**STANDARD ASSESSMENT FORM FOR PG COURSES YEAR2019-20**

 **SUBJECT –COMMUNITY MEDICINE**

**SUMMARY**

**Date of Assessment:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of Assessor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

|  |  |
| --- | --- |
| 1. **Department inspected**
 | **Head of Department** |
|  | Name |  |
| Age & Date of Birth |  |
| Teaching experience |  |
| PG Degree *(Recognized/Non-R)* |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. (a). **Number of UG seats**
 | Recognised(Year: ) | Permitted(Year: ) | First LOP date when MBBS course was first permitted  |
|  |  |  |
|  (b). **Date of last inspection for** | UG | PG |  |
| Purpose: | Purpose: |  |
| Result: | Result: |  |

4. Total Teachers available in the Department:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Designation** | **Number** | **Name** | **Total Teaching Experience** | **Benefit of Publications in Promotion** |
| Professor |  |  |  |  |
| Addl./Assoc Professor |  |  |  |  |
| Asstt. Professor |  |  |  |  |
| Senior Resident |  |  |  |  |

*Note: Count only those who are physically present.*

**6.** Clinical workload of the Institution:

|  |  |
| --- | --- |
| **Parameter** | **Entire Hospital** |
| On the Day of Assessment |
| OPD attendance **upto 2 p.m.** |  |
| New admissions |  |
| Total Beds occupied at **10 a.m.** |  |
| Total Required Beds |  |
| Bed Occupancy at **10 a.m. (%)** |  |
| Major Operations |  |
| Minor Operations |  |
| Day Care Operations |  |
| Total Number of Deliveries  |  |
| Total Caesarean Sections |  |
| Total Deaths |  |
| Casualty attendance  |  |

*Put N.A. whichever is not applicable to the Department.*

**Note:**

* *OPD attendance is to be considered only upto 2 p.m. Bed occupancy is to be considered at 10 a.m. only.*
* *Investigative Data to be verified with Physical Registers in Radiodiagnosis & Central Clinical Laboratory.*
* *Data to be verified with Physical Registers in Blood Bank..*

**7. Investigative Workload of entire hospital.**

|  |  |
| --- | --- |
| **Parameter** | **Entire Hospital** |
| On the Day of Assessment |
| **Radio-diagnosis** | MRI |  |
|  | CT |  |
|  | USG |  |
|  | Plain X-rays |  |
|  | IVP/Barium etc |  |
|  | Mammography |  |
|  | DSA |  |
|  | CT guided FNAC |  |
|  | USG guided FNAC |  |
|  | Any other |  |
| **Pathology** | Histopath |  |
|  | FNAC |  |
|  | Hematology |  |
|  | Others |  |
| **Bio-Chemistry** |  |  |
| **Microbiology** |  |  |
| **Blood Units Consumed**  |  |

8. Details of field services provided by the Department:

|  |  |  |  |
| --- | --- | --- | --- |
| S.No. | Parameters | RHTC | UHTC |
|  | Location(Name of Place) |  |  |
|  | Distance from the institution |  |  |
|  | Ownership(whether fully owned by institution) |  |  |
|  | Whether full Administrative &financial control with Dean or not |  |  |
|  | Available mode of Tranport |  |  |
|  | Residential or non Residential |  |  |
|  | Hostel for interns available or not |  |  |
|  | Number of Indoor beds |  |  |
|  | Mess faculty available or not  |  |  |
|  | Available medical Staff (Give Number)  |  |  |
|  | Available Paramedical staff (Given Names) |  |  |
|  | Average Daily OPD |  |  |
|  | OPD on inspection day |  |  |
|  | Average daily Bed Occupancy |  |  |
|  | Bed Occupancy on the day of inspection  |  |  |
|  | Average Monthly Deliveries |  |  |
|  | Any Deliveries on inspection day |  |  |
|  | Arrange for immunization (Daily or otherwise) |  |  |
|  | Storage of vaccines- whether on site or carried from institution |  |  |
|  | Equipment available  |  |  |
|  | Any other, remarks |  |  |

9. **Investigative work load on the day of inspection (Entire hospital)**

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

10. Publications from the department during last 3 years

 (*Give only full articles published in indexed journals. No case reports or abstracts or review article be given)*

|  |
| --- |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **11** | **Blood Bank** | License valid | Yes / NO(enclose copy) |
|  | Blood component facility available | Yes / NO(enclose copy) |
| Number of blood units stored on the inspection day |  |
| Average units consumed daily (entire hospital) |  |

**12**. Specialized services provided by the department: Adequate / not adequate

**13**. Specialized Intensive care services provided by the Dept: Adequate / not adequate

**14**. Specialized equipment available in the department: Adequate / Inadequate

**15**. Space (OPD, IPD, Offices, Teaching areas) Adequate / Inadequate

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **16** | **Library** |  | Central | Departmental |
|  |  | Number of Books  |  |  |
|  |  | Number of Journals |  |  |
|  |  | Latest journals available upto |  |  |

**17**. Casualty Number of Beds\_\_\_\_\_\_\_Available equipment \_\_\_\_Adequate / Inadequate

**18**. 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

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

|  |  |
| --- | --- |
| In the entire hospital | In the department of Community Medicine |
| OPD |  | OPD |  |
| IPD (Total Number of Patients admitted) |  | IPD (Total Number of Patients admitted) |  |
| Deaths |  | Deaths |  |

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

*Note : 1) 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 provided.)*

 *2) Year means calendar year (1st January to 31stDecember )*

21. Accommodation for staff Available / Not available

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **22** | **Hostel Accommodation****No.**  | UG | PG | Interns |
| Boys | Girls | Boys | Girls | Boys | Girls |
|  |  |  |  |  |  |
|  | No. of Students |  |  |  |  |  |  |
|  | No. of Rooms |  |  |  |  |  |  |
|  | Status of Cleanliness |  |  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **23** | **Total number of PG seats in the concerned subject** |  | Recognized seats | Date of recognition | Permitted seats | Date of permission |
| Degree |  |  |  |  |
| Diploma |  |  |  |  |

**24** 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 |
| 2016 |  |  |  |
| 2015 |  |  |  |
| 2014 |  |  |  |
| 2013 |  |  |  |
| 2012 |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **25** | Other PG courses run by the institution  | Course Name | No. of seats | Department |
| DNB |  |  |
| M.Sc. |  |  |
| Others |  |  |

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

|  |  |  |
| --- | --- | --- |
| **Year** | **Stipend paid in Govt. colleges by State Govt.** | **Stipend paid by the Institution** |
| Ist Year |  |  |
| IInd Year |  |  |
| IIIrd Year |  |  |

1. List of Departmental Faculty joining and leaving after last inspection:

|  |  |  |
| --- | --- | --- |
| **Designations** | **Number** | **Names** |
| **Joining faculty** | **Leaving faculty** |
| Professor  |  |  |  |
| Associate Prof. |  |  |  |
| Assistant Prof. |  |  |  |
| SR/Tutor/Demons. |  |  |  |
| Others |  |  |  |

**28. Faculty deficiency, if any**

|  |  |  |  |
| --- | --- | --- | --- |
| **Designation** | **Faculty available****(number only)** | **Faculty required** | **Deficiency, if any** |
|  |  |  |  |
| Professor |  |  |  |
| Assoc Professor |  |  |  |
| Asstt. Professor |  |  |  |
| Epidemiologist cum Asst Professor  |  |  |  |
| Statistician cum Asstt. Prof |  |  |  |
| Tutor/ Demonstrator |  |  |  |
| Any Other |  |  |  |

**29. REMARKS OF ASSESSOR**

1. *Please do not repeat information already provided*
2. *Please do not make any recommendation regarding granting permission/recognition*
3. *If you have noticed or come across any irregularity during your assessment like fake or dummy faculty, fake or dummy patients, fudging of data of clinical material etc., please mention them here)*