

#### KERALA UNIVERSITY OF HEALTH SCIENCES THRISSUR, KERALA

# Inspection Proforma for the Continuation of Provisional Affiliation/Provisional Affiliation of M.Phil in Clinical Psychology

(All parameters are to be verified in person by the designated Inspectors, Copies of necessary verified documents attested by the principal to be attached along with the report)

#### I. DETAILS OF INSPECTORS

| Date of inspection                     | : |
|--|---|
| Name of the Inspector (1)              | : |
| Designation                            |   |
| Address                                |   |
| Contact No                             |   |
| E mail ID                              |   |
| Name of the Inspector (2)              | : |
| Designation                            |   |
| Address                                |   |
| Contact No                             |   |
| E mail ID                              |   |
| University Order No. and date in which |   |
| Inspection committee was appointed     | : |
| Type of Inspection:                    |   |
| • Routine Inspection :                 |   |
| • Surprise Inspection :                |   |
| • Re-Inspection :                      |   |
| • 2 <sup>nd</sup> Re-Inspection:       |   |
|  |   |
|  |   |

#### II. DETAILS OF THE COLLEGE

• Name of the College with full Postal address. : (With website address, telephone No, Mobile no & E mail)

• Administrative status of the Institution : (Society/Trust/Institution or any other)

#### III. ADMINISTRATION

Whether the following bodies have been constituted and functioning as per the direction of University

| Sl.No | Details                                   | Yes/No | Remarks |
|-------|---|--------|---------|
| •     | College Budget (Audited<br>Statement)     |        |         |
| •     | College Management Committee              |        |         |
| •     | KUHS- NSS Unit                            |        |         |
| •     | Academic Monitoring cell                  |        |         |
| *     | Constitution of Anti Ragging<br>Committee |        |         |
| *     | Student Support and Guidance<br>Cell      |        |         |
| *     | College Union                             |        |         |
| *     | Parent Teacher Association                |        |         |
| *     | College Council                           |        |         |

<sup>\*</sup>Check whether Sl.No 2,3,4,5,6,7,8,9 are constituted and functioning as per the direction of University.

#### General Details of the course

| No  | Item      | Requirement |
|-----|-----------|-------------|
| 1.1 | Admission |             |

<sup>\*</sup> The Inspectors are requested to verify minute books of all committees and furnish remarks, if any

<sup>\*</sup>Sl.No. 5, 6, 7,8,9 should be verified and signed by the inspectors and the relevant pages of the minutes book should be attached with inspection report

|     | Capacity  | (Minimum 6 seats per academic year) |
|-----|---|-------------------------------------|
| 1.2 | Year of starting of the course  |                                     |
| 1.3 | Mode of<br>Selection  |                                     |
| 1.4 | Allotting<br>Authority  |                                     |
| 1.5 | University affiliation order no. and date   |                                     |
| 1.6 | Rehabilitation Council of India Registration Order No., Date and Validity                         |                                     |
| 1.7 | Details (order no. and date) of permission obtained from Government of Kerala to start the course |                                     |
| 1.8 | Date of commencement of the current batch   |                                     |

## • Details of the Institute/college

| No    | Item                                   |                         |
|-------|--|-------------------------|
| 2.1   | Nature of the college establishment    |                         |
|       | (Tick the appropriate)                 |                         |
|       | Central Govt/State Govt/Local Body     |                         |
|       | Registered Private/Public Trust        |                         |
|       | Organizations Registered under         |                         |
|       | Societies Registration Act including   |                         |
|       | Missionary Organizations               |                         |
|       | Companies Incorporated under section   |                         |
|       | 8 of Company's Act                     |                         |
|       | Other (Specify the details)            |                         |
|       |  |                         |
| 2.2   | Requirements of college                |                         |
| 2.2.1 | Owner ship                             | Rented/Own              |
| 2.2.2 | Area (Minimum 3 acres)                 |                         |
| 2.2.3 | Single/Multiple                        |                         |
| 2.2.4 | Availability of Water                  | Well water / KWA supply |
| 2.2.5 | Availability of Electricity (Permanent |                         |
|       | 3 phase connection required)           |                         |
| 2.2.6 | Distance from the hospital (Max 3      |                         |

|        | kilometres)   |  |
|--------|---|--|
| 2.2.7  | Is the college adequately accessible by               |  |
| 2.2.1  | road and public conveyance?                           |  |
| 2.2.8  | Details of Hostels (No. of rooms, No.                 |  |
| 2.2.0  | of students occupied)                                 |  |
| 2.2.9  | 1 /   |  |
| 2.2.9  | Is a play ground available for use of                 |  |
|        | students? (1 play ground for 20 students)             |  |
| 2.2.10 | · · · · · · · · · · · · · · · · · · ·                 |  |
| 2.2.10 | Is an adequate parking area available in the college? |  |
| 2.3    | Hospital Requirements                                 |  |
| 2.3.1  | Owner ship  | Own/Rented   |
| 2.3.2  | Years of functioning of hospital since                |  |
|        | establishment (Min 2 years required)                  |  |
| 2.3.3  | Details of IP/OP services                             |  |
|        |   | Total number of cases seen in a year:                          |
|        | A minimum turnover of 250 cases (old                  | New referrals in a year:                                       |
|        | and new   | Monthly average of new and old cases in the                    |
|        | together) referred to the Dept of                     | last year:   |
|        | Clinical Psychology on an average per                 | Other details:   |
|        | month for an intake of FOUR students                  |  |
|        | per year is required; and for every                   |  |
|        | additional 50 cases, the intake shall be              |  |
|        | increased by ONE candidate.                           |  |
| 2.3.4  | Departments in the institute                          |  |
|        |   |  |
|        | (Departments of Psychiatric social                    |  |
|        | work, Psychiatry, Clinical Psychology                 |  |
| _      | and Psychiatric nursing mandatory)                    |  |
| 2.3.4  | Is a multi disciplinary team including                | Yes/No   |
|        | Psychiatrists, clinical psychologists,                |  |
|        | psychiatric social workers and                        |  |
|        | psychiatric nurses available?                         |  |
| 2.3.5  | Are the specified tests available in the              | A lab with core psychological tests should                     |
|        | Department of Clinical Psychology?                    | be available:  |
|        |   | 1. Stanford Binet's test of intelligence                       |
|        |   | (Yes/No)   |
|        |   | 2. Raven's test of intelligence (all forms)                    |
|        |   | (Yes/No)   |
|        |   | 3. Bhatia's battery of intelligence tests                      |
|        |   | (Yes/No)   |
|        |   | 4. Wechsler adult performance intelligence                     |
|        |   | scale (Yes/No)   |
|        |   | 5. Malin's intelligence scale for children                     |
|        |   | (Yes/No)  6. Gosall's dayalonmental schedule                   |
|        |   | 6. Gesell's developmental schedule                             |
|        |   | (Yes/No)   |
|        |   | 7. Wechsler memory scale (Yes/No) 8. PGI memory scale (Yes/No) |
|        |   | · · · · · · · · · · · · · · · · · · ·                          |
|        |   | 9. 16 personality factor questionnaire                         |
|        |   | (Yes/No)   |

|       |  | 10. NEO-5 personality inventory (Yes/No) 11. Temperament and character inventory (Yes/No) 12. Children personality questionnaire (Yes/No) 13. Clinical analysis questionnaire (Yes/No) 14. Multiphasic questionnaire (Yes/No) 15. Object sorting/classification test (Yes/No) 16. Sentence completion test (Yes/No) 17. Thematic apperception test (Yes/No) 18. Children' apperception test (Yes/No) |
|-------|--|--|
|       |  | 19. Rorschach psychodiagnostics (Yes/No) 20. Neuropsychological battery of tests (any standard version) (Yes/No)   |
|       |  | Any remark by the inspectors:  |
|       |  |  |
| 2.3.6 | Distance from Teaching Institution   | Within 3 kilometres from the teaching institution  |
| 2.4   | Clinical Requirements in the   | Institution  |
|       | hospital   |  |
| 2.4.1 | Total number of Out Patients who received services from the Department of Clinical Psychology (250 patients/ year/ 4 students)   |  |
| 2.4.2 | Details of Inpatients services if any  |  |
| 2.4.3 | Details of any other Specialty services  |  |
| 2.5   | Man Power requirement in the college   |  |
| 2.5.1 | Teaching staff (Associate Professor or higher – 1, Assistant Professor/Lecturer -1 compulsory. Teacher-student ratio of 1:4 for Associate Professor or higher and 1:2 for Assistant Professor/Lecturer per intake of 8 students) |  |
| 2.5.2 | No. of supportive staff ( Minimum requirements in the college:   | Administrative officer:<br>Clerical staff:   |

| Administrative officer-1, Clerical  | Peon:      |
|-------------------------------------|------------|
| staff-2, Peon-1, Electrician – 1,   | Driver:    |
| Plumber -1, Mechanic – 1, Driver-1, | Plumber:   |
| Librarian - 1)                      | Mechanic:  |
| ,                                   | Librarian: |
|                                     | Others:    |

# 3 Other details of the college

| 3.1.1 Total plinth area  3.1.2 Is an approved plan for the building available?  3.1.3 Lecture Halls with teaching aids (2 lecture halls for 20 students)  3.1.4 No. of Examination Halls with confidential room (Minimum one with dimensions of 15 x 6.5 m²)  3.1.5 Auditorium/Multipurpose hall (Min. One hall with dimensions of 15 x 7.5 m²)  3.1.6 Common Room for Boys & Girls (Min two, with dimensions of 15 x 7.5 m²)  3.1.7 Staff Rooms (Minimum three, with dimensions of 3.5 x 4.2 m²)  3.1.8 Administrative Space (Min area of 15 x 6.5 m²)  3.1.9 No. of Laboratories (Min one)  3.1.11 Library (Min. One. With dimensions of 15 x 7.5 m²) |  |
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| with dimensions of 3.5 x 4.2 m <sup>2</sup> )  3.1.8 Administrative Space (Min area of 15 x 6.5 m <sup>2</sup> )  3.1.9 No. of Laboratories (Min one)  3.1.11 Library (Min. One. With   |  |
| 3.1.8 Administrative Space (Min area of 15 x 6.5 m²)  3.1.9 No. of Laboratories (Min one)  3.1.11 Library (Min. One. With   |  |
| 15 x 6.5 m <sup>2</sup> )  3.1.9 No. of Laboratories (Min one)  3.1.11 Library (Min. One. With  |  |
| 3.1.9 No. of Laboratories (Min one) 3.1.11 Library (Min. One. With  |  |
| 3.1.11 Library (Min. One. With  |  |
|   |  |
| difficultions of 15 x 7.5 m )   |  |
| 3.1.12 Toilets (Min. Five, with   |  |
| dimensions of 120 x120 cm <sup>2</sup> /  |  |
| toilet)   |  |
| 3.2 LIBRARY Yes/No Remarks if any   |  |
| 3.2.1 Total Area (Min area of 15 x 7.5  |  |
| $  m^2 \rangle$   |  |
| 3.2.2 Reception & waiting area  |  |
| available?  |  |
| 3.2.3 Property &Issue counter   |  |
| 3.2.4 Reading Room  |  |
| 3.2.5 Staff/PG reading Room   |  |
| 3.2.6 Reference section   |  |
| 3.2.7 Journal section   |  |
| 3.2.8 Photo copying section   |  |
| 3.2.9 Internet/computer facility  |  |
| 3.2.10 Room for Librarian   |  |
| 3.2.11 Are books available as per the   |  |
| reading materials in the syllabus   |  |
| approved by RCI and KUHS?   |  |

| 3.6.12 | Are adequate journals available in the library? |        |         |
|--------|---|--------|---------|
| 3.3    | EXAMINATION HALL                                | Yes/No | Remarks |
|        | Area ( Seating arrangement                      |        |         |
|        | with adequate space                             |        |         |
|        | CCTV, UPS                                       |        |         |
|        | Mobile Jammer(4G)                               |        |         |
|        | Telephone (Landline                             |        |         |
|        | extension)                                      |        |         |
|        | Others (Specify if any)                         |        |         |
|        | Confidential Room                               |        |         |
|        | • Computers (2 nos.)                            |        |         |
|        | Mobile Jammer                                   |        |         |
|        | • Printer – 2 nos.                              |        |         |
|        | • Internet connection (2                        |        |         |
|        | providers)                                      |        |         |
|        | • CCTV  |        |         |
|        | Fax Machine                                     |        |         |
|        | NKN Connection                                  |        |         |
|        | Generator                                       |        |         |
|        | • UPS   |        |         |
|        | • Others  |        |         |

## 4 Details of teaching staff

| S<br>No | Name | Designation       | Qualification | Experience | Regn<br>No. | Mobile<br>No. &<br>email ID | Latest Photograp h (passport size) |
|---------|------|-------------------|---------------|------------|-------------|-----------------------------|------------------------------------|
| 1       |      | Principal         |               |            |             |                             |                                    |
| 2       |      | Vice<br>Principal |               |            |             |                             |                                    |
| 3       |      |                   |               |            |             |                             |                                    |
| 4       |      |                   |               |            |             |                             |                                    |
| 5       |      |                   |               |            |             |                             |                                    |

## 5 Details of Academic training in the last year

Details of attendance of students of the last year :

Details of internal examinations conducted :

|   | Methods of teaching used   |   | : |
|---|--|---|---|
|   | (Lectures/Seminars/Journal reviews/  |   |   |
|   | \Case conferences/clinical work)   |   |   |
|   | Whether there adequate theory input for the students? (Minimum of 80 hours in a year as lectures/ Case conferences/seminars/journal reviews) | : |   |
|   | •  |   |   |
|   | Whether a log book maintained by students?   | : |   |
|   | Whether the facilities for Dissertation work adequate?   | : |   |
|   | (Availability of guides, presentation of research  |   |   |
|   | protocols in the Department, availability of research samples)   |   |   |
|   | Any other relevant details/remarks:  |   |   |
|   |  |   |   |
| 6 | Cardinal deficiencies:   |   |   |
|   | • Infrastructural:   |   |   |
|   |  |   |   |
|   |  |   |   |
|   | • Clinical:  |   |   |
|   |  |   |   |
|   | • Manpower:  |   |   |
|   | manpo ner i  |   |   |
|   |  |   |   |

**Academic:** 

| • Other:  |                       |
|---|-----------------------|
| 7 Any other remarks by the inspector(s):          |                       |
| Name and signature of inspector (1) inspector (2) | Name and signature of |
|   |                       |
|   |                       |