



GOVERNMENT OF INDIA

**JAWAHARLAL INSTITUTE OF POSTGRADUATE  
MEDICAL EDUCATION AND RESEARCH,**

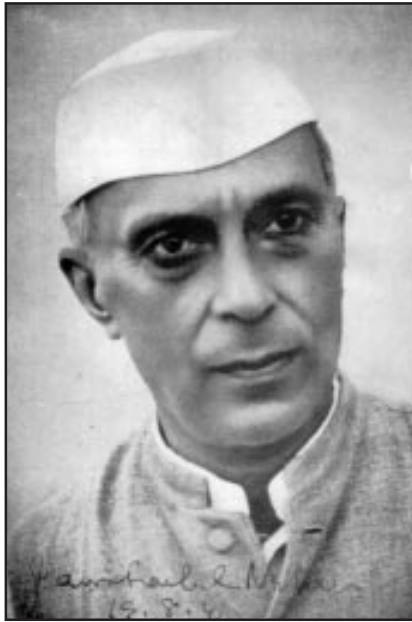
*(Directorate General of Health Services)*

**PONDICHERRY - 605 006.**

**Website: [www.jipmer.edu](http://www.jipmer.edu)**



**INFORMATION BROCHURE**



**Nehru leaves his body  
but his soul is one with the  
Soul of India that lives for Eternity**

**-The Mother  
27.5.1964**

## CONTENTS

<b>1. Location</b>	.....	<b>7</b>
<b>2. Historical Background</b>	.....	<b>7</b>
<b>3. Aims and objectives</b>	.....	<b>7</b>
<b>4. Administrative staff</b>	.....	<b>8</b>
<b>5. Medical Officers</b>	.....	<b>9</b>
<b>6. Academic Programmes:</b>	.....	<b>10</b>
Courses offered	.....	10
Admission procedure	.....	11
<b>7. Campus facility</b>	.....	<b>12</b>
Hostel		
Library		
Post Office & Bank		
Internet		
<b>8. Academic calendar</b>	.....	<b>13</b>
<b>9. Academic Departments</b>	.....	<b>16</b>
Anatomy	.....	16
Physiology	.....	17
Biochemistry	.....	18
Pathology	.....	19
Microbiology	.....	21
Pharmacology	.....	23
Forensic Medicine	.....	25
Preventive & Social Medicine	.....	26
Anaesthesiology	.....	28
Cardiology	.....	30
Cardiothoracic & Vascular Surgery	.....	31
Dermatology & STD	.....	33
Dentistry	.....	34
Ear, Nose & Throat	.....	35
Medicine	.....	36
Obstetrics & Gynaecology	.....	38

Ophthalmology	.....	40
Orthopaedics	.....	42
Paediatrics	.....	43
Plastic Surgery	.....	45
Psychiatry	.....	47
Radiodiagnosis	.....	49
Radiotherapy	.....	50
Surgery	.....	51
T.B. & Chest Disease	.....	53
Urology	.....	54
<b>10. Central Library</b>	<b>.....</b>	<b>55</b>
<b>11. National Teacher Training Centre (NTTC)</b>	<b>.....</b>	<b>58</b>
<b>12. JIPMER Integrated Computerized Management Information System (JICMIS)</b>	<b>.....</b>	<b>60</b>
<b>13. Medical Illustration Division</b>	<b>.....</b>	<b>62</b>
<b>14. Printing &amp; Stationary Department</b>	<b>.....</b>	<b>63</b>
<b>15. Central Stores</b>	<b>.....</b>	<b>64</b>
<b>16. Central Workshop</b>	<b>.....</b>	<b>65</b>
<b>17. JIPMER Hospital</b>	<b>.....</b>	<b>66</b>
<b>18. Emergency Medical Services in JIPMER Hospital</b>	<b>.....</b>	<b>71</b>
<b>19. Department of Medical Records</b>	<b>.....</b>	<b>73</b>
<b>20. Department of Pharmacy</b>	<b>.....</b>	<b>76</b>
<b>21. Dietetic Department</b>	<b>.....</b>	<b>77</b>
<b>22. Central Sterile Supplies Department (CSSD)</b>	<b>.....</b>	<b>79</b>
<b>23. Citizen's Charter</b>	<b>.....</b>	<b>81</b>
<b>24. Hindi Cell</b>	<b>.....</b>	<b>86</b>
<b>25. Map of JIPMER campus</b>	<b>.....</b>	<b>88</b>
<b>26. Important telephone and fax numbers</b>	<b>.....</b>	<b>90</b>

## **1. LOCATION**

JIPMER is located in the Western entrance of Pondicherry on the high way leading to Tindivanam. Its campus is spread over 197 acres of sloping land that is a hillock, known in vernacular as "Gorimedu". The campus contains well laid out roads, green trees and plants. The campus consists of the hospital, college buildings, hostel buildings named after medical scientists like Harvey, Lister *etc.*, and residential quarters for various categories of employees. The campus is self sufficient in many ways. The water supply is maintained by CPWD (Central Public Works Department). Post office, Bank, Shopping complex, Community Hall, temple *etc.*, are situated within the campus.

## **2. HISTORICAL BACKGROUND**

JIPMER traces its origin to November, 1956, when the 'ECOLE DE MEDICINE DE PONDICHERY' established in 1823 and maintained by French Government, was taken over by the Government of India, in the wake of the 'de facto' transfer of Pondicherry and this medical school was set up as a medical college in line with the policy of having uniform minimum standard of medical education throughout the country.

On 13th July, 1964, when the college buildings were inaugurated by Dr. S. Radhakrishnan, the then President of India, this Institution was upgraded as Regional Centre and named as JAWAHARLAL INSTITUTE OF POST GRADUATE MEDICAL EDUCATION AND RESEARCH.

The attached Hospital started functioning from April, 1966.

## **3. AIMS AND OBJECTIVES OF THE INSTITUTE**

To develop patterns of teaching in undergraduate and postgraduate medical education so as to establish and demonstrate high standards of medical education to all medical colleges and other allied institutions in India.

To bring together in one place, educational facilities of the highest order for the training of personnel in all important branches of health activity.

To attain self-sufficiency in postgraduate medical education.

To render medical care of the highest order.

To provide teachers of caliber and

To provide a forum for useful research.

#### 4. ADMINISTRATIVE STAFF

##### **Director**

Dr. R. Sambasiva Rao

##### **Dean**

Dr. Ashok Kumar Das

##### **Medical Superintendent**

Dr. S. Badrinath

Deputy Medical Superintendent	:	Dr. (Mrs.) C. Sarada Devi
Deputy Director (Admn.)	:	Mr. B.K. Prasad
Chief Medical Officer (Admn.)	:	Dr. P.C. Bardoloi
Administrative Officer	:	Mr. P. Rajabather
Accounts Officer	:	Mr. S. Joshua Rajan
Asst. Administrative Officer	:	Mr. K. Thandapani
Asst. Registrar	:	Mr. Vivian Gilles

##### **NURSING**

Chief Nursing Officer	:	Smt. Gnanapushpam David
Nursing Superintendent	:	Smt. V. Anjalai

##### **PURCHASE**

Officer in charge	:	Dr. C. Adithan
-------------------	---	----------------

##### **PHARMACY**

Officer in charge	:	Dr. D.G Shewade
-------------------	---	-----------------

##### **DIETETICS DEPARTMENT**

Officer in Charge	:	Dr. P.B.V.P. Kumar Babu
-------------------	---	-------------------------

##### **CENTRAL STORES**

Officer in charge	:	Dr. Rajan Swain
-------------------	---	-----------------

##### **MEDICAL RECORDS**

Officer in Charge	:	Dr.R.N.Sahoo
-------------------	---	--------------

##### **WELFARE OFFICE**

Asst. Labour Welfare Commissioner	:	Shri. N.S.V. Arivarasan
-----------------------------------	---	-------------------------

##### **PRESS**

Manager	:	Shri. V. Balasubramanian
---------	---	--------------------------

##### **WORKSHOP**

Manager	:	Shri. R.Chandrasekaran
---------	---	------------------------

##### **MEDICAL ILLUSTRATION**

Technical Supervisor	:	Shri . Kuttan Menon
----------------------	---	---------------------

##### **SOCIAL SERVICE**

Social Service Officer	:	Shri. D. Krishnamurthy
------------------------	---	------------------------

## **5. MEDICAL OFFICERS**

### **CHIEF MEDICAL OFFICERS (NFSG)**

Dr.Sarada Devi  
Dr.D.K.Dutta  
Dr.P.C.Bardoloi  
Dr. P.B.V..P Kumar Babu  
Dr. M.J.E. Ambroise

### **CHIEF MEDICAL OFFICERS**

Dr. K.N. Panda  
Dr. S.P. Subbiah  
Dr. G. Jayaraman  
Dr. G. Seshu Babu  
Dr. K. Rajanna  
Dr. N.K. Nayak  
Dr. A. Thumbanathan  
Dr. Rajan Swain  
Dr. K. Jagadeeswaran  
Dr. M.K. Srivatsava  
Dr Purna Chandra Rao  
Dr. R.N. Sahoo

### **SENIOR MEDICAL OFFICERS**

Dr.(Mrs.)Betsy Mathai  
Dr.Vimal Kumari Arya

## **6. ACADEMIC PROGRAMMES**

### **a) COURSES OFFERED**

**UNDERGRADUATES:** 1. M.B.B.S.  
2. B.Sc. (M.L.T.)

### **POSTGRADUATES:**

#### **1. Degree of Doctor of Medicine ( MD )**

- (i) Physiology
- (ii) Biochemistry
- (iii) Pathology
- (iv) Microbiology
- (v) Pharmacology
- (vi) General Medicine
- (vii) Obstetrics & Gynaecology
- (viii) Paediatrics
- (ix) Radio-Diagnosis
- (x) Anaesthesiology
- (xi) Dermatology
- (xii) Community Medicine
- (xiii) TB & Respiratory Diseases
- (xiv) Psychiatry

#### **2. Degree of Master of Surgery ( MS )**

- (i) Anatomy
- (ii) General Surgery
- (iii) Orthopaedic Surgery
- (iv) Ophthalmology
- (v) ENT

#### **3. Diplomas:**

- (i) Orthopaedics
- (ii) Ophthalmology
- (iii) Medical Radiodiagnosis
- (iv) Leprosy
- (v) Child Health

#### **4. M.Sc. (Medical Biochemistry)**

## **HIGHER SPECIALITY COURSES:**

### **M.Ch.:**

1. Urology
2. Cardio-Thoracic & Vascular Surgery

### **Ph.D:**

1. Anatomy
2. Physiology
3. Biochemistry
4. Pathology
5. Microbiology
6. Pharmacology

- Other Courses:**
1. B.M.R.Sc.(Bachelor of Medical Record Science)
  2. M.R.O.(Medical Record Officer)
  3. M.R.T.( Medical Record Technician)

### **b) ADMISSION PROCEDURES**

The candidates are admitted for all the above courses on the basis of Common All India Entrance Examinations. For M.D., M.S. and Diploma courses the Entrance Examination is conducted at Pondicherry and Chennai. For the Undergraduate MBBS, the Entrance Examination is conducted at Pondicherry, Chennai, Hyderabad, New Delhi, Calcutta and Tiruvananthapuram. The results are published within a week and the selection is made purely based on the marks obtained in the entrance examination.

## 7. CAMPUS FACILITIES

### (a) Hostel

There are six hostels attached to the Institute and the distribution of rooms are as follows:

	No. of Single Rooms	No. of Double Rooms	Total accommodation
<b>Men's Hostel</b>			
Lister House	50	64	178
Osler House	50	64	178
Harvey House	200	—	200
Aschoff House	50	—	50
<b>Ladies Hostel</b>			
Curie House	96	24	144
Blackwell House	60	—	60
<b>TOTAL:</b>	<b>506</b>	<b>152</b>	<b>810</b>

The Room rent is Rs.83/- for a single person in the double room and Rs.85/- for a single room. The electricity charges are Rs.6/7 for Double room/Single room. The students staying in the hostel should follow the hostel rules.

### (b) Library

JIPMER is having a fully air-conditioned library. It consists of four sections, *i.e.*, Book Section with reading hall of reading capacity for 175, Bound Volume Section with reading facility in the basement, Periodical Section in the first floor and a Magazine Section.

For more details please read the section on "Central Library" (page - 55)

### (c) Post Office & Bank

Post Office and a service branch of State Bank of India are available within the campus.

### (d) Internet

E-mail, Internet and photocopying facilities are available in the Central Library. Efforts are on to provide Internet and e-mail facilities to all the Departments.

## **8. ACADEMIC CALENDAR**

### **January 2000**

- 1 Commencement of Internship.
- 3 Last date for payment of University Examination fees for MD/MS courses.
- 5 Classes begin for I MBBS Junior, I Clinical Junior, II Clinical Junior, Senior and III Clinical Juniors after winter vacation.
- 13 Last date for receipt of application for University Examination of March '98 for PG Diploma courses.
- 24 Last date for submission of application and fee for MBBS University Examination in April.

### **February 2000**

- 3 Last date for submission of application and fee with penalty for MBBS University Examination in April.
- 7 Last date for submission of Examination Application for B.Sc. (MLT), B.M.R.Sc. & M.Sc.
- 12 Institute Day.
- 17 Last date for payment of University Examination fees with penalty for M.Sc. (Medical Biochemistry), B.Sc. (MLT) and B.M.R.Sc.
- 23 Commencement of University Examination for M.Ch. courses.

### **March 2000**

- 16 Commencement of University Examination for MD/MS courses.
- 19 Entrance Examination for MD/MS clinical subjects.
- 22 Counselling for MD/MS clinical subjects.
- 31 Last date for submission of Thesis for MD/MS courses to appear for October Examination.

### **April 2000**

- 1 Commencement of University Examination for P.G. Diploma Courses.
- 3 Commencement of P.G. (M.D./M.S.) Course & Diploma Courses (Clinical subjects).
- 9 Entrance Examination for MD/MS Pre and Para clinical subjects.
- 17 University Examination commences for MBBS Course.
- 17 Commencement of PG Courses for Pre and Para clinical subjects.
- 20 University Examination commences for B.Sc.(MLT)/M.Sc. courses.

### **May 2000**

- 3 Summer Vacation begins for I Clinical year (Junior).
- 4 University Examination commences for B.M.R.Sc. course.
- 15 Last date for receipt of application for University Examination of July '98 for M.Ch. courses.

### **June 2000**

- 1 Commencement of classes for I Clinical year (Seniors), II Clinical Year (Juniors), II Clinical year (Seniors) and III Clinical Year (Juniors).
- 4 Entrance Examination for admission to M.B.B.S. course.

### **July 2000**

- 8 Entrance Examination for B.Sc. (MLT) course.
- 13 University Examination commences for M.Ch. courses.
- 13 Classes start for II & III B.Sc.(MLT).
- 15 Last date for payment of Tuition Fees.
- 15 Entrance Examination for M.Sc. (Medical Biochemistry) course.
- 18 Commencement of I B.Sc.(MLT) course.
- 20 Classes start for II & III M.Sc. (Medical Biochemistry)
- 22 Entrance Examination for M.Ch. course.
- 23 Last date for submission of application and fee for University Examination for Certificate Course in French and Higher Diploma Course in French.
- 23 Commencement of I M.Sc. (Medical Biochemistry) course.
- 24-26 Interview for MBBS candidates.
- 25 Commencement of I M.Ch. course.
- 27 Classes start for I MBBS students.

### **August 2000**

- 1 Last date for receipt of application form for University Examination for M.Ch. Courses.
- 3 Last date for submission of application and fee for University Examination for PG Diploma courses.
- 6 Viva Voce for selection of Ph.D. candidates.
- 26 Last date for submission of application and fee for University Examination for M.Sc., MD/MS.
- 31 Last date for submission of protocol for Dissertation by I year MD/MS Students.
- 31 Last date for submission of Dissertation by Final year MD/MS students for appearing March Examination.

**September 2000**

- 3 Last date for submission of application for PG Diploma courses for October '98 Examination.
- 7-13 SPANDAN.
- 24 Last date for submission of application and fee for University Examination for MBBS, B.Sc. (MLT), B.M.R.Sc. of December '98.

**October 2000**

- 5 University Examination commences for MD/MS Courses.
- 12 Examination commences for PG Diploma Courses.

**November 2000**

- 23 University Examination commences for Final MBBS (Part II).
- 30 Commencement of University Examination for MBBS, BSc. (MLT) and B.M.R.Sc.

**December 2000**

- 7 University Examination commences for Final MBBS Part-I.
- 21 Winter vacation begins for I MBBS students.
- 22 Last date for submission of application for University Examination for M.Ch. courses (February 1999).

**Note:** *The above are only tentative dates and are likely to change without any notice.*

## 9. ACADEMIC DEPARTMENTS

### I. DEPARTMENT OF ANATOMY

#### 1. Faculty members and their research interests:

<b>Dr. Sudha Rao,</b> Director-Professor & Head	Nerve injuries & Congenital anomalies
<b>Dr. B. Mukerjee</b> Professor	Stress - Growth
<b>Dr. M. Batmanabane</b> Professor	Reproductive endocrinology
<b>Dr. K. Ramachandra Rao</b> Professor	Medical cytogenetics
<b>Dr. Sohinder Kaur</b> Associate Professor	Medical cytogenetics
<b>Dr. Prakash Chand</b> Associate Professor	Postnatal growth and development in children.

#### 2. No. of postgraduate admissions every year:

M.S. - 2

Ph.D. - 2

#### 3. Highlights of Patient care:

Cytogenetic Laboratory is doing special investigations like chromosomal analysis and diagnosis of congenital diseases.

Embalming of bodies for academic as well as funeral purposes.

#### 4. Special equipment available:

Image Analysis System.

#### 5. Ongoing research projects:

Congenital anomalies of gastro intestinal tract in still birth foetus.

Effect of stress on the adrenal glands and testis of rats.

Melatonin and puberty in rats.

Anatomy of inguinal canal in patients with inguinal hernia and in cadavers.

Effect of stress on prostate gland and seminal vesicle of rats.

Study of central nervous system anomalies in still born fetuses.

## II. DEPARTMENT OF PHYSIOLOGY

### 1. Faculty members and their research interests:

<b>Dr. Madanmohan</b> Professor & Head	Cardio-respiratory physiology, Yoga, ECG
<b>Dr. (Mrs.) Susheela Veliath</b> Professor	Neurophysiology, evoked potentials, BAEP, VEP & SSEP
<b>Dr. Gopal Krushna Pal</b> Associate Professor	Neurophysiology (neurotransmitters for food & water intake) and yoga
<b>Dr. Vijayalakshmi</b> Assistant Professor	Cardiovascular and neurophysiology (taste preferences)
<b>Dr. N. Krishnamurthy</b> Scientific Officer-cum-Tutor	Electrophysiology

### 2. No. of postgraduate admissions every year:

M.D. - 2

Ph.D. - 2

### 3. Highlights of patient care:

Hospital investigations done in Electrophysiology laboratory for diagnosis of muscular and nerve disorders are.

Electromyography.

Nerve conduction studies.

Evoked potentials like BAEP, VEP.

### 4. Special equipments available:

EP/EMG Machine.

8 - Channel Polygraph with data processing unit.

Non-invasive B.P. monitor.

Body composition analyser.

### 5. Ongoing research projects:

Normative data collection for BAEP and VEP.

Systolic time intervals in hypertensive and diabetic patients.

Role of catecholamines in food and water intake in normal and STZ-induced diabetic rats and schedule-induced polydipsia.

Effect of practice of asana and pranayama on autonomic functions.

New formulae for calculating cardiac axis.

Relationship between dietary habit and cardiac autonomic functions.

### 6. Other notable achievements:

Evoked potentials-testing facility is added for patient care.

### III. DEPARTMENT OF BIOCHEMISTRY

#### 1. Faculty members and their research interests:

<b>Dr. R. Sundaresan</b> Professor and Head	Endocrinology and malnutrition
<b>Dr. S.K. Sen</b> Professor	Trace elements and vitamins in health and diseases
<b>Dr. M.G. Sridhar</b> Professor	Diabetes mellitus
<b>Dr. B.C. Koner</b> Assistant Professor	Neural immuno interactions, immunotoxicity & free radical biology
<b>Dr. Zachariah Bobby</b> Lecturer	Oxidative stress and Protein glycation in health and disease, Cell surface antigens.

#### 2. No. of postgraduate admissions per year:

M.D. - 2  
Ph.D. - 2  
M.Sc. - 6

#### 3. Highlights of patient care:

Daily 1700 investigations (urea, glucose, electrolytes etc.) including 500 emergency investigations are done in the clinical biochemistry laboratory.

Special investigations like, Hormonal assays, Thyroid Profile (T3, T4, TSH).

FSH, LH, prolactin, insulin, C-Peptide assays - By RIA and ELISA methods.

Basic chromatographic studies on biofluids.

Basic Electrophoresis in clinical practice.

#### 4. Special equipments available:

Automated Random access Discrete Clinical Chemistry Analysers(3).

Semi automated Chemistry Analysers(3).

Automated multiwell Gamma counter (1).

Well-type Gamma Counter (2).

ELISA Work Station, Prothrombin Time Analyser, Blood Gas Analyser, Electrolyte Analyser.

#### 5. Ongoing research project:

Oxidative stress and protein glycation in health and disease (DAE).

#### IV. DEPARTMENT OF PATHOLOGY

##### 1. Faculty members and their research interests:

<b>Dr. R. Narasimhan</b> Director-Professor & Head	Cytopathology, histopathology, laboratory technology, medical education
<b>Dr. S. Jayanthi</b> Professor	Transfusion medicine-blood components surgical pathology-gynaecologic pathology, dermatopathology
<b>Dr. Surendra Kumar</b> Associate Professor	Molecular pathology - In situ-hybridization, fish - Histopathology- kidney, liver - Laboratory medicine
<b>Dr. Bhawana Badhe</b> Associate Professor	Immunopathology, Neuropathology, Myopathies & Muscular dystrophy
<b>Dr. Debdutta Basu</b> Associate Professor	Haematology - Leukaemia Haemolytic anaemia - Bone marrow biopsy - Cytopathology, FNAC of thyroid
<b>Dr. R. Krishnan</b> Associate Professor	Renal pathology - non-neoplastic disorders Cytopathology of breast, thyroid and salivary gland

##### 2. No. of postgraduate admissions every year:

M.D. - 2

Ph.D. - 2

##### 3. Highlights of patient care:

Histopathology, haematology, cytology (Cytospin for cytological studies) services.

Modernized Blood Bank carries out regular screening of blood for hepatitis, B & C, AIDS and ensures supply of safe blood to the needy patients. It is also equipped with modern equipments like Cryoprecipitate bath for preparing cryoprecipitate preparata and Platelet agitator for storing platelet concentrates. Whole blood and blood components are provided to the patients as per their needs on the advice of the clinicians concerned.

##### 4. Special equipments available:

Histokinette, Platelet aggregometer, Precision Rotary Microtome, Fluorescent Microscope (Carl Zeiss), Deep Freezer, Microtome Rotary HM 320, Elisa Reader, Floor mount video Projector, Blood Cell counter Sysmex, Cell counter Challenger (Two), Platelet Agitator (Helmer), Refrigerator Centrifuge (Servol), Cell washer, Automatic Tissue Processor, Cryostat, Immuno histo chemistry.

**5. Ongoing research projects:**

Clinico pathological study of adult pancytopenia.

Haematological profile of chronic myeloproliferative disorder with emphasis on bone marrow trephine biopsy.

Deficient secretory phase of endometrium in infertility with hormonal study and nuclear morphometry.

Platelet volume indices in automated cell counter - an analysis of their utility (ICMR project).

Rehydrated air dried smears. An alternative to wet fixed smears? -An enquiry with PAP smear (ICMR project).

**6. Other notable contributions to health sciences:**

Has a modern cytopathology laboratory accredited by the Indian Academy of cytologists for its diagnostic division.

## V. DEPARTMENT OF MICROBIOLOGY

### 1. Faculty members and their research interest:

<b>Dr. S.C. Parija</b> Professor & Head	Medical Parasitology
<b>Dr. Reba Kanungo</b> Professor	Clinical Bacteriology
<b>Dr. B.N. Harish</b> Professor	Clinical Bacteriology & Immunology
<b>Dr. S. Sujatha</b> Assistant Professor	Clinical Mycology & HIV Infections
<b>Mr. M.K. Natarajan</b> Scientific Officer-cum-Tutor	Anaerobic Infections and Hospital Infections
<b>Dr. N. Vijayalakshmi</b> Demonstrator	Clinical Bacteriology

### 2. No. of postgraduate admissions per year :

M.D. - 2  
Ph.D. - 2

### 3. Highlights of patient care:

Total No. of investigations undertaken annually by the Department (approximately) ..... 65,000

Surveillance center for HIV carrying on sero surveillance of HIV infections in and around Pondicherry.

Regional surveillance center for viral hepatitis.

Anaerobic bacteriology.

Bacterial culture and sensitivity of stool, urine, blood, pus, CSF, aspirates, sputum and other clinical specimens.

Serological tests like Widal, VDRL, ASLO, RA, Brucella agglutination and Paul Bunnel test and Dark ground microscopy for Leptospirosis.

Parasitological investigations like IHA for filariasis, amoebiasis and hydatid diseases. ELISA for Toxoplasmosis, antigen detection tests and skin tests in hydatid disease. Stool microscopy.

Virological investigations like isolation and identification of enteroviruses, JE virus, RPHA for HBs Ag and ELISA for HIV and hepatitis.

Direct Microscopy & culture of sputum and other specimens for acid fast bacilli.

Direct microscopy and culture of clinical specimens for fungi.

Participating in external quality control organised by the VDRL Reference Laboratory, Chennai and in the quality control programme of the IAMM.

Round the clock service for emergency cases in diagnostic microbiology.

#### **4. Special equipments available:**

Fluorescence and dark ground microscopes, -70° C and -20° C freezers, Cytospin, Cold Centrifuge, ELISA system, CO<sub>2</sub> incubator, Sonicator.

#### **5. Ongoing research projects:**

Funded by ICMR and other agencies and departmental projects:

Antibiotic susceptibility for *S.pneumoniae* in school children of Pondicherry.

Monitoring the appearance of any resistant bacteria for *e.g. Salmonella typhi* and MRSA.

Viral encephalitis with reference to Japanese encephalitis - A study based on virology, immunology and epidemiology.

Molecular methods in the epidemiological study of acinebactor and other bacteria causing nosocomial infections.

Evaluation of antigen detection in the diagnosis and prognosis of cryptococcal meningitis.

Direct antigen demonstration and detection in shell vial cultures by indirect immuno fluorescence for JE, WN and Den - 2 viruses in CSF in encephalitis.

Evaluation of five staining techniques for rapid detection of *Helicobacter pylori* in acid peptic disease.

Seroprevalence of Hepatitis C virus-a hospital based study.

Evaluation of new methods in stool microscopy.

Detection of antigen in the urine for diagnosis of hydatid diseases, filariasis, amoebiasis and cysticerocosis.

#### **6. Other notable achievements :**

Hosted XIX National Conference of IAMM, 5 - 8 Oct. 1995.

Conducted WHO Workshop on Drug - Resistance in bacteria Oct. 1998.

WHO/NICD Workshop on Antibiotic Resistance Monitoring for South and Western India.

WHO/NICD Workshop for District level Laboratory technician in Disease surveillance (February '99 and July '99) 5 days duration each.

Indian Journal of Medical Microbiology edited by Prof. R. Sambasiva Rao (1996-1998).

#### **Two books published:**

Parasitic Zoonoses by Dr. S.C. Parija, AIPD publishers, Chennai 1991.

Text book of Medical Parasitology by Dr. S.C. Parija, AIPD publishers, Chennai 1993.

## VI. DEPARTMENT OF PHARMACOLOGY

### 1. Faculty members and their research interests:

<b>Dr. C.H. Shashindran</b> Professor & Head	Rational drug therapy Medical Education
<b>Dr. C. Adithan</b> Professor	Pharmacokinetics, Molecular Pharmacology, Endocrinology
<b>Dr. S.C. Pradhan</b> Professor	Immunopharmacology Pharmacoepidemiology, Analgesia.
<b>Dr. D.G. Shewade</b> Professor	Drug utilization studies, Analgesia
<b>Dr. B. Gitanjali</b> Professor	Sleep Medicine Medical Education
<b>Dr. S. Ramaswamy</b> Associate Professor	Analgesia Drug addiction
<b>Dr. R. Raveendran</b> Associate Professor	Medical Education Plant poisoning
<b>Dr. Steven A. Dkhar</b> Associate Professor	Medical Education
<b>Mr. P.R.M.K. Reddy</b> Senior Research Officer	Drug delivery system

### 2. No. of postgraduate admissions per year:

M.D. - 2  
Ph.D. - 2

### 3. Highlights of patient care:

**Drug Monitoring Service:** The blood levels of the following drugs and hormones are measured:

Phenobarbitone, phenytoin, carbamazepine, theophylline, digoxin, paracetamol, salicylic acid, VMA, cortisol, FSH, LH, testosterone, oestradiol, progesterone and prolactin.

**Quality control of drugs:** Measurement of drug levels in pharmaceutical formulations such as tablets, injections *etc.*, are being done as and when required. This ensures the supply of good quality drugs to JIPMER Hospital.

**Sleep disorders laboratory:** The sleep disorders laboratory renders diagnostic services to the hospital by performing all night polysomnographic studies, multiple sleep latency tests and titration of continuous positive airways pressure. Patients with sleep disorders such as insomnia are counselled and those with sleep apnea, narcolepsy, REM sleep disorder *etc.*, are advised appropriate therapy.

**4. Special equipments available:**

HPLC, Spectrofluorimeter, Spectrophotometer, Gamma counter, Polysomnagraphy system.

**5. Ongoing research projects :**

Effect of occupational noise on sleep architecture in health volunteers (Funded by Department of Science Technology and Environment)

Toxicity studies of oduvan in rats (Department of Science Technology and Environment)

Sleep polysomnagraphy as a predictor of response to ECT in depression (Indian Council of Medical Research).

Computer simulated animal experiments in Medicine (Department of Biotechnology).

Phenotyping of CYP2D6 enzymes in South Indian population.

Influence of honey on bioavailability of drugs.

Effect of prolactin and oxytocin against gastric and duodenal ulcer

**6. Other notable contributions to health sciences:**

**Indian Journal of Pharmacology**, official publication of Indian Pharmacological Society, is edited and published from this Department since 1992.

Hosted the First National Workshop of Medical Editors and Reviewers on "Medical communication, Peer Review, Ethics and Internet" (June 16-18, 1998)

Conducted Workshops on "Research Methodology and Bio-medical Communications" at the Southern Regional Conferences of Indian Pharmacological Society held at Perundurai (1999) and Bangalore (2000).

## **VII. DEPARTMENT OF FORENSIC MEDICINE**

### **1. Faculty members and their research interest:**

<b>Dr. Ved Prakash Malik</b> Professor & Head	Medicine, ethics and law - related subjects Radiological investigations - To ascertain ages of medicolegal significance Analysis of verdicts by the Honourable Courts Analysis of cases of poisoning of the hospital Analysis of medico-legal cases admitted in the hospital
<b>Dr. Amarendar Sahay</b> Associate Professor	Cot deaths

## VIII. DEPARTMENT OF PREVENTIVE & SOCIAL MEDICINE

### 1. Faculty members and research interest:

<b>Dr. M. Danabalan</b> Professor & Head	Reproductive and child health, epidemiology, nutrition, health care organisation and delivery, environmental health and monitoring and evaluation of national health programmes
<b>Dr. K.A. Narayan</b> Professor	Reproductive health, educational technology ,computers in education, health information systems, medical education
<b>Dr. S.B. Rotti</b> Professor-cum- Field Epidemiologist	Health systems research, epidemiology, medical education
<b>Dr. M.B. Soudarssanane</b> Professor	Epidemiology, health care organisation, primary health care and international health, health economics, non-communicable diseases, medical education
<b>Dr. Gautam Roy</b> Professor	Epidemiology, biostatistics, non-communicable diseases and health education
<b>Dr. K.C. Premarajan</b> Assistant Professor	Epidemiology, health management, community ophthalmology and maternal and child health
<b>Dr. Ajit Sahai</b> Professor of Biometrics	Research methodology, clinical trials, HSR, experimental designs, sampling, screening of tests, maternal & child health, nutrition, demography, planning and project formulation, monitoring and evaluation, analytical epidemiology and Computerized MIS and HIS.

### 2. No. of postgraduate admissions every year:

M.D. - 2

### 3. Highlights of patient care:

#### Patient Care:

Comprehensive health care is provided through Rural Health Centre (RHC) at Ramanathapuram and Urban Health Centre (UHC) at Kuruchikuppam. These centres cater to population of 5559 and 8475 respectively. The major focus of these health centres is around family as a unit to receive total health care. To achieve this objective a 'Family Folder' is maintained for each family in these centres. The status of health, episodes of illness and all services rendered to the family both in the centres and in the homes are carefully documented in the individual health cards maintained for each member of the family in those folders. Both centres have already reached all the HFA (Health for All) targets set for 2000 AD.

A full fledged air-conditioned operation theatre complex has been established at the Rural Health Centre, Ramanathapuram since 1997 to cater to the surgical needs of the rural population living in and around Ramanathapuram village. Consultancy services in General Surgery, Obstetrics & Gynaecology, Dermatology and Tuberculosis are being provided for the benefit of the needy patients there. It has also been planned to gradually initiate consultancy services in Ophthalmology, Paediatrics, Psychiatry *etc.*, in a phased manner.

#### **4. Ongoing research projects:**

Social dimensions, perceptions and behaviour about menarche and menstruation among adolescent girls in Pondicherry- WHO project.

“Modified district project on Reproductive & Child Health” in collaboration with Departments of Obstetrics and Gynaecology and Paediatrics - ICMR project.

Multicentric study on 'Malaria' - project of National antimalaria programme - Government of India.

#### **5. Other notable achievements:**

Several innovations have been introduced in the teaching of community medicine to make it more learner oriented. The areas where these innovations have been applied include field surveys, organisational behaviour lab, health economics, nutrition quiz and simulation exercises.

An innovative teaching method of using “Research” as a tool in the teaching of epidemiology for undergraduates was implemented between 1990 and 1995. About 65 students have completed nineteen such research projects.

Provides consultation services for Integrated Child Development Services (ICDS) and also conducts training of medical and paramedical workers and evaluation of services.

Under ROME (Re-Orientation of Medical Education) scheme 175 five day camps have been held in 243 villages in six primary health centre areas with the objective of orienting the medical faculty, residents, interns and medical students to the conditions existing in rural communities and training in the management of health problems encountered there.

On the request of UNICEF, New Delhi the department has been conducting the process and coverage evaluation of the Pulse Polio Immunisation (PPI) programme in Pondicherry region since 1995. The department is also actively associated with the AFP (Acute Flacid Paralysis) surveillance along with the surveillance of the six vaccine preventable diseases of childhood and also monitoring of adverse reactions to immunisation in Pondicherry region.

## IX. DEPARTMENT OF ANAESTHESIOLOGY

### 1. Faculty members and their research interest:

<b>Dr. M. Ravishankar</b> Professor & Head	Anaesthesia equipments and Critical care
<b>Dr. A.S. Badhe</b> Professor	Obstetric Analgesia and paediatric anaesthesia
<b>Dr. B. Hemavathy</b> Associate Professor	Complications in anaesthesia -Difficult Airway
<b>Dr. Pankaj Kundra</b> Associate Professor	Pain therapy, Paediatric anaesthesia & Critical care

### 2. No. of postgraduate admissions every year:

M.D. - 6

### 3. Highlights of patient care:

On an average 11,000 patients per year are subjected to various surgeries, both major and minor and come under the purview of anaesthesia care - of this 28.6% are emergencies. 20% of the patients undergoing surgery belong to the ASA Physical status III-IV, with a survival rate of 99% at 48 hours. Our Institute has a track record of having no untoward incident related to anaesthesia on the table, with severe sequel, for the last decade.

Six bedded Critical Care Unit (CCU), caters to the entire hospital and admits critically ill patients from all specialities, for ventilation with invasive haemodynamic and respiratory monitoring, with an average of 396.5 admissions per year. The survival rates are comparable with most centres in India.

### 4. Special equipments available:

Myograph  
Siemen's Ventilator  
Capnograph Monitor  
Respiratory Gas Monitor  
Two Trace Multiparameter Monitor  
Ventilator - Puritan Bennett  
Ventilator - Medumet  
Kontron - Multiparameter Monitor  
Ventilator KV 1+1 Kimura  
Medical CNS Lifeline  
ICU Swivelling Pendent  
Acid Base and Co-oximeter Evaluating System

Central Station Monitor with Peripheral Monitors  
Ventilators - Puritan Bennett  
Neuromuscular Transmission Monitor - T of Guard  
Defib Trainer System  
Intubation Trainer System  
Oxygen Concentrator with Compressors  
Compressor - Ingersol  
Compressor - Plusair  
Monnal D Ventilator  
Tracheal Intubation Fibroscope  
Electronic Lung Ventilator  
Cardiac Output Recording Unit  
PCA Pump  
Medumet Compact Ventilator  
Arrhythmia simulator  
Anaesthesia Work station  
Cell saver  
Cardiac Defibrillator/Recorder  
Fibreoptic bronchoscope

**5. Ongoing research projects:**

Studies on patient controlled analgesics for acute postoperative pain  
Evaluation of different techniques for labour analgesia  
- Intrathecal fentanyl  
- TENS

Assessment of alternate techniques of intubation including

- light and
- Fibre-optic intubation
- Retrograde intubation

**6. Other notable achievements:**

Hosted the XVth South Zone Conference of Indian Society of Anaesthesia Aug. 8-9, 1998  
Conducted one day Workshop and CME along with the South Zone Conference on 7th August 1998.  
Organised one day Workshop for ISA, Pondicherry on  
- Advanced airway management techniques  
- Basic life support

## **X. DEPARTMENT OF CARDIOLOGY**

### **1. Faculty members and their research interest:**

**Dr. J. Balachander**

Professor & Head

**Dr. R. Anil Kumar**

Associate Professor

### **2. Highlights of patient care:**

Coronary Angiography done on a routine basis.

Routine and emergency PTCA and Stent Implantation are done.

Balloon valvoplasties: Balloon, Mitral, Aortic, Pulmonary and Tricuspid Valvoplasties are done.

Peripheral Angiographies and Peripheral Interventions like Angioplasties, Gel-Foam Embolisations *etc.* are done routinely.

Sophisticated Electrophysiological studies are undertaken for the evaluation of bradyarrhythmias and tachy-arrhythmias.

Pacemaker Implantation: This Department has emerged as the largest centre for permanent pacemaker implantations in the whole of South India. 720 permanent pacemaker implantations have been done and the only one to have the facilities to implant the most sophisticated dual chamber multisensor incorporated rate - Responsive Pacemakers. The Department has implanted 14 automatic implantable cardioverter defibrillator which is the largest number in India at the present time; There is a Collaborative Programme with STIMUBANQUE Nancy France in which the most sophisticated pacemakers are implanted absolutely free of cost to the deserving poor of this region. This is the only collaborative programme in India and is now in the 18th year.

Colour Doppler Echo Cardiography & Biplane & Multiplane Transesophageal and Intra-operative Echocardiography: Performed 5000 Color Doppler Echocardiographic examinations and 250 Biplane & multiplane Transesophageal & Intra operative echocardiography.

### **3. Special equipments available:**

Sophisticated cardiac catheterization and angiography laboratory including digital subtraction angiography-Latest State of the art equipment.

Sophisticated colour doppler echocardiographic equipment with facilities for biplane & Multiplane Transesophageal & Intra-Operative Echocardiography and doppler tissue imaging.

Pacemaker Electronic Surveillance equipment. For programming and testing implanted pacemakers.

Portable sector echocardiography equipment for performing echocardiography at the bed-side or at school cardiac health check-up programmes.

## **XI. DEPARTMENT OF CARDIOTHORACIC & VASCULAR SURGERY**

### **1. Faculty members and their research interest:**

<b>Dr. K.S.V.K. Subba Rao</b> Director-Professor & Head	Rheumatic heart disease and general thoracic surgery
<b>Dr. M. Nachiappan</b> Professor	Congenital heart surgery and chest trauma

### **2. No. of postgraduate admissions every year:**

M.Ch (CTVS) - 2

### **3. Highlights of patient care:**

The Department has facilities for performing all types of cardiac, thoracic and vascular surgical procedures including open heart surgery.

On an average about 400 major operative procedures and about 500 endoscopies are performed in a year.

Round the clock consultation is provided for all types of chest trauma and vascular injury.

### **4. Special equipments available:**

Modern Heart-Lung Machine with all facilities

Modern sophisticated ventilators

Multi Channel monitors

Defibrillators

Blood Gas Electrolyte Analyser

Activated coagulation time Estimator

Intra-aortic Balloon Pump

Broncho-fiberscope

Set of Endoscopes - broncho and esophagoscopes - rigid

### **5. Ongoing research projects:**

Mid colon esophagocoloplasty. A new operative procedure with better results for oesophageal bypass using colon.

Rheumatic mitral stenosis in pregnancy and the role of Trans ventricular mitral commissurotomy. Optimum treatment protocol for improved maternal & fetal outcome.

Left atrial plication in giant left atria associated with rheumatic heart disease.

Thrombolytic therapy with streptokinase for acute thrombotic occlusion of prosthetic heart valves.

Alternate approaches to Open Heart Surgery.

**6. Other notable contributions to health sciences:**

Health camps were organised with the help of voluntary organisations like Lions Club, Rotary Club *etc.*, in rural areas to educate public on heart diseases and their management.

Health education in the form of small booklets in local language about heart diseases is provided to the patients who are admitted in the Hospital and also to the patients attending Out-Patient Department (OPD).

## **XII. DEPARTMENT OF DERMATOLOGY & STD**

### **1. Faculty members and their research interest:**

**Dr. D.M. Thappa**                      Dermatosurgery, HIV, Pemphigus, Leprosy  
Associate Professor & Head

**Dr. Mariette D'Souza**              Dermatopathology, Paediatric Dermatology  
Associate Professor

**Dr. T. J. Jaisankar**                  AIDS, Anti-alcoholism, Vitiligo  
Associate Professor

### **2. No. of postgraduate admissions every year:**

M.D. - 3

D.Lep - 2

### **3. Highlights of patient care:**

Special clinics like follow-up clinic for vitiligo, psoriasis, lichen planus, keloids.

Dermato-surgical procedures like electrocautery, carbon-di-oxide laser therapy, chemical cautery, punch grafting for vitiligo, dermabrasion, cryotherapy *etc.*,

Free supply of STD drugs in addition to routine hospital supply.

Referral centre for treatment of leprosy and its complications.

PUVA therapy for psoriasis.

Patch testing for allergic contact dermatitis patients'.

### **4. Special equipments available:**

Cryo-surgery, CO<sub>2</sub> Portable Laser and PUVA Therapy Unit

### **5. Ongoing research projects:**

Steroid cyclophosphamide pulse therapy in pemphigus.

Steroid pulse therapy for alopecia areata.

Oral mini pulse steroid therapy for alopecia areata, vitiligo and keloids.

Fine needle aspiration cytology (FNAC) of sensory nerves in diagnosis of neuritic Hansens.

### **6. Other notable contributions to health sciences:**

Organised V South Zone Conference of IADVL in 1996.

Participated regularly in awareness programmes for STD's and AIDS and health camps for skin diseases.

### **XIII. DEPARTMENT OF DENTISTRY**

#### **1. Faculty Positions:**

**Dr. Karoon Agrawal**

Acting Head of the Department

#### **2. Highlights of patient care:**

Outpatient consultation for patients with dentofacial complaints ranging from tooth pain, gingivitis *etc.*

Minor surgery for impacted wisdom teeth, cyst of jaws, benign small tumours, extraction of teeth *etc.*

Care of emergency patients with maxillofacial injuries, acute dental pains.

Major surgery for fractures, defects and tumours of jaws.

Restorative dentistry work involving restoration of teeth affected with dental caries.

Prosthetic replacement of lost teeth: both fixed and removable.

Oral prophylaxis with scaling and gingival surgeries.

Care of cases admitted as inpatient.

#### **3. Special equipments available:**

Electronic dental chairs fitted with ultrasound scalers,

Micromotor and light cure gun - 2 Nos.

Maxillo facial plates and screws

#### **4. Ongoing research projects:**

Anthropometric and cephalometric assessment of cleft lip/palate children.

## **XIV. DEPARTMENT OF EAR, NOSE AND THROAT**

### **1. Faculty members and their research interest:**

<b>Dr. S. Gopalakrishnan</b> Professor & Head	Micro ear & Laryngeal surgery including Head and Neck cancer surgery
<b>Dr. Sunil Kumar Saxena</b> Assistant Professor	Head and Neck cancer surgery
<b>Dr.(Mrs.) Shelly Khanna Chadha</b> Assistant Professor	Micro laryngeal surgery and Head & Neck cancer surgery

### **2. No. of postgraduate admissions every year:**

M.S. (ENT) - 2

### **3. Highlights of patient care:**

Micro ear and laryngeal surgeries other than routine types of mastoidectomies for unsafe ears.

Head and neck surgeries for malignancies of larynx and pharynx.

Routine surgeries like adeno tonsillectomies, grommet insertions, myringotomies, *etc.*

Routine direct laryngoscopies, bronchoscopies, oesophagoscopies for diagnostic and therapeutic purposes.

Video monitored functional endoscopic nasal and para nasal surgeries.

Radical surgeries like maxillectomies for malignancy of maxilla, ethmoidectomy.

Lateral rhinotomy, medial maxillectomy and trans palatine operations for juvenile naso pharyngeal angio fibromas other than routine intra nasal procedures like nasal polypectomies.

### **4. Special equipments available:**

ZEISS OPMI microscopes with facilities for simultaneous recording of the procedure and microscope of indigenous make.

Cabinet harbouring video monitored nasal endoscopic sinus surgical instruments.

Rigid endoscopes like direct laryngoscopes (self retaining) bronchoscopes, oesopharyngoscopes of various sizes.

GSI 61 Impedance audiometer; GSI 33 Clinical audiometer.

Flexible Oeso-pharyngo laryngoscope.

### **5. Ongoing research projects: Four**

### **6. Other notable achievements:**

Newer techniques like endoscopic lateralisation of vocal cord video monitored nasal endoscopy, facilities for documentation of endo-laryngeal lesions as well as micro surgical techniques of the ear are some of the notable achievements during the last 5 years.

## **XV. DEPARTMENT OF MEDICINE**

### **1. Faculty members and their research interest:**

<b>Dr. Ashok Kumar Das</b> Director-Professor & Head	Diabetes Mellitus
<b>Dr. K.R. Sethuraman</b> Professor	Medical Education, Non-invasive cardiology
<b>Dr. T.K. Dutta</b> Professor	Haematology, Tropical medicine, Nephrology
<b>Dr. R.P. Swaminathan</b> Professor	Pulmonology, Rheumatology
<b>Dr. T.Sundararaman</b> Professor	Neurology, Clinical epidemiology
<b>Dr. Abdoul Hamide</b> Associate Professor	Infectious disease, Gastroenterology
<b>Dr. Aparna Agarwal</b> Associate Professor	Gastroenterology, Pregnancy medicine
<b>Dr.Sunil K Narayan</b> Associate Professor of Neurology	Cerebrovascular disease (stroke), Epilepsy & sleep disorders, Paediatric neurology, Neuroepidemiology
<b>Dr. L.H.Ghotekar</b> Assistant Professor	Nephrology, Clinical immunology
<b>Dr. D.K.S. Subrahmanyam</b> Assistant Professor	Infectious disease, Cardiology
<b>Dr. V.S. Negi</b> Assistant Professor	Clinical immunology, Medical genetics

### **2. No. of postgraduate admissions every year:**

M.D. - 8

### **3. Highlights of patient care:**

The department is undertaking the following new procedures for managing OPD / Inpatients of Medicine.

ECHO cardiography, Abdominal ultrasound.

GI Video endoscopy, Test for H.Pylori.

Expansion of dialysis services to the patients round the clock basis.

Rendering services at diabetology, gastroenterology, respiratory, naematology, nephrology, rheumatology, endocrinology and HIV clinics in the afternoon for outpatients.

Intensive respiratory care for tetanus patients.

Ultra sound guided biopsy procedures.  
Pulmonary function tests.  
TMT at central heart station.  
Intra articular and soft tissue injections for rheumatological disorders.  
Epilepsy clinic, Stroke (neurovascular) clinic and the General Neurology clinic are being run by a qualified neurologist.

**4. Special equipments available:**

24 hour Blood Gas Analyser machine.  
Ventilation for Tetanus and others.  
Temporary Cardiac pacing.  
24 hour Ambulator BP Monitoring.  
TMT, Signal Average ECG/Vector Cardiography (Center Heart Station).  
Doppler Ultrasound.  
Gamma Counter for RIA.

**5. On going research projects:**

A study of rheumatoid arthritis with reference to the effect of doxycycline and methotrexate on clinical and laboratory parameters.  
Clinicopathological profile of steroid dependent resistant nephrotic syndrome and a comparative trial of two regimens.  
Study of snake venom antigen in snake bite cases and randomised trial of various regimens of anti-snake venom administration in snake envenomation.  
Clinical and electrophysiological studies in Neurotoxic snake envenomation.  
Study of ischaemic preconditioning by dynamic stress test and evaluation of the effects of potassium channel openers on myocardial preconditioning in patients with coronary artery disease.

**6. Other notable academic contributions:**

Source Book of District Health Management 1995-96 edited by Dr. T. Sundararaman.  
Practical Echography - Author: Dr. K.R. Sethuraman, Professor of Medicine (1995 Jaypee brothers)  
Objective structured clinical examination, II edition, Jaypee brothers, New Delhi, 1999. Author: Dr. K.R. Sethuraman  
TRICK or TREAT - a survival guide to Health care society of EQUIP, Pondicherry, 2000. Author: K.R. Sethuraman

## **XVI. DEPARTMENT OF OBSTETRICS AND GYNAECOLOGY**

### **1. Faculty members and their research interest:**

<b>Dr. Asha Oumachigui</b> Director-Professor & Head	Gynaec. oncology, Medical education
<b>Dr. S. Habeebullah</b> Professor	Fetal medicine, Gynaec. oncology
<b>Dr. Gita Rajagopalan</b> Professor	Infertility & reproductive endocrinology
<b>Dr. (Mrs.) Reddi Rani</b> Professor	Gynaec. Oncology, fetal medicine
<b>Dr. S. Soundraraghavan</b> Professor	High risk pregnancy, Gynae. Oncology
<b>Dr. A. Bupathy</b> Associate Professor	Infertility & reproductive endocrinology, Endo surgery
<b>Dr. (Mrs.) Dasari Papa</b> Associate Professor	Perinatal medicine & Gynae. Oncology
<b>Dr. Reena</b> Assistant Professor	Infertility & fetal medicine
<b>Dr. Siddhartha Datta</b> Assistant Professor	Gynaec. oncology

### **2. No. of postgraduate admissions every year:**

M.D. - 8

### **3. Highlights of patient care:**

Facilities for identifying fetal abnormalities  
Facilities for managing gynaec. cancers -surgery, chemotherapy (and radiotherapy)  
Early detection by Pap & Colposcopy  
Diagnosis and management of problems of infertility  
Endoscopies including video laparoscopy, hysteroscopy and cystoscopy

### **4. Special equipments available:**

Laparoscopes, Hysteroscope, Cystoscope, Operative video-laparoscope, Colposcope, Electronic Fetal Monitors, Ultrasound Machines

### **5. Ongoing research projects:**

#### **A. Department**

Antepartum fetal surveillance in pregnancy induced hypertension:  
Comparison of fetal biophysical profile and Doppler velocimetry.

Intracervical prostaglandin E2 (PGE2) Gel for cervical ripening in premature rupture of membranes (PROM).

Transvaginal sonography and Progestogen challenge test for identifying endometrial pathology in post menopausal women.

Concurrent chemoradiation in the treatment of locally advanced carcinoma cervix.

Study of follicular growth and endometrial thickness in clomiphene citrate use.

Study of hormonal levels-FSH, LH and Prolactin in infertile patients.

A study of lupus anticoagulant and anticardiolipin antibodies in unexplained foetal loss or abortion.

Hysteroscopy in abnormal uterine bleeding.

Ultrasonographic parameters of foetal growth in normal pregnancy.

A comparison between high dose rate (HDR) and low dose rate (LDR) brachytherapy in the treatment of locally advanced carcinoma cervix.

Assessment of lower urinary tract function using simple tests in patients subjected to radical abdominal hysterectomy.

#### **B. Human Reproduction Research Centre (ICMR)**

Modified District Project (on Reproductive Health Care).

Study on Caesarean section in Tertiary Hospital.

Return of Fertility after Norplant 6.

A study of management practices of meconium stained amniotic fluid & meconium aspiration syndrome - An exploratory study.

Feasibility of using syndromic approach management of RTI/STD at PHC level.

#### **C. Ministry of Health & Family Welfare**

Study to evaluate contraceptive effects of Piphaladi Yoga (An Ayurvedic drug)

### **6. Other notable contributions to health sciences:**

Hosted the VII Annual Conference of the Association of Gynaecologic Oncologists of India from 9th to 11th October 1998 in coordination with the Department of Radiotherapy. Organised a Pre-conference Workshop on 8th October 1998 to develop standard management protocols for various gynaecological cancers and breast cancer.

Dr. Seshadri Pani Memorial Oration for the young Gynaecologists is held regularly every year.

Imparted training in Emergency Obstetric Care for Medical Officers deputed by the United Nations Population Fund (UNPF) for 3 months from 17.01.1995 to 16.04.1995.

Carried out training need assessment and training of trainer's programme for IPP8 (World Bank) at Bangalore, Hyderabad and Calcutta.

## **XVII. DEPARTMENT OF OPHTHALMOLOGY**

### **1. Faculty members and their research interest:**

<b>Dr. Vasudev Anand Rao</b> Professor & Head	Intraocular lens implantation, glaucoma, strabismus, contact lens
<b>Dr. (Mrs.) Renuka Srinivasan</b> Professor	Intraocular lens implantation, phacoemulsification ocular trauma, corneal disorders
<b>Dr. Om Prakash</b> Assistant Professor	Oculoplasty, strabismus, phacosurgery with IOL, keratoplasty

### **2. No. of postgraduate admissions every year:**

M.S. - 3

D.O. - 2

### **3. Highlights of patient care:**

Department was upgraded under the National Programme for control of blindness in 1989.

Accomplished Laser coreoplasty for corneal and lenticular opacities, a new technique of peribulbar anaesthesia and IOL for cataract in Pseudoexfoliation syndrome. Small incision sutureless cataract surgery.

Special Clinics are run on 4 afternoons for patients of glaucoma, retinal disorders, corneal disorders and for operated cases. Extensive investigations like applanation, tonometry, gonioscopy, automated perimetry, autorefractometry, angiography, ophthalmoscopy, biomicroscopy *etc.* are carried out in these clinics. Laser surgery is also done on an outpatients basis. Contact lens, trial and fitting are carried out by consultants.

### **4. Special equipments available:**

Automated Perimeter (Humphrey)  
Keratometers  
Non-Contact Tonometer  
Autorefractometer  
A-Scan Ultrasound  
Slit Lamps  
Operating Microscopes with CCTV  
Nd. YAG LASER  
Fundus Camera  
Goldman Perimeter  
Argon-krypton Laser

### **5. Ongoing research projects:**

Comparative study of complications between ECCE and phako emulsification.  
Trabeculectomy with releasable sutures in POAG.

Factors affecting visual outcome following management of subluxated lens.  
Evaluation of the mode of presentation, risk factors in posterior capsule opacification and efficacy of Nd YAG capsulotomy in PCO.  
Nd YAG iridotomy in angle closure glaucoma.  
Extracapsular cataract extraction and Intraocular lens implantation in leprosy patients.  
Clinical study of subtypes of angle closure glaucoma.  
Evaluation of scleral fixation of intraocular lens.

## **6. Other notable contributions to health sciences:**

Three books were published

a) Text Book of Diseases of the Eye

Author: **Dr. Vasudev Anand Rao**

All India Publishers and distributors 1999

b) Know Your Eyes:

Author: **Dr. Vasudev Anand Rao**

All India Publishers and distributors 1999

c) Complication of Intraocular lens implantation

Author: **Dr. Renuka Srinivasan**

JAYPEE Bros. 1997

Hosted Annual Conference of Tamil Nadu Ophthalmological Association 1971.

Workshop for P.H.C. Medical Officers 1983.

CONTACT Lens Workshop 1984.

Hosted Annual Conference of Tamil Nadu Ophthalmological Association 1986.



## **XIX. DEPARTMENT OF PAEDIATRICS**

### **1. Faculty members and their research interest:**

<b>Dr. S. Srinivasan</b> Director-Professor & Head	Infant nutrition and breast feeding, paediatric Infectious diseases and cardiology poisonings and envenomation in children
<b>Dr. P. Nalini</b> Professor	Paediatric advanced life support system, haemophilia
<b>Dr. B. Vishnu Bhat</b> Professor	Neonatology & medical education
<b>Dr. S. Mahadevan</b> Professor	Immunodiagnosics in TB meningitis
<b>Dr. N. Biswal</b> Associate Professor	Scorpion venom, H. Pylori infection.

### **2. No. of postgraduate admissions every year:**

MD - 5

DCH - 1

### **3. Highlights of patient care:**

Providing the following special out-patient clinics in the afternoons:

Wednesday - Under five and immunisation clinic.

Thursday - Follow-up clinic, cardiac clinic, child guidance clinic

Friday - Haematology/Haemophilia clinic, nephrology and epilepsy clinic and tuberculosis.

The paediatric inpatient care service and emergency care service are rendered. Paediatric out-born neonatal care service and paediatric inborn neonatal care service are also provided in special Wards.

### **4. Special equipments available:**

Ultrasound scanner, infant star ventilator, pulse oximeter, open care system, passport datascop monitor, paediatric bronchoscope, phototherapy units, neonatology incubators.

### **5. Ongoing research projects:**

A clinical study of non-traumatic coma.

Neonatal neurobehavioural assessment in normal, asphyxiated and small for gestational age (SGA) babies.

A clinical study of scorpion sting complications.

Clinical study of childhood TB meningitis with special reference to tuberculin reaction.

A clinical profile and outcome of acute respiratory failure in under five children.

**6. Other notable contributions to health sciences:**

A Diarrhoeal Training Unit (DTU) conducts training programmes in DTU for the Medical Officers and Para-Medical staff under various schemes viz., DANIDA, ICDS, etc.

Monitoring coverage of intensified pulse polio immunisation programme in Pondicherry State from 24th October to 27th October, 1999.

## XX. DEPARTMENT OF PLASTIC SURGERY

### 1. Faculty members and their research interest:

<b>Dr. Karoon Agrawal</b> Professor & Head	Cleft lip and palate - Velopharyngeal incompetence Craniofacial surgery - Temporomandibular joint ankylosis Innovations Post burn contractures, vitiligo, xeroderma pigmentosum
<b>Dr. K.N. Panda</b> Chief Medical Officer	Faciomaxillary injury, orthognathic surgery, hand trauma

### 2. Highlights of patient care:

The craniofacial clefts and post burns deformities form the main bulk of routine surgery in this department. The clefts, occupy 60% of operating time and postburn deformities around 15-20%. In emergency, hand injuries, facial injuries and the vascular injuries are treated commonly. The aesthetic rhinoplasty, liposuction, tumour treatment, dermatologic surgery *e.g.* Vitiligo, Keloid *etc.*, are other but sporadic cases performed. Speech therapy is available for all patients of clefts.

Inter departmental management of ocular cases with Ophthalmology, leg injuries with orthopaedics, breast cases with general surgery, *etc.* cleft lip and palates with ENT for ventilating tubes, dentistry for orthodontia.

### 3. Special equipments available:

Nasendoscope and Videographic recording facility  
Liposuction machine  
Electric saw, dermabrader, Roto-Osteotome and drill.  
Operating Microscope  
Cold light fountain small 150 watt  
Pneumatic Tourniquet Deluxe Model 851 BIOMET,  
L & T Minimom 7133 A/2 with accessories  
KM 1215 - Kilburn MITA 1215 Copier with 2KV Servo Stabilizer  
EMCO Huntleigh/Foetal Monitor/Doppler Model-D 500  
Nerve stimulator  
Zimmer skin graft mesher  
Pneumatic Tourniquet \* - 2 sets  
(OAT NO. 01-440-01- A set)  
Tissue Expanders

### 4. Ongoing research projects:

Anthropometric and Cephalometric study in cleft lip and palate.  
Normal mouth opening in children.

Role of ventilating tube in middle ear problems in cleft children.  
Management of keloid - Homeopathy and Allopathy.

**5. Other notable contributions to health sciences:**

Modified the principles in the management of human bite facial wounds.  
Simplified the reconstruction of large skeletal defect in chest wall following tumour resections.  
Innovated a silicone lip guard to prevent trauma to the repaired cleft lip over the malrotated tooth.  
Modified the classical Indian forehead flap so as to be useful for reconstruction of moustache.  
Evolved a method to delay the recurrence of malignant tumours in xeroderma pigmentosum.  
Established "scoring of Normal Mouth opening in school children" to evaluate the degree of trismus.  
Established "JIPMER scale for postburn contractures" for objective evaluation of the functional and cosmetic deformities.  
Innovated a simple and inexpensive two point discrimination tester.  
Evolved methods to reuse of tissue expanders.  
Innovated pressure clip for ear lobe keloids.  
Described the chordee flap in hypospadias.

## **XXI. DEPARTMENT OF PSYCHIATRY**

### **1. Faculty members and their research interest:**

<b>Dr. R. Chandrasekaran</b> Professor & Head	Substance abuse disorders, epidemiology, suicidology
<b>Dr. K.E. Sadanandan Unni</b> Associate Professor	Child and adolescent psychiatry, social psychiatry, family therapy, suicidology and counselling for primary prevention of AIDS

### **2. No. of postgraduate admissions every year:**

M.D. - 1

### **3. Highlights of patient care:**

Special clinics are run for schizophrenia, affective disorders and neuropsychiatry. The child guidance clinic in collaboration with the Department of Paediatrics focuses on emotional and behavioural problems of children and adolescents. Psychiatric services are made available for urban population by integrating them with the general health care provided by the Urban Health Centre at Kuruchikuppam.

The centre practices multi disciplinary approach in evaluation and management of psychiatric illnesses. The clinical psychologists and psychiatric social workers form part of the multidisciplinary team. Equal importance is given to both pharmacological and non-pharmacological interventions. Behaviour therapy, cognitive therapy, family therapy, biofeedback techniques and counselling are offered as part of total management. Families with children suffering from chronic illnesses and families with an AIDS affected member are specially targeted for family therapy intervention. Crisis intervention is available round the clock for emergencies like suicidal attempts.

The department has been designated as a Regional Deaddiction Centre in 1991 by Ministry of Health and Family Welfare, Government of India. This centre has both inpatient and outpatient facilities for management of substance abuse disorders. It offers extension services in rural areas through mobile clinics, orientation training programme for general duty medical officers and anganwadi workers. An elaborate database is maintained to facilitate research in this area.

### **4. Special equipments available:**

Brief Pulse Electro Convulsive Therapy machine  
E.E.G. 16 Channel machine & 8 channel machine  
Polygraph machine  
Biofeedback equipments  
Lithium flame photometer

**5. Ongoing research projects:**

A two year follow-up study of multiple suicide attempters.

A study of lipid profile in depression

A study of coping patterns, psychopathology and family burden in schizophrenia.

**6. Other notable contributions to health sciences:**

The Deaddiction Centre has standardized a scale in local language to measure the severity of alcohol dependence which fulfils the long felt need of such a scale for this population.



## **XXIII. DEPARTMENT OF RADIOTHERAPY**

### **1. Faculty members and their research interest:**

**Dr. K.Satyanarayana Reddy**      Gynaecological cancer, breast cancer  
Director-Professor & Head

**Dr. S. Vivekanandam**              Head & neck cancer, cancer of oesophagus.  
Professor

**Dr. S. Ranga Rao**                      Computers in Radiotherapy  
Associate Professor  
(Radiology physics)

### **2. Highlights of patient care:**

Radiotherapy & Chemotherapy of cancer

### **3. Special equipments available:**

Cobalt Units

Brachytherapy - HDR

Computerised Treatment Planning Systems

X-ray image intensifier with TV system for localisation

Mould room equipment

Ultrasound equipment

Rectilinear Isotope Scanner

### **4. Ongoing research projects:**

Comparison of HDR/LDR in Gynaecological Cancer (Cancer of Cervix uterii).  
Combined external RT + 3 fractions of HDR brachytherapy in Cancer of oesophagus.

Concurrent chemoradiotherapy in locally advanced cervical cancer.

## XXIV. DEPARTMENT OF SURGERY

### 1. Faculty members and their research interest:

<b>Dr. N. Ananthkrishnan</b> Director-Professor & Head	Surgical gastroenterology, medical education
<b>Dr. S. Jagdish</b> Professor	Diabetic foot, paediatric surgery, first aid instruction
<b>Dr. S. Robinson Smile</b> Professor	Oncology
<b>Dr. K. Srinivasan</b> Professor	Gastroenterology
<b>Dr. Dinker R. Pai</b> Associate Professor	Upper G.I. surgery
<b>Dr. Sarathchandra</b> Associate Professor	Laparoscopic surgery
<b>Dr. Vikram Kate</b> Assistant Professor	Helicobacter pylori, G.I. endoscopy
<b>Dr. D. Kadambari</b> Assistant Professor	Paediatric surgery, oncology

### 2. No. of postgraduate admissions every year:

M.S. - 8

### 3. Highlights of patient care:

Outpatient and inpatient care, Operative management including emergencies both minor and major, Diagnostic and therapeutic endoscopic services, Burns management, Diagnosis and treatment of cancer, Treatment of lymphoedema. Management of specialised problems in gastroenterology, Oncology and endocrine surgery, Diagnostic and therapeutic sonography, Laparoscopic surgery, Clinical research.

### 4. Special equipments available:

Ultrasound, ICCU monitors, Ventilator, ECG Machine, Defibrillator, Lympho press, Upper G.I. scopes, Choledochonephroscope, Endoscope light sources, Laparoscope equipments, Stryker electric saw, Diginfusa sets, Electric dermatome, Neonatal incubator, Open care system.

### 5. Ongoing research projects:

H-pylori in various upper abdominal disorders.  
Endoscopic treatment of oesophageal varices.  
Evaluation of new operative procedures for corrosive oesophageal strictures,

prolapse rectum and venous ulcers.

A study of pyomyosities with special reference to host factors, head injuries in children - an epidemiological study.

Value of core needle biopsy in the diagnosis of soft tissue tumours.

The role of imprint cytology in intra-operative diagnosis of thyroid swellings.

Mortality, immediate and early morbidity following performance of colostomy and its subsequent course in children.

Pyomyosities in children - a study with special reference to host factors.

A study of factors contributing to re-leak after surgical closure of perforated duodenal ulcer.

Role of axillary ultrasonography in carcinoma breast.

Head injuries in children - an epidemiological study.

#### **6. Other notable contributions to health sciences:**

##### **Teaching:**

First aid training for students, Emergency posting for undergraduates, System of continuous evaluation of postgraduates, Training in rural surgery.

##### **New operative procedures described:**

New procedure for venous ulcers, prolapse rectum, salivary fistula, corrosive stricture, New method of colostomy, myocutaneous flaps for pharyngo oesophageal stricture.

## **XXV. DEPARTMENT OF T.B & CHEST DISEASE**

### **1. Faculty members and their research interest:**

**Dr. S. Vinod Kumar**                      HIV with respiratory infections  
Assistant Professor & Head

### **2. No. of postgraduate admissions every year:**

M.D. - 1

### **3. Highlights of patient care:**

Apart from teaching and routine patient management, the Department undertakes

Pre-operative Pulmonary Function Tests assessment for patients undergoing surgery.

Bronchoscopic evaluation.

Management of lung cancer along with the association of Radiotherapy and CTVS department.

Management of cases with HIV infection and AIDS related pulmonary diseases.

Counselling with A/V aids for HIV and TB patients.

Pulmonary function and diffusion study lab.

Flexible fiberoptic bronchoscopy and transbranchial procedures BAL, FNAC, BIOPSY.

Non-invasive respiratory intensive care unit.

### **4. Special equipments available:**

Flexible fiberoptic bronchoscope

Pulmonary function test system

Mobile pulmonary function lab with diffusion studies

Oxygen concentrator

Pulse oximeter

Capnograph

Cpap

Bipap S ventilator

Spiro bank

## **XXVI. DEPARTMENT OF UROLOGY**

### **1. Faculty members and their research interest:**

**Dr. Santosh Kumar**                      Congenital upper urinary anomalies  
Professor & Head

**Dr. L.N. Dorairajan**                      Reconstructive problems of lower urinary tract  
Associate Professor                      especially urethral stricture disease & genitourinary  
fistulae.

### **2. No. of postgraduate admissions every year:**

M.Ch. - 2

### **3. Highlights of patient care:**

Various open and endoscopic urological operations are performed.

### **4. Special equipments available:**

Swiss Lithoclast  
Lower Urinary endoscopes  
Upper Urinary endoscopes  
Ultra sound  
Urodynamics

### **5. Ongoing research projects:**

Operative skills training  
Reconstruction of urethral disruptions  
Reconstruction of genitourinary fistulae

## 10. CENTRAL LIBRARY

### 1. General Information:

JIPMER Library is housed in a centrally air-conditioned building. It has the following sections:

Book section cum main reading hall with a reading capacity of 175 readers.

Current journals section where latest journals are displayed and this section is housed in the first floor of the library.

Bound volume section in the basement of the library.

Newspaper and magazine section at the entrance of the library.

### 2. Collection:

Books (English)	30526
Books (French)	2500
Bound Volumes	27521
Current Journals	365
Book Bank (SC/ST)	3498

### 3. Library Budget:

Books & Journals	Rs. 82.70 lakhs
Book Bank (SC/ST)	Rs. 2 lakhs

### 4. Working Hours:

The Library is kept open from 8 AM to 12 midnight on all working days of the week and from 9 AM to 12 midnight on all Sundays and other holidays. The library will remain closed on National Holidays and important festival days.

### 5. Membership Eligibility:

Faculty, staff and residents of this institute and attached hospital.

Students of this institute and interns.

### 6. Facilities available:

Xeroxing facility: It is available at a nominal charge of Rs.0.40 per copy from loose journals.

CD ROM & Medicine Search: Rs. 5/- per search and Re. 1/- per print out.

E-Mail facility: Rs. 5/- per page for sending and Rs. 2/- per page for receiving the message.

Internet facility is also available Rs. 30/hour of browsing.

Inter library loan facility is also available.

### 7. Library Committee:

A library committee also exists for the improvement of the library and taking decisions on policy matters.

## 8. Rules and Regulations:

**Identity card:** Entry to the library will be allowed only on the production of identity card.

**Users:** The following persons are entitled to use the library:-

- i) Faculty, staff and residents of the institute and hospital
- ii) Undergraduate students and Interns.

Wearing of aprons and bringing bags, long size note books inside the library are prohibited.

At the time of entering inside the library one should enter his/her name and address / designation in the register kept at the entrance.

Personal books, xeroxed and printed loose papers are not allowed inside the library under any circumstance.

**Membership cards:** Library cards are issued to the following categories of students and staff for borrowing books and bound volumes.

Category	No. of Cards
Undergraduates	1
Post Graduates	2
Senior Residents	2
Faculty Members	4
Nurses	1
Tech. Staff/Para Med Staff	1
Medical Officers	3

At the time of applying for library cards the users should bring stamp size photographs to be affixed in the library cards.

Library cards are not transferable: The card holders should come personally to borrow the books, and authorisation is not allowed. The borrowers should get the library Card revalidated every year after expiry of the validity date mentioned at the back of the card.

**Loss of books:** In case the library card is lost, a duplicate card will be issued on payment of Rs. 10/- per card.

**Reference Books:** Reference books will not be issued.

**Books other than reference:** They are issued for study purpose for ten days for students and residents and fifteen days for faculty and other eligible staff members. Books should be physically presented at the counter for renewal.

**Hours of Transaction:** Books and journals issue transaction on cards will be done between 9AM and 4.30 PM on all working days of the library. No transaction will be made on Sundays and other declared holidays.

**Overdue books:** A fine of Rs.0.50 per day per book will be collected for overdue from all the borrowers. Books lost should be reported to the Officer-in-charge of library immediately. Loss of books, if any, if reported later, the person has to pay the fine plus the cost of the books at the time of getting clearance from the Library.

**Loss of books:** Every borrower from the library is responsible for the safe custody and return of the book borrowed by him/her. In the event of damage or loss he/she shall replace the book or pay the cost of the book.

The Officer-in-charge of Library has the right to call back any book / journals issued to anyone at any time and the same has to be returned without fail. The Officer-in-charge of Library shall have the power to refuse the issue of any book / journal to anyone infringing the rules.

Strict discipline should be maintained inside the library. The position of the chairs and tables should not be changed. Sleeping and keeping legs on the table / chair are strictly prohibited.

## 11. NATIONAL TEACHER TRAINING CENTRE (NTTC)

In the 1970's, W.H.O. promoted a global training programme for medical teachers by designating the Centre for Educational Development at the University of Illinois as the Inter-Regional Teacher Training Centre (IRTC). This was followed by the establishment of Regional Teacher Training Centres (RTTCs) at each of the six regions of W.H.O. In South-East Asian region, RTTCs were established at the Chulalongkorn University, Bangkok, Thailand and the University of Peradeniya, Sri Lanka. In 1974, the Government of India constituted a Working Group on Continuing Medical Education, which recommended the establishment of Teacher Training Centres in India. As a ground work, a team of three senior faculty members were sponsored by the W.H.O. to undergo training in the RTTC, at Peradeniya, Sri Lanka, in 1975.

In view of the initiative taken by JIPMER in the field of medical education, the first National Teacher Training Centre was established in JIPMER, Pondicherry, in the year 1975. The first National Course was held in March 1976.

The faculty development process continued and today there is a team of ten faculty members belonging to pre, para and clinical disciplines plus a full time Associate Professor of Educational Technology.

The National Courses on Educational Science for Teachers of Health Professionals are held twice a year during the months of February and September. These courses are meant to sensitize the medical teachers and make them aware of the modern concepts of educational science and technology.

Eight hundred and ninety-three participants from various medical colleges in India have participated in the 41 national courses conducted so far. Medical teachers from developing countries, *e.g.*, 8 from Bangladesh, 8 from Nepal, one from Mongolia and two from Afghanistan have also undergone training in NTTC, JIPMER.

Sixteen mini workshops, lasting for two/three days each and covering various areas of educational science for the faculty members of JIPMER, 26 workshops for postgraduate students of JIPMER, 5 workshops on 'Educational Planning' for Deans/Principals of different medical colleges, Directors of Medical Education and Health Services and Deans, Faculty of Medicine of Indian Universities, and two workshops for Deans/Principals, *etc.*, on "Application of Management Techniques in the Training of Health Professionals" have been conducted by this Centre so far.

This centre has provided consultancy services or technical guidance to various institutions in India and Bangladesh.

The medical teachers trained in this centre have taken keen initiative in establishing sister NTTCs in India, *viz.*, NTTCs at P.G.I., Chandigarh, B.H.U., Varanasi and MAMC, New Delhi. This centre also assisted active ME cells at JNMC, Belgaum, KMC, Manipal, Medical College, Trivandrum, Medical College, Viskhapatnam, to achieve their goals.

The centre has diversified activities. This has been designated as one of the collaborating centres for disaster preparedness training of health professionals. It has recently conducted TOT workshops for the health services of

Tamil Nadu, Andhra Pradesh, Karnataka and West Bengal. The centre also provide training of health professionals in hospital waste management, and for India population projects (VIII).

**Dr. R. Sambasiva Rao**, Director, JIPMER is the Project Director and **Dr. K.R. Sethuraman**, Professor of Medicine, is the Project Officer of NTTC.

**Dr.G.S.Moni**, Associate Professor, NTTC.

**Publications:**

- \* NTTC Bulletin: The centre publishes two issues of the Bulletin one in July and another in January, since 1996.
- \* Revised MBBS curriculum.
- \* Book titled "Medical Education - Principles and Practice - Vol.1 (2nd ed.), January 2000.
- \* Book titled "Medical Education - Vol.II - Trainers Guide" 1998 ed.
- \* Book titled "Implementing Innovations in Clinical Skills Training", 1997 ed.
- \* Manuals (8 versions) on Training of Trainers in Clinical Skill Curriculum Development
- \* The NTTC assisted in the development of Video Clips on:
  - Push, promote, or educate?
  - Interesting cases (collection of 50 cases)
  - Patient personality types
  - Common communication errors in outpatient care
  - Five strategies for drug-promotion.
  - "How to conduct clinical and oral examination"- a full length video for National Board of Examination.

## **12. JIPMER Integrated Computerized Management Information System (JICMIS)**

### **Organisational Structure**

The computer oriented Management Information System (MIS) for hospital was launched in October 1994 with a small '486-server' along with 64 terminals stationed in Wards, Labs & Medical Record Department. It was based on the experience of five years, that during the year 1998-99 project JICMIS (Jipmer Integrated Computerized Management Information System) was organised and initiated with an objective to integrate management information through Hospital Information System (HIS) Unit and Administrative Information System (AIS) Unit and their affiliated subsystems. The entire gamut of activities in the hospital area *i.e.* outpatients registration through MRD & inpatient care by Wards, OTs & Casualty, Pharmacy, Diagnostic & Lab services and the hospital administration including nursing care, CSSD, central stores and other allied services *etc.* were linked with HIS Unit. Whereas the important activities at the Institute level in Administration, Establishment, Accounts, Education and Research areas were to be coordinated by AIS Unit. Recently in November '99 the JICMIS organisational structure was fine tuned to match physical infrastructure of the available facilities and as a result of that a separate Centre for Research and Academic Facilities and Training (CRAFT) was established in library building with objectives to promote CD-ROM, Internet, E-mail, Fax, Biometrical and research information services; to extend computer facilities to all the academic departments; to facilitate computerization of library, literature search through computerized coding and indexing; and to provide training and orientation to the staff members.

There are six subcommittees affiliated to JICMIS Coordination Committee namely 'Pager & Telemedicine Facility sub-committee', 'Mass Media Communication Services sub-committee', 'Telephone Review committee', 'HIS-SAFAI', 'AIS-SAFAI' & 'CRAFT' sub-committees which meet periodically to review the functioning and take policy decisions. In addition four 'Task Force' one each for "Telemedicine Project", "Pager Project", "Computer Hardware and Software Development Management" & "Computer Hardware and Software Maintenance Management" have been formulated in November '99 to monitor and facilitate day to day activities in the specific areas allotted to them.

### **Functioning Status**

A systems analysis for developing appropriate software for Hospital information as well for Administrative information was carried out by the regional office of NIC, Hyderabad, by interacting with the concerned faculty and staff of JIPMER who in turn have been visiting NIC office, Hyderabad till the beginning of 1994. Subsequently a number of programme modules were developed for computerized registration of outpatients and inpatients; patient enquiry system at Reception; RICU events summary; OT lists; discharge summary reports; patients' referral letters; Histopathology, Biochemical, Pathological and Microbiological Lab. reports; entire activities of Blood Bank operation; data entry and

processing of some other hospital units *etc.* The recently established Administrative Information System (AIS) has successfully been supporting computerization of various activities in Administration, Establishment, Accounts and Education Sections. Computerized paybills for gazetted as well non-gazetted employees, organisation of Nominal Roll as a part of preparation of Budget documents - RE 1999-2000 & BE 2000-2001, V - Pay Commission and other arrears settlement, bilingual data entry regarding Hindi implementation; bulk data entry and processing of undergraduate and postgraduate admission applications; Library Journals receipt position, preparation of statements pertaining to staff position, seniority lists, incumbency position, updating of various periodic reports and quarterly report transmission to the office of DGHS, recruitment rules and computerization of court cases are a few important achievements during the past.

### **13. MEDICAL ILLUSTRATION DIVISION**

This division was started in 1958 initially as the "Artist Unit" with three artists, one photographer and a modeller. It was functioning in the premises of the then medical college in Pondicherry town. In 1966 this division was shifted to the present institute premises in Dhanvanthri Nagar and upgraded as the "Medical Illustration Division" with one artist, artist technicians, senior modeller, one medical photographer, a darkroom assistant and a warden to supervise the working of the division under the overall co-ordination of the Head of Department of Preventive & Social Medicine as Officer-in-charge of the division. The medical illustration division functions as a centralised department in this institute. Very few medical colleges in India have such a department.

#### **Highlight of activities:**

The important activities of the medical illustration division include:

- Clinical photographs of patients from different disciplines.
- Photographs during surgical procedures carried out in different operation theatres.
- Photographs of X-ray, C.T. scan and Ultrasound films.
- Reproduction of colour prints into black and white photographs.
- Photographs from printed books and larger printed charts.
- Recopying for blue toned preparation slides for presentation at scientific sessions, conferences *etc.*
- Macro and micro photography.
- Preparation & enlargements for poster presentations, journal & research paper publications and also for medical exhibitions conducted periodically.
- Photographs for postgraduate thesis work.
- Covering important official functions and events in the institute
- Colour slide preparations for various departments of this institute through computer monitor copying (started recently).

#### **Annual work load:**

##### **I. Photography section:**

On an average 350 negative colour rolls, 250 black and white rolls for clinical cases and another 250 black & white rolls for blue toned slides and 150 colour slides for chrome films are being exposed in a year.

5000 prints for publications, 100 prints for poster presentations and 5000 black & white and colour slides are being made on an average annually.

##### **II. Artist Section:**

Approximately 300 charts and diagrams are being made each year for research publications and presentations.

On an average about 50 banners are prepared per year.

Other work done per year includes 500 posters, 500 ward folders / name plates and 750 displaying charts and 500 enamel display boards.

#### **14. PRINTING & STATIONERY DEPARTMENT**

This department was started during 1967. Now it has the following categories of staff: Manager, Proof reader, Composer, Compositor, Offset machine operator, Machine operators, Gestetner operators, Binder, Book binder, Helper, Cleaner and Storekeeper.

##### **Highlights:**

Printing of various forms for the entire institute and hospital.

Printing of application and prospectus for all UG/PG/superspeciality courses.

Cyclostyling of forms/circulars for institute and hospital.

Printing of bulletin, JIPMER News, academic calendar, *etc.*

Supply of various stationery items to the institute and hospital.

Binding of various kinds of works.

JIPMER press is equipped with one treadle printing machine (letter press), one small offset printing machine, cutting machine, digital copyprinter and duplicating machine.

## **15. CENTRAL STORES**

The Central Stores was established initially with the aim of centralised procurement/distributions. Over the decades with the development of the different departments/Units, Central Stores has become modified and currently it is made up of the following units:-

- i) Furniture Section
- ii) Instrument Stores dealing exclusively with sutures and common surgical items, iii) Contingent Store, iv) Sanitary Store, v) Condemnation Stores

### **Location:**

It is adjacent to the Kitchen and I.D. Ward

### **Infrastructure:**

It has a Central stores block at the ground floor level and several rooms, two of which are occupied by linen stores, two by M.R.D. , one by paediatrics, one by press and general section and the rest by central stores.

### **Functions of various Units:**

- a) Furniture Section  
Procurement/supply of all types of hospital, office furniture on an annual tender basis, except in emergency where procurement are made on indent basis.
- b) Instrument Stores  
This supplies different types of sutures materials to all the user departments. It also supplies common surgical items, other consumable and non-consumable items on indent basis (every Tuesday). Procurement is done by annual tenders.
- c) Contingent and Sanitary Stores  
Procures and supplies all detergents, sanitary items, implements, pesticides, pumps, security shoes/kits, uniform chappals/shoes and the disposable polythene bags. Procurement is by annual tender/limited quotation.
- d) Condemnation Stores
  - As per procedure all non-consumables have to be condemned and auctioned.
  - All condemned costly articles/scrap items are collected in Central Stores for public auction and disposal - Earnings deposited as Govt. revenues.

## **16. CENTRAL WORKSHOP**

The Central Workshop is a multi speciality maintenance facility under one roof catering to the needs of the institute, hospital and hostels. Facilities are available to maintain mechanical, electrical, low temperature and minor electronic equipments and steel and wooden furniture. Audio and visual arrangements for various academic, scientific and cultural programmes for both official and semi official are done by the workshop.

The Central Workshop has staff strength of 23 led by manager workshop including two numbers of visually handicapped staff for recanning work.

## **17. JIPMER HOSPITAL**

### **History:**

This hospital is named after the then first Prime Minister of India, Mr. Jawaharlal Nehru and it was inaugurated by the then Health Minister of India Hon'ble Suseela Nayar on 24.04.1966. The third phase was opened by Mr. K.K. Shah, the then Governor of Tamil Nadu on 23.06.1971.

### **Administration:**

The hospital is under the direct control of Directorate General of Health Services, Ministry of Health and Family Welfare, New Delhi.

### **Aims & objectives:**

#### **The aims and objectives of this hospital are:**

1. Patient Care
2. Undergraduate and Postgraduate education
3. Research

### **How to get treatment in this hospital:**

#### **Medical Record Services:**

This hospital is rendering patient care services both as out-patients and in-patients. For regular visits (not in emergency) patients are requested to wait in queue at the entrance of Medical Records Department to get Short Term Card (S.T.C.). Those desiring consultation with Obstetrics & Gynaecology, Psychiatry and those referred from outside for diseases like tuberculosis and cardio vascular diseases may get Comprehensive Case Record (C.C.R.) at C.C.R. counter.

Registration Timings are from 8 AM to 10.30 AM on all working days.

After registration, the patients will be directed to the concerned OPD by the Medical Records Clerk (M.R.C.) and the patients may wait in a queue to see the doctor. When the patient's turn comes, the doctor will attend and suitably advise him/her for further management.

**The following are the details of outpatients departments:**

<b>LOCATION</b>	<b>NAME OF OPD</b>	<b>NUMBER</b>
<b>GROUND FLOOR</b>	Casualty	60
	Radiotherapy	61
	Radiodiagnosis	62
	C.C.R. (M.R.D.)	63
	Orthopaedics Surgery	64
	Paediatrics	65
	Pharmacy	66
	Pain Clinic	67
	Injection Room	68
	Obstetrics & Gynaecology	69
<b>FIRST FLOOR</b>	Central Laboratory	70
	Ophthalmology	71
	E.N.T.	72
	Dental	73
	Psychiatry	74
	Medicine	75
	E.C.G.	76
<b>SECOND FLOOR</b>	Blood Bank	80
	Laboratory Reports & Lost Card	81
	Search Counter	
	D.T.C.D.	82
	Staff Clinic	83
	Urology/Cardiology/Plastic Surgery	84
	Skin & STD	85
	Surgery/Cardio-thoracic Surgery	86
	Paediatric Surgery	87
	Dressing Room	88
Minor O.T.	89	
Occupational Therapy/ Physiotherapy	90	

In emergency patients can directly go to the Casualty where the Casualty Medical Officer/Duty Doctor will attend the patients and decide the line of action. For all these cases, the S.T.C./C.C.R. will be made at M.R.D. during OPD hours and at Reception after OPD hours.

### Special Clinic Services:

Special Clinics are conducted during afternoons on the days mentioned against them. The registration time for Special Clinics is 1.30 PM to 2.30 PM.

NAME OF THE SPECIAL CLINIC	DAYS	NUMBER & LOCATION
Affective Disorder	Tuesday	74 - First Floor
Aphakic Clinic	Wednesday	71 - "
Cancer (ENT)	Tuesday	72 - "
Cancer (Gynaecology)	Wednesday	69 - Ground Floor
Cardiology	Tuesday	
	Thursday	84 - Second Floor
Cardio-thoracic Vascular Surgery	Tuesday	
	Thursday	86 - "
Chest Clinic	Tuesday	82 - "
Child guidance clinic	Friday	65 - Ground Floor
Club Foot	Wednesday	64 - Ground Floor
Cornea Clinic	Tuesday	71 - First Floor
De-addiction Clinic	Saturday(FN)	74 - First Floor
Diabetic Clinic	Tuesday	75 - "
Endocrine Clinic	Wednesday	75 - "
Epilepsy & Neurology	Monday	Thursday 75 - "
Follow up Clinic(Paediatrics)	Wednesday	65 - Ground Floor
Follow up Clinic (Skin)	Tuesday	85 - Second Floor
Follow up Clinic(Schizophrenia)	Friday	74 - "
Fundus Clinic	Thursday	71- First Floor
Gastroenterology	Friday	75 - "
Glaucoma Clinic	Monday	71 - "
Haematology	Friday	75 - "
Infertility	Wednesday	69 - Ground Floor
Leprosy Clinic	Thursday	85 - Second Floor
Nephrology	Thursday	75 - First Floor
Oncology	Monday	86 - Second Floor
Plastic Surgery	Wednesday	
	Friday	84 - Second Floor
Poliomyelitis	Tuesday	64 - Ground Floor
Post mydriatic Test & Refraction	Tuesday	
	Friday	71 - First Floor
Post Natal Clinic	Wednesday	69 - Ground Floor

Resp. Allergy & Appl. Immunology	Friday	82 - Second Floor
Rheumatology	Monday	75 - First Floor
Under Five Clinic (Paediatrics)	Wednesday	65 - Ground Floor
Urology	Tuesday (FN) & Friday(FN)	84 - Second Floor

In the OPD, if the doctor prescribes any investigation, the samples of blood/urine will be collected in the Central Laboratory (No.70 - First Floor). If the visit is second time or later, the patient may go directly to the concerned OPD and give the small card to the Medical Records Clerk posted there, who will bring the case sheet and deliver it to the patient. Then they can consult the doctor for further management.

If the patient requires admission, the patient will be taken to the admission room along with the admission order of the doctor and then to the Cloak Room, where the hospital uniform will be issued to the patient. Finally the patient will be taken to the concerned ward. Facility is also available in the Cloak Room to keep the patients' dress and the same may be collected at the time of discharge.

#### **In-Patient Care Services:**

The following are details and locations of various wards.

	<b>Number of the ward</b>	<b>Location</b>
Obst. & Gynae.	12,13,14,16,17,19 and 27(First floor)	Ground Floor
Nursery	15	"
Psychiatry	18	"
	Special Wards ( A/B/C Class)	"
Radiotherapy	2	"
Paediatrics	21, 27	First Floor
Eye/ENT/Dental	22,24	"
Urology/Surgery	26	"
Paed. Surgery	28	"
Surgery	31,32,34,35,36,37	Second Floor
Skin & STD	33	"
Burns Unit	37	"
Medicine	41,42,43,45,46	Third Floor
Cardiology	44 and 37 (Second floor)	"
C.T.S.	44	"
Pl. Surgery/	45	"

Neurology	75	
D.T.C.D.	39	I.D. Ward
I.D.	40	"
Leprosy	02	Near I.D. Ward

All General beds are free. Free diet with adequate calories sufficient for an average patient is provided in the General Ward. If the patient prefers food from his/her home, permission of the doctor is essential for which a Diet Pass will be issued by the Sister-in-charge of the concerned ward. Diet is prepared in hygienic conditions under the supervision of qualified Dieticians.

Visiting hours are from 4.45 PM to 6.45 PM. During odd hours, relatives of the patient should not stay with the patient unless there is a need for which an Attendant Pass will be issued by the Sister In-charge of the concerned ward.

There are special beds/wards which are allotted on payment basis as per the details given below:

Type of beds	No. of beds	Advance amount	Charges
"A" Class	7	Rs.1500	Rs.150/- per day
"B" Class	10	Rs.1000/-	Rs.100/- "
"C" Class	45	Rs.50/-	Rs.50/- "

In paying wards, charges for diet, medicines, investigations and operation are extra.

General ward patients whose monthly income is Rs.2500/- and above are considered as paying patients (Rs.300/- advance)

## **18. EMERGENCY MEDICAL SERVICES IN JIPMER HOSPITAL**

### **A. Ambulance and Communication Services:**

An ambulance is stationed round the clock at the Casualty. It is available to transport sick patients from their residence to the hospital and to transport discharged staff patients to their residence, on payment of nominal charges, provided the destination is within the municipal limits. It is also used to send calls to doctors, sisters and other staff on emergency call duty.

The Casualty is equipped with three telephones, two of them intercom and one a direct outside line. The direct line helps patients to contact the Casualty immediately in case of any emergency.

### **B. Casualty Services:**

The Casualty of JIPMER Hospital is manned round the clock by Casualty Medical Officers working in shifts. The Casualty duty team consists of a Senior/Chief Medical Officer, a Casualty Medical Officer who is a Junior/Senior Resident from the departments of Medicine or Surgery and one or two Assistant Casualty Medical Officers who are Interns or Non-Postgraduate Junior Residents.

In addition to the Casualty duty team, there is a Chief Medical Officer in charge who is posted in the Casualty during regular hospital hours and is also available on call after duty hours everyday.

In Casualty, a system of referral of patients to speciality departments is practiced. The Casualty Medical Officers receive and examine all patients, arrange for case records to be made, administer emergency/primary treatment, get investigations (such as X-rays, ECGs, USGs, Biochemistry, Blood cross-matching *etc.*) done and refer the patients to the relevant speciality department(s). The patients are monitored and looked after by the Casualty duty team until they are taken over by the referred departments.

The casualty is equipped with 21 beds: 16 male and 5 female. Cases which require only a short stay or can be sent home after emergency treatment (such as asthma, gastroenteritis, minor injuries, *etc.*) are administered treatment by the casualty duty team and discharged directly, without involving speciality departments.

The Casualty Medical Officers also process, examine, treat and report medico legal cases. All medico legal cases, irrespective of the speciality departments involved, are registered and reported by the Casualty Medical Officer, who does the necessary paperwork. They also assist/accompany policemen and/or Magistrates in obtaining dying declarations.

The Casualty Medical Officer/Chief Medical Officer on duty is vested with administrative charge of the Hospital after regular hospital hours for routine matters. In case of unusual problems the DMS/MS is informed.

The patient is kept in the Casualty for 24 hours for observation and afterwards it is treated as General Ward patient and the patient is transferred to the Ward and if it is a paying patient, the hospital stoppages are to be collected after 24 hours of admission in Casualty.

### **C. Duty Teams:**

All major departments of the Hospital have emergency duty teams in the Casualty/Hospital round the clock. Super speciality departments have duty doctors available on call. Duty rosters, with addresses/phone numbers of all the doctors on call-duty are available in the Casualty and the Hospital Reception and are updated regularly. Duty teams of major departments are available in the Casualty or in their wards after their OPD hours. Departments such as Medicine, Surgery, Orthopedics, Obstetrics, Pediatrics, Ophthalmology, ENT and Cardio-Thoracic Surgery have duty doctors staying in the Hospital. Other departments have duty doctors available on call. Consultants of Departments are also available on call.

### **D. Emergency O.T.s**

Out of the ten O.T.s in the Hospital, two are open round the clock for emergency surgeries. Duty anaesthesiologists are available in the O.T.s. They can also be summoned to other areas of the hospital in cases which require their expertise.

Full complement of O.T. staff are on duty round the clock. Staff for special procedures can be called at short notice.

### **E. Ancillary Services:**

Essential ancillary services such as Radio-diagnosis, Blood Bank and Bio-chemistry are operative round the clock. Duty technicians and doctors are posted in their departments. Microbiologists are available on call for emergency smears/plating. Other staff such as pharmacists, workshop & maintenance technicians are also available on call at short notice.

### **F. Hospital Contingency Plan:**

The hospital has a contingency plan for systematic and expedient handling of mass casualties such as traffic accidents, natural calamities, riots, *etc.* The full protocol of the plan is in a document which outlines the various measures and actions to be taken at the time of mass casualties. This protocol is available in the key areas.

Staff of all cadres including consultants, residents, nurses and other staff are being sensitized and orientated to the plan.

## **19. DEPARTMENT OF MEDICAL RECORDS**

JIPMER hospital has a centralised M.R.D. for preserving medical records of Out-patients and In-patients to serve the patients and doctors and other personnel. It has a central registration for Out-patients and central records maintenance for both In-patients and Out-patients and a 'Unitary Number System' is adopted.

### **OPD procedures:**

The patients coming for the treatment are categorised as new and old patients. New patients are directed to the new case counters which is situated at the entrance of the O.P. block. In that counters patients sociological data are collected and entered in the computer and printed in the case record. The hospital number is unique and the same O.P. record will be used for getting treatment till their life time. For the patients having obstetrical and gynaecological complaints and for the patients who need long term treatment the comprehensive case records (CCR) are issued. Along with the CCR of the patients the identification card which possesses a hospital number is issued and the same can be issued by the patients for their later visits to continue their treatments. If a patient loses his identity card, the alpha Index search facilities is available to trace the hospital number from the computer by searching through the patient's name, father's /husband's name *etc.* and the old case record is traced out. The old-patients are directed to the corresponding O.P.D. according to their ailments. M.R.D. personnel posted in the O.P.D. collect the patient's identification card and come to the M.R.D. to retrieve the case record and handover it to the Doctors of the O.P.D. After the O.P.D., the case records are collected and arranged in the serial order and filed in the appropriate racks. The laboratory reports received from the various laboratories are arranged and mounted in the appropriate places of the record.

### **In-patient procedures:**

If the patient needs admission, the admission order is prepared and the patients are directed to the admission room. Here, the sociological data of the patients are entered in the computer and the same will be printed in the required forms and the patients are directed to the respective wards. After the discharge of the patients their O.P. and I.P. records are collected daily. After taking the xerox copy of the discharge summary the original is attached to the I.P. record and the copy is attached in the O.P. records to enable the doctor to know the treatment provided during the hospitalisation.

The deficiency in the I.P. records are notified in the deficiency check list which is attached in the front page of the I.P. record which enables the doctors to save their time in finding out and rectifying the defects. The I.P. records are analysed according to the admission, discharge, death, average hospital stay, post-mortem, M.L.C. and references. The I.P.-records are coded as per the diseases and operation as per the I.C.D. (Xth revision) and indexed through computers which enables the retrieval of the required information easily and

quickly. The records are divided according to the Service and Units and kept in the respective racks at the doctor's conference room. The doctors visit according to the schedule to rectify the defects and complete the records. Then the records are sent to incomplete/complete records control for process check and the completed records are filed in the appropriate racks.

#### **Medico Legal Cases:**

All Medico legal cases are routed through the casualty. The M.L.C. clerk types M.L.C. intimation and sends it to the Out-post police station alongwith medico-legal examination report. Medical certificates, handicapped certificates, insurance claims *etc.*, are also scrutinised and issued through this desk. The birth and death clerk collects the birth reports and makes proper entry in the respective registers, one is sent to the municipality, one is for file and one is placed in the I.P-record. Similarly, the death reports collected from the reception are also reported to the local municipal authority.

#### **Publication:**

The Monthly Statistical Bulletin is published by this department and circulated to all the departments for the discussion at the medical care review meeting. The statistics and case records are supplied to the doctors for attending seminars/conferences and their research works, thesis *etc.* Necessary informations are provided to the administration for planning purpose. Communicable and vaccine preventable disease details and monthly returns are sent to the public health authorities and other health agencies for community intervention so as to take preventive and promotive measures.

#### **Training Programmes:**

The department is conducting three courses *viz.*, (i) Medical Records Technician Course of six month duration. (ii) Medical Records Officer Course of one year duration. The certificates for the above courses are issued by the Directorate General of Health Services, Government of India. Another degree course of one year duration is also conducted by the M.R.D. *viz.*, B.M.R.Sc. and the degree issued by the Pondicherry University.

#### **Usage of computers:**

We have introduced computer systems in the following areas:

Computerized indexing of all In-patient record under the following heads for the period from January 1990.

- Disease-wise indexing
- Operation-wise indexing
- Surgeon-wise indexing

Computerized admission registration from October 1994.

Computerized comprehensive case record registration in O.P.D. from August 1996 and computerized registration of short term cards/Out patients slip done from September 1996.

The following desks are computerized in the In-patient section:

- a) Complete records control desk
- b) Discharge analysis

The following areas will be computerized very soon

- a) Registration of births and deaths
- b) Census Reports
- c) Forms designing and control
- d) Computerized coding of diseases and operations

Microfilming of In-patient case record is undertaken from January 1990.

The following statistics are generated through the computer:

- a) Diagnostic statistics of In-patient
- b) Operation statistics of In-patient
- c) Admission statistics of In-patient
- d) Discharge analysis of In-patient.
- e) Surgeonwise statistics of In-patient
- f) Servicewise, agewise, religionwise, geographical distribution and alpha index search of In-door and Out-door patients.

## 20. DEPARTMENT OF PHARMACY

Pharmacy Department is catering to the drugs, and surgical dressings requirement of the hospital patients. Salient features of the department are:

- i) All essential drugs requirement of the in-door-patients are met by the pharmacy.
- ii) OPD patients get all key drugs along with the certain special drugs for the various clinics run in the OPD such as insulin for diabetic patients, 30 days drugs for TB patient *etc.*

To make optimum use of budget sanctioned, hospital "Essential Drugs List" is followed for procurement of drugs and the list is revised regularly for any exclusion or inclusion.

To avoid dead stocks, consumption is monitored monthly so that re-order level stock is higher than stock consumed during the lag period of procurement.

Computerization of pharmacy inventory control is under way. As far as possible drugs are procured directly from the manufacturer to get minimum price and fix the responsibility for quality on the manufacturer.

At present there is one Officer-in-charge of Pharmacy who is assisted by one Senior Research Officer and three Group 'B' Officers namely Head pharmacist, Analyst and manufacturing chemist. OPD work of 12 pharmacists is supervised by one Senior pharmacist. Main store is divided in parenteral and oral store. Store Superintendent and Senior pharmacist look after the parenteral and oral stores with the help of two pharmacists each.

Preparation pharmacy is formulating at present about 50 preparations.

The annual budget of the pharmacy is Rs.3,00,00,000 at present.

## 21. DIETETIC DEPARTMENT

The Dietetic Department was established in 1964 alongwith the main hospital with the aim of supplying different types of hospital diets to the patients.

### **Location:**

It is located at the eastern end of the hospital in between the central pharmacy and central stores block.

### **Infrastructure:**

It has a cooking hall, vegetable cutting areas, serving areas. An additional new cooking hall is also likely to be acquired soon. Separate areas for washing tray/utensil are available. It has also an office room, store rooms and senior/Junior dietician room alongwith two rest rooms.

### **Equipments/Accessories available:**

Two electrically operated boilers for generating steam,operated alternately.

Steam cooking range.

Gas cooking.

Firewood (Rarely used) except in emergencies.

Walk-in-cooler ( newly installed) functioning.

Solar heater for hot water.

Delivery is by manually operated trolleys.

Plans are being drawn upto install more efficient diesel operated boiler/double jacketed steam cooking vessels, vegetable cutting machines and tray washing machine *etc.*,

### **Method of functioning:**

#### **(A) Receipt of supplies:**

All supplies are through tender basis for one year, approved by the Diet committee.

On an average about 950 diets have to be served every session which is inclusive of therapeutic and other diets.

The scale is as per norms given by DGHS and particulars of each patient is as per the diet sheet from the wards.

#### **Menu:**

**Normal Diet:** Includes breakfast, lunch, dinner along with ragi porridge in the mid morning, biscuits and banana for children.

**Therapeutic Diet:** Diabetic diet, high carbohydrate diet, high protein diet, uraemic diet, low residue diet, fat diet, bland diet *etc.*,

**Fluid Diet:** Raw eggs, milk, fruit juice, soups, barley/sago water, ragi porridge as per needs.

**(B) Miscellaneous activities:**

Dietary advice to referred patients in clinic or in the department.  
Visiting the wards and liaising with other departments regarding diet.  
Official administrative procedures/checking of stocks *etc.*  
Guidance to trainee students from other colleges and undergraduates.

**(C) Quality control:**

Quality control is being maintained as per available means *e.g.*, milk is checked by lacto meter, only fresh vegetables are used, milk, rice, bread, egg are from registered distributors.

## 22. CENTRAL STERILE SUPPLIES DEPARTMENT (CSSD)

The Central Sterile Supplies Department caters to the need for sterile materials for patient care in the entire hospital, the health centers and non-clinical departments. The main supply includes syringes, IV sets, gloves, dressing materials and treatment trays. Treatment trays and dressing materials are prepared, packed and sterilized in the CSSD before being supplied to various user areas. In addition, prepared and packed items like linen, instruments, stainless steel items *etc.* from operation theatres are also received and sterilized.

The CSSD also supplies various disposable items such as syringes, needles, IV sets, gloves, masks, caps *etc.*

The CSSD has a floor area of 12,000 sq. feet and is located on the ground floor of the Pharmacy Block. The working hours of the CSSD are from 7-30 AM to 9-00 PM.

### Activities

**Unclean area:** All kinds of used and unsterile items are received here. Preliminary washing is done with disinfectant and detergent solutions, the items are separated and are sent to different clean areas for final washing and packing.

**Clean area:** Areas are earmarked for specific items. Final washing and packing are done here after defective items are replaced.

**Unsterile area:** Packed items are collected and stored here. Prepared items received from OT's are also kept here. Autoclaving is done here.

**Sterile area:** All the autoclaved items are stored in a sterile storage area. They are issued to different users as and when required on indent basis from here.

### Daily average turnover

#### Syringes

Disposable (2, 5, 10, 20 and 50 ml)	1900 nos.
Reusable (assorted)	800 nos.

#### Gloves

Disposable (surgical)	700 pairs
Disposable (examination)	200 pairs
Reusable	300 pairs
Unsterile disposable	200 nos.
Polythene	100 nos.

**I.V. sets (disposable)** 300 nos.

#### Dressing materials

Dressing bins (with gauze and cotton pads)	75 nos.
Dressing packets	60 nos.
Eye pads	30 nos.

**Treatment trays (20 varieties)** 120 nos.

**Machinery**

Autoclaves        4 nos. (Total capacity 92 cubic feet)

Hot air oven      1 no. (Capacity 12 cubic feet)

Total volume of sterilisation 450 cubic feet per day

EtO sterilizers    2 nos. (Capacity 10 cubic feet)

Ethylene oxide gas sterilisation is done for catheters, pacemakers, ventilators *etc.* Total volume 10 cubic feet per day.

### **23. CITIZENS' CHARTER**

This charter is made to provide a framework which enables our users to know:

- what services are available in this Institute,
- the quality of services they are entitled to,
- the means through which complaints regarding denial or poor quality of service will be redressed.

#### **Standards of Service:**

- This is a referral Institution.
- It provides medical care to all patients who come to this Institute and trains the medical students. (both undergraduate and postgraduate)
- Standards are influenced by patient load and availability of resources, which are generally under strain. Yet it gives all courteous and prompt attention to our users.

#### **General Information:**

This Institution has

- Doctors: 497 (including Residents: 361 )
- Nurses: 578 (including Supervisory staff)
- Beds: 860 (including special ward beds 64)

- Doctors wear white aprons and Nurses are in uniform. All staff wear a badge or Identification Card of JIPMER.

#### **Enquiries:**

- Location Guide Map is available and directional signs boards are fixed in each floor.
- Enquiries counter exists at the Reception Counter.
- A Medico Social Worker helps the patients at OPD entrance.
- The Reception Counter functions round the clock; its phone number 372380-89 (10 lines).

#### **Casualty and Emergency Services:**

- The Casualty functions round clock all days.
- Casualty Medical Officer and Resident doctors are available 24 hours all days.
- Duty Doctors are available round the clock in major specialities viz. Medicine, Surgery, Orthopedics, Paediatrics and Obstetrics & Gynaecology.
- Duty Doctors are available on call in Anaesthesia, Radiology, Plastic Surgery, Ophthalmology, ENT and in other specialities.
- Consultants in Medicine, Surgery, Orthopedics Surgery, Obst. & Gynecology and other specialities are available on call.
- The decision to call a consultant is that of the treating doctor.

- The Head of the Department of concerned speciality is monitoring the responses of the call on emergencies.
- Emergency cases are attended promptly.
- All the items required are made available during mass casualties.
- In serious cases, priority is given to treatment/management than paper work like registration and medico-legal cases. The decision rests with the treating doctor.
- Emergency operation theatre is maintained on a regular basis to ensure that it is usable at all times.

#### **Outpatient Departments:**

- Timings: 8 AM till the last patient is seen (except Sundays and Holidays)
- Every Out Patient seeking treatment at the hospital is registered and issued a case sheet for recording history, symptoms, diagnosis and treatment being provided.
- Boards indicating unit on duty on various days are displayed at the reception.

#### **Special clinics are available in the following specialities:**

Affective Disorder Clinic	Aphakic Clinic
Cancer ENT	Cancer Gynecology
Cardiology	Chest Clinic
Child Guidance Clinic	Club Foot
Cornea Clinic	Deaddiction Clinic
Diabetic Clinic	Endocrine Clinic
Epilepsy Clinic	Follow-up clinic Pediatrics
Follow-up clinic Schizophrenia	Follow-up clinic Skin
Fundus clinic	Gastroenterology (Medicine)
Gastroenterology (Surgery)	Glaucoma Clinic
Haematology	Haemophilia
Infertility	I.E.C. Clinic
Leprosy Clinic	Nephrology
Oncology	Oral Surgery Clinic
Plastic Surgery	Polio & Cerebral Palsy
P.M.T & Refraction	Post Natal Clinic
Res. Allergy & App. Immunology	Rheumatology
Thoracic Surgery	Under Five Clinic
Urology	U.T.I. Clinic.

Timings: 2.00 PM to 4.30 PM

**Laboratory:**

A Central Laboratory is located in O.P.D.

Timings: 8.30 AM to 1.00 PM

Emergency laboratory (Clinical Biochemistry, Haematology and Microbiology) 24 hours all days.

Each ward has a side laboratory.

**Routine Investigations:**

Week Days 9.00 A.M. to 4.30 P.M.

Saturdays 9.00 A.M. to 1.00 P.M.

Sundays and Holidays closed.

**Collection of Specimens:**

Week Days 9.00 A.M. to 11.00 A.M.

Saturdays 9.00 A.M. to 10.00 A.M.

Sundays and other Holidays closed.

Reports are made available within the shortest possible time which will be specified.

**Blood Bank:**

A Licensed Blood Bank is available in the hospital to cater to the requirements of the patients.

All blood is tested for HIV, HBV and HCV, in addition.

**Equipment and Facilities Available:**

This hospital has the following services available:

CAT SCAN

CATH LAB

BRACHY THERAPY

COBALT THERAPY

EEG

ECG

CRITICAL CARE UNIT

PHYSIOTHERAPY AND OCCUPATIONAL THERAPY UNIT

DIALYSIS UNIT

Charges for various tests are available with Sister-in-charge of wards. For poor patients, these charges can be fully waived off by Medical Superintendent.

If any major/essential equipment is out of order, information regarding the same is displayed.

**Miscellaneous facilities:**

Wheel Chairs and stretchers are available on request at the gate of OPD & Casualty for use of patients who are not in a position to walk.

Lifts are available for access to higher floors.

There is a stand-by generator to cater to emergency services in case of break-down of electricity.

Public Telephone Booths are available at various locations in the hospitals.

Adequate drinking water and toilet facilities are available.

A chemist shop (Amudasurabi) is located in the hospital premises which is open from 9 AM to 6 PM all days.

The hospital has a rest room for those OPD patients who require to come again next day. Two day shelters (one at main gate, another by the side of Casualty) and one night shelter, for attendants are available.

There is a cloak room facility for the patients to keep their own clothes, *etc.* Hospital provides linen to wear for all admitted patients.

Patient Library and TV facilities are available for in-patients.

**Complaints and Grievances:**

There will be occasions when our services will not be upto your expectations. Please do not hesitate to register your complaint. It will only help us serve you better. There is a designated medical officer whose name and location is displayed in the hospital for attending to all grievances. The Deputy Medical Superintendent is the Grievance Officer.

Every grievance will be duly acknowledged.

We aim to settle your genuine complaints within 10 working days of its receipt. If we cannot, we will explain the reasons and the time we will take to resolve.

A public grievance committee exists in DGHS on issues which are not resolved within the hospital.

**Responsibilities of the User:**

1. The success of this charter depends on the support we receive from our users.
2. Please try to appreciate the various constraints under which the hospital is functioning.
3. On an average, 4500 patients attend the OPD daily and about 450 patients are attended to daily in the Casualty and Emergency Wards.
4. Please do not inconvenience other patients.
5. Please help us in keeping the hospital and its surroundings neat and clean.
6. Please use the facilities of this hospital with care.
7. Beware of Touts.
8. Please refrain from demanding undue favours from the staff and officials.
9. Please provide useful feedback and constructive suggestions.

**MORTUARY SERVICES:**

1. For keeping dead bodies, 9 compartments are available in the JIPMER Hospital Mortuary.
2. For deaths occurring in paying wards in A & B class and bodies brought from other Nursing Homes *etc.* alongwith valid death certificate, the rate per day is Rs.300/-.
3. Rs. 150/- per day is charged for General Ward death cases, whose income is Rs.2500/- and above.
4. General Ward death cases, all medico-legal death cases, staff of JIPMER and their dependents as per the information available with the administration and students are exempted from charges.
5. The maximum number of days permissible to keep the dead body in the Mortuary is restricted to only 3 days.

## 24. HINDI CELL

Hindi Cell with the sanctioned staff strength of a Hindi Officer, a Senior Hindi Translator, three Junior Hindi Translators and a Clerk is functioning in this institute to implement the Official Language Policies of the Govt. of India and the Acts, Rules, *etc.*, pertaining to them.

### Activities:

Hindi Cell undertakes the translations of all the official reports meant for the Ministry/Parliament. It also translates the Performance Budget, Annual Programme, *etc.*, every year.

All the standard forms used in the Institute/Hospital are being made bilingual (Hindi and English).

All the name boards, sign boards, rubber stamps, letter heads, logos, *etc.*, are made in bilingual form.

Regular quarterly, half-yearly and annual reports, indicating the progressive use of Hindi in our institute are compiled, prepared and sent to the authorities concerned.

Quarterly meetings of the JIPMER Official Language Implementation Committee are convened regularly by Hindi Cell, minutes are prepared and circulated, and follow-up action is taken as required.

The position regarding the working knowledge of Hindi of the officers/staff upto Group 'C' level are maintained, and the number of staff who have already been trained upto the level of Praveen/Pragya course, and also who are yet to be trained in Hindi are sorted out and nominated for each session of the courses. Incentives for acquiring working knowledge in Hindi, by passing the prescribed examinations, are sanctioned.

Regular Rajbhasha Workshops are conducted to the officers/staff who possess working knowledge in Hindi, to refresh, update and improve their knowledge in Hindi.

Implementation of the Presidential Orders based on the recommendations of the Committee of Parliament on Official Language to the President, the Inspection of the Committee of Parliament to the institution and the fulfilment of the assurances given to the committee regarding implementation of Hindi in the day-to-day work of the Institute and Hospital and other work relating to the inspections by the Director, Official Language, Ministry of Health and by the Implementation Office of the South-Western Zone, Cochin are done by Hindi cell.

Hindi day is observed every year on 14th September and various competitions on the Official Language Policies, Implementation, *etc.*, are conducted to the Officers/Staff of the institute and prizes are awarded to the winners in a Val-edictory function conducted on that day.

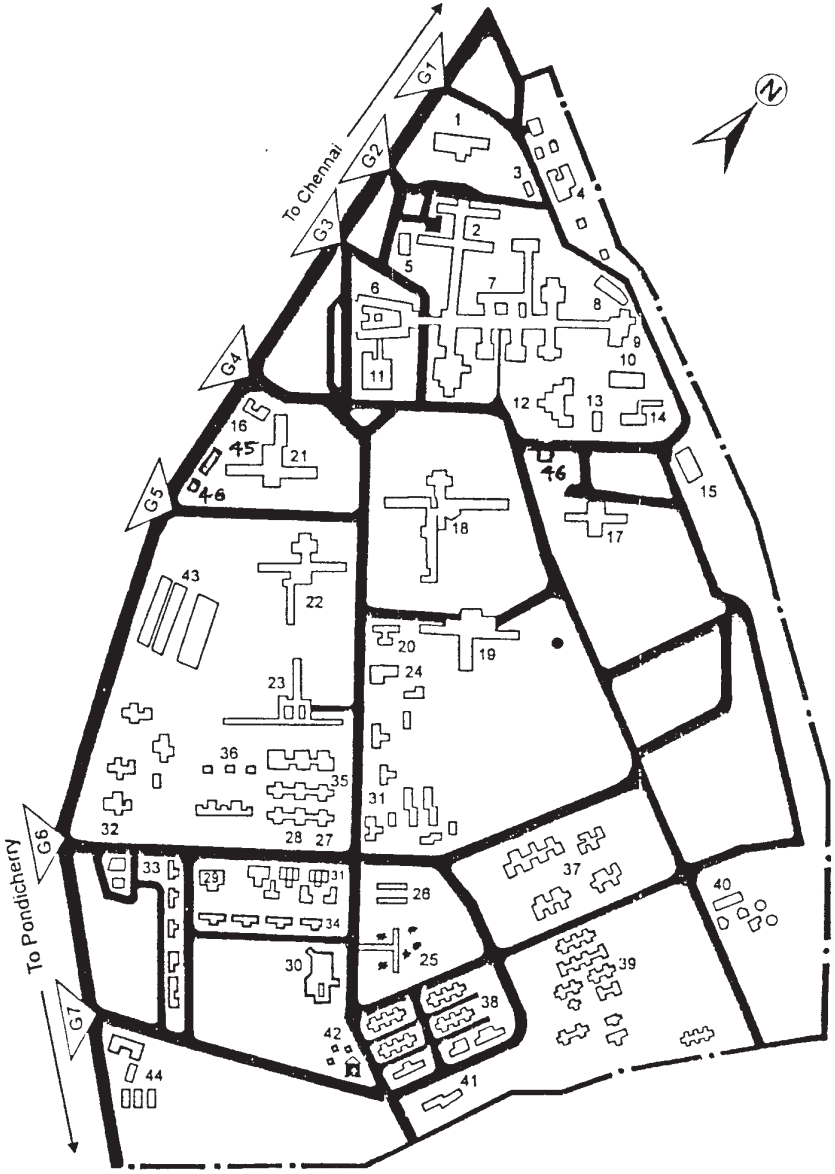
The Director of the Institute being the Chairman of the Town Official Language Implementation Committee (TOLIC), Pondicherry and the Deputy Director (Admn) is the Secretary of this committee, the work of the TOLIC Secretariat is

also looked after by Hindi Cell. Biannual meetings of the Committee are convened, minutes are prepared and sent to various Heads of Central Govt. Offices, Nationalised Banks, and Govt. of India Undertakings, who are the members of the TOLIC, and necessary follow-up action is taken.

Hindi Fortnight is celebrated every year, with the active cooperation of the Member Offices of the TOLIC. A number of competitions are held during the Fortnight, to the staff of the Member Offices, their wards and family members and also to the schools and colleges, on various topics, at various levels, devoted to the cause of promotion of Hindi in general, with particular reference to its use as Official Language. Prizes are distributed to the winners on the Valedictory function.

Rajbhasha Workshops and Rajbhasha Quiz are also conducted regularly.

Map of JIPMR Campus



## Guidance for Map of JIPMR Campus

- |      |                           |     |                       |
|------|---------------------------|-----|-----------------------|
| 1 .  | ADMINISTRATIVE BLOCK      | 24. | DIRECTOR'S BUNGALOW   |
| 2 .  | COLLEGE                   | 25. | GANDHI PARK           |
| 3 .  | WORKSHOP                  | 26. | SHOPPING CENTRE       |
| 4 .  | ANIMAL HOUSE              | 27. | POST OFFICE           |
| 5 .  | LIBRARY / PRESS           | 28. | STATE BANK            |
| 6 .  | O.P.D. BLOCK              | 29. | GUEST HOUSE           |
| 7 .  | HOSPITAL                  | 30. | COMMUNITY HALL        |
| 6 .  | PHARMACY / C.S.S.D. BLOCK | 31. | C-II TYPE QUARTERS    |
| 9 .  | KITCHEN BLOCK             | 32. | D-II TYPE QUARTERS    |
| 10 . | STORES BLOCK              | 33. | TYPE - V QUARTERS     |
| 11 . | P.M.R.C. BLOCK            | 34. | TYPE - V/B QUARTERS   |
| 12 . | CASUALTY BLOCK            | 35. | E - TYPE QUARTERS     |
| 13 . | LEPROSY WARD              | 36. | TYPE - IV QUARTERS    |
| 14 . | I.D. WARD                 | 37. | F - TYPE QUARTERS     |
| 15 . | LAUNDRY BLOCK             | 38. | G - TYPE QUARTERS     |
| 16 . | K.N. REST HOUSE           | 39. | H - TYPE QUARTERS     |
| 17 . | ASCHOFF HOUSE             | 40. | SEWAGE DISPOSAL PLANT |
| 18 . | NIGHTINGALE HOUSE         | 41. | KENDRIYA VIDYALAYA    |
| 19 . | CURIE HOUSE               | 42. | TEMPLE                |
| 20 . | BLACKWELL HOUSE           | 43. | STADIUM               |
| 21 . | OSLER HOUSE               | 44. | C.P.W.D OFFICE        |
| 22 . | LISTER HOUSE              | 45. | DHARMASHALA           |
| 23 . | HARVEY HOUSE              | 46. | DAY SHELTERS          |
|      |                           | G.  | GATE                  |

## Important Telephone and Fax numbers

### Telephone Numbers

**JIPMER Exchange** : 372381 to 372390, 372132 (12 lines)  
372181, 372337, 372339, 372342, 372738 (5 lines)

JIPMER Exchange is manually operated. After getting connected to any of the above numbers, kindly request the operator to connect to the extension number of the concerned Department.

	Extension Number		Direct Number (off)
	Office	Residence	
<b>Administration</b>			
Director	400	300	372901
Sr. PA to Director	201		
Dean	402		372066
Sr.PA to Dean	202		
Medical Superintendent	401	309	275275
Sr. PA to M.S.	225		
Dy.Director (Admn)	204	302	
C.M.O (Admn.)	208		
Administrative Officer	206		
Accounts Officer			
Asst. Registrar (Academic)	205		
<b>Hospital</b>			
Reception	299/501		
Casualty	203		372142
M.S.Office	221		
Nursing Supdt. Office	223		
C.T.Scan	506		372058
Admitting Office	464		
Blood Bank	287		
Community Hall	369		
Guest House	286		

### FAX Numbers

Director : 0413-372067  
Dean : 0413-372066  
Medical Superintendent : 0413-372735  
Institute Office : 0413-372067

### E-mail Addressses

direcjmp@md5.vsnl.net.in  
deanjmpmer@md5.vsnl.net.in  
msjmpmer@md5.vsnl.net.in  
jipmer@jipmer.ren.nic.in