

Kerala University of Health Sciences
Thrissur



**Inspection Proforma for Starting /Enhancement of seats of
MD Paediatrics/ Diploma in Child Health 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)

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 (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
		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: Paediatrics

2 Particulars of HOD

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

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

Teaching Experience

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

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	
2014			
2013			
2012			
2011			
2010			

5 General Departmental 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				<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 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 01.03.2015. 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 Paediatrics)**

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

	On inspection day	Average of 3 random days
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- Daily OPD
- Daily admissions
- Daily admissions in Deptt. Through Casualty
- Bed occupancy in the Deptt. ...(%)..... (Number of IPD on inspection day).....
- Weekly clinical work load for OPD & IPD-

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

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			
Average daily investigative workload of the Department and its distribution <ul style="list-style-type: none"> • Radiology • Biochemistry • Pathology • Microbiology 			
Average daily consumption of blood units in the department of Paediatrics			

11 Intensive Care facilities

I. PICU

- No. of beds:
- Beds occupied on inspection day:
- Average bed occupancy
- Available equipment

II. NICU

- No. of beds:
- Beds occupied on inspection day:
- Average bed occupancy
- Available equipment

III. Dialysis section : No. of Beds

No. of Dialysis Machines
Bed occupied on inspection day

IV. Any other intensive care service provided:

12 Specialty clinics being run by the department and number of patients in each

S.No.	Name of the Clinic	Days on which held	Timings	Average No. of cases attended	Name of Clinic In-charge
1	Paed.Cardiology				
2	Paed. Nephrology				
3	Paed. Endocrine				
4	Paed. Haematology				
5	Paed.Gastro(Diarr ohea)				
6	Paed.Neurology				
7.	Neonatology (i) High Risk Newborn (ii) Well baby clinic				
8	Immunisation				
9	Paed. Asthma				
10	Thalassemia				

13. Services provided by the Department.

(a) Neonatal services

NICU

Neonatal Ventilation

Exchange transfusion

Phototherapy

Parenteral Nutrition

(d) Paediatric Ventilation

(e) Thalassemia day care centre

(f) Physiotherapy section.

(g) Child counseling services

(h) HIV

(i) Delivery room services

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.

17 Space: OPD IPD

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

18 Office space:

Departmental Office Office Space for Teaching Faculty

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

19. Clinico- Pathological conference

20. Death Review Meetings

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

Multipara Monitors		Pulse Oxymeters		Syringe pump	
		Ventilator			
		EKG		USG	
		CPAP		Defibrillator	
Resuscitation kit		Crash cart		Transport Incubator	
Phototherapy Units (CFL & LED)				Stadiometer/weighin g scale	
Radiant warmer		ABG machine		Laminer Flow (desirable)	

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.

Final remarks by the Assessor.

Signature of Assessors

1.

2.

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