

STANDARD ASSESSMENT FORM- B

(DEPARTMENTAL INFORMATION)

PAEDIATRICS

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</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>/Random Inspection/ Compliance Verification inspection/other)</i>		<i>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 metre)	
Ventilation	Adequate/Not Adequate
Infrastructure and facilities	
Dressing /Procedure Room	

c. Department office details:

Department Office	
Department office	Available/not available

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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

d. Seminar Room:

Space and facility: Adequate/ Not Adequate

Internet facility: Available/Not Available

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	

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Internet Facility: Yes/No
 Central Library Timing: _____
 Central Reading Room Timing: _____

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	Must / Desirable	Number Available	Functional Status	Important specification in Brief	Adequate (Yes/No)
ABG Equipment					
Phototherapy Units (CFL & LED)					
Parenteral nutrition Equipment					
Neonatal ventilator with high frequency ventilation					
Neonatal ventilator without high frequency ventilation					
Inhaled NO machine					
Therapeutic hypothermia machine					
EEG machine					
Oxygen blenders					
T piece resuscitator					

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OAE/BERA machine					
Laminar Flow in ICU					
CPAP machine					
Multipara Monitors					
Echo – color Doppler					
Resuscitation kit					
Radiant warmer					
Pulse Oximeters					
ECG machine					
Crash cart trollies					
Computerized PFT equipment					
Syringe pump					
USG					
Defibrillator					
Transport Incubator					
Computerized weighing scale					
HHHFNC					
Any other equipment					

C. SERVICES:

i. Intensive care facilities:

Type	Available/ Not Available	Number of total beds	Major Equipment with specifications	Bed occupancy on the day of inspection	Average bed occupancy for the last year
Neonatal ICU- NICU					
Paediatrics ICU- PICU					
Any other ICU					

ii. Specialty clinics run by the department of Paediatrics with number of patients in each:

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Name of the Clinic	Weekday/s	Timings	Number of cases (average)	Name of Clinic In-charge
Paediatric Cardiology				
Paediatric Nephrology				
Paediatric Endocrine				
Paediatric Haematology				
Diarrhea (Gastro)				
Paediatric Neurology				
Neonatology a. High risk b. Well baby				
Immunization				
Paediatric Asthma				
Thalassemia				
Paediatric Rheumatology				
Infectious Disease				
Development and Early Intervention Clinic (DEIC)				
Nutritional Rehabilitation Clinic (NRC)				
Any other clinic				

iii. Services provided by the Department of Paediatrics:

Service / facility	Available/ not available	Adequate/ not Adequate.	If not adequate, mention specific deficiencies/reasons
Neonatal services:			
NICU			
Neonatal ventilation			
Exchange transfusion			
Phototherapy			
Parenteral nutrition			
Endoscopy			
Dialysis			
Haemodialysis			

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Peritoneal Dialysis			
CRRT			
Central and Arterial Lines			
Paediatric Ventilation			
Thalassemia day care center			
Physiotherapy section			
Child counselling services			
ART Centre			
Delivery room services			
Investigative facilities			
Bronchoscopy			
PFT			
ABG			
Any other			

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

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

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Bed occupancy for the whole year above 75%.	X	X	Yes/No	Yes/No	Yes/No
Procedures performed (see table below) #					
ECG per day. (write average of all working days in column 3, 4 and 5)					
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 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)					
Deliveries including LSCS per week (average of all weeks of the year)					
Total Deaths. **					
Total Blood Units Consumed					

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including Components.					
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* **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

Procedures performed

Procedures	On the Day of Assessment	Data of Previous Month	(Last Year)

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E. STAFF:

i. Unit-wise faculty and Senior Residents 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

F. ACADEMIC ACTIVITIES:

S. No.	Details	Number in the last Year	Remarks Adequate/ Inadequate
1.	Clinico- Pathological conference		
2.	Clinical Seminars		
3.	Journal Clubs		
4.	Case presentations		
5.	Group discussions		
6.	Guest lectures		

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7.	Death Audit Meetings		
8.	Physician conference/ Continuing Medical Education (CME) organized.		
9.	Symposium		

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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G. 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).

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H. 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

I. 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

J.**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