

STANDARD ASSESSMENT FORM- B

(DEPARTMENTAL INFORMATION)

ORTHOPAEDICS

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 Recognition/Surprise</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 of Recognition done/denied /other)</i>	No of seats Increased	No of seats Decreased	Order issued on the basis of inspection <i>(Attach copy of all the order</i>

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	<i>/Random Inspection/ Compliance Verification inspection/other)</i>					<i>issued by NMC/M CI as Annexu re)</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	

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c. Operation Theatres:

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

Yes/ No

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
Professor	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: Available/Not Available

Internet facility: Available/Not Available

Audiovisual equipment details:

f. 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
Skill labs			

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g. 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

h. Departmental Research Lab:

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

i. Equipment:

Name of the Equipment	Must/Preferable	Numbers Available	Functional Status	Important Specifications in brief	Adequate Yes/No
External Fixator Set					
Ilizarov Fixator Set					
Electric and Battery Operated Power Drill					
Arthroscopy set					
Image Intensifier					

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Hip Arthroplasty set					
Knee Arthroplasty set					
Fracture Fixation set					
Spine surgery set					
DHS set					
Inter locking nail set					
Plaster Cutters					
Any other equipment					

C. SERVICES:

- i. Specialty clinics run by the Department of Orthopedics with number of patients in each (optional):

Name of the Clinic	Weekday/s	Timings	Number of cases (Average)	Name of Clinic In-charge
Fracture clinic				
CTEV clinic				
Spine Clinic				
Hand Clinic				
Arthroplasty Clinic				
Arthroscopy Clinic				
Sports clinic				
Paediatrics orthopedic clinic				
Any other clinic				

- ii. Services provided by the Department of Orthopedics:

Service / facility	Yes / No	details
Joint replacement (Hip, Knee, other)		
Trauma services		
Arthroplasty		

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Arthroscopy		
Spine surgery		
Physiotherapy Section.		
Plaster room/Plaster cutting room		
Neuro investigations like EMG, NCV		
radio investigations like DEXA SCAN for BMD		
Any other		

D. CLINICAL MATERIAL AND INVESTIGATIVE WORKLOAD OF THE DEPARTMENT OF ORTHOPAEDICS:

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)					
CT scan per day (OPD + IPD). (write					

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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 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	Year 1	Year 2	Year 3
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	of Assessment			(Last Year)
Split thickness skin grafting				
Closed reduction of common dislocations				
Closed reduction of common fractures				
Repair of open hand injuries including tendon repair				
Arthrotomy of joints like hip/shoulder, ankle, elbow, knee				
Carpal tunnel/tarsal tunnel release				
Sequestrectomy and saucerization				
Arthroplasty surgeries of hip				
Arthroplasty surgeries of knee				
Arthroplasty surgeries of shoulder				
Operative arthroscopy of various joints				
Surgical operations on benign and malignant musculoskeletal tumour				
Open reduction and internal fixations of complex fractures including pelvic fractures.				
Corrective osteotomies				
Soft tissue releases in contractures, tendon lengthening and correction of deformities				
Spinal decompressions and spinal stabilizations				
Internal fixation with DCP, LCP, intramedullary nailing, LRS				
limb lengthening procedures				
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:

Details	Number in the last Year	Remarks Adequate/ Inadequate
Clinico- Pathological conference		
Clinico- Radiological conference		
Clinical Seminars		
Journal Clubs		
Case presentations		
Group discussions		

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Guest lectures		
Death Audit Meetings		

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).

Signature of Dean

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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/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.

Signature of Dean

Signature of Assessor