

STANDARD ASSESSMENT FORM- B

(DEPARTMENTAL INFORMATION) PATHOLOGY

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 Units with beds in each unit: (Specialty applicable):

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

i. 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 Inspection/ Compliance Verification inspection/other)</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 issued by NMC/ MCI as Annexure)</i>

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j. 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. Collection Centre

No of rooms: _____

Area of each Collection 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. 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

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PG rest room	Available/not available
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c. Seminar room/Demonstration Room:

Space and facility: Adequate/ Not Adequate

Particulars	Seminar room	Demo room
Size (Area)		
Capacity		
Water Supply		
Sinks		
Electric points		
Cupboards*		

Space and facility: Adequate/ Not Adequate

Internet facility: Available/Not Available

Audiovisual equipments details:

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

Particulars	In the Department	In Central Library
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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e. Departmental Research Lab:

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

f. Departmental Museum:

Space	
Total number of Mounted Specimens	
Total number of Wet Specimens	
Total number of Chart/ Diagrams	

g. Total number of Laboratories in the department:

Particulars	Morbid anatomy/Autopsy	Histopathology	Cytopathology	Hematology	Any other lab.
Size (Area)					
Capacity					
Water Supply					
Sinks					
Electric points					
Cupboards*					

* For storage of Microscopes, slides etc.

h. Details of different sections in the Department of Pathology:

Section	Area (M ²)	Equipment available
Histopathology		
Cytology / Cytopathology		
Hematology		
Fluid Section/Clinical Pathology		
Autopsy /Morbid Anatomy		

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Other		
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i. Equipment:

Name of the Equipment	Must/Desirable	Numbers Available	Functional Status	Important Specifications in brief	Adequate (Yes/No)
Binocular Microscopes					
Penta head Microscope					
Binocular research microscope with photography facility					
Automated tissue processor					
Microtome					
Cryostat for frozen sections					
Microwave for IHC					
Cell counter					
HPLC Machine (Hb variants)					
Centrifuge / Cytospin					
PT and aPTT automated analyzer/coagulometer					
Flowcytometry for hematology					
IHC equipment					
Any other equipment (Add rows)					

C. INVESTIGATIVE WORKLOAD IN THE DEPARTMENT OF PATHOLOGY:

a. General:

Nature of Specimens	On the day of assessment	Year I	Year II	Year III (last year)
(1)	(2)	(3)	(4)	(5)
Total number of histopathology investigations [Total specimens (Organ/Part/Tissue) for histopathology received and reported]. Prepare data table.				
Frozen sections. Prepare data table				

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Special stains (give details below in brief). Prepare data table				
Immunohistochemistry (mention below if outsourced)				
Total Hematology Specimen received and tested				
Total Cytopathology Specimen received and reported (Cytopathology workload). Prepare data table				
Fluid Cytology				
Exfoliative Cytology (Pap's Smear)				
FNAC (Direct). Prepare data table				
FNAC (CT guided). Prepare data table				
FNAC (USG guided).				
PBF				
Bone marrow. Prepare data table				

b. Histopathology

Types of histopathological reports by the Department of Pathology:

Nature of Disease Reported	Total numbers			
	On the day of Assessment	Year 1	Year 2	Year 3 (Last year)
Tuberculosis				
Other infections/ Inflammations				
Benign/Non Neoplastic*				
Malignancies. Prepare data table				
Others (specify)				

Note: * Tuberculosis and Other infections/inflammations to be excluded here.

c. Hematology:

Total Hematology samples received and tested: _ _ _

Number of Investigations

Name of test	Total numbers			
	Number on day of assessment	Year 1	Year 2	Year 3 (last year)
CBC				
ESR				

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Reticulocyte Count				
Absolute Eosinophil Count				
Bone Marrow aspiration				
Bone Marrow Biopsy. Prepare data table				
PT, aPTT, TT				

d. Facilities for the work up of the following (Name of investigation & numbers per year)

Name of test	Number on day of assessment	Year 1	Year 2	Year 3 (last year)
Coagulation disorders				
Leukemia _				
Nutritional anemias				
Hemolytic anemias				

e. Body Fluids (Clinical Pathology):

Name of test	Number on day of assessment	Year 1	Year 2	Year 3 (last year)
Urine: Routine:				
Urine Special:				
Semen: Routine				
Semen: Special				
CSF. Prepare data table				
Sputum:				
Other body fluids:				

f. Details of Autopsies (Give numbers for the past year)

a. Adult: ___ (b) Children: ___ (c) Neonate: ___ (d) Medico-legal: ___

g. Blood banking (Provide numbers per year):

- (a) Units issued: ___
- (b) Units collected:
 - i. Voluntary: ___
 - ii. Replacement: ___
 - iii Units Stored: ___
- (c) ABO group typing: ___
- (d) Rh group typing: ___

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- (e) Cross matching: _ _ _
- (f) Antibodies identified: _ _ _
- (g) Samples tested for:
 - i. HIV: _ _ _
 - ii. HBV: _ _ _
 - iii. HCV: _ _ _
 - iv. VDRL: _ _ _
 - v. Malaria: _ _ _
 - vi. Others: _ _ _

h. Facilities available for preparation of blood components: Yes/No

i. License valid for Blood Bank: Yes/No

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D. 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

* - 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

E. ACADEMIC ACTIVITIES:

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

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5.	Group discussions		
6.	Guest lectures		
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:

F. 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:

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Name	Designation

c. List of Students:

Name	Result (Pass/ Fail)

d. Details of the Examination: _____
 Insert video clip (5 minutes) and photographs (ten).

G. 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

H. 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

I.**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