**STANDARD ASSESSMENT FORM- B**

(DEPARTMENTAL INFORMATION)

**COMMUNITY MEDICINE**

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| --- |
| *1. Kindly read the instructions mentioned in the* ***Form ‘A’****.*  *2. Write* ***N/A*** *where it is* ***Not Applicable****. Write* ***‘Not Available’****, if the facility is* ***Not Available****.* |

**A. GENERAL**:

1. Date of LoP when PG course was first Permitted: \_\_\_\_\_\_\_\_\_\_
2. Number of years since start of PG course: \_\_\_\_\_\_\_\_\_
3. Name of the Head of Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Number of PG Admissions (Seats): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Number of Increase of Admissions (Seats) applied for: \_\_\_\_\_\_\_\_\_
6. Total number of Units: \_\_\_\_\_\_\_\_\_\_
7. Number of beds in the Department: \_\_\_\_\_\_\_\_\_\_\_\_
8. Number of Units with beds in each unit:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Date of**  **Inspection** | **Purpose of**  **Inspection**  *(LoP for starting a course/permission for increase of seats/ Recognition of course/ Recognition of increased seats /Renewal of Recognition/Surprise /Random Inspection/ Compliance Verification inspection/other)* | **Type of Inspection (Physical/ Virtual)** | **Outcome**  *(LoP received/denied. Permission for increase of seats received/denied. Recognition of course done/denied. Recognition of increased seats done/denied /Renewal of Recognition done/denied /other)* | **No of seats Increased** | **No of seats**  **Decreased** | **Order issued based on inspection**  *(Attach copy of all the order issued by NMC/ MCI as* ***Annexure)*** |
|  |  |  |  |  |  |  |

i. Any other Course/observer ship (PDCC, PDF, DNB, M.Sc., PhD, FNB, etc.) permitted/ not permitted by MCI/NMC is being run by the department. If so, the details thereof:

|  |  |  |
| --- | --- | --- |
| **Name of Qualification (course)** | **Permitted by MCI/NMC** | **Number of Admissions per year** |
|  | Yes/No |  |
|  | Yes/No |  |

**B. INFRASTRUCTURE OF THE DEPARTMENT:**

**a. Department office details:**

|  |  |
| --- | --- |
| **Department Office** | |
| Department office | Available/not available |
| Staff (Steno /Clerk) | Available/not available |
| Computer and related office equipment | Available/not available |
| Storage space for files | Available/not available |

|  |  |
| --- | --- |
| **Office Space for Teaching Faculty/residents** | |
| Faculty | Available/not available |
| Head of the Department | Available/not available |
| Professors | Available/not available |
| Associate Professors | Available/not available |
| Assistant Professor | Available/not available |
| Senior residents room | Available/not available |
| PG room | Available/not available |

**b. Seminar Room:**

Space and facility: Adequate/ Not Adequate

Internet facility: Available/Not Available

Audiovisual equipment details:

**c. Library facility pertaining to the Department/Speciality (Combined Departmental and Central Library data):**

|  |  |
| --- | --- |
| **Particulars** | **Details** |
| Number of Books |  |
| Total books purchased in the last three years (attach list as Annexure) |  |
| Total Indian Journals available |  |
| Total Foreign Journals available |  |

Internet Facility: Yes/No

Central Library Timing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Central Reading Room Timing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Journal details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Journal** | **Indian/foreign** | **Online/offline** | **Available up to** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**d. Departmental Research Lab:**

|  |  |
| --- | --- |
| Space |  |
| Equipment |  |
| Research Projects Done in past 3 years |  |
| List the Research projects in progress in research lab |  |

**e. Departmental Museum:**

|  |  |
| --- | --- |
| Space |  |
| Total number of Specimens |  |
| Total number of Chart/ Diagrams |  |

**f. Departmental General facilities and infrastructure:**

**i. Total number of Laboratories in the department:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Particulars** | **Museum** | **Research lab** | **Seminar room** | **Demo rooms** | **Any other lab.** |
| Size (Area) |  |  |  |  |  |
| Capacity |  |  |  |  |  |
| Water Supply |  |  |  |  |  |
| Sinks |  |  |  |  |  |
| Electric points |  |  |  |  |  |
| Cupboards\* |  |  |  |  |  |
| Equipment List |  |  |  |  |  |

**\* For storage of Microscopes, slides etc.**

**ii. Para-medical sections:** Provide brief information on staff and activities of the following:

Social Worker

Sanitary Inspector

Health Educator

**Medico-Social Work Section**: Attach PDF of staff containing Name, qualifications, Appointment- Regular/Contractual, work experience

**Family Care Study Section:** Attach PDF containing name of village/urban block name, adopted since (years) – population, distance from college, families adopted, number of yearly visits of students.

1. No of health education session conducted in last 3 years, with IEC materials.
2. **Epidemiological unit and Bio-statistics Section** –No of Books () – Exercise material available (Yes/No)

Advanced statistical software: available / not available

1. Others
2. **Transport availability:** Yes / No
   * 1. If yes,
     + Type of transport:
     + Numbers**:**
     + Transport facility is adequate for the undergraduate and postgraduate training: Yes / No
3. **Details of staff of Field Training Units:**

**(a) Urban Health Centre**

|  |  |
| --- | --- |
|  | **details** |
| M.O |  |
| L.M.O |  |
| Para-Medics |  |
| Class IV |  |
| Population covered |  |
| Map of the area catered by UHC |  |

**(b) Rural Health Centre**

|  |  |
| --- | --- |
|  | **details** |
| M.O |  |
| L.M.O |  |
| Para-Medics |  |
| Class IV |  |
| Population covered |  |
| Map of the area catered by RHC |  |

**(c)** **Urban Health Centre:** Owned and controlled by the Institution: Yes / No ***(Verify ownership)***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Parameters** | **Details** | | | | |
| Name of the Centre |  | | | | |
| Population covered |  | | | | |
| Since when started |  | | | | |
| Schedule of P.G. posting |  | | | | |
| Number of Field Staff posted there | MO | LMO | Para-Medics | | |
|  |  | MSW | Staff Nurse | Other |
|  |  |  |
|  |  |  |
| Distance from Medical College |  | | | | |
| Residential/Non-residential |  | | | | |
| Specialty activities undertaken |  | | | | |
| OPD |  | | | | |
| Immunization |  | | | | |
| Ante-natal |  | | | | |
| Deliveries |  | | | | |
| Family visits |  | | | | |
| No of families adopted by PG students |  | | | | |

**(d) Rural Health Centre:** Owned and controlled by the Institution: Yes / No ***(Verify ownership)***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Parameters** | **Details** | | | | |
| Name of the Centre |  | | | | |
| Population covered |  | | | | |
| Since when started |  | | | | |
| Schedule of P.G. posting |  | | | | |
| Field Staff posted there | MO | LMO | Para-Medics | | |
|  |  | MSW | Staff Nurse | Other |
|  |  |  |
|  |  |  |
| Distance from Medical College |  | | | | |
| Residential/Non-residential |  | | | | |
| Specialty activities undertaken |  | | | | |
| OPD |  | | | | |
| Immunization |  | | | | |
| Ante-natal |  | | | | |
| Deliveries |  | | | | |
| Family visits |  | | | | |
| No of families adopted by PG students |  | | | | |

**i. Equipment:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of the Equipment** | **Must/ Desirable** | **Numbers available** | **Functional Status** | **Important Specifications in brief** | **Adequate**  **(Yes/No)** |
| Spirometry |  |  |  |  |  |
| Ophthalmoscope |  |  |  |  |  |
| Otoscope |  |  |  |  |  |
| Glucometer |  |  |  |  |  |
| Height Machine/Stadiometer |  |  |  |  |  |
| Adult Weighing Machine |  |  |  |  |  |
| Infant weighing machine |  |  |  |  |  |
| Infantometer |  |  |  |  |  |
| Calipers |  |  |  |  |  |
| non-stretchable tapes, MUAC/ Shakir’s tape, |  |  |  |  |  |
| Chloroscope |  |  |  |  |  |
| Horrock’s apparatus |  |  |  |  |  |
| Haemoglobinometer – Sahali’s/Digital |  |  |  |  |  |
| Compound Microscope |  |  |  |  |  |
| BP Apparatus |  |  |  |  |  |

**j. Miscellaneous:**

**Postings of PGs in other departments/elsewhere:**

|  |  |
| --- | --- |
| 1. Departments |  |
| 1. Other institutions |  |
| 1. District/State/Health Organization. (including District Residency Program) |  |

* PG students are posted outside the department at least for the minimum period as specified in latest curriculum: Yes / No
* Involvement of PG students in UG teaching – Yes/No
* Are you sharing details of Immunization, IDSP/VPD data to Govt. / National authorities?

If yes, give details.

Health day celebrations - Yes/No

Initiatives in improving public health system – With details

(Includes the extension activities, consultancy, outbreak investigation, collaborative activities)

* Any other information.

**C. STAFF**:

**i. Unit-wise Faculty and Senior Residents details:**

**Unit No.: \_\_\_\_\_\_\_\_\_**

| **Sr. No.** | **Designation** | **Name** | **Joining date** | **Relieved/**  **Retired/working** | **Relieving Date/ Retirement Date** | **Attendance in days for the year/part of the year \* with percentage of total working days\*\***  **[days ( %)]** | **Phone No.** | **E-mail** | **Signature** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
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\* - Year will be previous Calendar Year (from 1st January to 31st December)

\*\* - Those who have joined mid-way should count the percentage of the working days accordingly.

**ii. Total eligible faculties and Senior Residents (fulfilling the TEQ requirement, attendance requirement and other requirements prescribed by NMC from time-to-time) available in the department:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Designation** | **Number** | **Name** | **Total number of Admission (Seats)** | **Adequate / Not Adequate for number of Admission** |
| Professor |  |  |  |  |
| Associate Professor |  |  |
| Assistant  Professor |  |  |
| Senior Resident |  |  |

**iii. P.G students presently studying in the Department:**

| **Name** | **Joining date** | **Phone No** | **E-mail** |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |

**iv. PG students who completed their course in the last year:**

| **Name** | **Joining date** | **Relieving Date** | **Phone no** | **E-mail** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
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**D. ACADEMIC ACTIVITIES:**

|  |  |  |  |
| --- | --- | --- | --- |
| **S.**  **No.** | **Details** | **Number in the last**  **Year** | **Remarks**  **Adequate/ Inadequate** |
| 2. | Seminars |  |  |
| 3. | Journal Clubs |  |  |
| 4. | Case presentations |  |  |
| 5. | Group discussions |  |  |
| 6. | Guest lectures |  |  |
| 7. | Physician conference/ Continuing Medical Education (CME) organized. |  |  |
| 8. | Symposium |  |  |

*Note:* *For Seminars, Journal Clubs, Case presentations, Guest Lectures the details of dates, subjects, name & designations of teachers and attendance sheets to be maintained by the institution and to be produced on request by the Assessors/PGMEB.*

**Publications from the department during the past 3 years:**

|  |
| --- |
|  |

**E. EXAMINATION:**

**i. Periodic Evaluation methods (FORMATIVE ASSESSMENT):**

(Details in the space below)

**ii. Detail of the Last Summative Examination:**

1. **List of External Examiners:**

|  |  |  |
| --- | --- | --- |
| **Name** | **Designation** | **College/ Institute** |
|  |  |  |
|  |  |  |
|  |  |  |
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1. **List of Internal Examiners:**

|  |  |
| --- | --- |
| **Name** | **Designation** |
|  |  |
|  |  |
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|  |  |

1. **List of Students:**

|  |  |
| --- | --- |
| **Name** | **Result**  **(Pass/ Fail)** |
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|  |  |
|  |  |

**d. Details of the Examination: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Insert video clip (5 minutes) and photographs (ten).

**F. MISCELLANEOUS:**

**i. Details of data being submitted to government authorities, if any:**

**ii. Participation in National Programs.**

**(If yes, provide details)**

**iii. Any Other Information**

**G. Please enumerate the deficiencies and write measures which are being taken to rectify those deficiencies:**

**Date: Signature of Dean with Seal Signature of HoD with Seal**

**H. REMARKS OF THE ASSESSOR**

|  |
| --- |
| *1. Please* ***DO NOT*** *repeat information already provided elsewhere in this form.*  *2. Please* ***DO NOT*** *make any recommendation regarding grant of permission/recognition.*  *3. Please* ***PROVIDE DETAILS*** *of deficiencies and irregularities like fake/ dummy faculty, fake/dummy patients, fabrication/falsification of data of clinical material, etc. if any that you have noticed/came across, during the assessment. Please attach the table of list of the patients (IP no., diagnosis and comments) available on the day of the assessment/inspection.*  *4. Please comment on the infrastructure, variety of clinical material for the all-round training of the students.* |