

**Kerala University of Health Sciences**  
**Thrissur**



**Inspection Proforma for Starting /Enhancement of seats in  
MD Pulmonary 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)	1st Renewal (2 Batch)	IIInd Renewal (3rd Batch)	IIIrd Renewal th (4 Batch)	Ivth Renewal th (5 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)**

a) Infrastructure

b) Equipments

c) Clinical material

d) Faculty and Residents(Separately)

e) Academic training

**PART - II**  
**(DEPARTMENTAL INFORMATION)**

- 1 Department inspected : Pulmonary Medicine**  
**2 Date on which independent department of Pulmonary Medicine was created and started functioning ..... (Attach copy of order from Govt/Competent Authorities)**

**3 Faculty details (From start of department till date)**

Name	Designation	PG/ Superspeciality Qualification in concerned subject (Year of Passing, University and College)	Appointment/Promotion orders (No.../Date... attach photocopy)	Salary Details including TDS deducted

**4 Particulars of present HOD**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ (Date of Birth) \_\_\_\_\_

PG Degree and Superspecialty degree	Year of passin g	Institution	University	Recognized/ Not Recognized
MD/Ms				
DM/M.Ch.				
Two years Special Training				

**Teaching Experience ( Give Experience in Pulmonary Medicine - not in Respiratory medicine )**

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

- 5 Whether Independent department of Thoracic Surgery & Pulmonary Medicine exists in the institution: Yes/No..... (If yes.....Since When.....)**

**6 (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)

- 7 Mode of selection (actual/proposed) of PG students.**

**8 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			

**9 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 AND SUPERSPECIALITY QUALIFICATION			Experience Date wise teaching experience with designation & Institution					Signature of Faculty Member	
					Subject with Year of passing	Institution	University	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.

- 10** Has any of these faculty members including senior residents been considered in PG/UG inspection at any other college or any other subject in this college in the present academic session. If yes, give details..

Date of Inspection	Institution	Subject

- 11** List of Faculty joining and leaving after last inspection:

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

- 12** List of Non-teaching Staff in the department: -

S.No.	Name	Designation

- 13** Available Clinical Material: **(Give the data only for the department of Pulmonary Medicine)**

- |   | On inspection day | Average of 3 random day                  |
|---|-------------------|--|
| • Daily OPD   | .....             | .....                                    |
| • Daily admissions  | .....             | .....                                    |
| • Daily admissions in Deptt. through casualty                               | .....             | .....                                    |
| • Bed occupancy in the Deptt. patients in ward (IPD) on inspection day..... | .....             | ..... Number of Percentage bed occupancy |
| • Total number of ABG done  |                   |  |
| • Total number of Bronchoscopy  |                   |  |
| • Total number of Bronchoscopic Biopsy/Bronchial Lavage                     |                   |  |
| • Total percutaneous Lung Biopsies  |                   |  |
| • Total number of Intercostal tube drainage                                 |                   |  |
| • Total number of patients on Ventilator                                    |                   |  |
| (i) Invasive  |                   |  |
| (ii) non invasive   |                   |  |
| • Total number of Chest x-ray Done  |                   |  |
| • Total CT/MRI  |                   |  |
| • Bio Chemical investigations   |                   |  |

- 14** List of equipment available in the department of Pulmonary Medicine  
Equipments: List of important equipments available and their functional status

*(list here only – No annexure to be attached)*

Pulse Oxymeters					
Multipara monitors					
Nebulizer					
Ventilators : Non invasive Ventilator					
Computerized PFT equipment					

Bronchoscope					
Syringe Pump					
Resuscitation kit					
ECG					
MDR treatment					
Defibrillator facilities					

**15** Year-wise available clinical materials (during previous 3 years) for department of Pulmonary Medicine

Parameters	Year 1	Year 2	Year 3
Total number of New Patients in OPD			
Total number of Follow up patients in OPD			
Total Number of Patients in IPD			
Weekly clinical work load for IPD (Average weekly Bed occupancy)			
Investigative workload of the Department and its distribution <ul style="list-style-type: none"> <li>• ABG</li> <li>• PFT</li> <li>• X-Ray Chest</li> <li>• ABG</li> <li>• Bronchoscopy</li> <li>• PFT</li> <li>• Chest X Ray</li> <li>• Lung Biopsy</li> <li>• ICD</li> <li>• Broncoscopic Biopsy</li> </ul>			
Average monthly number of special investigations in Pulmonary Medicine department			

**16** Any Intensive care service provided by the department (RICU):

**17** Specialty clinics being run by the department and number of patients in each clinic

S.No.	Name of the Clinic	Days on which held	Timings	Average No. of cases attended	Name of Clinic In-charge
1	Respiratory rehabilitation Clinic				
2	Asthma Clinic				
3	Bronchoscope Clinic				
4	Any other				

**18. Services provided by the Department.**

S.No.	Services Provided	Yes/No	If Yes – Weekly Workload
(a)	Bronchoscopy		
(b)	Physiotherapy Section		
(c)	PFT test & DLCO		

**Signature of Dean**

**Signature of Assessor**

(d)	Blood Gas analysis		
(e)	RICU Services		
(f)	Aerosol therapy		
(g)	Treatment for MDRTB		
(h)	FNAC from pleura & lung		
(i)	Electrophysiology Lab		
(j)	Any others		

## 19 Space

S.No	Details	In OPD	In IPD
1	Patient		
2	Equipments		
3	Teaching Space		
4	Waiting area for patients		

## 20 Office space:

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

## 21. Clinico- Pathological conference

- Clinico-radiological meetings
- Pulmonary medicine – General medicine meetings(combined clinic)

**Note : Verify from the maintained register of above said meetings.**

## 22. Submission of data to national authorities if any -

## 23. Academic outcome based parameters

- Theory classes taken in the last 12 months – (Dates, Subjects, Name & Designation of teachers, Attendance sheet) Number \_\_\_\_\_ Available & Verified/ Not available
- Clinical Seminars in last 12 months (Dates, Subjects, Name & Designation of teachers, Attendance sheet) Number \_\_\_\_\_ Available & Verified/ Not available
- Journal Clubs held in last 12 months (Dates, Subjects, Name & Designation of teachers, Attendance sheet) Number \_\_\_\_\_ Available & Verified/ Not available
- Case presentations held in last 12 months (Dates, Subjects, Name & Designation of teachers, Attendance sheet) Number \_\_\_\_\_ Available & Verified/ Not available
- Group discussions held in last 12 months (Dates, Subjects, Name & Designation of teachers, Attendance sheet) Number \_\_\_\_\_ Available & Verified/ Not available

Signature of Dean

Signature of Assessor

(f) Guest lectures held in last 12 months  
(Dates, Subjects, Name & Designation  
of teachers, Attendance sheet)

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

13

24. Any other information.

**Signature of Dean**

**Signature of Assessor**