

STANDARD ASSESSMENT FORM- B

(DEPARTMENTAL INFORMATION) PSYCHIATRY

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-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 /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/M</i> |
|--------------------|---|--|---|-----------------------|-----------------------|---|
| | | | | | | |

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Signature of Assessor

| | | | | | | |
|--|--|--|--|--|--|------------------------|
| | | | | | | <i>CI 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 /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: Available/Not Available

Audiovisual equipment details:

e. 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 |
|-----------------|----------------|----------------|-----------------|
| | | | |
| | | | |
| | | | |

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f. Departmental Research Lab:

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

g. Equipment:

| Name of the Equipment | Must/Preferable | Numbers Available | Functional Status | Important Specifications in brief | Adequate Yes/No |
|--|-----------------|-------------------|-------------------|-----------------------------------|-----------------|
| ECT Machines | | | | | |
| Equipment for Psychological evaluation | | | | | |
| Anaesthesia machine | | | | | |
| Any other equipment | | | | | |

C. SERVICES:**i. Specialty clinics run by the Psychiatry department with number of patients in each, if any:**

| Name of the Clinic | Weekday/s | Timings | Number of cases (Average) | Name of Clinic in-charge |
|--|-----------|---------|---------------------------|--------------------------|
| Neuro-psychiatry elderly clinic/Geriatric Mental Health/Geriatric Psychiatry | | | | |
| Child and Adolescent Psychiatric Clinic | | | | |
| Deaddiction | | | | |
| Marital and Psychosexual Clinic | | | | |
| Any other clinic | | | | |

ii. Services provided by the department of Psychiatry:

| Service | Yes/No | Details |
|--------------|--------|---------|
| Modified ECT | | |

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| Service | Yes/No | Details |
|--|--------|---------|
| Do you have TDCS | | |
| Do you have RTMS | | |
| Psychological & IQ Testing/Disability Assessment | | |
| Bio-feedback | | |
| Medico-Legal Services | | |
| Care & stay of Acute (Emergency) cases | | |
| Chronic Psychiatry care facility/Rehabilitation | | |
| Psychological assessments | | |
| Psychotherapy | | |
| Occupational therapy | | |
| Community based psychiatry clinics | | |

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

| 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 |

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| | | | | | |
|---|--|--|--|--|--|
| 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) | | | | | |
| 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) | | | | | |

* **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

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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. | Multidisciplinary team meetings | | |
| 2. | Clinical Seminars | | |
| 3. | Journal Clubs | | |
| 4. | Case presentations | | |
| 5. | Group discussions | | |

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|----|---|--|--|
| 6. | Guest lectures | | |
| 7. | Audit Meetings (Inpatients: self-harm, absconding, violence) | | |
| 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:

| |
|--|
| |
|--|

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).

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

- 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/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.

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