

BABA FARID UNIVERSITY OF HEALTH SCIENCES FARIDKOT



Inspection Proforma for PG courses: Subject: Tuberculosis & Respiratory Medicine/Pulmonary Medicine (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 proforma. No separate confidential letters be sent.
 5. The college will be responsible for filling all columns and signing at appropriate places

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

| 1. Name of Institution (Private / Government) | <i>Director / Dean / Principal</i> (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 |
|---|---|-----|-----|----------|---------------|
| | | | | | |

Signature of Inspector

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

| Parameters | Year 1 | Year 2 | Year 3 |
|--|--------|--------|--------|
| Total number of patients in OPD | | | |
| Total number of patients in IPD | | | |
| Weekly clinical work load for OPD | | | |
| Weekly clinical work load for IPD | | | |
| 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 | | | Haematology | | | |
| Mammography | | | Others | | | |
| 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)

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

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

Signature of Inspector

- ICD10 classification Used / Not used
- 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 Pulmonary Medicine | |
| 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 | |
|----|----------------------|------|-------|------|-------|---------|-------|
| | | Boys | Girls | Boys | Girls | Boys | Girls |
| | Number of Rooms | | | | | | |

| 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 | |
| 2014 | | | |
| 2013 | | | |
| 2012 | | | |
| 2011 | | | |
| 2010 | | | |

| 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 yearwise:

| Year | Stipend paid in Govt. colleges by State Govt. | Stipend paid by the Institution |
|------------------------|---|---------------------------------|
| 1 st Year | | |
| II nd Year | | |
| III rd Year | | |
| IV th year | | |

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 | | | |

25 Faculty deficiency if any

| Designation | Faculty available (number only) | Faculty required | Deficiency, if any |
|------------------|---------------------------------|------------------|--------------------|
| Professor | | | |
| Assoc. Professor | | | |

Signature of Inspector

| | | | |
|--------------------|--|--|--|
| Asstt Profesoor | | | |
| Sr. Resident | | | |
| Jr. Resident | | | |
| 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
(Pulmonary Medicine)

1. Name of Institution: _____

BFUHS Reference No.: _____

2. Particulars of the Inspector:- Inspection Date _____

| | |
|--|---|
| Name Designation Specialty Name & Address of Institute/College | Residential Address (with Pin Code) Phone .(Off)(Resi.) (Fax)..... Mobile No. E-mail: |
|--|---|

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 Pulmonary Medicine: _____
- Purchase of latest editions of books in last 3 years: Total: ___ Pulm. Medicine books _____
- Journals:

| Journals | Total | Pulmonary Medicine |
|----------|-------|--------------------|
| 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 |
| Emergency OT and Dressing Room | |
| Staff (Medical/Paramedical) | |
| Equipment available | |

4 Blood Bank

| | | | |
|-------|---|---------------|-------------------|
| (i) | Valid License | 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 and on inspection day (give distribution in various specialties) | Average daily | On inspection day |
| | | | |

5. Central Research Lab:

- Whether it exists? Yes No
- Administrative control:
- Staff:
- Equipment:
- Workload:

Signature of Inspector

6. Central Laboratory:

- Controlling Department:
- Working Hours:
- Investigative workload:
(Approximate number of investigations done daily)

| Radiology: | | | Microbiology: | | |
|----------------------|-------------------|-------------------|----------------------|-------------------|-------------------|
| | On inspection day | Average (monthly) | | 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 | | | Biochemistry | | |
|------------------|-------------------|-------------------|---------------------|-------------------|-------------------|
| | On inspection day | Average (monthly) | | On inspection day | Average (monthly) |
| Haematology | | | Blood chemistry | | |
| Histopathology | | | Endocrinology | | |
| FNAC | | | Other fluids | | |
| Cytology | | | | | |

| Radiotherapy (Optional) | |
|--------------------------------|--|
| Radiotherapy | |
| Teletherapy | |
| Brachy therapy | |
| | |

7. Operation Theatres:

| | | | |
|----------------------------|---------------------------|--|-------------------------|
| 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 | |
| Medical Gas pipeline | Available / Not available | | |

8. Central supply of Oxygen / Suction: Available / Not available
 9. Central Sterilization Department Adequate / Not adequate
 10. Laundry: Manual/Mechanical/Outsourced:
 11. Kitchen Gas / Fire
 12. Incinerator: Functional / Non functional Capacity: Outsourced
 13. Bio-waste disposal Outsources / any other method
 14. Generator facility Available / Not available
 15. 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:

| OPD, IPD and no. of Deaths during last one year | | | |
|---|--|---|--|
| In the entire hospital | | In the department of Pulmonary Medicine | |
| 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*)

Signature of Inspector

16. Recreational facilities: Available / Not available

| | |
|--------------|-----------|
| Play grounds | Gymnasium |
|--------------|-----------|

17. Hostel facilities

| UGs (No. of Rooms) | | Interns (No. of Rooms) | | PGs (No. of Rooms) | |
|--------------------|-------|------------------------|-------|--------------------|-------|
| Boys | Girls | Boys | Girls | Boys | Girls |
| | | | | | |

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

19. Ethical Committee (Constitution):
(Specify number of meetings held annually & minutes thereof)

20. Medical Education Unit (Constitution)
(Specify number of meetings held annually & minutes thereof)

Director / Dean / Principal

Signature of Inspector

PART – II (Departmental Information)

1 Department inspected: Pulmonary Medicine

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, yearwise 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 Resident Staff:

Unit _____

Bed strength _____

| S. No. | Designation | Name with Date of Birth | Nature of employment Full time/part time/Hon. | PAN Number TDS deducted | PG QUALIFICATION | | | Experience 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.
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 |
|--------|------|-------------|
| | | |
| | | |
| | | |

8 Available Clinical Material: **(Give the data only for the department of Pulmonary Medicine)**

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

| | | |
|---|-------------------|--------------------------|
| | On inspection day | Average of 3 random days |
| • Daily OPD | | |
| • Daily admissions | | |
| • Daily admissions in Deptt. Through Casualty | | |
| • Bed occupancy in the Deptt. ...(%)...... (Number of IPD on inspection day)..... | | |
- Weekly clinical work load for OPD & IPD (define it per unit) -

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

| Parameters | Year 1 | Year 2 | Year 3 |
|--|--------|--------|--------|
| Total number of patients in OPD | | | |
| Total number of patients in IPD | | | |
| Weekly clinical work load for OPD | | | |
| Weekly clinical work load for IPD | | | |
| 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 | | | |

10 Intensive Care facilities

I. RICU (Respiratory Intensive Care Unit)

- No. of beds:
- Beds occupied on inspection day:
- Average bed occupancy:
- Available equipment:
- Number of Ventilators Bipap Invasive

II. Any other intensive care service provided:

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

| S.No. | Name of the Clinic | Days on which held | Timings | Average No. of cases attended | Name of Clinic In-charge |
|-------|----------------------------|--------------------|---------|-------------------------------|--------------------------|
| 1 | Respiratory Rehabilitation | | | | |
| 2 | Asthma | | | | |
| 3 | Bronchoscopy | | | | |
| 7 | Any other | | | | |

12. Services provided by the Department.

- (a) Bronchoscopy
- (b) Physiotherapy Section.
- (c) PFT test and DLCO.
- (d) Blood Gas analysis
- (e) RICU services
- (f) Aerosol Therapy
- (g) Treatment for MDR Tuberculosis
- (h) FNAC from Pleura and Lung
- (i) Any other

13 Departmental Library:

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

14 Departmental Research Lab.

- Space
- Equipment
- Research projects utilizing Deptt research lab.

15 Departmental Museum (Wherever applicable).

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

16 Space:

- | | <u>OPD</u> | <u>IPD</u> |
|------------------------------|------------|------------|
| • No. of rooms | | |
| • Patient Exam. arrangement: | | |
| • Equipments | | |
| • Teaching Space | | |
| • Waiting area for patients. | | |

17 Office space:

- | Departmental Office | Office Space for Teaching Faculty |
|-------------------------|-----------------------------------|
| • 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.
No. of publications from Indexed Non-indexed.
the department during the last three years.
- 22 Equipments: List of important equipments available and their functional status**
(List here only – NO annexure to be attached)

| | | | | | |
|--------------------------|--|----------------------------|--|-----------------------------|--|
| Multipara Monitors | | Nebulisers | | Syringe pump | |
| Pulse Oxymeters | | Ventilators | | Bronchoscope | |
| ECG | | Computerized PFT equipment | | Other routine use equipment | |
| Resuscitation kit | | Crash cart | | Defibrillator | |
| MDR treatment facilities | | | | | |
| | | | | | |
| | | | | | |

23. 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

24. 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.