

Kerala University of Health Sciences
Thrissur



**Inspection Proforma for Starting/Enhancement of seats of
M.D. Dermatology Venerology and Leprosy / Diploma in
Dermatology Venerology and Leprosy 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 _____

Particulars of the Assessor.:-

Assessment Date _____

- | | |
|---------------------|---------------------|
| 1. Name - | 2. Name - |
| Speciality - | Speciality - |
| Designation - | Designation - |
| 3. Name - | |
| Speciality - | |
| Designation - | |

Part-I (Institutional Information)

A). General Information

1. Name of Institution:

- 2.. Particulars of Head
of the Institution
(Director/Dean/Principal
whosoever is head)

◆ Name:
◆ Age :

- ◆ PG Degree { University
Institution
Year
- ◆ 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)

C) Institutional facilities:

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	Infrastructure facilities	LOP(In Batch)	1 st Renewal (2 nd Batch)	II nd Renewal (3 rd Batch)	III rd Renewal (4 th Batch)	Iv th Renewal (5 th Batch)	Recognition
1	Lecture Theatre (A) In College Building	a) Number					
		b)Capacity					
		c) Type					
	(b) In Hospital Building	a) Number					
		b)Capacity					
		c) Type					
2	Examination Hall	Capacity					
		Number					

3	Central Library(Air Conditioned)	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 upto which Journals available		
		g)Internet /Medlar/ Photocopy facilities available/ not available		
		h) Library opening timings:		
		i)Reading facility out of route library hours		
		j)Library staff.		
4	Hostel	a) Boys/ Girls capacity		
		b) Residents capacity		
	(Hostel/Qtr)	c) Nurses accommodation @ 20%		
		d) Interns Hostel @ 100%		
5	Residential Quarters	a) Teaching @20%		
		b) Non-Teaching @20%		
6	Bed distribution			Bed Occupancy on the day of Inspection
7	Medicine & Allied	a) General Medicine	Bed	
			unit	
		b)Paediatrics	Bed	
			unit	
		c) TB & Chest	Bed	
			unit	
d) Skin V D	Bed			
	unit			
e) Psychiatry	Bed			
	unit			
		Total		
8	Surgery & Allied	a) General surgery	Bed	
			unit	

		b) Orthopaedics	Bed		
			unit		
		c)Ophthalmology	Bed		
			unit		
		d) ENT	Bed		
			unit		
		Total			
9	OBG	a)Obstetrics &ANC	Bed		
			unit		
		b) Gynaecology	Bed		
			unit		
		Total			
		Grand Total			
10	OPD				
11	Bed Occupancy %				
12	OT	a)AC/Non AC			
		b)Numbers			
		c)Equipment(s)			
		d) Pre-Anaesthetic Clinic			
		e) Post-anaesthetic care area.			
		f) Resuscitation arrangement adequate/ inadequate			
		g) Pain Clinic			
		h) Total Anaesthesia staff			
		i) Average No. of cases operated daily	Major		
	Minor				
13	ICU	a) ICCU ICU PICU/NICU SICU			
		b) Causality Beds			
14	Radiology	a) Static unit-i)300mA ii)600mA iii)800mA IITV Fluoroscopy			
		b) Mobile Unit-i)60mA ii)-100mA			
		c)USG (Color)			
		d)CTScan(Minimum-16 Slice-Spiral) Any other			
		Mammography			
		Ba Studies/IVP			
		Others			
15	Radiotherapy	Radiotherapy			
		Teletherapy			

		Brachy therapy	
16	Pathology	Haematology	
		Histopathology	
		FNAC	
		Cytology	
17	Microbiology	Bacteriology	
		Serology	
		Mycology	
		Parasitology	
		Virology	
		Immunology	
18	Biochemistry	Blood Chemistry	
		Endocrinology	
		Other fluids	
19	Paramedical & Non Teaching Staff		
20	Nursing Staff	a)Nursing Supdt.	
		b)Dy. Nursing Supdt.	
		c)Asstt. Dy.Nursing Supdt.	
		d)Nursing Sister	
		e)Staff Nurse	
		Total	
21	Practical Laboratories(College Building)		
22	Central Laboratory Working Hours (Hospital)	Controlling Department.	
		Investigative workload	
23	Blood Bank Licence No. & Date Average daily consumption of blood	No. of blood units available:	
		Average blood units consumed daily:	
		Facilities of blood components available: Yes/No	
		Nature of Blood storage facilities (Whether as per specifications). Yes/No	
		All blood Units tested for Hepatitis C,B,HIV: Yes/No	
24	Central Research Lab	Whether there is any Central Research Lab.	
		Administrative Control	
		Staff	
		Equipment	

		Work load.	
25	Average daily patients attendance	OPD	
		IPD	
		Average of bed occupancy rate	
		Year-wise average daily patient attendance (during previous period three years)	
26	College Council (Constitution)		
27	PG Committee (Constitution)		
28	Ethical Committee (Constitution)		
29	Medical Education Unit (Constitution). (Specify number of meetings of these bodies held annually & minutes thereof)		
30	Department of Illustration/Photography (Artist, Modeller, Photographer)		
31	Emergency/ Casualty Department	Available Space	
		No. of beds	
		Equipment(s)	
		Available staff (Medical/Paramedical)	
		No.,of cases (Average daily attendance of patients)	
		Investigative facilities available (round the clock)	
		Facilities available	
32	Central Supply of Oxygen/Suction: Available/ Not available		
33	Incinerator	Available/ Not available.	
		Functional/ not functional	
		Capacity	
34	Generator Facility Available/ Not available. Capacity:		
35	Medical Record Section: Computerized/ Not computerized.		
36	Animal House Available/ not available adequate / inadequate.		
37	Central Workshop: Available/not available adequate / inadequate.		
38	Recreational facilities:	Play grounds.	
		Gymnasium	
		Auditorium	

D. Cardinal Deficiencies (if any)

1. Infrastructure
2. Equipments
3. Clinical material
4. Faculty and Residents(Separately)
5. Academic training

PART II

Standard Assessment Form for Postgraduate courses

2. (Institutional Information)

A). Particulars of college

Item	College	Chairman/ Health Secretary	Director/ Dean/ Principal	Medical Superintendent
Name				
Address				
State				
Pin Code				
Phone (Off) (Res) (Fax)				
Mobile No.				
E.mail:				

Signature of Dean/Principal/Director

(Institutional Information)

1 Particulars of Director / Dean / Principal:

(Who so ever is Head of Institution)

Name: _____ Age: _____ (Date of Birth) _____

PG Degree	Subject	Year	Institution	University
Recognised / Not Recognized				

Teaching Experience

Designation	Institution	From	To	Total experience
Asstt Professor				
Assoc Professor/Reader				
Professor				
Any Other		Grand Total		

2. Central Library

- Total number of Books in library: _____
- Books pertaining to DVL: _____
- Purchase of latest editions of books in last 3 years: Total: __ DVL books _____
- Journals:

Journals	Total	DVL
Indian		
Foreign		

- Year / Month up to which latest Indian Journals available: _____
 - Year / Month up to which latest Foreign Journals available: _____
 - Internet / Med pub / Photocopy facility: available / not available
 - Library opening times: _____
 - Reading facility out of routine library hours: available / not available
- (obtain list of books & journals duly signed by Dean)

3. Casualty:/ Emergency Department

Space	
Number of Beds	
No. of cases (Average daily OPD and Admissions):	
Emergency Lab in Casualty (round the clock):	available / not available
Emergency OT and Dressing Room	
Staff (Medical/Paramedical)	
Equipment available	

4 Blood Bank

(i)	Valid License(copy of certificate be annexed)	Yes / No	
(ii)	Blood component facility available	Yes / No	
(iii)	All Blood Units tested for Hepatitis C,B, HIV	Yes / No	
(iv)	Nature of Blood Storage facilities (as per specifications)	Yes / No	
(v)	Number of Blood Units available on inspection day		
(vi)	Average blood units consumed daily and on inspection day in the entire Hospital (give distribution in various specialties)	Average daily	On Inspection day

5. Central Research Lab:

- Whether it exists? Yes No
- Administrative control:
- Staff:
- Equipment:
- Workload:

6. Central Laboratory:

- Controlling Department:
- Working Hours:
- Investigative workload:

. (Approximate number of investigations done daily)

Radiology	On inspection day	Average (monthly)	Microbiology	On inspection day	Average (monthly)
Plain X-Rays			Bacteriology		
CT Scans			Serology		
MR Scans			Mycology		
Ultrasonography			Immunology		

Pathology	On inspection day	Average (monthly)	Biochemistry	On inspection day	Average (monthly)
Haematology			Blood chemistry		
Histopathology			Endocrinology		
FNAC			Other fluids		
Cytology					

7. Operation Theatres:

AC / Non AC		Number of OTs functional per day	
Numbers		Number of days operations carried out	
Pre-Anaesthetic clinic		Average No. of case operated daily (Entire hospital)	Major Minor Day Care Total
Resuscitation arrangements	Adequate /Inadequate	Equipments	

8. Central supply of Oxygen / Suction:

Available / Not available

9. Central Sterilization Department Adequate / Not adequate
 10. Laundry: Manual/Mechanical/Outsourced:
 11. Kitchen Gas / Fire
 12. Incinerator: Functional / Non functional Capacity: Outsourced
 13. Bio-waste disposal Outsources / any other method
 14. Generator facility Available / Not available
 15. Medical Record Section: Computerized / Non computerized
 6. ICD10 classification Used / Not used
 16. Total number of OPD, IPD and Deaths in the Institution and concerned department during the last one year:

In the entire hospital		In the department of DVL	
OPD		OPD	
IPD (Total No. of Patients admitted)		IPD (Total No. of Patients admitted)	
Deaths		Deaths	

17. Recreational facilities: Available / Not available

Play grounds	Gymnasium
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19	Hostel Accommodation	UG		PG		Interns	
		Boys	Girls	Boys	Girls	Boys	Girls
	No. of Rooms						
	No. of Students						

20. Residential accommodation for Staff / Paramedical staff Adequate / Inadequate

21. Ethical Committee (Constitution):

22. Medical Education Unit (Constitution)
(Specify number of meetings held annually & minutes thereof)

Director/Dean/Principal

Departmental Information

1 Department inspected: DVL

2 Particulars of HOD

Name: _____ Age: _____ (Date of Birth) _____

PG Degree	Year	Institution	University
<i>Recognised/ Not Recognized</i>			

Teaching Experience

Designation	Institution	From	TO	Total experience
Asstt Professor				
Assoc Professor/Reader				
Professor				
		Grand Total		

a) **Purpose of Present inspection:** Grant of Permission/ Recognition/ Increase of seats /

Renewal of recognition/Compliance Verification

b) **Date of last KUHS inspection of the department:** _____

(Write Not Applicable for first KUHS inspection)

c) **Purpose of Last Inspection:** _____

d) **Result of last Inspection:** _____

(Copy of KUHS letter be attached)

3 Mode of selection (actual/proposed) of PG students.

4 If course already started, yearwise number of PG students admitted and available PG teachers during the last 5 years:

Year	No. of PG students admitted	No. of PG Teachers available in the dept.	
	Degree	Diploma	(give names)

1 For Enhancement of seats

Year of starting the course	
Number of seats currently recognised	
Previous enhancement, if any	
Number of seats currently applied for	
Pass percentage in the last 3 years	

2 Departmental General facilities:

- 6. Total number of beds in the department:.....
- 7. Number of Units in the department:.....
- 8. Unit wise teaching and resident Staff (Annexed).....

Unit wise Teaching and Resident Staff:

Unit _____

Bed strength _____

S. No.	Designation	Name with Date of Birth	Nature of employment Full time/part time/Hon.	PAN Number TDS deducted	PG QUALIFICATION				<u>Experience</u> Date wise teaching experience with designation & Institution						Signature of Faculty Member
					Subject with Year of passing	Institution	University	Council Reg. No.	Designation	Institution	From	To	Total Period	* Benefit of publications given in promotion Yes/No, if yes List publications	

Note: Unit wise teaching/Resident Staff should be shown separately for each unit in the proforma.

Use only the Format provided. DO NOT devise your own format otherwise the information will not be considered. Fill up all columns

*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 Assessor

Signature of Dean

6. Has any of these faculty members been considered in PG/UG inspection at any other college or any other subject in this college after 01.03.2014. If yes, give details.

7 List of Faculty joining and leaving after last inspection:

DESIGNATIONS	NUMBER	NAMES	
		JOINING FACULTY	LEAVING FACULTY
Professor			
Associate Prof.			
Assistant Prof.			
SR/Tutor/Demons.			
Others			

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

S.No.	Name	Designation

9 Available Clinical Material: **(Give the data only for the department of DVL)**

- No of units available for clinical service on inspection day:

	On inspection day	Average of 3 random days
--	-------------------	--------------------------
- Daily OPD
- Daily admissions.
- Daily admissions in Deptt.
Through Casualty
- Bed occupancy in the Deptt. Percentage: No.of indoor patients on
inspection day.
- Weekly clinical work load for OPD & IPD (define it per unit) -

10 Year-wise available clinical materials (during previous 3 years) for department of DVL

Parameters	Year 1	Year 2	Year 3 (Last Year)
Total number of patients in OPD			
Total number of patients in IPD			
Weekly clinical work load for OPD			
Weekly clinical work load for IPD			
Skin Biopsies			
Electro Surgical Procedures			
ACNE surgery			
Cryo Surgical Procedures			
Chemical Peels			
Skin grafting procedures			
Intralesional injections			
KELOID treatment			
Nail Surgeries			
NUVB/PUVA therapy			
Laser Procedures - Laser Hair reduction - Laser Scar revision - Laser pigment removal			
Other cosmetic surgical procedures			
Average daily consumption of blood units in the department			

11 Specialty clinics and number of patients in each, being run by the department.

S.No.	Name of the Clinic	Days on which held	Timings	Average No. of cases attended	Name of Clinic In-charge
1	Vitiligo Clinic				
2	Psoriasis Clinic				
3	Autoimmune disease clinic				
4	Vesiculobullous diseases				
5	Hansen's clinic				
6	STD Clinic				
7	Pigmentry Clinic				

Separate room for examination and treatment of STD (Sexually transmitted diseases) - Available/Not available

12. Services provided by the department:

Skin Biopsies	Yes	No
Electro Surgical Procedures	Yes	No
ACNE surgery	Yes	No
Cryo Surgical Procedures	Yes	No
Chemical Peels	Yes	No
Skin grafting procedures	Yes	No
Intralesional injections	Yes	No
KELOID treatment	Yes	No
Nail Surgeries	Yes	No
NUVB/PUVA therapy	Yes	No
Laser Procedures - Laser Hair reduction - Laser Scar revision - Laser pigment removal	Yes	No
Other cosmetic surgical procedures	Yes	No

13 Departmental Library:

- Total No. of Books.
- Purchase of latest editions in last 3 years.
- No. of Journals

14 Departmental Research Lab.

- Space
- Equipment
- Research projects utilizing Deptt research lab.

15 Space:

- | | | |
|--|-----|-----|
| | OPD | IPD |
|--|-----|-----|
- No. of rooms
 - Patient Exam. arrangement:
 - Equipments
 - Teaching Space
 - Waiting area for patients.

16 Office space:

Departmental OfficeOffice Space for Teaching Faculty

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

18. Clinico- Pathological conference
19. Death Review Meetings/Quality Assurance
20. Participation of Deptt. in National Leprosy Control Programme, RTI/AIDS programme.
21. Submission of data to national authorities if any -
22. 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)
23. **Equipments: List of important equipments available and their functional status**
. (List here only - NO annexure to be attached)

Biopsy punches	Pulse Oxymeters
Hyfrecator/electro-surgical instrument	Syringe pump
Patch testing kits	ECG
Liquid nitrogen cyro	Crash cart
Chemical Peels	Other routine use equipment
PUVA Chamber (total body)	
NBUV Chamber	
Laser for hair reduction	
Laser for scar revision	
Laser for pigml removal	

24. Academic outcome based parameters

- (a) Theory classes taken in the last 12 months - (Dates, Subjects, Name & Designation of teachers, Attendance sheet) Number _____ Available & Verified/ Not available
- (b) Clinical Seminars in last 12 months (Dates, Subjects, Name & Designation of teachers, Attendance sheet) Number _____ Available & Verified/ Not available
- (c) Journal Clubs held in last 12 months (Dates, Subjects, Name & Designation of teachers, Attendance sheet) Number _____ Available & Verified/ Not available
- (d) Case presentations held in last 12 months (Dates, Subjects, Name & Designation of teachers, Attendance sheet) Number _____ Available & Verified/ Not available
- (e) Group discussions held in last 12 months (Dates, Subjects, Name & Designation of teachers, Attendance sheet) Number _____ Available & Verified/ Not available
- (f) Guest lectures held in last 12 months (Dates, Subjects, Name & Designation of teachers, Attendance sheet) Number _____ Available & Verified/ Not available

25. Any other information.

Head of Department

Director/ Dean / Principal

Signature of the Assessors

1.

2.

3.