

# STANDARD ASSESSMENT FORM- B

## (DEPARTMENTAL INFORMATION) MEDICAL ONCOLOGY

1. *Kindly read the instructions mentioned in the Form 'A'.*  
 2. *Write N/A where it is Not Applicable. Write 'Not Available', if the facility is Not Available.*

**A. GENERAL:**

- a. Date of LoP when PG course was first Permitted: \_\_\_\_\_
- b. Number of years since start of PG course: \_\_\_\_\_
- c. Name of the Head of Department: \_\_\_\_\_
- d. Number of PG Admissions (Seats): \_\_\_\_\_
- e. Number of Increase of Admissions (Seats) applied for: \_\_\_\_\_
- f. Total number of Units: \_\_\_\_\_
- g. Number of beds in the Department: \_\_\_\_\_
- h. Number of beds in the Department for day care: \_\_\_\_\_
- i. Total number of ICU beds/ High Dependency Unit (HDU) beds in the department: \_\_\_\_\_
- j. Number of Units with beds in each unit: (Specialty applicable):

Unit	Number of Beds	Unit	Number of beds
Unit-I		Unit-IV	
Unit-II		Unit-V	
Unit-III		Unit-VI	

k. Details of PG inspections of the department in last five years:

Date of Inspection	Purpose of Inspection <i>(LoP for starting a course/permission for increase of seats/ Recognition of course/ Recognition of increased seats /Renewal of Recognition/Surprise /Random</i>	Type of Inspection <b>(Physical/ Virtual)</b>	Outcome <i>(LoP received/denied. Permission for increase of seats received/denied. Recognition of course done/denied. Recognition of increased seats done/denied /Renewal</i>	No of seats Increased	No of seats Decreased	Order issued on the basis of inspection <i>(Attach copy of all the order issued</i>

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	<i>Inspection/ Compliance Verification inspection/other)</i>		<i>of Recognition done/denied /other)</i>			<i>by NMC/MCI) as Annexure</i>

1. Any other Course/observer ship (PDCC, PDF, DNB, M.Sc., PhD, FNB, etc.) permitted/ not permitted by MCI/NMC is being run by the department? If so, the details thereof:

Name of Qualification (course)	Permitted/not Permitted by MCI/NMC	Number of Seats
	Yes/No	
	Yes/No	

**B. INFRASTRUCTURE OF THE DEPARTMENT:**

**a. OPD**

No of rooms: \_\_\_\_\_

Area of each OPD room (add rows)

	Area in M <sup>2</sup>
<b>Room 1</b>	
<b>Room 2</b>	

Waiting area: \_\_\_\_\_ M<sup>2</sup>

Space and arrangements: **Adequate/ Not Adequate.**

If not adequate, give reasons/details/comments: \_\_\_\_\_

**b. Wards**

No. of wards: \_\_\_\_\_

Parameters	Details
Distance between two cots (in meter)	
Ventilation	Adequate/Not Adequate
Infrastructure and facilities	
Dressing and procedure room	

**c. Department office details:**

Department Office	
Department office	Available/not available
Staff (Steno /Clerk)	Available/not available

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Computer and related office equipment	Available/not available
Storage space for files	Available/not available

<b>Office Space for Teaching Faculty/residents</b>	
Faculty	Available/not available
Head of the Department	Available/not available
Professors	Available/not available
Associate Professors	Available/not available
Assistant Professor	Available/not available
Senior residents rest room	Available/not available
PG rest room	Available/not available

**d. Seminar room**

Space and facility: Adequate/ Not Adequate

Internet facility:

Audiovisual equipment details:

**e. List of Department specific laboratories with important Equipment:**

Name of Laboratory	Size in square meter	List of important equipment available with total numbers	Adequate/ Inadequate

**f. Library facility pertaining to the Department/Speciality (Combined Departmental and Central Library data):**

Particulars	Details
Number of Books	
Total books purchased in the last three years (attach list as Annexure)	
Total Indian Journals available	
Total Foreign Journals available	

Internet Facility: Yes/No

Central Library Timing: \_\_\_\_\_

Central Reading Room Timing: \_\_\_\_\_

**Journal details**

Name of Journal	Indian/foreign	Online/offline	Available up to
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Signature of Dean

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**g. Departmental Research:**

Research Projects Done in past 3 years.	
List of Research projects in progress.	

**h. Equipment:**

Name of the Equipment	Available/ Not available	Functional Status	Important Specifications in brief
Others			

**C. SERVICES:**

**i. Intensive care Service provided by the Department:**

**ii. Specialty clinics being run by the Department and number of patients in each.**

Name of the Clinic	Days on which held	Timings	Average No. of cases attended	Name of Clinic In-charge

Signature of Dean

Signature of Assessor

**D. CLINICAL MATERIAL AND INVESTIGATIVE WORKLOAD OF THE DEPARTMENT OF MEDICAL ONCOLOGY:**

<b>Parameters</b>	<b>On the day of inspection</b>	<b>Previous day data</b>	<b>Year 1</b>	<b>Year 2</b>	<b>Year 3 (last year)</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>
Total numbers of Out-Patients					
Out-Patients attendance (write <b>Average daily Out-Patients attendance</b> in column 4,5,6) *					
Total numbers of new Out-Patients					
New Out Patients attendance (write average in column 4,5,6)* for Average daily New Out-Patients attendance					
Total Admissions for Year					
Bed occupancy			X	X	X
Bed occupancy for the whole year above 75 % (prepare a data table)	X	X	Yes/ No	Yes/ No	Yes/ No
Bed occupancy of Day Care Beds					
X-rays per day (OPD + IPD) (write average of all working days in column 4,5,6)					
Ultrasonography per day (OPD + IPD) (write average of all working days in column 4,5,6)					
CT scan per day (OPD + IPD) (write average of all working days in column 4,5,6)					
MRI per day (OPD + IPD) (average (write average of all working days in column 4,5,6)					

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Cytopathology Workload per day (OPD + IPD) (write average of all working days in column 4,5,6)					
OPD Cytopathology Workload per day (write average of all working days in column 4,5,6)					
Haematology workload per day (OPD + IPD) (write average of all working days in column 4,5,6)					
OPD Haematology workload per day (write average of all working days in column 4,5,6)					
Biochemistry Workload per day (OPD + IPD) (write average of all working days in column 4,5,6)					
OPD Biochemistry Workload per day (write average of all working days in column 4,5,6)					
Microbiology Workload per day (OPD + IPD) (write average of all working days in column 4,5,6)					
OPD Microbiology Workload per day (write average of all working days in column 4,5,6)					
Total Deaths **					
Total Blood Units Consumed including Components					
Disease wise break up of patients treated by Department					
ALL					
AML					
CML					

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CLL					
NHL					
HL					
MM					
Other malignancies					

\* **Average daily Out-Patients attendance** is calculated as below.

Total OPD patients of the department in the year divided by total OPD days of the department in a year

\*\**The details of deaths sent by hospital to the Registrar of Births/Deaths*

**E. PROCEDURES**

Name of procedure	On the day of inspection	Previous day data	Year 1	Year 2	Year 3 (last year)
1	2	3	4	5	6
Bone Marrow Aspirations					
Bone Marrow Biopsy					
Lumber Puncture Diagnostic					
Intrathecal Therapies					
Plural Tap					
Ascetic Tap					
Insertion of PICC lines					

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**ii. Total eligible faculties and Senior Residents (fulfilling the TEQ requirement, attendance requirement and other requirements prescribed by NMC from time-to-time) available in the department:**

Designation	Number	Name	Total number of Admission (Seats)	Adequate / Not Adequate for number of Admission
Professor				
Associate Professor				
Assistant Professor				
Senior Resident				

**iii. P.G students presently studying in the Department:**

Name	Joining date	Phone No	E-mail

**iv. PG students who completed their course in the last year:**

Name	Joining date	Relieving Date	Phone no	E-mail

**G. ACADEMIC ACTIVITIES:**

S. No.	Details	Number in the last Year	Remarks Adequate/ Inadequate
1.	Clinico- Pathological conference		
2.	Theory classes taken		
3.	Clinical Seminars		
4.	Journal Clubs		
5.	Case presentations		

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6.	Group discussions		
7.	Guest lectures		
8.	Death Audit Meetings		
9.	Physician conference/ Continuing Medical Education (CME) organized.		
10.	Symposium		

**Note:** For theory classes, seminars, Journal Clubs, Case presentations, Guest Lectures the details of dates, subjects, name & designations of teachers and attendance sheets to be maintained by the institution and to be produced on request by the Assessors/PGMEB.

**Publications from the department during the past 3 years:**

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**H. EXAMINATION:**

**i. Periodic Evaluation methods (FORMATIVE ASSESSMENT):**  
(Details in the space below)

**ii. Detail of the Last Summative Examination:**

**a. List of External Examiners:**

Name	Designation	College/ Institute

**b. List of Internal Examiners:**

Name	Designation

Signature of Dean

Signature of Assessor


**c. List of Students:**

Name	Result (Pass/ Fail)

**d. Details of the Examination:** \_\_\_\_\_

Insert video clip (5 minutes) and photographs (ten).

**I. MISCELLANEOUS:****i. Details of data being submitted to government authorities, if any:****ii. Participation in National Programs.  
(If yes, provide details)****iii. Any Other Information****j. Please enumerate the deficiencies and write measures are being taken to rectify those deficiencies:****Date:****Signature of Dean with Seal****Signature of HoD with Seal**

Signature of Dean

Signature of Assessor

**K.**

**REMARKS OF THE ASSESSOR**

1. Please **DO NOT** repeat information already provided elsewhere in this form.
2. Please **DO NOT** make any recommendation regarding grant of permission/recognition.
3. Please **PROVIDE DETAILS** of deficiencies and irregularities like fake/ dummy faculty, fake/dummy patients, fabrication/falsification of data of clinical material, etc. if any that you have noticed/come across, during the assessment. Please attach the table of list of the patients (IP no., diagnosis and comments) available on the day of the assessment/inspection.
4. Please comment on the infrastructure, variety of clinical material for the all-round training of the students.