

STANDARD ASSESSMENT FORM- B

(DEPARTMENTAL INFORMATION)

OTORHINOLARYNGOLOGY

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</i>	Type of Inspection (Physical/ Virtual)	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 by</i>

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	<i>/Random Inspection/ Compliance Verification inspection/other)</i>		<i>of Recognition done/denied /other)</i>			<i>NMC/M CI as Annexur e)</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 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: _____

Details of ENT general examination equipment in OPD (give details):

Details endoscopy set up in OPD (rigid/flexible/both):

b. Wards

No of wards: _____

Parameters	Details
Distance between two cots (in meter)	
Ventilation	Adequate/Not Adequate
Infrastructure and facilities	
Dressing and procedure room	

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c. Operation Theatres:

i. Do you full fill Operation Theatre infrastructure guidelines given in Part -A of the form:

Yes/ No

If no, what measure are you taking to rectify the deficiencies?

ii. Total number of operation theatre (tables) per week for each unit:

d. 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 rest room	Available/not available
PG rest room	Available/not available

e. Seminar room

Space and general facility:

Internet facility: Available/Not Available

Audiovisual equipment details:

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

h. List of department specific laboratories with important equipment:

Name of Laboratory	Size in Square meter	List of Equipment and specifications in brief and work details
Audiometry room		
Speech therapy room		
Minor OT attached to OPD.		
Temporal bone dissection lab		
Endoscopic Sinus Surgery (ESS) Laboratory		

i. Equipment:

Name of the Equipment	Numbers Available	Functional Status	Important Specifications in brief
Operating Microscope with teaching aid			

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High speed drill in operation theatre			
Flexible fiberoptic bronchoscope/ nasopharyngolaryngoscope			
Rigid Pediatric Bronchoscopy set			
Rigid Esophagoscopy set			
Micro laryngoscopy set			
Sinus endoscopy set			
Mastoidectomy set			
Tympanoplasty set			
Stapes surgery set			
Direct laryngoscopy set			
Septoplasty set			
Tonsillectomy set			
Maxillectomy set			
Microdebrider for sinus surgeries			
Coblator System			
Digital mono & bipolar cautery			
Nerve stimulator/ monitor			
HD digital camera with recording system			
OAE			
BERA			
Impedance Audiometer			
Pure tone audiometer			
Sleep Lab (in the Institute)			
Simulators for ear, nose surgeries			
CO ₂ Laser			

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Other Lasers			
Harmonic scalpel			
Stroboscope/ High Speed camera			
Suction Machine			
Narrow Band Imaging			
Any other equipment			

C. SERVICES:

i. Services provided by the department of ENT:

Service	Availability Yes / No	Details
Speech therapy		
Audiology services		
Hearing aid trials		
Neonatal screening programs		
Speech and voice analysis/services		
Diagnostic Endoscopies – Nasal, larynx, Esophagus.		
Investigations – Nerve conduction, EMG, etc.		
Any other special diagnostic facility provided by the department.		

ii. Specialty clinics run by the department of ENT with number of patients in each:

Name of the Clinic	Weekday/s	Timings	Number of cases (weekly average)	Name of Clinic In-charge
Otology related				
Rhinology related				
Cancer related				

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Any others				
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iii. Outdoor activities/camps undertaken: YES / NO. Give details.

D. CLINICAL MATERIAL AND INVESTIGATIVE WORKLOAD OF THE DEPARTMENT OF OTORHINOLARYNGOLOGY:

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
Histopathology Workload per day (average of all working days)					
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)					

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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)					
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 Major surgeries in the department					
Total Minor surgeries in the department					
Number of Procedures endoscopy/syringing etc. (write average of all working days in column 3, 4 and 5.					
Number of Audiometry cases. (Write average of all working days in column 3, 4 and 5.					
Number of BERA done. (Write average of all working days in column 3, 4 and 5.					
Number of patients for Speech Therapy. (Write average of all working days in column 3, 4 and 5.					
Number of patients for Impedance. (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

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

E. NUMBER OF SURGICAL OPERATIONS/PROCEDURES PERFORMED

Procedure	On the day of assessment	Year 1	Year 2	Year 3 (last year)
Mastoidectomy				
Myringoplasty & Tympanoplasty				
Stapedotomy				
Myringotomy/Grommet				
Cochlear implant				
Tracheostomy				
MLS				
Direct Laryngoscopy				
Laryngectomy				
Esophagoscopy				
Bronchoscopy				
Foreign body removal				
Laryngoplasty / Laryngotracheoplasty Laryngeal / tracheal stenosis surgery				
Adenoidectomy & Tonsillectomy				
Septoplasty				
Rhinoplasty				
FESS				
Maxillectomy				
Angiofibroma				
DCR				
Thyroid Surgery				
Other Head and Neck Surgery				
Salivary Gland Surgery				
Lymph node surgery				
Submandibular gland excision / Parotidectomy				
Any others				

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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.

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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

G. ACADEMIC ACTIVITIES:

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

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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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H. 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

- c. List of Students:**

Name	Result (Pass/ Fail)

Signature of Dean

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

I. MISCELLANEOUS:

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

ii. Any Other Information

**iii. Participation in national program for prevention and control of Deafness
(Provide details)**

Signature of Dean

Signature of Assessor

J. 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

K.**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.

Signature of Dean

Signature of Assessor