

Kerala University of Health Sciences
Thrissur



**Inspection Proforma for Starting /Enhancement of seats of MS in Oto
Rhino Laryngology / Diploma in Oto Rhino Laryngology 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					
		a)Area(sq.m)					

3	Central Library(Air Conditioned)	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.	
		Working Hours.	
		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	

PART – II (Departmental Information)

1 Department inspected: OTORHINOLARYNGOLOGY

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 KUHAS inspection of the department: _____

(Write Not Applicable for first MCI inspection)

(c) Purpose of Last Inspection: _____

(d) Result of last Inspection: _____

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

4. If course already started, year wise 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.	
Year	Degree	Diploma	(give names) No. of PG Teachers available in the dept.
2014			(give names)
2013			
2012			
2011			
2010			

5. Departmental General facilities:

- Total number of beds in the department:.....
- Number of Units in the department:.....
- Unit wise Teaching and Resident Staff (Annexed).....

Signature of Assessor

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 Date wise teaching experience with designation & Institution						Signature of Faculty Member
					Subject with Year of passing	Institution	University	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

Signature of Assessor

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.

7. List of Faculty joining and leaving after last inspection:

DESIGNATIONS	NUMBER	NAMES	
DESIGNATIONS	NUMBER	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
		Speech Therapist
		Audiometrician
		Lab Technician
		BERA Technician
		Record Clerk/Stenographer
		Lab Attendant
		Nurses

9. Available Clinical Material: (Give the data only for the department of ENT)

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

	On inspection day	Average of 3 random days
• Daily OPD
• Daily admissions through OPD
• Daily admissions through casualty
• Total daily admissions
• No. of Audiometry cases
• No. of BERA done
• No. of Speech Therapy
• No. of Impedance
• Daily Operations in the Department		

Major	Minor	Day Care

- Bed occupancy in the Department on Inspection Day

Percentage	Total No.of patients in the deptt. on inspection day
- Weekly clinical work load for OPD & IPD
- Weekly Major and Minor operations

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

Parameters	Year 1	Year 2	Year 3 (Last Year)
Total number of patients in OPD			
Total number of patients in IPD			
Operations			
Major			
Minor			
No. of Audiometry cases			
No. of BERA done			
No. of Speech therapy			
No. of Impedance			
Average daily investigative workload of the Department and its distribution <ul style="list-style-type: none"> • Radiology • Histo Pathology • Cytopathology • Mycology 			
Average daily consumption of blood units in the department of ENT			

Signature of Assessor

11. Number of surgical procedures performed in the past three years

S.No.	Procedure	Year 1	Year 2	Year 3	Total
1	Myringoplasty & Mastoidectomy				
2	Stapedectomy				
3	Myringotomy/Grommet				
4	Cochlear implant				
5	Tracheostomy				
6	MLS				
7	Direct Laryngoscopy				
8	Laryngectomy				
9	Oesophagoscopy				
10	Bronchoscopy				
11	Foreign body removal aero				
12	digestive tract				
13	Laryngo/tracheoplasty				
14	Adenoidectomy& Tonsillectomy				
15	Septoplasty				
16	Rhinoplasty				
17	FESS				
18	Nasal Polypectomy				
19	Maxillectomy				
20	Angiofibroma				
21	DCR				
22	Any others				
23					
24					
	Total				

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	Otology related				
2	Rhinology related				
3	Cancer related				
4	Any others				

12. Services provided by the Department.

- (a) Speech therapy
- (b) Audiology services

Signature of Assessor

- (c) Hearing aid trials
- (d) Neonatal screening programmes
- (e) Speech and voice analysis/services
- (f) Diagnostic Endoscopy: Nasal, larynx, Oesophagus
- (g) Investigative facilities like Nerve conduction, EMG, BERA etc.
- (h) Any other special diagnostic facilities being provided by the department.

13. Departmental Library:

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

14. Temporal bone dissection Lab.

- Space
- Equipment
-

15. Departmental Museum (Wherever applicable).

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

16. Space:

- No. of rooms/examination chairs
- Patient Exam. arrangement:
- Equipments
- Teaching Space
- Waiting area for patients.
- Audiometry room
- Speech therapy room
- Minor OT

OPD

IPD

17. Office space:

Departmental Office

Office 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

20. Submission of data to national authorities if any -

Signature of Assessor

21. Publications from the department during the last 3 years in indexed journals
(Only Full Articles. No case reports or Abstracts be given).

22. Equipments: List of important equipments available and their functional status
(List here only – NO annexure to be attached)

List of major equipment available:

- Operating Microscope with teaching aid
- High speed drill in operation theatre
- Flexible fibreoptic nasopharyngolaryngoscope/ bronchoscope
- Rigid Paediatric Bronchoscopy set
- Rigid Oesophagoscopy set
- Microlaryngoscopy set
- Sinus endoscopy set
- Microdebrider for sinus surgeries
- Digital mono & bipolar cautery
- Nerve stimulator/ monitor
- High definition digital camera with recording system
- OAE
- BERA

Signature of Assessor

- Impedance Audiometer
- Pure tone audiometer
- *Sleep Lab (in the Institute) *Simulators (teaching aids) for ear, nose surgeries
- *CO₂ LASER
- *Diode LASER
- *Harmonic scalpel
- *Stroboscope/ High Speed camera
- * Optional

23. Participation of the department in the National Programme for Prevention and control of

Deafness

24. Teaching programme

- a. Didactic talks
- b. Seminars
- c. Case presentations
- d. Journal club
- e. Invited talks
- f. Courses organized by dept

25. Periodical evaluation methods

26. 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 |

27. Any other information.

Signature of Assessor

Director / Dean / Principal Head of Department

Signature of Assessor