# Kerala University of Health Sciences Thrissur



### Inspection Proforma for Starting /Enhancement of seats of MD Community Medicine/Diploma in Community Medicine courses

(All Points and parameters are to be verified and established in person by the designated Inspectors. All necessary documents to be verified and attested by the Principal for submission along with the report)

	Reference	
Partic	ulars of the Assessor.:-	Assessment Date
1.	Name	
	Speciality	Speciality -
	Designation -	Designation -
3.	Name -	
	Speciality -	
	Designation -	
	••••••	Part-I (Institutional Information)
A) C	eneral Information	
_	of Institution:	
2	Particulars of Head	

1.

of the Institution

1 whosoever is head)

(Director/Dean/Principa

- ♦ Name:
- ♦ Age:

- ♦ Total teaching experience(give details)
- 3. Previous Assessment of the college by MCI and KUHS if any (Attach copy): -
  - Date
  - Purpose, (for starting/increase of seats/ for recognition)
  - Deficiencies pointed out, if any.
- 4. Purpose of present Assessment:
- 5. Mode of selection of students:

#### B) DETAILS OF THE COURSES CONDUCTED BY THE COLLEGE

(UG/PG DEGREE/DIPLOMA/SUPER SPECIALITY)

Sl No	Name of the course	No of seats	Year of commencement of course

(Details of courses should be attached in separate sheet in the specified proforma if necessary)

### <u>C)</u> <u>Institutional facilities:</u>

- 1. Annual Plan & Non-plan budget allotted and utilized in the last three years. (separate list should be attached)
- 2. Statement of Salary paid to the faculty staff during the last three years. (separate list should be attached)
- 1. Requirements for admission

Sl no	Infrastruct	ure facilities	LOP(In Batch)	1 <sup>st</sup> Renewal (2 <sup>nd</sup> Batch)	IInd Renewal (3rd Batch)	IIIrd Renewal (4 <sup>th</sup> Batch)	Ivth Renewal (5 <sup>th</sup> Batch)	Recognition
1	Lecture Theatre	a) Number						
	(A) In College Building	b)Capacity						
	8	c) Type						
	(b) In Hospital	a) Number						
	Building	b)Capacity						
		c) Type						
2	Examination	Capacity						

	Hall	Number		
		a)Area(sq.m)		
		b)Seating		
		capacity c)Books		
		d)Journals		
		(Indian+Foreign)		
		e) Purchase of		
		latest editions in last 3 years.		
		f)Year/month		
	Central	upto which Journals		
3	Library(Air Conditioned)	available		
		g)Internet /Medlar/		
		Photocopy		
		facilities available/ not		
		available		
		h) Library opening timings:		
		i)Reading facility		
		out of route library hours		
		j)Library staff.		
		a) Boys/ Girls		
	Hostel	capacity		
		b) Residents capacity		
4		c) Nurses		
	(Hostel/Qtr)	accommodation @ 20%		
	(Hostely Qu')	d) Interns Hostel		
		@ 100%		
_	Residential	a) Teaching @20%		
5	Quarters	b) Non-Teaching @20%		
6	Bed distribution	<u>~2070</u>		Bed Occupancy on the day of Inspection
		a) General	Bed	1 3 3 1
		Medicine	unit	
		b)Paediatrics	Bed	
			unit	
	Medicine &	c) TB & Chest	Bed	
7	Allied		unit	
		d) Skin V D	Bed	-
		`	unit	
		e) Psychiatry	Bed	_
		Total	unit	
8	Surgery & Allied		Bed	
	Surgery & Ameu	surgery	unit	-
		b) Orthopaedics	Bed	
		,	unit	
		-)0-111 1 1	Bed	
		c)Ophthalmology	unit	1
		d) ENT	Bed	
			unit	
		Total		
		a)Obstetrics &ANC	Bed	
			unit	

		b) Gynaecology B	ed
	0.7.0	_	nit
9	OBG		
		Total	
	C.D.D.	Grand Total	
10	OPD		
11	Bed Occupancy %		
		a)AC/Non AC	
		b)Numbers	
		c)Equipment(s)	
		d) Pre-Anaesthetic	
		Clinic	
		e) Post-anaesthetic care area.	
12	ОТ	f) Resuscitation	
		arrangement adequate/ inadequate	
		g) Pain Clinic	
		h) Total Anaesthesia staff	
		i) Average No. of cas	es Major
		operated daily	Minor
		a) ICCU	
13	ICU	ICU PICU/NICU	
13	100	SICU	
		b) Causality Beds	
		a) Static unit-i))300n	ıA
		ii)600mA iii)800mA	
		IITV Fluoroscopy	
		b) Mobile Unit-i)60m ii)-100mA	A
14	Radiology	c)USG (Color)	
		d)CTScan(Minimum- Slice-Spiral) Any other	16
		Mammography	
		Ba Studies/IVP	
		Others	
		Radiotherapy	
15	Radiotherapy	Teletherapy	
		Brachy therapy	
		Haematology	
		Histopathology	
16	Pathology	FNAC	
		Cytology	
		Bacteriology	
		Serology	
	26. 1.1	Mycology	
17	Microbiology	Parasitology	
		Virology	
		Immunology	
		Blood Chemistry	
18	Biochemistry	Endocrinology	
		Other fluids	
19	Paramedical & N	on Teaching Staff	
		a)Nursing Supdt.	
		b)Dy. Nursing Supd	•

		-) A++ D N	
20	Nursing Staff	c)Asstt. Dy.Nursing Supdt.	
20	Tvursning Stair	d)Nursing Sister	
		e)Staff Nurse	
		Total	
21	Practical Laborat	tories(College Building)	
		Controlling	
	Central	Department.	
22	Laboratory Wor (Hospital)	king Hours.	
	(1103pitar)	Investigative workload	
		No. of blood units	
		available:	
		Average blood units	
		consumed daily:	
	_, ,_ ,	Facilities of blood	
	Blood Bank Licence No. &	components available:	
23	Date	Yes/No	
	Average daily consumption of	Nature of Blood storage	
	blood	facilities (Whether as	
		per specifications). Yes/No	
		All blood Units tested	
		for Hepatitis C,B,HIV:	
		Yes/No	
		Whether there is any	
		Central Research Lab.	
	Central	Administrative Control	
24	Research Lab	Staff	
		Equipment	
		Work load.	
		OPD	
		IPD	
	Average daily	Average of bed	
25	patients attendance	occupancy rate	
	atteriauree	Year-wise average daily patient attendance	
		(during previous period three years)	
26	College Council (		
27	PG Committee (		
28	Ethical Committee		
29		on Unit (Constitution).	
		of meetings of these	
		ally & minutes thereof)	
30		lustration/Photography	
	(Artist, Modellor	, Photographer)	
		Available Space	
		No. of beds	
		Equipment(s)	
31	Emergency/ Casualty	Available staff	
٠,٠	Department	(Medical/Paramedical)	
		No,.of cases (Average	
		daily attendance of	
		patients)	
		Investigative facilities	
		available (round the	
		clock)	

		Facilities available	
32	Central Supply of Available/ Not av		
		Available/ Not available.	
33	Incinerator	Functional/ not functional	
		Capacity	
34	Generator Facili Available/ Not av Capacity:		
35	Medical Record S Computerized/ No		
36	Animal House Available/ not av adequate / inade		
37	Central Worksho Available/not ava adequate / inade	ailable	
		Play grounds.	
38	Recreational facilities:	Gymnasium	
		Auditorium	

### <u>D.</u> Cardinal Deficiencies (*if any*)

1. Infrastructure

2. Equipments

3. Clinical material

4. Faculty and Residents(Separately)

5. Academic training

### PART – II (Departmental Information)

									<u> </u>		
1	D	epartı	nent	inspecte	d: Communi	ty M	ledicine				
2		articu ame:	lars o	f HOD		Ag	ge: (	Date of	f Birth):		
	DC D			37		T 4'	··			TT : :	
	PG D	egree 1ised/ N	ot	Year		Insti	itution			Universi	ty
	Recogn	ıized									
	T	eachin	g Exp	erience							
	Desig	nation			Institution				From	ТО	Total experience
	Asstt	Profes	sor								
	Assoc	Profe	ssor/I	Reader							
	Profe	ssor									
										Grand Total	
	(a)	Pur	pose (	of Prese	nt inspection	: Gr	ant of Permis	sion	1	- 700-	-1
3			_		tual/proposed						
J											
4		uring	the la	st 3 year	s:		ımber of PG	stude	ents admitt	ed and ava	ilable PG teac
Y	'ear				ents admitted		No. of PG		ers available	in the dept	
			Degre	ee	Diploma		(give names	s)			
_	015										
-	014 013										
	015										
5.	St	tipend	paid 1	to the PC	students, yea	ar-wi	se:				
Y	ear		Stip	end pai	d in Govt. co	llege	s by State G	ovt.	Stipend	paid by the	e Institution
	st Year										
_	Ind Yea										
_	IIrd Ye										
6		_			al facilities:						
					ratories in the			,			
No	omencl	ature	Mus	eum	Research Lab.	Dei	mo. Rooms	Sem	inar Rooms	Any oth	ner lab.
	ze (Are	ea)									
	pacity										
	ater Su	pply									
	nks	• .									
	ectric p										
	ipboard										
	orage &										
IVI:	icrosco	pes									

List of equipments

## 7. Total Teaching and Resident Staff:

S. No.	Designation	Name with Date of Birth	Nature of employment Full time/part time/Hon.	PAN Number TDS deducted		QUALIFICA	ATION	Date wise tea	ching experie		erience esignati	on & Insti	tution	Signature of Faculty Member
					Subject with Year of passing	Institution	University	Designation	Institution	From	То	Total Period	* Benefit of publications given in promotion Yes/No, if yes List publications	

Note: \*Publications : Give only full articles in indexed Journals published during the period of promotion

I have verified the eligibility of all faculty members for the post they are holding (based on experience certificates issued by competent authority of the place of working). Their experience details in different Designations and unitwise distribution is given the faculty table above.

**Signature of Inspector** 

Signature of Dean/Principal

8 List of Non-teaching Staff in the department: -

S.No.	Name	Designation

- **9** Departmental Library:
  - Total No. of Books.
  - Purchase of latest editions in last 3 years.
  - No. of Journals
- 10 Departmental Research Lab.
  - Space
  - Equipment
  - Research projects utilizing Deptt research lab.
- 11 Departmental Museum (Wherever applicable).
  - Space:
  - No. of specimens
  - Charts/ Diagrams.
- 12 Departmental Space for Teaching Faculty
  - Adequate/not Adequate
- 13 Office space:

Departmental Office
Teaching Faculty

Space
HOD
Staff (Steno /Clerk).
Professors
Computer/ Typewriter:
Assoc. Prof
Asstt Prof.
Tutor
Residents

#### 14 Paramedical Sections

Provide brief information on staff and activities of the following sections of Community Medicine Department:-

- Medico-Social Work Section
- Family Case Study Section
- Health Education Section
- Epidemiological unit
- Bio-statistics Section
- Others

15.	Availability of	Transport – Type & no.				
16.	Placement of Powith durations-	Gs in other departments etc.				
	a) Department	S				
	b) Other institu	utions				
	c) District/Star	te/Health Organization.				
17.		rtant equipments available and the vailable in different Laboratories			ıl status.	
	•••••		• • • •			••••
	•••••		••••	• • • • • • • • •		••••
18.	Field Practice A	Area.				
	Urban/Slum:	(UHTC) whether Owned and controlled by Institution	:		(Attach proof of owners	ship)
		Name	:			
		Population covered	:			
		Since when started	:			
		Schedule of P.G. posting	:			
		Field Staff posted there	:	<u>M.O.</u>	<u>L.M.O.</u>	Para-Medics
		Distance from Medical College	:			
		Residential/Non-residential	:			
		Any special activity undertaken.	:			

- OPD
- Immunisation
- Ante-Natal Clinic
- Family visits
- Deliveries

Rural: (RHTC) whether under Administrative

control of Dean or not : (Attach proof of ownership or

full administrative control of Dean)

Name

Population covered :

Since when started :

Schedule of P.G. posting :

Field Staff posted there : M.O. L.M.O. Para-Medics

(Give Names)

Distance from Medical College :

Residential/Non-residential:

Any special activity undertaken. :

• OPD

- Immunisation
- Ante-Natal Clinic
- Family visits
- No. of indoor beds & patients
- Deliveries
- **19**. Details of staff of field Training Units supporting the educational activities of the Department of Community Medicine.

### **Urban Slum Training Centre**

Staff: M.O.

L.M.O Para-Medics Class IV

Population Covered:

### **Rural Health Training Centres**

Staff: M.O.

L.M.O Para-Medics Class IV

### Population Covered:

**20.** List of publications from the department during the last 3 years in indexed journals.

• No. of publications from Indexed the department during the

last three years.

(Give only full articles published in indexed journals. No case reports or abstracts be given).

#### 21. Submission of data to national authorities, if applicable

22. Academic outcome based parameters
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(a) Theory classes taken in the last 12 months –

- Number \_\_ (Dates, Subjects, Name & Designation Available & Verified/ of teachers, Attendance sheet) Not available (b) Clinical Seminars in last 12 months Number \_ (Dates, Subjects, Name & Designation of teachers, Attendance sheet) Not available (c) Journal Clubs held in last 12 months Number (Dates, Subjects, Name & Designation of teachers, Attendance sheet)
- (d) Case presentations held in last 12 months (Dates, Subjects, Name & Designation of teachers, Attendance sheet)
- (e) Group discussions held in last 12 months (Dates, Subjects, Name & Designation of teachers, Attendance sheet)
- (f) Guest lectures held in last 12 months (Dates, Subjects, Name & Designation of teachers, Attendance sheet)
- 23. Any other information.

Available & Verified/ Available & Verified/ Not available Number \_ Available & Verified/

Number \_ Available & Verified/ Not available Number \_\_

Not available

Available & Verified/ Not available

**Dean / Principal/ Director** 

**Head of Department**