

# STANDARD ASSESSMENT FORM- B

## (DEPARTMENTAL INFORMATION) GERIATRIC MEDICINE

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: (Specialty applicable):

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 <i>(LoP for starting a course/permission for increase of seats/ Recognition of course/ Recognition of increased seats /Renewal of Recognition/Surprise /Random</i>	Type of Inspection <b>(Physical/ Virtual)</b>	Outcome <i>(LoP received/denied. Permission for increase of seats received/denied. Recognition of course done/denied. Recognition of increased seats done/denied /Renewal</i>	No of seats Increased	No of seats Decreased	Order issued based on inspection <i>(Attach copy of all the order issued</i>

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	<i>Inspection/ Compliance Verification inspection/other)</i>		<i>of Recognition done/denied /other)</i>			<i>by NMC/M CI) as Annexu re</i>

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/not Permitted by MCI/NMC	Number of Seats
	Yes/No	
	Yes/No	

**B. INFRASTRUCTURE OF THE DEPARTMENT:**

**a. OPD**

No of rooms: \_\_\_\_\_

Area of each OPD room (add rows)

	Area in M <sup>2</sup>
<b>Room 1</b>	
<b>Room 2</b>	

Waiting area: \_\_\_\_\_ M<sup>2</sup>

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 and procedure room	

**c. Department office details:**

Department Office

Signature of Dean

Signature of Assessor

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

<b>Office Space for Teaching Faculty/residents</b>	
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. List of Department specific laboratories with important Equipment:**

Name of Laboratory	Size in square meter	List of important equipment available with total numbers	Adequate/ Inadequate

**f. 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	

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Internet Facility: Yes/No  
 Central Library Timing: \_\_\_\_\_  
 Central Reading Room Timing: \_\_\_\_\_

**Journal details**

Name of Journal	Indian/foreign	Online/offline	Available up to

**g. Departmental Research Lab:**

Space	
Equipment	
Research Projects Done in past 3 years	
list Research projects in progress in research lab	

**h. Equipment:**

Name of the Equipment	Must/Preferable	Numbers Available	Functional Status	Important Specifications in brief	Adequate Yes/No
Multipara Monitors					
Upper GI endoscope					
lower GI endoscope(colonoscope)					
Dialysis machines					
Ultrasonography with color Doppler and curvilinear probe, Linear probe, and Phased array probe(cardiac)					
Resuscitation kit					
Pulse Oximeters					
ECG					
Holter					
Crash cart					

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Computerized PFT equipment					
Syringe pump					
Bronchoscope					
TMT					
Defibrillator					
Other routine use equipment					

**i. Intensive care facilities under Geriatric Medicine:**

Type	Available/ not Available	Number of total beds	List of Major Equipment and their Numbers	Bed occupancy on the day of inspection	Average bed occupancy for the last year
Medical ICU - MICU					
Intensive Coronary Care Unit-ICCU					
Any other ICU (add rows)					

**j. Dialysis:**

- i. Number of Beds: \_\_\_\_\_
- ii. Number of hemodialysis machines: \_\_\_\_\_

	On the day of assessment	Year 1	Year 2	Year 3 (last year)
Total hemodialysis				
Total peritoneal dialysis				

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**C. SERVICES:**

- i. **Specialty clinics run by the Department of Geriatric Medicine with number of patients in each:**

Name of the Clinic	Weekday/s	Timings	Number of cases (Avg)	Name of Clinic In-charge
Cardiovascular				
Nephrology				
Endocrine				
Haematology				
Gastroenterology				
Neurology				
Memory Clinic				
Any other clinic				

- ii. **Services provided by the Department of Geriatric Medicine:**

Service / facility	Yes / No – Remarks if any
<b>a) Cardiology services (ICCU)</b> i. ECG ii. TMT iii. Echo (with color Doppler) iv. Holter	
<b>b) Bronchoscopy</b>	
<b>c) Endoscopy &amp; Colonoscopy</b>	
<b>d) Dialysis</b>	
<b>e) Physiotherapy Section.</b>	
<b>f) Investigative facilities</b> i. Nerve conduction, ii. EMG etc.	
<b>g) Other special facilities</b>	

*(NOTE: These facilities are an integral part of Geriatric Medicine and should be available in the department even if independent Super Specialty departments exist in the institution)*

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**D. CLINICAL MATERIAL AND INVESTIGATIVE WORKLOAD OF THE DEPARTMENT OF GERIATRIC MEDICINE:**

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 <b>Average daily Out-Patients attendance</b> 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)					
Haematology workload per day (OPD + IPD). (write average of all working days in column 3, 4 and 5)					

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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

# Major procedures performed

Procedures	On the day of Assessment	(Last Year)
Central line placement		
Upper GI endoscopy		
Lower GI endoscopy		
Non-invasive ventilations		
Pleural tapping/chest tube insertion		
Cardioversion/defibrillation		
Endotracheal intubation with direct laryngoscopy		
Endotracheal intubation with video laryngoscopy		
Transcutaneous Pacing		
Lumber puncture		
Ascites tapping		

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Bone marrow aspiration biopsy		
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**E. STAFF:**

**i. Unit-wise faculty and Senior Resident details:**

Unit no: \_\_\_\_\_

<b>Sr. No.</b>	<b>Designation</b>	<b>Name</b>	<b>Joining date</b>	<b>Relieved/Retired/working</b>	<b>Relieving Date/Retirement Date</b>	<b>Attendance in days for the year/part of the year * with percentage of total working days** [days ( %)]</b>	<b>Phone No.</b>	<b>E-mail</b>	<b>Signature</b>

Signature of Dean

Signature of Assessor

GERIATRIC MEDICINE/ PART-B/2024

\* - Year will be previous Calendar Year (from 1<sup>st</sup> January to 31<sup>st</sup> December)

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

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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. 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

## 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:**

**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

Signature of Dean

Signature of Assessor

**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 Programs.**  
 (If yes, provide details)

**iii. Any Other Information**

Signature of Dean

Signature of Assessor

**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/come 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.

Signature of Dean

Signature of Assessor