**STANDARD ASSESSMENT FORM FOR PG COURSES YEAR 2019-20**

 **SUBJECT –ONCO-PATHOLOGY**

**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 /Subject*(Recognized/Non-R)* |  |

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

4. Total Teachers available in the Department:(Count only those who have Super-Speciality degree or 2 years special training in the subject before joining 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.*

**5.**  Number of Units with beds in each unit:

**6. Specimens received for Histopathological Examination during last three years from:**

 **Note :***1****.*** *Year means calendar year (1st January to 31st December )*

 *2. IPD means total number of patients admitted (Not total occupancy of the year)*

|  |  |  |  |
| --- | --- | --- | --- |
| **Nature of Specimens** | **Year I** | **Year II** | **Year III (Last year)** |
|  | **OPD** | **IPD** | **Outside Hospital** | **OPD** | **IPD** | **Outside Hospital** | **OPD** | **IPD** | **Outside Hospital** |
| Organ/Part of organ/Tissue Removed after Surgery |  |  |  |  |  |  |  |  |  |
| Total Number of Biopsies |  |  |  |  |  |  |  |  |  |
| Hematology |  |  |  |  |  |  |  |  |  |
| Fluid Cytology |  |  |  |  |  |  |  |  |  |
| Exfoliative Cytology |  |  |  |  |  |  |  |  |  |
| FNAC (Direct) |  |  |  |  |  |  |  |  |  |
| FNAC (CT guided) |  |  |  |  |  |  |  |  |  |
| FNAC (USG guided) |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| **Department of Oncopathology** |  |  |  |  |  |  |  |
| **Total Procedures** |  |  |  |  |  |  |  |  |  |
| 1. **Surgical Pathology**
 |  |  |  |  |  |  |  |  |  |
|  Frozen Section |  |  |  |  |  |  |  |  |  |
|  Histopathology |  |  |  |  |  |  |  |  |  |
|  Immunohistochemistry |  |  |  |  |  |  |  |  |  |
| **(b) Molecular Pathology** |  |  |  |  |  |  |  |  |  |
| In situ hybridization (including Fluorescence ISH) |  |  |  |  |  |  |  |  |  |
| Polymerase chain reaction (PCR) and variants |  |  |  |  |  |  |  |  |  |
| Sequencing |  |  |  |  |  |  |  |  |  |
| **(c) Cytology** |  |  |  |  |  |  |  |  |  |
| Fine Needle Aspiration Cytology (FNAC) |  |  |  |  |  |  |  |  |  |
| Exfoliative cytology (Non Gynec e.g. Fluid cytology) |  |  |  |  |  |  |  |  |  |
| Exfoliative cytology (PAP smears) |  |  |  |  |  |  |  |  |  |
| **(d) Haematopathology** |  |  |  |  |  |  |  |  |  |
| Hemogram |  |  |  |  |  |  |  |  |  |
| Coagulation Testing |  |  |  |  |  |  |  |  |  |
| Bone marrow aspiration |  |  |  |  |  |  |  |  |  |
| Flow cytometry |  |  |  |  |  |  |  |  |  |
| Molecular Haematopathology (Cytogenetics, PCR, Sequencing etc.) |  |  |  |  |  |  |  |  |  |

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| **Nature of Diseases Reported** |
| Malignancies |  |  |  |  |  |  |  |  |  |
| Benign  |  |  |  |  |  |  |  |  |  |
| Tuberculosis |  |  |  |  |  |  |  |  |  |
| Other infections/Inflammations |  |  |  |  |  |  |  |  |  |
| Others(specify) |  |  |  |  |  |  |  |  |  |

**7. Investigative Workload of entire hospital and Department Concerned.**

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| --- | --- | --- |
| **Parameter** | **Entire Hospital** | **Department of Pathology** |
| On the Day of Assessment | On the Day of Inspection | Average of 3 Random Days |
| **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. 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)*

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| **9** | **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) | Average  | on inspection day |
|  |  |  |  |  |

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

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

**12**. Space (Labs, Grossing, Offices, Teaching areas) Adequate / Inadequate

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **14** | **Library** |  | Central | Departmental |
|  |  | Number of Bookspertaining to Pathology |  |  |
|  |  | Number of Journals |  |  |
|  |  | Latest journals available upto |  |  |

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

14. Common Facilities

* Central supply of Oxygen / Suction**:** Available / Not available
* Central Sterilization Department Adequate / Not adequate
* 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

**15.** Total number of Pathological Post mortems done during the last one year:

**16.** Accommodation for staff Available / Not available

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **17** | **Hostel Accommodation****No.**  | UG | PG | Interns |
| Boys | Girls | Boys | Girls | Boys | Girls |
|  |  |  |  |  |  |
|  | No. of Students |  |  |  |  |  |  |
|  | No. of Rooms |  |  |  |  |  |  |
|  | Status of Cleanliness  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **18** | **Total number of PG seats in the concerned Department** |  | Recognized seats | Date of recognition | Permitted seats | Date of permission |
| Degree |  |  |  |  |
| Diploma |  |  |  |  |

**19.** 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 |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **20** | Other PG courses run by the institution  | Course Name | No. of seats | Department |
| DNB |  |  |
| M.Sc. |  |  |
| Others |  |  |

**21. 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 |  |  |

\* **Stipend shall be paid by the institution as per Govt. rate shown above.**

**22.**  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 |  |  |  |

**23. Faculty deficiency, if any**

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

\* **Faculty Attendance Sheet duly signed by concerned faculty must be enclosed.**

**24. 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)*