

Kerala University of Health Sciences
Thrissur



**Inspection Proforma for Starting /Enhancement of seats of MD
Psychiatry/Diploma in Psychiatric Medicine**

(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)

2. 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) Casualty 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)

a) Infrastructure

b) Equipments

c) Clinical material

d) Faculty and Residents(Separately)

e) Academic training

PART – II (Departmental Information)

1 Department inspected:

PSYCHIATRY

2 Particulars of HOD

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

PG Degree	Year	Institution	University
Recognised/ Not Recognized			

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 MCI inspection of the department: _____
(Write Not Applicable for first MCI inspection)

c) Purpose of Last Inspection: _____

d) Result of last Inspection: _____
(Copy of MCI 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. (give names)
	Degree	Diploma	
2016			
2015			
2014			
2013			
2012			

5 Departmental General facilities:

- Total number of beds in the department:.....
- Number of Units in the department:.....
- 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			Experience						Signature of Faculty Member	
					Subject with Year of passing	Institution	University	Date wise teaching experience with designation & Institution							
								Designation Mentioning subject	Institution	From	To	Total Period	* Benefit of publications given in promotion Yes/No, if yes List publications here (no annexures)		

- Note:
1. Unit wise teaching / Resident staff should be shown separately for each Unit in the Proforma.
 2. Use only the Format provided. DO NOT devise your own format otherwise the information will not be considered. Fill up all columns
 3. *Publications: Give only full articles in indexed Journals published during the period of promotion and list them here only. No Annexure will be seen.
 4. Incase of DNB qualification name of the institution/hospital from where DNB training was done and year of passing must be provided. Simply saying National Board of Examinations, New Delhi is not enough. Without these details DNB qualification holder will be summarily rejected.
 5. Experience of Defence services must be supported by certificate from competent authority of the office of DGAFM without which it will not be considered.

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 Dean

Signature of Assessor

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 01.03.2015. If yes, give details.

Date of Inspection	Subject	Institution

- 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 Psychiatry)

- No of units available for clinical service on inspection day:
- | | On inspection day | Average of 3 random days |
|---|-------------------|--------------------------|
| <input type="checkbox"/> Daily OPD | | |
| <input type="checkbox"/> Daily admissions | | |
| <input type="checkbox"/> Daily admissions in Deptt.
Through Casualty | | |
| <input type="checkbox"/> Bed occupancy in the Deptt. | Percentage | |
| <input type="checkbox"/> No. of Indoor patients on Inspection day | | |
| <input type="checkbox"/> Weekly clinical work load for OPD & IPD - | | |

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

S.No.	Parameters	Year 1	Year 2	Year 3 (Last Year)
1	Total number of patients in OPD			
2	Total number of patients admitted (IPD)			
3	Total Number of Major Operations			
4	Total Number of Minor Operations			
5	Total Number of Day Care Operations			
6	Total Number of Normal Deliveries			
7	Total Number of Operative Deliveries			
8	Total Number of Caesarians			

Signature of Dean

Signature of Assessor

11 Intensive Care facilities(if any)

12 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	Neuro Psychiatry clinic for elderly				
2	Child guidance clinic				
3	Clinic for Senile disorder				
4	Psycho Motor clinic				
5	Deaddiction				
6	Memory clinic				
7	Family Counselling				
8	Community psychiatry (Help Line)				
9	Participation in National Mental Health Program.				

13. Services provided by the Department.

- (a) ECT
- (b) Special clinic
- (c) Psychological & IQ Testing
- (d) Bio feedback
- (f) Other special facilities being provided by the department.
- (g) Medico-Legal Services
- (h) Facility for care and stay of Acute cases (Emergency case)
- (i) Chronic Psychiatry care facility

14 Departmental Library:

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

15 Departmental Research Lab.

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

16 Departmental Museum (Wherever applicable).

- Space:
- No. of specimens
- Charts/ Diagrams.

Signature of Dean

Signature of Assessor

17	Space:	<u>OPD</u>	<u>IPD</u>
	<input type="checkbox"/> No. of rooms		
	<input type="checkbox"/> Patient Exam. arrangement:		
	<input type="checkbox"/> Equipments		
	<input type="checkbox"/> Teaching Space		
	<input type="checkbox"/> Waiting area for patients.		

Signature of Dean

Signature of Assessor

18 Office space:

Department Office		Office Space for Teaching Faculty	
Space (Adequate)	Yes/No	HOD	
Staff (Steno /Clerk).	Yes/No	Professors	
Computer/ Typewriter	Yes/No	Associate Professors	
Storage space for files	Yes/No	Assistant Professor	
		Residents	

19. Clinico- Pathological conference Held/not held Frequency

20. Death Review Meetings Held/not held Frequency

21. Submission of data to national authorities if any -

22. Equipment list

- ECT Machines
- Equipments for Psychological evaluation
- Others

23. Academic outcome based parameters

(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 Available & Verified/
of teachers, Attendance sheet) Not available

(c) Journal Clubs held in last 12 months Number _____
(Dates, Subjects, Name & Designation Available & Verified/
of teachers, Attendance sheet) Not available

(d) Case presentations held in last 12 months Number _____
(Dates, Subjects, Name & Designation Available & Verified/
of teachers, Attendance sheet) Not available

(e) Group discussions held in last 12 months Number _____
(Dates, Subjects, Name & Designation Available & Verified/
of teachers, Attendance sheet) Not available

(f) Guest lectures held in last 12 months Number _____
(Dates, Subjects, Name & Designation Available & Verified/
of teachers, Attendance sheet) Not available

25. Any other information.

Signature of Dean

Signature of Assessor