

STANDARD ASSESSMENT FORM- B

(DEPARTMENTAL INFORMATION) SURGICAL 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. Total number of ICU beds/ High Dependency Unit (HDU) beds in the department: _____
- i. 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 | |

j. 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 (Physical/ Virtual) | 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> |
| | | | | | | |

k. 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 ² |
|---------------|------------------------|
| Room 1 | |
| Room 2 | |
| | |

Waiting area: _____ M²

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 |

| Office Space for Teaching Faculty/residents | |
|---|-------------------------|
| 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 |
|--------------------|----------------------|--|----------------------|
| | | | |
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| | | | |

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: _____

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Journal details

| Name of Journal | Indian/foreign | Online/offline | Available up to |
|-----------------|----------------|----------------|-----------------|
| | | | |
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g. Departmental Research:

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

h. Departmental Museum:

| | |
|---------------------------------|--|
| Space | |
| Total number of Specimens | |
| Total number of Chart/ Diagrams | |

i. Equipment:

| Name of the Equipment | Available/ Not available | Functional Status | Important Specifications in brief |
|------------------------------|--------------------------------|----------------------|-----------------------------------|
| Laparoscopic Surgery Set | | | |
| Ultrasonic Cutting device | | | |
| Vessel sealer | | | |
| Headlight | | | |
| High end suction machine | | | |
| Infusion pump | | | |
| Laryngoscope with all blades | | | |
| Colposcope | | | |
| Upper-Lower GI endoscope | | | |
| Bronchoscope | | | |
| Thoracoscope | | | |
| Video Laryngoscope | | | |

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| Skill Laboratory | | | |
| other | | | |

C. SERVICES:

i. Any Intensive care service provided by the department:

ii. Specialty clinics being run by the department and number of patients in each clinic:

| S.No. | Name of the Clinic | Days on which held | Timings | Average No. of cases attended | Name of Clinic In-charge |
|-------|---|--------------------|---------|-------------------------------|--------------------------|
| 1 | Breast Clinic | | | | |
| 2 | Tobacco Cessation clinic | | | | |
| 3 | Preventive Oncology | | | | |
| 4 | Physiotherapy & Rehabilitation | | | | |
| 5 | Comprehensive Endoscopy facility | | | | |
| 6 | Colonoscopy services | | | | |
| 7 | Combined clinic (Gynaec/Surgery/Oncology) | | | | |
| 8 | Sarcoma Clinic | | | | |
| 9 | Thyroid clinic | | | | |

iii. Services provided by the Department:

| Services | Yes/No | If Yes – Weekly Workload |
|-----------------------------|--------|--------------------------|
| Total Endoscopy (upper G.I) | | |
| Total Colposcopy | | |
| Total Oral cavity biopsy | | |
| Total Colonoscopy | | |
| Total breast biopsy | | |
| Rehabilitation | | |
| Counseling | | |

D. CLINICAL MATERIAL AND INVESTIGATIVE WORKLOAD OF THE DEPARTMENT OF SURGICAL ONCOLOGY

| Parameter | On the day of assessment | Previous day data | Year 1 | Year 2 | Year 3 (last year) |
|-------------------------------|--------------------------|-------------------|--------|--------|--------------------|
| 1 | 2 | 3 | 4 | 5 | 6 |
| Total numbers of Out-Patients | | | | | |

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|---|---|---|--------|--------|--------|
| Out-Patients attendance (write Average daily Out-Patients attendance 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 | | | | | |
| Bed occupancy | | | X | X | X |
| Bed occupancy for the whole year above 75%. | X | X | Yes/No | Yes/No | Yes/No |
| Total Major surgeries in the department | | | | | |
| Total Minor surgeries in the department | | | | | |
| Histopathology Workload | | | | | |
| Total number of upper G.I. endoscopy | | | | | |
| Total number of colonoscopy | | | | | |
| Oral cavity Biopsies | | | | | |
| FNAC | | | | | |
| CT Guided FNAC | | | | | |
| USG Guided FNAC | | | | | |
| Special Biochemical Investigations | | | | | |
| CA 125 | | | | | |
| Serum CEA | | | | | |
| Serum AFP | | | | | |
| Oral cavity Biopsies | | | | | |
| X-rays per day (OPD + IPD).(write average of all working days in column 4, 5 and 6) | | | | | |
| Ultrasonography per day (OPD + IPD). (write average of all working days in column 4, 5 and 6) | | | | | |
| CT scan per day (OPD + IPD).(write average of all working days in column 4, 5 and 6) | | | | | |
| MRI per day (OPD + IPD).(write average of all working days in column 4, 5 and 6) | | | | | |
| Cytopathology Workload per day (OPD + IPD).(write average of all working days in column 4, 5 and 6) | | | | | |
| OPD Cytopathology Workload per day.(write average of all working days in column 4, 5 and 6) | | | | | |
| Haematology workload per day (OPD + IPD).(write average of all working days in column 4, 5 and 6) | | | | | |

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|--|--|--|--|--|--|
| OPD Haematology workload per day.(write average of all working days in column 4, 5 and 6) | | | | | |
| Biochemistry Workload per day (OPD + IPD).(write average of all working days in column 4, 5 and 6) | | | | | |
| OPD Biochemistry Workload per day.(write average of all working days in column 4, 5 and 6) | | | | | |
| Microbiology Workload per day (OPD + IPD).(write average of all working days in column 4, 5 and 6) | | | | | |
| OPD Microbiology Workload per day.(write average of all working days in column 4, 5 and 6) | | | | | |
| | | | | | |
| Total Deaths. ** | | | | | |
| Total Blood Units Consumed including Components. | | | | | |

*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. SURGERY WORKLOAD:

| Name of the Surgery | On the day of Assessment | Previous day data | Year 1 | Year 2 | Year 3 (last Year) |
|--|--------------------------|-------------------|--------|--------|--------------------|
| Total number of laparoscopic surgeries | | | | | |
| Total number of Neck dissections | | | | | |
| Total number of Breast surgeries | | | | | |
| Gastrointestinal Oncology Surgery | | | | | |
| Head & Neck Surgery | | | | | |
| Urology Oncology Surgery | | | | | |
| Gynecology Surgery | | | | | |
| Musculoskeletal | | | | | |
| Thoracic Oncology Surgery | | | | | |
| other | | | | | |
| | | | | | |

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F. STAFF:

i. Unit-wise faculty and Senior Resident details:

Unit no: _____

| Sr. No. | Designation | Name | Joining date | Relieved/Retired/working | Relieving Date/Retirement Date | Attendance in days for the year/part of the year * with percentage of total working days** [days (%)] | Phone No. | E-mail | Signature |
|---------|-------------|------|--------------|--------------------------|--------------------------------|--|-----------|--------|-----------|
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* - Year will be previous Calendar Year (from 1st January to 31st December)
 ** - Those who have joined mid-way should count the percentage of the working days accordingly.

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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 | | |
| 6. | Group discussions | | |

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|-----|--|--|--|
| 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 |
|------|-------------|
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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/came 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.

Signature of Dean

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