**STANDARD ASSESSMENT FORM FOR PG COURSESYEAR 2019-20**

 **SUBJECT - Urology/Genitourinary Surgery**

**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 /subjects*(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 | Super specialty |  |
| Purpose: | Purpose: | Purpose: |  |
| Result: | Result: | Result: |  |

4. Total Teachers available in the Department: (Count only those who have Super-speciality degree in Urology/Genitourinary Surgeryor 2 years special training in Urology/Genitourinary Surgerybefore 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.** Clinical workload of the Institution and Department concerned:

|  |  |  |
| --- | --- | --- |
| S.no.  | Parameter | Department of Urology/Genitourinary Surgery |
| On the Day of Assessment | Average of 3 Days Random |
|  | OPD attendance upto 2 p.m. |  |  |
|  | New admissions |  |  |
|  | Total Required Beds |  |  |
|  | Total Beds available 2 occupied at 10 a.m. |  |  |
|  | Bed Occupancy at 10 a.m. (%) |  |  |
|  | Total number of surgeries1. Total no of major operations
2. Total number of minor operations
 |  |  |
|  |  |
|  |  |
|  | Types of Surgeries :**Endourology** |  |  |
|  | 1. TURP
 |  |  |
|  | 1. TURBT
 |  |  |
|  | 1. OIU
 |  |  |
|  | 1. URSL
 |  |  |
|  | 1. PCNL
 |  |  |
|  | **Open Surgeries** |  |  |
|  | 1. Pyelolithotomy
 |  |  |
|  | 1. Ureterolithotomy
 |  |  |
|  | 1. Cystectomy
 |  |  |
|  | 1. Simple Nephrectomy
 |  |  |
|  | 1. Radical Nephrectomy
 |  |  |
|  | 1. Radical Cystectomy with Urinary diversion
 |  |  |
|  | 1. Total / partial Penectomy
 |  |  |
|  | 1. Hypospadias Corrective Surgery
 |  |  |
|  | 1. Urethroplasty
 |  |  |
|  | 1. Emergency Genitourinary Trauma Surgery
 |  |  |
|  | Laparoscopic Surgery |  |  |
|  | Lithotripsy (ESWL) |  |  |
|  | Genital and Pelvic Reconstruction |  |  |
|  | Kidney transplant |  |  |
|  | USG guided Prostate biopsy |  |  |
|  | USG guided kidney biopsy |  |  |
|  | Emergency Genitourinary Trauma Surgery |  |  |

*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 and Department Concerned.**

|  |  |  |
| --- | --- | --- |
| **Parameter** | **Entire Hospital** | **Department of Urology/Genitourinary Surgery** |
| 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. Year-wise available clinical materials (during previous 3 years) for department of Urology/Genitourinary Surgery**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S.No.** | **Parameters**  | **Year 1** | **Year 2** | **Year 3****(Last Year )** |
|  | Total number of patients in OPD  |  |  |  |
|  | Total number of patients admitted (IPD) |  |  |  |
|  | Total number of surgeries1. Total no of major operations
2. Total number of minor operations
 |  |  |  |
|  | Types of Surgeries :**Endourology** |  |  |  |
|  | 1. TURP
 |  |  |  |
|  | 1. TURBT
 |  |  |  |
|  | 1. OIU
 |  |  |  |
|  | 1. URSL
 |  |  |  |
|  | 1. PCNL
 |  |  |  |
|  | **Open Surgeries**1. Pyelolithotomy
 |  |  |  |
|  | 1. Ureterolithotomy
 |  |  |  |
|  | 1. Cystectomy
 |  |  |  |
|  | 1. Simple Nephrectomy
 |  |  |  |
|  | 1. Radical Nephrectomy
 |  |  |  |
|  | 1. Radical Cystectomy with Urinary diversion
 |  |  |  |
|  | 1. Total / partial Penectomy
 |  |  |  |
|  | 1. Hypospadias Corrective Surgery
 |  |  |  |
|  | 1. Urethroplasty
 |  |  |  |
|  | 1. Emergency Genitourinary Trauma Surgery
 |  |  |  |
|  | Laparoscopic Surgery |  |  |  |
|  | Lithotripsy (ESWL) |  |  |  |
|  | Genital and Pelvic Reconstruction |  |  |  |
|  | Kidney transplant |  |  |  |
|  | USG guided Prostate biopsy |  |  |  |
|  | USG guided kidney biopsy |  |  |  |
|  | Emergency Genitourinary Trauma Surgery |  |  |  |

*Note : Put N.A. for those coloumns not applicable to the department*

**9**. Publications from the department during last 3 years:

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

|  |
| --- |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **10** | **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) |  |

**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 pertaining toUrology/Genitourinary Surgery |  |  |
|  |  | 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

**18.** 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 Urology/Genitourinary Surgery. |
| OPD |  | OPD |  |
| IPD (Total Number of Patients admitted) |  | IPD (Total Number of Patients admitted) |  |
| Deaths |  | Deaths |  |

**19.** 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 thecollege/hospital to the Registrar, Deaths & Births (Photocopy of all such forms be provided.)*

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

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

21. Hostel Accommodation

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S.****No** | **Number** | UG | PG | Interns |
| Boys | Girls | Boys | Girls | Boys | Girls |
| 1 | No. of Students |  |  |  |  |  |  |
| 2 | No. of Rooms |  |  |  |  |  |  |
| 3 | Status of Cleanliness |  |  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **22** | **Total number of PG seats in the concerned subject** |  | Recognized seats | Date of recognition | Permitted seats | Date of permission |
| Degree |  |  |  |  |
| Diploma |  |  |  |  |

**23.** 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 |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **24** | Other PG courses run by the institution  | Course Name | No. of seats | Department |
| DNB |  |  |
| M.Sc. |  |  |
| Others(Superspecialities) |  |  |

**25.** Whether other medical superspecialtylike Paediatric Surgery / Nephrology department exists in the institution …………… Yes/No

 (If yes give details)

|  |  |  |  |
| --- | --- | --- | --- |
| Name of department | Beds/Units | When LOP for DM& M.Ch. seats granted & Number of seats | Available faculty (Names & Designation) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

*I have physically verified the beds, faculty and patients of above Super specialty departments and they have not been counted in Urology/Genitourinary Surgery. department inspection.*

26**.** Stipend paid / Proposed to be 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 |  |  |

27. 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 |  |  |  |
| Sr. Residents |  |  |  |
| Jr. Residents |  |  |  |
| Tutor/ Demonstrator |  |  |  |
| Any Other |  |  |  |

1. **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)