

STANDARD ASSESSMENT FORM- B

(DEPARTMENTAL INFORMATION)

DERMATOLOGY, VENEREOLOGY AND LEPROSY

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:

- a. Date of LoP when PG course was first permitted: _____
- b. Number of years since start of PG course: _____
- c. Name of the Head of Department: _____
- d. Number of PG Admissions (Seats): _____
- e. Number of Increase of Admissions (Seats) applied for: _____
- f. Total number of Units: _____
- g. Number of beds in the Department: _____
- h. Total number of ICU beds/ High Dependency Unit (HDU) beds in the department: _____
- i. Number of Units with beds in each unit:

Unit	Number of Beds	Unit	Number of beds
Unit-I		Unit-V	
Unit-II		Unit-VI	
Unit-III		Unit-VII	
Unit-IV		Unit-VIII	

j. Details of PG inspections of the department in last five years:

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	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	No of seats Increased	No of seats Decreased	Order issued based on inspection (Attach copy of all the order issued by NMC/MCI as

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	<i>/Random Inspection/ Compliance Verification inspection/other)</i>		<i>done/denied /Renewal of Recognition done/denied /other)</i>			Annexure)

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- k. 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. OPD:

No of rooms: _____

Area of each OPD room (add rows)

	Area in M ²
Room 1	
Room 2	

Waiting area: _____ M²

Space and arrangements: _____ Adequate/ not adequate.

If not adequate, give reasons/details/comments: _____

b. Wards

No of wards: _____

Parameters	Details
Distance between two cots (in meter)	
Ventilation	Adequate/Not Adequate
Infrastructure and facilities	
Dressing /Procedure Room	
Side lab	

c. 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

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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 rest room	Available/not available
PG rest room	Available/not available

d. Seminar Room:

Space and facility: Adequate/ Not Adequate

Internet facility: Available/Not Available

Audiovisual equipment details:

e. 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

f. Departmental Research Lab/Activities:

Space	
Equipment	

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Research Projects completed in past 3 years	
List the Research projects in progress in research lab	

g. Departmental Museum:

Space	
Total number of Specimens	
Total number of Chart/ Diagrams	

h. Equipment:

Name of the Equipment	Numbers Available	Functional Status	Important Specifications in brief	Adequate (Yes/No)
Biopsy punches				
Hyfreator/electro-surgical instrument				
Liquid nitrogen cryo				
Chemical Peels				
PUVA Chamber (total body)				
NBUVB Chamber				
Laser for hair reduction				
Laser for scar revision				
Laser for pigment removal				
Pulse Oximeters				
ECG				
Crash cart				
Other routine equipment				
Any other special equipment				

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C. SERVICES:

i. Specialty clinics run by the Department of DVL with number of patients in each:

Name of the Clinic	Weekday/s	Timings	Number of cases on a day (Average)	Name of Clinic In-charge
Vitiligo & Pigmentary disease Clinic				
Psoriasis Clinic				
Autoimmune disease clinic				
Connective Tissue disorders				
Vesiculobullous diseases				
Hansen’s clinic				
STD Clinic				
Any other				

ii. Service provided by the Department of DVL:

Service	Availability Yes / No	Service	Availability Yes / No
Skin Biopsies		Skin grafting procedures	
Electro Surgical Procedures		Nail Surgeries	
Cryo Surgical Procedures		Other surgical procedures	
Chemical Peels		Laser Procedures	
Intralesional injections		Hair reduction	
NUVB/PUVA therapy		Scar revision	
		Pigment removal	

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D. CLINICAL MATERIAL AND INVESTIGATIVE WORKLOAD OF THE DEPARTMENT OF DERMATOLOGY, VENEREOLOGY AND LEPROSY (DVL):

Parameter	Numbers				
	On the day of assessment	Previous day data	Year 1	Year 2	Year 3 (last year)
1	2	-	3	4	5
Total numbers of Out-Patients					
Out-Patients attendance (write Average daily Out-Patients attendance in column 3,4,5) *					
Total numbers of new Out-Patients					
New Out Patients attendance (write average in column 3,4,5) * for Average daily New Out-Patients attendance					
Total Admissions					
Bed occupancy			X	X	X
Bed occupancy for the whole year above 75%.	X	X	Yes/No	Yes/No	Yes/No
Procedures performed (see table below) #					
ECG per day. (write average of all working days in column 3, 4 and 5)					
X-rays per day (OPD + IPD). (write average of all working days in column 3, 4 and 5)					
Ultrasonography per day (OPD + IPD). (write average of all working days in column 3, 4 and 5)					
CT scan per day (OPD + IPD). (write average of all working days in column 3, 4 and 5)					
MRI per day (OPD + IPD). (write average of all working days in column 3, 4 and 5)					
Cytopathology Workload per day (OPD + IPD). (write average of all working days in column 3, 4 and 5)					
OPD Cytopathology Workload per day. (write average of all working days in column 3, 4 and 5)					

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Haematology workload per day (OPD + IPD). (write average of all working days in column 3, 4 and 5)					
OPD Haematology workload per day. (write average of all working days in column 3, 4 and 5)					
Biochemistry Workload per day (OPD + IPD). (write average of all working days in column 3, 4 and 5)					
OPD Biochemistry Workload per day. (write average of all working days in column 3, 4 and 5)					
Microbiology Workload per day (OPD + IPD)... (write average of all working days in column 3, 4 and 5)					
OPD Microbiology Workload per day. (write average of all working days in column 3, 4 and 5)					
Total Deaths. **					
Total Blood Units Consumed including Components.					

* **Average daily Out-Patients attendance** is calculated as below.

Total OPD patients of the department in the year divided by total OPD days of the department in a year

**The details of deaths sent by hospital to the Registrar of Births/Deaths

Procedures performed

Procedures	On the Day of Assessment	Data of Previous Month	(Last Year)
Skin Biopsies			
Electro Surgical Procedures			
Cryo Surgical Procedures			
Chemical Peels			
Skin grafting procedures			
Intralesional injections			
Nail surgeries			

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NUVB/PUVA therapy			
Laser Procedures Hair reduction Scar revision Pigment removal			
Other cosmetic surgical procedures			

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- 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. **PG 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

F. **ACADEMIC ACTIVITIES:**

S. No.	Details	Number in the last Year	Remarks Adequate/ Inadequate
1.	Clinico- Pathological conference		
2.	Clinical Seminars		
3.	Journal Clubs		
4.	Case presentations		
5.	Group discussions		
6.	Guest lectures		

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7.	Death Audit Meetings		
8.	Physician conference/ Continuing Medical Education (CME) organized.		
9.	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:

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G. EXAMINATION:

i. Periodic Evaluation methods (FORMATIVE ASSESSMENT):
(Details in the space below)

ii. Detail of the Last Summative Examination:

a. List of External Examiners:

Name	Designation	College/ Institute

b. List of Internal Examiners:

Name	Designation

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c. List of Students:

Name	Result (Pass/ Fail)

d. Details of the Examination: _____
 Insert video clip (5 minutes) and photographs (ten).

H. MISCELLANEOUS:

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

ii. Participation in National Leprosy Control Program, RTI/AIDS program/others.
 (List details here)

iii. Any Other Information

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I. 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

Signature of Dean

Signature of Assessor

J.**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.

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