

**Standard Assessment form for PG courses: Subject: Pulmonary Medicine
(Summary)**

- Note:
1. Please read the proforma carefully before completing
 2. Information provided should be brief and to the point. No unnecessary information be given. E.g. when research publications in indexed Journals during the last three years are asked for, do not give list of all publications from the beginning and do not give papers presented or abstracts etc.. Provide full reference
 3. Do not use annexures unnecessarily. All efforts be made to provide information within the proforma. Use annexures only when information is very lengthy
 4. Assessor to give his final remarks after the summary in the proforma. No separate confidential letters be sent.
 5. Dean will be responsible for filling all columns and signing at appropriate places

Date of Assessment: _____ **Name of Assessor:** _____

1. Name of Institution (Private / Government)	Director / Dean / Principal (Who so ever is Head of Institution)	
	Name	
	Age & Date of Birth	
	Teaching experience	
	PG Degree (Recognized/Non-R)	
	Subject	

2. Department inspected	Head of Department	
	Name	
	Age & Date of Birth	
	Teaching experience	
	PG Degree (Recognized/Non-R)	

3. (a). Number of UG seats	Recognised (Year:)	Permitted (Year:)	First LOP date
(b). Date of last inspection for	UG	PG	
	Purpose:	Purpose:	
	Result:	Result:	

4. Total PG Teachers available in the Department:

Designation	Number	Name	Total Teaching Experience	Benefit of Publications in Promotion
Professor				
Assoc Professor				
Asstt. Professor				

Note: Count only those teachers who are physically present.

5. Number of Units with beds in each unit: _____

6	Number of patients on the day of inspection	OPD	IPD	Casualty	Bed occupancy

7. Year-wise available clinical materials(during previous 3 years) for department of Pulmonary Medicine

Parameters	Year 1	Year 2	Year 3
Total number of patients in OPD			
Total number of patients in IPD			
Weekly clinical work load for OPD			
Weekly clinical work load for IPD			
Average daily investigative workload of the Department and its distribution <ul style="list-style-type: none"> • Radiology • Biochemistry • Pathology • Microbiology 			
Average daily consumption of blood units in the department			

Signature of Assessor

8 Investigative work load on the day of inspection (Entire hospital)

Radiology		Biochemistry	Pathology		Microbiology	Blood units consumed
MRI			Histopathology			
CT			FNAC			
USG			Haematology			
Mammography			Others			
IVP/ Barium etc						
Plain X-Rays						
DSA						
Any other						

9. Publications from the department during last 3 years:*(Give only full articles published in indexed journals)*

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10	Blood Bank	License valid	Yes / NO
		Blood component facility available	Yes / NO
		Number of blood units stored on the inspection day	
		Average units consumed daily (entire hospital)	

11. Specialized services provided by the department:

Adequate / not adequate

12. Specialized Intensive care services provided by the Dept:

Adequate / not adequate

13. Specialized equipment available in the department:

Adequate / Inadequate

14. Space (OPD, IPD, Offices, Teaching areas)

Adequate / Inadequate

15	Library		Central	Departmental
		Number of Books		
		Number of Journals		
		Latest journals available upto		

16. Casualty Number of Beds _____ Available equipment _____ Adequate / Inadequate**17. Common Facilities**

- Central supply of Oxygen / Suction: Available / Not available
- Central Sterilization Department Adequate / Not adequate
- Laundry: Manual/Mechanical/Outsourced:
- Kitchen Gas / Fire
- Incinerator: Functional / Non functional Capacity: Outsourced
- Bio-waste disposal Outsources / any other method
- Generator facility Available / Not available
- Medical Record Section: Computerized / Non computerized
- ICD10 classification Used / Not used
- Total number of OPD, IPD and Deaths in the Institution during the last one year:

OPD, IPD and no. of Deaths during last one year			
In the entire hospital		In the department of Pulmonary Medicine	
OPD		OPD	
IPD		IPD	
Deaths		Deaths	

- Number of births in the hospital during the last one year: _____

Note: The data be verified by checking the death/birth registration forms sent by the institution to the Registrar Deaths & Births (*Photocopy of all such forms be obtained*)

Signature of Assessor

18. Accommodation for staff

Available / Not available

19	Hostel Accommodation	UG		PG		Interns	
		Boys	Girls	Boys	Girls	Boys	Girls
	Number of Rooms						

20	Total number of PG seats in the concerned subject		Recognized seats	Date of recognition	Permitted	Date of permission
		Degree				
		Diploma				

21. Year wise PG students admitted (in the department inspected) during the last 5 years and available PG teachers

Year	No. of PG students admitted		No. of PG Teachers available in the dept. (give names)
	Degree	Diploma	
2014			
2013			
2012			
2011			
2010			

22	Other PG courses run by the institution	Course Name	No. of seats	Department
		DNB		
		M.Sc.		
		Others		

23. Stipend paid to the PG students yearwise:

Year	Stipend paid in Govt. colleges by State Govt.	Stipend paid by the Institution
1st Year		
IInd Year		
IIIrd Year		
IVth year		

24. List of Faculty joining and leaving after last inspection:

DESIGNATIONS	NUMBER	NAMES	
		JOINING FACULTY	LEAVING FACULTY
Professor			
Associate Prof.			
Assistant Prof.			
SR/Tutor/Demons.			
Others			

25 Faculty deficiency if any

Designation	Faculty available (number only)	Faculty required	Deficiency, if any
Professor			
Assoc. Professor			
Asstt Profesoor			
Sr. Resident			
Jr. Resident			
Tutor/Demonstrator			
Any other			

26. Final remarks by the Assessor.

(No recommendations regarding permission / recognition be made. Give only factual position).

Signature of Dean

Signature of Assessor

Standard Assessment Form for Postgraduate courses
(Pulmonary Medicine)

1. Name of Institution: _____

MCI Reference No.: _____

2. Particulars of the Assessor:-

Assessment Date _____

<p>Name</p> <p>Designation</p> <p>Specialty</p> <p>Name & Address of Institute/College</p> <p>.....</p> <p>.....</p> <p>.....</p>	<p>Residential Address (with Pin Code)</p> <p>.....</p> <p>.....</p> <p>Phone .(Off)(Resi.)</p> <p>(Fax).....</p> <p>Mobile No.</p> <p>E-mail:</p>
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3. (Institutional Information)

A). Particulars of college

Item	College	Chairman/ Health Secretary	Director/ Dean/ Principal	Medical Superintendent
Name				
Address				
State				
Pin Code				
Phone (Off) (Res) (Fax)				
Mobile No.				
E.mail:				

B). Particulars of Affiliated University

Item	University	Vice Chancellor	Registrar
Name			
Address			
State			
Pin Code			
Phone (Off) (Res) (Fax)			
Mobile No.			
E.mail:			

Signature of Assessor

Signature of Dean/Principal

PART – I
(Institutional Information)

1 Particulars of Director / Dean / Principal:*(Who so ever is Head of Institution)*

Name: _____ Age: _____ (Date of Birth) _____

PG Degree	Subject	Year	Institution	University
<i>Recognised / Not Recognized</i>				

Teaching Experience

Designation	Institution	From	To	Total experience
Asstt Professor				
Assoc Professor/Reader				
Professor				
			Grand Total	

2. Central Library

- Total number of Books in library: _____
- Books pertaining to Pulmonary Medicine: _____
- Purchase of latest editions of books in last 3 years: Total: ___ Pulm. Medicine books _____
- Journals:

Journals	Total	Pulmonary Medicine
Indian		
Foreign		

- Year / Month up to which latest Indian Journals available: _____
- Year / Month up to which latest Foreign Journals available: _____
- Internet / Med pub / Photocopy facility: available / not available
- Library opening times: _____
- Reading facility out of routine library hours: available / not available

3. Casualty:/ Emergency Department

Space	
Number of Beds	
No. of cases (Average daily OPD and Admissions):	
Emergency Lab in Casualty (round the clock):	available / not available
Emergency OT and Dressing Room	
Staff (Medical/Paramedical)	
Equipment available	

4 Blood Bank

(i)	Valid License	Yes / No	
(ii)	Blood component facility available	Yes / No	
(iii)	All Blood Units tested for Hepatitis C,B, HIV	Yes / No	
(iv)	Nature of Blood Storage facilities (as per specifications)	Yes / No	
(v)	Number of Blood Units available on inspection day		
(vi)	Average blood units consumed daily and on inspection day (give distribution in various specialties)	Average daily	On inspection day

5. Central Research Lab:

- Whether it exists? Yes No
- Administrative control:
- Staff:
- Equipment:
- Workload:

Signature of Assessor

6. Central Laboratory:

- Controlling Department:
- Working Hours:
- Investigative workload:
(Approximate number of investigations done daily)

Radiology:			Microbiology:		
	On inspection day	Average (monthly)		On inspection day	Average (monthly)
Plain X-Rays			Bacteriology		
CT Scans			Serology		
MR Scans			Mycology		
Mammography			Parasitology		
Barium studies / IVP			Virology		
Ultrasonography			Immunology		
DSA					
Others					

Pathology			Biochemistry		
	On inspection day	Average (monthly)		On inspection day	Average (monthly)
Haematology			Blood chemistry		
Histopathology			Endocrinology		
FNAC			Other fluids		
Cytology					

Radiotherapy (Optional)	
Radiotherapy	
Teletherapy	
Brachy therapy	

7. Operation Theatres:

AC / Non AC		Number of OTs functional per day	
Numbers		Number of days operations carried out	
Pre-Anaesthetic clinic		Average No. of case operated daily (Entire hospital)	Major Minor Total
Post-Anaesthetic care area			
Resuscitation arrangements	Adequate /Inadequate	Equipments	
Medical Gas pipeline	Available/ Not available		

8. Central supply of Oxygen / Suction: Available / Not available
9. Central Sterilization Department Adequate / Not adequate
10. Laundry: Manual/Mechanical/Outsourced:
11. Kitchen Gas / Fire
12. Incinerator: Functional / Non functional Capacity: Outsourced
13. Bio-waste disposal Outsources / any other method
14. Generator facility Available / Not available
15. Medical Record Section: Computerized / Non computerized
- ICD10 classification Used / Not used
 - Total number of OPD, IPD and Deaths in the Institution during the last one year:

OPD, IPD and no. of Deaths during last one year			
In the entire hospital		In the department of Pulmonary Medicine	
OPD		OPD	
IPD		IPD	
Deaths		Deaths	

- Number of births in the hospital during the last one year: _____

Note: The data be verified by checking the death/birth registration forms sent by the institution to the Registrar Deaths & Births (*Photocopy of all such forms be obtained*)

Signature of Assessor

16. Recreational facilities: Available / Not available

Play grounds	Gymnasium
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17. Hostel facilities

UGs (No. of Rooms)		Interns (No. of Rooms)		PGs (No. of Rooms)	
Boys	Girls	Boys	Girls	Boys	Girls

18. Residential accommodation for Staff / Paramedical staff Adequate / Inadequate

19. Ethical Committee (Constitution):
(Specify number of meetings held annually & minutes thereof)

20. Medical Education Unit (Constitution)
(Specify number of meetings held annually & minutes thereof)

Director / Dean / Principal

Signature of Assessor

PART – II (Departmental Information)

1 Department inspected: **Pulmonary Medicine**

2 Particulars of HOD

Name: _____ Age: _____ (Date of Birth) _____

PG Degree	Year	Institution	University
<i>Recognised/ Not Recognized</i>			

Teaching Experience

Designation	Institution	From	TO	Total experience
Asstt Professor				
Assoc Professor/Reader				
Professor				
			Grand Total	

a) **Purpose of Present inspection:** Grant of Permission/ Recognition/ Increase of seats /
Renewal of recognition/Compliance Verification

b) **Date of last MCI inspection of the department:** _____

(Write Not Applicable for first MCI inspection)

c) **Purpose of Last Inspection:** _____

d) **Result of last Inspection:** _____

(Copy of MCI letter be attached)

3 Mode of selection (actual/proposed) of PG students.

4 If course already started, yearwise number of PG students admitted and available PG teachers during the last 5 years:

Year	No. of PG students admitted		No. of PG Teachers available in the dept. (give names)
	Degree	Diploma	
2014			
2013			
2012			
2011			
2010			

5 Departmental General facilities:

- Total number of beds in the department:.....
- Number of Units in the department:.....
- Unit wise teaching Resident Staff (Annexed).....

Signature of Assessor

Unit wise teaching Resident Staff:

Unit _____

Bed strength _____

S. No.	Designation	Name with Date of Birth	Nature of employment Full time/part time/Hon.	PAN Number TDS deducted	PG QUALIFICATION			<u>Experience</u> Date wise teaching experience with designation & Institution					
					Subject with Year of passing	Institution	University	Designation	Institution	From	To	Total Period	* Benefit of publications in promotion Yes/No, if yes List publications

*Note: Unit wise teaching / Resident staff should be shown separately for each Unit in the proforma.
Use only the Format provided. DO NOT devise your own format otherwise the information will not be considered. Fill up all columns
Publications : Give only full articles in indexed Journals published during the period of promotion

Signature of Assessor

* Has any of these faculty members been considered in PG/UG inspection at any other college or any other subject in this college after 01.03.2014. If yes, give details.

6 List of Faculty joining and leaving after last inspection:

DESIGNATIONS	NUMBER	NAMES	
		JOINING FACULTY	LEAVING FACULTY
Professor			
Associate Prof.			
Assistant Prof.			
SR/Tutor/Demons.			
Others			

7 List of Non-teaching Staff in the department: -

S. No.	Name	Designation

8 Available Clinical Material: (Give the data only for the department of Pulmonary Medicine)

- No of units available for clinical service on inspection day:

	On inspection day	Average of 3 random days
• Daily OPD
• Daily admissions
• Daily admissions in Deptt. Through Casualty
• Bed occupancy in the Deptt. ...(%)...... (Number of IPD on inspection day).....		
- Weekly clinical work load for OPD & IPD (define it per unit) -

9 Year-wise available clinical materials (during previous 3 years) for department of Pulmonary Medicine

Parameters	Year 1	Year 2	Year 3
Total number of patients in OPD			
Total number of patients in IPD			
Weekly clinical work load for OPD			
Weekly clinical work load for IPD			
Average daily investigative workload of the Department and its distribution <ul style="list-style-type: none"> • Radiology • Biochemistry • Pathology • Microbiology 			
Average daily consumption of blood units in the department			

10 Intensive Care facilities

I. RICU (Respiratory Intensive Care Unit)

- No. of beds:
- Beds occupied on inspection day:
- Average bed occupancy
- Available equipment
- Number of Ventilators Bipap Invasive

II. Any other intensive care service provided:

11 Specialty clinics being run by the department and number of patients in each

S.No.	Name of the Clinic	Days on which held	Timings	Average No. of cases attended	Name of Clinic In-charge
1	Respiratory Rehabilitation				
2	Asthma				
3	Bronchoscopy				
7	Any other				

12. Services provided by the Department.

- (a) Bronchoscopy
- (b) Physiotherapy Section.
- (c) PFT test and DLCO.
- (d) Blood Gas analysis
- (e) RICU services
- (f) Aerosol Therapy
- (g) Treatment for MDR Tuberculosis
- (h) FNAC from Pleura and Lung
- (i) Any other

13 Departmental Library:

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

14 Departmental Research Lab.

- Space
- Equipment
- Research projects utilizing Deptt research lab.

15 Departmental Museum (Wherever applicable).

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

16 Space:

- No. of rooms OPD IPD
- Patient Exam. arrangement:
- Equipments
- Teaching Space
- Waiting area for patients.

17 Office space:

- | Departmental Office | Office Space for Teaching Faculty |
|-------------------------|-----------------------------------|
| • Space | HOD |
| • Staff (Steno /Clerk). | Professors |
| • Computer/ Typewriter: | Assoc. Prof |
| | Asstt Prof. |
| | Residents |

PART III**POSTGRADUATE EXAMINATION (Only At the Time Of Inspection)**

1. Minimum prescribed period of training.
2. Minimum prescribed essential attendance.
3. Periodic performance appraisal done or not?
4. Whether the candidates appearing in the examination have submitted their thesis six months before appearing in examination as per PG Regulations.2000?
5. Whether the thesis submitted by the candidates appearing in the examination been accepted or not?
6. Whether the candidates appearing in the examination have (i) presented one poster (ii) read one paper at National/State conference and presented one research paper which has been published/accepted for publication/sent for publication during period of their postgraduate study period.
7. Details of examiners appointed by Examining University.
8. Whether appointment of examiners, their eligibility & conduct of examination is as per prescribed MCI norms or not ?
9. Standard of Theory papers and that of Clinical / Practical Examination:

10. Year of 1st batch pass out (mention name of previous/existing University)

Degree Course -----

Signature of Dean/Principal/Director

- Note: (i) Please do not appoint retired faculty as External Examiner
(ii) There should be two internal and two external examiners. If there are no two internal examiners available in the department then only appoint three external examiners.