

STANDARD ASSESSMENT FORM- B

(DEPARTMENTAL INFORMATION)

GENERAL SURGERY

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:

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

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</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</i>	No of seats Increased	No of seats Decreased	Order issued on the basis of inspection <i>(Attach copy of all the order issued by</i>

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	<i>Recognition/Surprise /Random Inspection/ Compliance Verification inspection/other)</i>		<i>increased seats done/denied /Renewal of Recognition done/denied /other)</i>			<i>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 by MCI/NMC	Number of Admissions per year
	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. Operation Theatres:

i. Do you full fill Operation Theatre infrastructure guidelines given in Part -A of the form:

Yes/ No

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If no, what measure are you taking to rectify the deficiencies.

ii. Total number of operation theatre (tables) per week for each unit:

d. Department office details:

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

e. Seminar Room:

Space and facility: Adequate/ Not Adequate

Internet facility: Available/Not Available

Audiovisual equipment details:

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

g. Departmental Research Lab:

Space	
Equipment	
Research Projects completed in past 3 years	
List the Research projects in progress in research lab	

h. Equipment:

Name of the Equipment	Numbers Available	Functional Status	Important Specifications in brief	Adequate Yes/No
Upper GI Endoscope set				
Lower GI Endoscope set				
Laparoscopy equipment set (write total no of functioning sets available with the Department).				
Ultrasonic Dissector/ Coagulator				
Vessel Sealing Equipment.				
Ultrasonography machine with Doppler facility linear, convex and cardiac probe and puncture guide				
Laparoscopy Trainers				
Any other equipments				

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C. SERVICES:

i. Specialty clinics run by the Department of Surgery with number of patients in each:

Name of the Clinic	Weekday/s	Timings	Number of cases (Avg.)	Name of Clinic In-charge
CTVS				
Urology				
Plastic Surgery				
Surgical Gastroenterology				
Neurosurgery				
Pediatric Surgery				
Cancer Clinic- with support from medical oncology, radiation oncology and surgical oncology				
Any other Clinic				

ii. Services provided by the Department of Surgery:

Service / facility	Yes / No – Remarks if any
a) Upper GI Endoscopy	
b) Colonoscopy	
c) Any other	

iii. ICU

Type	Available/ not Available	Number of total beds	Major Equipment list	Bed occupancy on the day of inspection	Average daily bed occupancy for the last year
Surgical ICU (under care of General Surgery department)- SICU					
Any other intensive care service provided					

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D. CLINICAL MATERIAL AND INVESTIGATIVE WORKLOAD OF THE DEPARTMENT OF GENERAL SURGERY:

Parameter	Numbers				
	On the day of assessment	Previous day data	Year 1	Year 2	Year 3 (last year)
1	2	-	3	4	5
Total numbers of Out-Patients					
Out-Patients attendance (write Average daily Out-Patients attendance in column 3,4,5) *					
Total numbers of new Out-Patients					
New Out Patients attendance (write average in column 3,4,5) * 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
Histopathology Workload per day (average of all working days)					
X-rays per day (OPD + IPD). (write average of all working days in column 3, 4 and 5)					
Ultrasonography per day (OPD + IPD) . (write average of all working days in column 3, 4 and 5)					
CT scan per day (OPD + IPD). (write average of all working days in column 3, 4 and 5)					
MRI per day (OPD + IPD). (write average of all working days in column 3, 4 and 5)					
Cytopathology Workload per day (OPD + IPD). (write average of all working days in column 3, 4 and 5)					
OPD Cytopathology Workload per day. (write average of all working days in column 3, 4 and 5)					
Haematology workload per day (OPD + IPD). (write average of all					

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working days in column 3, 4 and 5)					
OPD Haematology workload per day. (write average of all working days in column 3, 4 and 5)					
Biochemistry Workload per day (OPD + IPD). (write average of all working days in column 3, 4 and 5)					
OPD Biochemistry Workload per day. (write average of all working days in column 3, 4 and 5)					
Microbiology Workload per day (OPD + IPD). (write average of all working days in column 3, 4 and 5)					
OPD Microbiology Workload per day. (write average of all working days in column 3, 4 and 5)					
Total Major surgeries in the department					
Total Minor surgeries in the department					
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	Year 1	Year 2	Year 3 (last Year)
Vasectomy (conventional)				
Vasectomy (Preferably non-scalpel)				
Suprapubic cystostomy				
Surgery for hydrocele				
Circumcision				
Surgery for inguinal hernia(open)				
Surgery for inguinal hernia (Laparoscopy)				
Surgery for incisional hernia-open				
Surgeries for other hernias				
Hemi thyroidectomy				
Total thyroidectomy				

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Excision Biopsy of Cervical Lymph node				
Axillary Lymph node Biopsy				
Excision of benign breast lump				
Modified Radical mastectomy				
Split thickness skin graft				
Laparoscopic Cholecystectomy				
Open Cholecystectomy				
Laparoscopic Appendectomy				
Open Appendectomy				
Surgeries Intestinal obstruction				
Colostomy				
Management of Liver Abscess				
Surgery for Hydatid Cyst of liver				
Splenectomy				
Varicose Vein surgery				
Superficial Parotidectomy				
Submandibular gland excision				
Pancreaticoduodenal resection				
Other Pancreatic surgery				
Stomach perforation surgeries				
Stomach malignancy surgeries				
Surgeries for Soft tissue tumours				
Craniotomy				
Prostatectomy				
Anterior resection				
AP resection				
Hemicolectomy				
Other				

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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
1.	Clinico- Pathological conference		
2.	Clinical Seminars		
3.	Journal Clubs		
4.	Case presentations		
5.	Group discussions		
6.	Guest lectures		
7.	Death Audit Meetings		

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Note: For 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**

Signature of Dean

Signature of Assessor

J. Please enumerate the deficiencies and write measures which 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

Signature of Assessor