**STANDARD ASSESSMENT FORM- B**

(DEPARTMENTAL INFORMATION)

**PATHOLOGY**

|  |
| --- |
| *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: (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 |  |

i. 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 /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 on the basis of inspection**  *(Attach copy of all the order issued by NMC/ MCI as* ***Annexure)*** |
|  |  |  |  |  |  |  |

j. 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. Collection Centre**

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

**Area of each Collection room (add rows)**

|  |  |
| --- | --- |
|  | **Area in M2** |
| **Room 1** |  |
| **Room 2** |  |
|  |  |

Waiting area: \_\_\_\_\_\_ M2

Space and arrangements: **Adequate/ Not Adequate.**

If not adequate, give reasons/details/comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**b. 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 |

**c. Seminar room/Demonstration Room:**

Space and facility: Adequate/ Not Adequate

|  |  |  |
| --- | --- | --- |
| **Particulars** | **Seminar room** | **Demo room** |
| Size (Area) |  |  |
| Capacity |  |  |
| Water Supply |  |  |
| Sinks |  |  |
| Electric points |  |  |
| Cupboards\* |  |  |

Space and facility: Adequate/ Not Adequate

Internet facility: Available/Not Available

Audiovisual equipments details:

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

|  |  |  |
| --- | --- | --- |
| **Particulars** | **In the Department** | **In Central Library** |
| 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** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**e. Departmental Research Lab:**

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

**f. Departmental Museum:**

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

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Particulars** | **Morbid anatomy/Autopsy** | **Histopathology** | **Cytopathology** | **Hematology** | **Any other lab.** |
| Size (Area) |  |  |  |  |  |
| Capacity |  |  |  |  |  |
| Water Supply |  |  |  |  |  |
| Sinks |  |  |  |  |  |
| Electric points |  |  |  |  |  |
| Cupboards\* |  |  |  |  |  |

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

**h. Details of different sections in the Department of Pathology:**

|  |  |  |
| --- | --- | --- |
| **Section** | **Area (M2)** | **Equipment available** |
| Histopathology |  |  |
| Cytology / Cytopathology |  |  |
| Hematology |  |  |
| Fluid Section/Clinical Pathology |  |  |
| Autopsy /Morbid Anatomy |  |  |
| Other |  |  |

**i. Equipment:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of the Equipment** | **Must/ Desirable** | **Numbers Available** | **Functional Status** | **Important Specifications in brief** | **Adequate (Yes/No)** |
| Binocular Microscopes |  |  |  |  |  |
| Penta head Microscope |  |  |  |  |  |
| Binocular research microscope with photography facility |  |  |  |  |  |
| Automated tissue processor |  |  |  |  |  |
| Microtome |  |  |  |  |  |
| Cryostat for frozen sections |  |  |  |  |  |
| Microwave for IHC |  |  |  |  |  |
| Cell counter |  |  |  |  |  |
| HPLC Machine (Hb variants) |  |  |  |  |  |
| Centrifuge / Cytospin |  |  |  |  |  |
| PT and aPTT automated analyzer/coagulometer |  |  |  |  |  |
| Flowcytometry for hematology |  |  |  |  |  |
| IHC equipment |  |  |  |  |  |
| Any other equipment (Add rows) |  |  |  |  |  |

**C. INVESTIGATIVE WORKLOAD IN THE DEPARTMENT OF PATHOLOGY**:

**a.** **General:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Nature of Specimens** | **On the day of assessment** | **Year I** | **Year II** | **Year III (last year)** |
| **(1)** | **(2)** | **(3)** | **(4)** | **(5)** |
| **Total number of histopathology investigations [Total specimens (Organ/Part/Tissue) for histopathology received and reported]. Prepare data table.** |  |  |  |  |
| Frozen sections. Prepare data table |  |  |  |  |
| Special stains (give details below in brief). Prepare data table |  |  |  |  |
| Immunohistochemistry (mention below if outsourced) |  |  |  |  |
| **Total Hematology Specimen received and tested** |  |  |  |  |
| **Total Cytopathology Specimen received and reported (Cytopathology workload). Prepare data table** |  |  |  |  |
| Fluid Cytology |  |  |  |  |
| Exfoliative Cytology (Pap’s Smear) |  |  |  |  |
| FNAC (Direct). Prepare data table |  |  |  |  |
| FNAC (CT guided). Prepare data table |  |  |  |  |
| FNAC (USG guided). |  |  |  |  |
| PBF |  |  |  |  |
| Bone marrow. Prepare data table |  |  |  |  |

**b. Histopathology**

**Types of histopathological reports by the Department of Pathology:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Nature of Disease Reported** | **Total numbers** | | | |
| **On the day of Assessment** | **Year 1** | **Year 2** | **Year 3**  **(Last year)** |
| Tuberculosis |  |  |  |  |
| Other infections/  Inflammations |  |  |  |  |
| Benign/Non Neoplastic\* |  |  |  |  |
| Malignancies. Prepare data table |  |  |  |  |
| Others (specify) |  |  |  |  |

**Note: \* Tuberculosis and Other infections/inflammations to be excluded here.**

**c. Hematology:**

**Total Hematology samples received and tested:** \_ \_ \_

Number of Investigations

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of test** | **Total numbers** | | | |
| **Number on day of assessment** | **Year 1** | **Year 2** | **Year 3 (last year)** |
| CBC |  |  |  |  |
| ESR |  |  |  |  |
| Reticulocyte Count |  |  |  |  |
| Absolute Eosinophil Count |  |  |  |  |
| Bone Marrow aspiration |  |  |  |  |
| Bone Marrow Biopsy. Prepare data table |  |  |  |  |
| PT, aPTT, TT |  |  |  |  |

**d. Facilities for the work up of the following (Name of investigation & numbers per year)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of test** | **Number on day of assessment** | **Year 1** | **Year 2** | **Year 3 (last year)** |
| Coagulation disorders |  |  |  |  |
| Leukemia \_ |  |  |  |  |
| Nutritional anemias |  |  |  |  |
| Hemolytic anemias |  |  |  |  |

**e. Body Fluids (Clinical Pathology)**:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of test** | **Number on day of assessment** | **Year 1** | **Year 2** | **Year 3**  **(last year)** |
| Urine: Routine: |  |  |  |  |
| Urine Special: |  |  |  |  |
| Semen: Routine |  |  |  |  |
| Semen: Special |  |  |  |  |
| CSF. Prepare data table |  |  |  |  |
| Sputum: |  |  |  |  |
| Other body fluids: |  |  |  |  |

**f.** **Details of Autopsies (Give numbers for the past year)**

* 1. Adult: \_ \_ \_ (b) Children: \_ \_ \_ (c) Neonate: \_ \_ \_ (d) Medico-legal: \_ \_ \_

**g.** **Blood banking (Provide numbers per year):**

(a) Units issued: \_ \_ \_

(b) Units collected:

i. Voluntary: \_ \_ \_

ii. Replacement: \_ \_ \_

iii Units Stored: \_ \_ \_

(c) ABO group typing: \_ \_ \_

(d) Rh group typing: \_ \_ \_

(e) Cross matching: \_ \_ \_

(f) Antibodies identified: \_ \_ \_

(g) Samples tested for:

i. HIV: \_ \_ \_

ii. HBV: \_ \_ \_

iii. HCV: \_ \_ \_

iv. VDRL: \_ \_ \_

v. Malaria: \_ \_ \_

vi. Others: \_ \_ \_

**h.** **Facilities available for preparation of blood components: Yes/No**

**i. License valid for Blood Bank: Yes/No**

**D. 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** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |

\* - 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** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |

**E. ACADEMIC ACTIVITIES:**

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

|  |
| --- |
|  |

**F. 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** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

1. **List of Internal Examiners:**

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

1. **List of Students:**

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

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

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

**G. 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**

1. **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**

**I. 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.* |