

# **STANDARD ASSESSMENT FORM- B**

(DEPARTMENTAL INFORMATION)

## **PALLIATIVE 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-IV |                |
| Unit-II  |                | Unit-V  |                |
| Unit-III |                | Unit-VI |                |

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

| Date of Inspection | Purpose of Inspection<br><i>(LoP for starting a course/permission for increase of seats/ Recognition of course/ Recognition of increased seats /Renewal of</i> | Type of Inspection<br><b>(Physical/ Virtual)</b> | Outcome<br><i>(LOP received/denied. Permission for increase of seats received/denied. Recognition of course done/denied. Recognition of</i> | No of seats Increase | No of seats Decreased | Order issued on the basis of inspection<br><i>(Attach copy of all the</i> |
|--------------------|--|--|---|----------------------|-----------------------|---|
|                    |  |  |   |                      |                       |   |

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|  |   |  |  |  |  |   |
|--|---|--|--|--|--|---|
|  | <i>Recognition/Surprise /Random Inspection/ Compliance Verification inspection/other)</i> |  | <i>increased seats done/denied /Renewal of Recognition done/denied /other)</i> |  |  | <i>order issued by NMC/MCI) as Annexure</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          |                       |

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**c. Department office details:**

| <b>Department Office</b>              |                         |
|---------------------------------------|-------------------------|
| 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:

Audiovisual equipment details:

**e. List of Department specific laboratories with important Equipment:**

| <b>Name of Laboratory</b> | <b>Size in square meter</b> | <b>List of important equipment available with total numbers</b> | <b>Adequate/ Inadequate</b> |
|---------------------------|-----------------------------|---|-----------------------------|
|                           |                             |   |                             |
|                           |                             |   |                             |
|                           |                             |   |                             |

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

| <b>Particulars</b>  | <b>Details</b> |
|---|----------------|
| Number of Books   |                |
| Total books purchased in the last three years (attach list as Annexure) |                |

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|                                  |  |
|----------------------------------|--|
| 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 |
|-----------------|----------------|----------------|-----------------|
|                 |                |                |                 |
|                 |                |                |                 |
|                 |                |                |                 |

**g. Departmental Research:**

|   |  |
|---|--|
| Research Projects Done in past 3 years. |  |
| List of Research projects in progress.  |  |

**h. Equipment:**

| Name of the Equipment                                      | Available/<br>Not<br>available | Functional<br>Status | Important Specifications/<br>details in<br>brief |
|--|--------------------------------|----------------------|--|
| Oxygen central supply/concentrators                        |                                |                      |  |
| Patient controlled analgesia - CADD pump/elastomeric pumps |                                |                      |  |
| Infusion pumps   |                                |                      |  |
| Ophthalmoscope and otoscopes                               |                                |                      |  |
| Air beds   |                                |                      |  |
| Water beds   |                                |                      |  |
| Nebulizer machines   |                                |                      |  |
| Crash cart   |                                |                      |  |
| Suction machines   |                                |                      |  |
| Vital signs monitoring equipment                           |                                |                      |  |

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|  |  |  |  |
|--|--|--|--|
| Wheelchairs/stretchers with oxygen   |  |  |  |
| Patient beds   |  |  |  |
| Pain management devices- Such as TENS units / Scrambler or heat therapy devices. |  |  |  |
| Other routine use equipment – Assistive devices, patient transferring devices    |  |  |  |
| Point of Care Ultrasound.  |  |  |  |
| Non-invasive ventilation devices- CPAP/BiPAP/access to CPAP/BiPAP                |  |  |  |
| Electrocardiogram machines/access for ECG  |  |  |  |
| Information technology   |  |  |  |

**C. SERVICES FOR PALLIATIVE MEDICINE PATIENTS:**

1. Specialty clinics run by the department of Palliative Medicine with number of patients in each:

| Name of the Clinic        | Numbers of patients      |                   |        |        |                    |
|---------------------------|--------------------------|-------------------|--------|--------|--------------------|
|                           | On the day of assessment | Previous day data | Year 1 | Year 2 | Year 3 (last year) |
| 1                         | 2                        | 3                 | 4      | 5      | 6                  |
| Pediatric Palliative care |                          |                   |        |        |                    |
| Clinic for Home Care      |                          |                   |        |        |                    |
|                           |                          |                   |        |        |                    |

2. Services provided by the Department of Palliative Medicine:

| Service / facility | Yes / No – Remarks if any Not applicable in Palliative Medicine |
|--------------------|---|
|                    |   |

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|   |  |
|---|--|
| Consultation-liaison                          |  |
| Home based care                               |  |
| Telemedicine services                         |  |
| Referrals to hospice, rehabilitation services |  |

**3. Intensive care facilities in the Institute:**

| Type | Number of total beds | details |
|------|----------------------|---------|
|      |                      |         |
|      |                      |         |

**4. Dialysis facilities in institute:**

- a. Number of Beds: \_\_\_\_\_
- b. Number of hemodialysis machines: \_\_\_\_\_

| Particulars               | Previous 24 Hours | Year 1 | Year 2 | Year 3 (last year) |
|---------------------------|-------------------|--------|--------|--------------------|
| Total hemodialysis        |                   |        |        |                    |
| Total peritoneal dialysis |                   |        |        |                    |

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

| Parameter  | Numbers                  |                   |        |        |                    |
|--|--------------------------|-------------------|--------|--------|--------------------|
|  | On the day of assessment | Previous day data | Year 1 | Year 2 | Year 3 (last year) |
| 1  | 2                        | 3                 | 4      | 5      | 6                  |
| Total numbers of Out-Patients  |                          |                   |        |        |                    |
| Out-Patients attendance (write <b>Average daily Out-Patients attendance</b> in column 4,5,6) * |                          |                   |        |        |                    |
| Total numbers of new Out-Patients  |                          |                   |        |        |                    |

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|  |   |   |        |        |        |
|--|---|---|--------|--------|--------|
| New Out Patients attendance<br>(write average in column 4,5,6) * for<br>Average daily New Out-Patients<br>attendance |   |   |        |        |        |
| Total Admissions   |   |   |        |        |        |
| Bed occupancy  |   |   | X      | X      | X      |
| Bed occupancy for the whole year<br>above 75%.   | X | X | Yes/No | Yes/No | Yes/No |
| Home care patient assessments  |   |   |        |        |        |
| Referrals to hospice   |   |   |        |        |        |
| ECG per day. (write average of all<br>working days in column 4,5,6)  |   |   |        |        |        |
| X-rays per day (OPD + IPD). (write<br>average of all working days in<br>column 4,5,6)                                |   |   |        |        |        |
| Ultrasonography per day (OPD +<br>IPD). (write average of all working<br>days in column 4,5,6)                       |   |   |        |        |        |
| CT scan per day (OPD + IPD). (write<br>average of all working days in<br>column 4,5,6)                               |   |   |        |        |        |
| MRI per day (OPD + IPD). (write<br>average of all working days in<br>column 4,5,6)                                   |   |   |        |        |        |
| Haematology workload per day<br>(OPD + IPD). (write average of all<br>working days in column 4,5,6)                  |   |   |        |        |        |
| Biochemistry Workload per day<br>(OPD + IPD). (write average of all<br>working days in column 4,5,6)                 |   |   |        |        |        |
| Microbiology Workload per day<br>(OPD + IPD). (write average of all<br>working days in column 4,5,6)                 |   |   |        |        |        |
| Total Deaths. **   |   |   |        |        |        |
| Total Blood Units Consumed<br>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

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**E. Procedures performed**

| <b>Procedures</b>                    | <b>On the Day of Assessment</b> | <b>Previous day Data</b> | <b>(Last Year)</b> |
|--------------------------------------|---------------------------------|--------------------------|--------------------|
| Central line placement               |                                 |                          |                    |
| Upper GI endoscopy                   |                                 |                          |                    |
| Lower GI endoscopy                   |                                 |                          |                    |
| Non-invasive ventilations            |                                 |                          |                    |
| Pleural tapping/chest tube insertion |                                 |                          |                    |
| Cardioversion/defibrillation         |                                 |                          |                    |
| Endotracheal intubation              |                                 |                          |                    |
| Ascites tapping                      |                                 |                          |                    |

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**F. STAFF:**

**i. Unit-wise faculty and Senior Resident 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 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 |
|------|--------------|----------------|----------|--------|
|      |              |                |          |        |
|      |              |                |          |        |

**G. ACADEMIC ACTIVITIES:**

| S. No. | Details                          | Number in the last Year | Remarks Adequate/ Inadequate |
|--------|----------------------------------|-------------------------|------------------------------|
| 1.     | Clinico- Pathological conference |                         |                              |
| 2.     | Theory classes taken             |                         |                              |
| 3.     | Clinical Seminars                |                         |                              |
| 4.     | Journal Clubs                    |                         |                              |
| 5.     | Case presentations               |                         |                              |

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|     |  |  |  |
|-----|--|--|--|
| 6.  | Group discussions  |  |  |
| 7.  | Guest lectures   |  |  |
| 8.  | Death Audit Meetings   |  |  |
| 9.  | Physician conference/<br>Continuing Medical<br>Education (CME)<br>organized. |  |  |
| 10. | Symposium  |  |  |

**Note:** For theory classes, 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:**

|  |
|--|
|  |
|--|

**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 |
|------|-------------|
|      |             |

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|  |  |
|--|--|
|  |  |
|  |  |
|  |  |
|  |  |

**c. List of Students:**

| Name | Result<br>(Pass/ Fail) |
|------|------------------------|
|      |                        |
|      |                        |
|      |                        |

**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. Participation in National Programs.  
(If yes, provide details)**

**iii. Any Other Information**

**J. Please enumerate the deficiencies and write measures 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/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