

BABA FARID UNIVERSITY OF HEALTH SCIENCES FARIDKOT



Inspection Proforma for PG courses: Subject: Otorhinolaryngology (Summary)

- Note:*
1. Please read the proforma carefully before completing
 2. Information provided should be brief and to the point. No unnecessary information be given. E.g. when research publications in indexed Journals during the last three years are asked for, do not give list of all publications from the beginning and do not give papers presented or abstracts etc.. Provide full reference
 3. Do not use annexures unnecessarily. All efforts be made to provide information within the proforma. Use annexures only when information is very lengthy
 4. Inspector to give his final remarks after the summary in the Performa. No separate confidential letters be sent.
 5. The college will be responsible for filling all columns and signing at appropriate places

Institution:

Date of Inspection: _____ **Name of Inspector and details:** _____

1. Name of Institution (Private / Government)	Director / Dean / Principal (Who so ever is Head of Institution)		
	Name		
	Age & Date of Birth		
	Teaching experience		
	PG Degree (Recognized/Non-R)		
	Subject		

2. Department inspected	Head of Department		
	Name		
	Age & Date of Birth		
	Teaching experience		
	PG Degree (Recognized/Non-R)		

3. (a). Number of UG seats	Recognised (Year:)	Permitted (Year:)	First LOP date
(b). Date of last inspection for	UG	PG	
	Purpose:	Purpose:	
	Result:	Result:	

4. Total PG Teachers available in the Department:

Designation	Number	Name	Total Teaching Experience	Benefit of Publications in Promotion
Professor				
Assoc Professor				
Asstt. Professor				

Note: Count only those teachers who are physically present.

5. Number of Units with beds in each unit:

6	Number of patients on the day of inspection	OPD	IPD	Casualty	Bed occupancy	Surgeries

7. Year-wise available clinical materials (during previous 3 years) for department of ENT

Parameters	Year 1	Year 2	Year 3
Total number of patients in OPD			
Total number of patients in IPD			

Signature of Inspector

Operations Major Minor			
Average daily investigative workload of the Department and its distribution <ul style="list-style-type: none"> • Radiology • Biochemistry • Pathology • Microbiology 			
Average daily consumption of blood units in the department			

8 Investigative work load on the day of inspection (Entire hospital)

Radiology		Biochemistry	Pathology		Microbiology	Blood units consumed
MRI			Histopathology			
CT			FNAC			
USG			Others			
Mammography			Haematology			
IVP/ Barium etc						
Plain X-Rays						
DSA						
Any other						

9. Publications from the department during last 3 years:

(Give only full articles published in indexed journals)

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10	Blood Bank	License valid	Yes / NO
		Blood component facility available	Yes / NO
		Number of blood units stored on the inspection day	
		Average units consumed daily (entire hospital)	

11. Specialized services provided by the department:

Adequate / not adequate

12. Specialized Intensive care services provided by the Dept:

Adequate / not adequate

13. Specialized equipment available in the department:

Adequate / Inadequate

14. Space (OPD, IPD, Offices, Teaching areas)

Adequate / Inadequate

15	Library		Central	Departmental
		Number of Books		
		Number of Journals		
		Latest journals available upto		

16. Casualty Number of Beds _____ Available equipment ____ Adequate / Inadequate

17. Common Facilities

- Central supply of Oxygen / Suction: Available / Not available
- Central Sterilization Department Adequate / Not adequate
- Laundry: Manual/Mechanical/Outsourced:
- Kitchen Gas / Fire
- Incinerator: Functional / Non functional Capacity: Outsourced
- Bio-waste disposal Outsourced / any other method
- Generator facility Available / Not available
- Medical Record Section: Computerized / Non computerized
- ICD10 classification Used / Not used
- Total number of OPD, IPD and Deaths in the Institution during the last one year:

Signature of Inspector

OPD, IPD and no. of Deaths during last one year			
In the entire hospital		In the department of ENT	
OPD		OPD	
IPD		IPD	
Deaths		Deaths	

- Number of Births in the Hospital during the last one year:_____

Note: The data be verified by checking the death/ birth registration forms sent by the institution to the Registrar, Deaths & Births (Photocopy of all such forms be obtained)

18. Accommodation for staff

Available / Not available

19	Hostel Accommodation	UG		PG		Interns		Sr. Residents	
		Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls

20	Total number of PG seats in the concerned subject		Recognized seats	Date of recognition	Permitted	Date of permission
		Degree				
		Diploma				

21. Year wise PG students admitted (in the department inspected) during the last 5 years and available PG teachers

Year	No. of PG students admitted		No. of PG Teachers available in the dept. (give names)
	Degree	Diploma	

22	Other PG courses run by the institution	Course Name	No. of seats	Department
		DNB		
		M.Sc.		
		Others		

23. Stipend paid to the PG students, year-wise:

Year	Stipend paid in Govt. Colleges by the State Govt.	Stipend paid by the Institute
Ist		
IInd		
IIIrd		
IVth		

24. List of Faculty joining and leaving after last inspection:

DESIGNATIONS	NUMBER	NAMES	
		JOINING FACULTY	LEAVING FACULTY
Professor			
Associate Prof.			
Assistant Prof.			
SR/Tutor/Demons.			
Others			

Signature of Inspector

25. Faculty deficiency, if any

Designation	Faculty available (number only)	Faculty required	Deficiency, if any
Professor			
Assoc Professor			
Asstt. Professor			
Sr. Residents			
Jr. Residents			
Tutor/ Demonstrator			
Any Other			

26. Final remarks by the Inspector.

(No recommendations regarding permission / recognition be made. Give only factual position).

Signature of Dean/Principal

Signature of Inspector

Inspection Proforma for Postgraduate courses
(Otorhinolaryngology)

1. Name of Institution: _____

MCI Reference No.: _____

2. Particulars of the Inspector:-

Inspection Date _____

<p>Name</p> <p>Designation</p> <p>Specialty</p> <p>Name & Address of Institute/College</p> <p>.....</p> <p>.....</p> <p>.....</p>	<p>Residential Address (with Pin Code)</p> <p>.....</p> <p>.....</p> <p>Phone .(Off)(Resi.)</p> <p>(Fax).....</p> <p>Mobile No.</p> <p>E-mail:</p>
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3. (Institutional Information)

Particulars of college

Item	College	Chairman/ Health Secretary	Director/ Dean/ Principal	Medical Superintendent
Name				
Address				
State				
Pin Code				
Phone (Off) (Res) (Fax)				
Mobile No.				
E.mail:				

Signature of Dean/Principal

Signature of Inspector

PART – I
(Institutional Information)

1 Particulars of Director / Dean / Principal:

(Who so ever is Head of Institution)

Name: _____ Age: _____ (Date of Birth) _____

PG Degree	Subject	Year	Institution	University
Recognised / Not Recognized				

Teaching Experience

Designation	Institution	From	To	Total experience
Asstt Professor				
Assoc Professor/Reader				
Professor				
		Grand Total		

2. Central Library

- Total number of Books in library: _____
- Books pertaining to ENT: _____
- Purchase of latest editions of books in last 3 years: Total: ___ ENT books _____
To be verified from the accession registers and attested by the Dean along with the budget provision for the library

- Journals:

Journals	Total	ENT
Indian		
Foreign		

- Year / Month up to which latest Indian Journals available: _____
- Year / Month up to which latest Foreign Journals available: _____
- Internet / Med pub / Photocopy facility: available / not available
- Library opening times: _____
- Reading facility out of routine library hours: available / not available

3. Casualty:/ Emergency Department

Space	
Number of Beds	
No. of cases (Average daily OPD and Admissions):	
Emergency Lab in Casualty (round the clock):	available / not available(what all)
Radiology facilities during emergency hours	Available/not available(what all)
Emergency OT and Dressing Room	
Staff (Medical/Paramedical)	
Equipment available	

4. Blood Bank

(i)	Valid License with number and date	Yes / No	
(ii)	Blood component facility available	Yes / No	
(iii)	All Blood Units tested for Hepatitis C,B, HIV	Yes / No	
(iv)	Nature of Blood Storage facilities (as per specifications)	Yes / No	
(v)	Number of Blood Units available on inspection day		
(vi)	Average blood units consumed daily (give distribution in various specialties)	Average daily	On inspection day

5. Central Research Lab:

- a. Whether it exists? Yes No
- b. Administrative control:
- c. Staff:
- d. Equipment:
- e. Workload:

Signature of Inspector

6. Skills training lab:

Facilities available:

7. Central Laboratory:

a. Controlling Department:

b. Working Hours:

c. Investigative workload:

. (Approximate number of investigations done daily)

Radiology: On inspection day		Average (monthly)		Microbiology: On inspection day		Average (monthly)	
Plain X-Rays				Bacteriology			
CT Scans				Serology			
MR Scans				Mycology			
Mammography				Parasitology			
Barium studies / IVP				Virology			
Ultrasonography				Immunology			
DSA							
Others							

Pathology		On inspection day		Average (monthly)		Biochemistry		On inspection day		Average (monthly)	
Haematology						Blood chemistry					
Histopathology						Endocrinology					
FNAC						Other fluids					
Cytology											

Radiotherapy (Optional)	
Radiotherapy	
Teletherapy	
Brachy therapy	

8. Operation Theatres: (for institution)

AC / Non AC		Number of OTs functional per day	
Numbers		Number of days operations carried out	
Pre-Anaesthetic clinic		Average No. of case operated daily (Entire hospital)	Major Minor Total
Post-Anaesthetic care area			
Resuscitation arrangements	Adequate /Inadequate	Equipments	

9. Central supply of Oxygen / Suction:

Available / Not available

10. Central Sterilization Department

Adequate / Not adequate

11. Laundry:

Manual/Mechanical/Outsourced:

12. Kitchen

Gas / Fire

13. Incinerator:

Functional / Non functional Capacity: Outsourced

14. Bio-waste disposal

Outsources / any other method

15. Generator facility

Available / Not available

16. Medical Record Section:

Computerized / Non computerized

ICD10 classification

Used / Not used

17. Total number of OPD, IPD and Deaths in the Institution during the last one year:

OPD, IPD and no. of Deaths during last one year			
In the entire hospital		In the department of ENT	
OPD		OPD	
IPD		IPD	
Deaths		Deaths	

Signature of Inspector

18. Number of Births in the Hospital during the last one year:

Note: The data be verified by checking the death/ birth registration forms sent by the college/ hospital to the Registrar, Deaths & Births (Photocopy of all such forms be obtained)

19. Recreational facilities: Available / Not available

Play grounds	Gymnasium
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20. Hostel facilities with number accomodated

UGs (No. of Rooms)		Interns (No. of Rooms)		PGs (No. of Rooms)		Sr Residents	
Boys	Girls	Boys	Girls	Boys	Girls		

21. Residential accommodation for Staff / Paramedical staff Adequate / Inadequate

22. Ethical Committee (Constitution):

(Specify number of meetings held annually & minutes thereof)

23. Medical Education Unit (Constitution)

(Specify number of meetings held annually & minutes thereof)

PART – II (Departmental Information)

1 Department inspected: **Otorhinolaryngology**

2 Particulars of HOD

Name: _____ Age: _____ (Date of Birth) _____

PG Degree	Year	Institution	University
<i>Recognised/ Not Recognized</i>			

Teaching Experience

Designation	Institution	From	TO	Total experience
Asstt Professor				
Assoc Professor/Reader				
Professor				
			Grand Total	

(a) **Purpose of Present inspection:** Grant of Permission/ Recognition/ Increase of seats /
Renewal of recognition/Compliance Verification

(b) **Date of last MCI inspection & University Inspection of the department:**

(c) **Purpose of Last Inspection:** _____

(d) **Result of last Inspection:** _____

(Copy of MCI letter & University letter be attached)

3. Mode of selection (actual/proposed) of PG students.

4. If course already started, year wise number of PG students admitted and available PG teachers during the last 5 years:

Year	No. of PG students admitted		No. of PG Teachers available in the dept. (give names)
	Degree	Diploma	
2014			
2013			
2012			
2011			
2010			

5. Departmental General facilities:

- Total number of beds in the department:.....
- Number of Units in the department:.....
- Unit wise teaching Resident Staff (Annexed).....

Signature of Inspector

Unit wise teaching Staff:

Unit _____

Bed strength _____

S. No.	Designation	Name with Date of Birth	Nature of employment Full time/part time/Hon.	PAN Number TDS deducted	Registration No. with state council	PG QUALIFICATION			<u>Experience</u> Date wise teaching experience with designation & Institution					
						Subject with Year of passing	Institution	University	Designation	Institution	From	To	Total Period	* Benefit of publications in promotion Yes/No, if yes List publications

*Note: Unit wise teaching / Resident staff should be shown separately for each Unit in the proforma given on next page.
Use only the Format provided. DO NOT devise your own format otherwise the information will not be considered. Fill up all columns
Publications : Give only full articles in indexed Journals published during the period of promotion

Signature of Inspector

* Has any of these faculty members been considered in PG/UG inspection at any other college or any other subject in this college after 01.03.2014. If yes, give details.

6. List of Faculty joining and leaving after last inspection:

DESIGNATIONS	NUMBER	NAMES	
		JOINING FACULTY	LEAVING FACULTY
Professor			
Associate Prof.			
Assistant Prof.			
SR/Tutor/Demons.			
Others			

7. List of Non-teaching Staff in the department: -

S.No.	Name	Designation
		Speech Therapist
		Audiometrician
		Lab Technician
		BERA Technician
		Record Clerk/Stenographer
		Lab Attendant
		Nurses

8. Available Clinical Material: (Give the data only for the department of ENT)

- No of units available for clinical service on inspection day:

On inspection day	Average of 3 random days
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- Daily OPD
- Daily admissions through OPD
- Daily admissions through casualty.....
- Total daily admissions
- Operation : Major..... Minor.....
- No. of Audiometry cases
- No. of BERA done
- No. of Speech Therapy
- No. of Impedance
- Bed occupancy in the Deptt.
 - Total no.of patients in the deptt. on inspection dayPercentage.....
- Weekly clinical work load for OPD & IPD
- Weekly Major and Minor operations

9. Year-wise available clinical materials (during previous 3 years) for department of ENT

Parameters	Year 1	Year 2	Year 3
Total number of patients in OPD			
Total number of patients in IPD			
Operations Major Minor			
No. of Audiometry cases			
No. of BERA done			
No. of Speech therapy			
No. of Impedance			
Average daily investigative workload of the Department and its distribution <ul style="list-style-type: none"> • Radiology • Histo Pathology • Cytopathology • Mycology 			
Average daily consumption of blood units in the department			

10. Number of surgical procedures performed in the past three years

S.No.	Procedure	Year 1	Year 2	Year 3	Total
1	Myringoplasty & Mastoidectomy				
2	Stapedectomy				
3	Myringotomy/Grommet				
4	Cochlear implant				
5	Tracheostomy				
6	MLS				
7	Direct Laryngoscopy				
8	Laryngectomy				
9	Oesophagoscopy				
10	Bronchoscopy				
11	Foreign body removal aero				
12	digestive tract				
13	Laryngo/tracheoplasty				
14	Adenoidectomy& Tonsillectomy				
15	Septoplasty				
16	Rhinoplasty				
17	FESS				
18	Nasal Polypectomy				
19	Maxillectomy				
20	Angiofibroma				
21	DCR				
22	Any others				
23					
24					
	Total				

11. Specialty clinics and number of patients in each, being run by the department.

S.No.	Name of the Clinic	Days on which held	Timings	Average No. of cases attended	Name of Clinic In-charge
1	Otology related				
2	Rhinology related				
3	Cancer related				
4	Any others				

12. Services provided by the Department.

- (a) Speech therapy
- (b) Audiology services
- (c) Hearing aid trials
- (d) Neonatal screening programmes

Signature of Inspector

- (e) Speech and voice analysis/services
 (f) Diagnostic Endoscopy: Nasal, larynx, Oesophagus
 (g) Investigative facilities like Nerve conduction, EMG, BERA etc.
 (h) Any other special diagnostic facilities being provided by the department.

13. Departmental Library:

- Total No. of Books.
- Purchase of latest editions in last 3 years.
- No. of Journals

14. Temporal bone dissection Lab.

- Space
- Equipment

15. Departmental Museum (Wherever applicable).

- Space:
- No. of specimens
- Charts/ Diagrams.

16. Space:

- | | <u>OPD</u> | <u>IPD</u> |
|-----------------------------------|------------|------------|
| • No. of rooms/examination chairs | | |
| • Patient Exam. arrangement: | | |
| • Equipments | | |
| • Teaching Space | | |
| • Waiting area for patients. | | |
| • Audiometry room | | |
| • Speech therapy room | | |
| • Minor OT | | |

17. Office space:

	<u>Departmental Office</u>	<u>Office Space for Teaching Faculty</u>
• Space		HOD
• Staff (Steno /Clerk).		Professors
• Computer/ Typewriter:		Assoc. Prof
		Asstt Prof.
		Residents

18. Clinico- Pathological conference

19. Death Review Meetings

20. Submission of data to national authorities if any -

21. Publications from the department during the last 3 years in indexed and non-indexed journals.

Indexed -

Non-Indexed -

22. Equipments: List of important equipments available and their functional status
(List here only – NO annexure to be attached)

List of major equipment available:

- Operating Microscope with teaching aid
- High speed drill in operation theatre
- Flexible fibreoptic nasopharyngolaryngoscope/ bronchoscope
- Rigid Paediatric Bronchoscopy set
- Rigid Oesophagoscopy set
- Microlaryngoscopy set
- Sinus endoscopy set
- Microdebrider for sinus surgeries
- Digital mono & bipolar cautery
- Nerve stimulator/ monitor
- High definition digital camera with recording system
- OAE
- BERA
- Impedance Audiometer
- Pure tone audiometer
- *Sleep Lab (in the Institute) *Simulators (teaching aids) for ear, nose surgeries
- *CO₂ LASER
- *Diode LASER
- *Harmonic scalpel
- *Stroboscope/ High Speed camera
- * Optional

23. Participation of the department in the National Programme for Prevention and control of Deafness

24. Teaching programme

- a. Didactic talks
- b. Seminars
- c. Case presentations
- d. Journal club
- e. Invited talks
- f. Courses organized by dept

25. Periodical evaluation methods**26. Academic outcome based parameters**

- | | |
|--|--|
| (a) Theory classes taken in the last 12 months –
(Dates, Subjects, Name & Designation
of teachers, Attendance sheet) | Number _____
Available & Verified/
Not available |
| (b) Clinical Seminars in last 12 months
(Dates, Subjects, Name & Designation
of teachers, Attendance sheet) | Number _____
Available & Verified/
Not available |
| (c) Journal Clubs held in last 12 months
(Dates, Subjects, Name & Designation
of teachers, Attendance sheet) | Number _____
Available & Verified/
Not available |
| (d) Case presentations held in last 12 months
(Dates, Subjects, Name & Designation
of teachers, Attendance sheet) | Number _____
Available & Verified/
Not available |
| (e) Group discussions held in last 12 months
(Dates, Subjects, Name & Designation
of teachers, Attendance sheet) | Number _____
Available & Verified/
Not available |
| (f) Guest lectures held in last 12 months
(Dates, Subjects, Name & Designation
of teachers, Attendance sheet) | Number _____
Available & Verified/
Not available |

27. Any other information.

Director / Dean / Principal

Head of Department

Signature of Inspector

PART III

POSTGRADUATE EXAMINATION (Only At The Time Of Inspection)

1. Minimum prescribed period of training.
2. Minimum prescribed essential attendance.
3. Periodic performance appraisal done or not?
4. Whether the candidates appearing in the examination have submitted their thesis six months before appearing in examination as per PG Regulations.2000?
5. Whether the thesis submitted by the candidates appearing in the examination been accepted or not?
6. Whether the candidates appearing in the examination have (i) presented one poster (ii) read one paper at National/State conference and presented one research paper which has been published/accepted for publication/sent for publication during period of their postgraduate study period.
7. Details of examiners appointed by Examining University.
8. Whether appointment of examiners, their eligibility & conduct of examination is as per prescribed MCI norms or not ?
9. Standard of Theory papers and that of Clinical / Practical Examination:

10. Year of 1st batch pass out (mention name of previous/existing University)

Degree Course -----

Signature of Dean/Principal/Director

- Note: (i) Please do not appoint retired faculty as External Examiner
 (ii) There should be two internal and two external examiners. If there are no two internal examiners available in the department then only appoint three external examiners.

Signature of Inspector