancer
2. Cervix Cancer
3. Breast Cancer
4. Bronchogenic Cancer
5. G.I.T. Malignancy
6. Hodgkin's/Non-Hodgkin's Disease
7. Leukaemia
8. Urinary Tract Malignancy
9. Testis.
10. Ovary
11. Bone Tumor
12. Soft Tissue Sarcoma.
13. Skin
14. Others

15. Give numbers of radio diagnostic and imaging work in the department during last three years.

16. Clinico-pathological conference

17. List of publications from the department during the last 3 years in indexed and non indexed journals.

SI.No	Article title	Author	Journal	Year of publication	Indexed/ Non indexed

18. Blood bank

- Qualified and trained pathologist: Available/Not available
- Round the clock availability of blood / components: Available/Not available
- Average no of blood units collected per month
- Average no. of blood units issued per month
- Facilities for component separation: Available/Not available
- Round the clock availability of trained nurse: Available/Not available
- Valid License : Yes/No
- Average blood units consumed daily:
- Facilities of blood components available: Yes/No
- Nature of Blood storage facilities (Whether as per specifications). Yes/No
- All blood Units tested for Hepatitis C,B,HIV: Yes/No

19. Any other information.

Signature of the Head of the Department

Signature of the Head of the Institution

Patient care load:

- No of beds for Pain and Palliative care: Male
Female
Paediatric
Intensive care
- No of deaths during the preceding year

3. Essential Requirements:

- Members of the team involved in Pain and Palliative care

Specialty	Name	Qualification	Designation
General Medicine			
Anaesthesiology			
General Surgery			
Radiotherapy			
Oncology			
Interventional Radiology			
Pathology			
Microbiology			
Biochemistry			
Psychosocial worker			
Nurse			
Speech therapist			
Physiotherapist			

➤ ***Inpatient:***

- Number of beds for patients with terminal disease
- Separate room for patient education: Present/not present
- Seminar / teaching room with audio visual facilities: Present/not present
- Number of books in the departmental library
 - Radiotherapy
 - Anaesthesia
 - Pain and Palliative care
- Number of Journals in Pain and Palliative care. Give names

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Signature of the Head of the Department

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