STANDARD ASSESSMENT FORM FOR PG COURSES YEAR 2017-18

(Report in this SAF prescribed for the year 2017-18 will only be accepted)

SUBJECT - ANAESTHESIOLOGY

INSTRUCTIONS TO DEANS & ASSESSORS

1. Please read the SAF carefully before filling it up. Retrospective changes in Data will not be allowed.

2. **Do not use Annexures. All information should be provided in SAF at appropriate place earmarked. No Annexures will be considered.**

3. Experience details should be supported by experience certificate from competent authority (from the place of work) without which it will not be considered.

4. Donôt add, alter or delete any column of SAF.

5. In case of DNB qualification name of the hospital/institution from where DNB training was done and year of passing must be provided. Simply saying National Board of Examination, New Delhi is not enough. Without these details DNB qualification holder will be summarily rejected.

6. Experience of defence service must be supported by certificate from the competent authority of the office of DGAFMS without which it will not be considered.

7. Dean will be responsible for filling all columns and signing at appropriate places.

8. If promotion is after cut-off date (i.e. after 21/07/2013 for Professor & 21/07/2014 for Associate Professor) or benefit of publications is given in promotion before cut-off date, give the list of publications immediately below the name of faculty in this format: Title of Paper, Authors, Citation of Journal, details of Indexing. Photocopies of published articles should also be submitted without which they will not be considered. Give details of **only** original research articles; Case reports, Review articles and Abstracts will not be considered and should not be included.

9. No abbreviations of the name of Medical College in the Faculty List and Declaration Forms are acceptable

   INSTRUCTIONS TO ASSESSORS: Please ensure that only original research papers published in indexed print journals are included in the list. Remaining entries, if included, should be struck off.

10. Assessor may give any relevant remarks not shown in the assessment report on the page marked ñRemarks of Assessorò. No separate confidential letter should be sent.

11. Count only those faculty & Residents who have signed in attendance sheet before 11:00 a.m. and are present for subsequent verification and are found eligible on verification and also those who are on MCI permitted leave and MCI or Court duty. Do not forget to obtain signature of faculty and residents/senior residents in faculty table in appropriate columnn.

Signature of Dean **Signature of Assessor**

STANDARD ASSESSMENT FORM FOR POSTGRADUATE COURSES

(ANAESTHESIOLOGY)

1. Name of Institution:_____

MCI Reference No.: _____

2. Particulars of the Assessor:- **Assessment Date**_____

Name …….

Designation……

Specialty…….

Name & Address of Institute/College

……..……..

…….

…….……

Residential Address (with Pin Code)

……...….

……....

Phone .(Off) ……**(Resi.)** …….

(Fax)……...

Mobile No. ……

E-mail: ……...

3. (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:				

B). Particulars of Affiliated University

Item	University	Vice Chancellor	Registrar
Name			
Address			
State			
Pin Code			
Phone (Off) (Res) (Fax)			
Mobile No.			
E.mail:			

Signature of Dean **Signature of Assessor**

SUMMARY

Date of Assessment:_____ **Name of Assessor:**_____

1. Name of Institution *(Private / Government)*	***Director / Dean / Principal*** *(Who so ever is Head of Institution)*	
	Name	
	Age & Date of Birth	
	Teaching experience	
	PG Degree *(Recognized/Non-R)*	
	Subject	

***2.* Department inspected**	**Head of Department**	
	Name	
	Age & Date of Birth	
	Teaching experience	
	PG Degree *(Recognized/Non-R)*	

3. (a). **Number of UG seats**	Recognised (Year:)	Permitted (Year:)	**First LOP date when MBBS course was first permitted**
(b). **Date of last inspection for**	UG	PG	
	Purpose:	Purpose:	
	Result:	Result:	

4. Total Teachers available in the Department:

Designation	**Number**	**Name**	**Total Teaching Experience**	**Benefit of Publications in Promotion**
Professor				
Addl./Assoc Prof.				
Asstt. Professor				
Senior Resident				

Note: Count only those who are physically present

Signature of Dean **Signature of Assessor**

6. Clinical workload of the Institution and Department concerned :

Parameter	**Entire Hospital**
	On the Day of Assessment
OPD attendance **upto 2 p.m.**	
New admissions	
Total Beds occupied at **10 a.m.**	
Total Required Beds	
Bed Occupancy at **10 a.m. (%)**	
Major Operations	
Minor Operations	
Day Care Operations	
Total Number of Deliveries	
Total Caesarean Sections	
Total Deaths	
Casualty attendance	

Put N.A. whichever is not applicable to the Department.

Note:

- *OPD attendance is to be considered only upto 2 p.m. Bed occupancy is to be considered at 10 a.m. only.*
- *Investigative Data to be verified with Physical Registers in Radiodiagnosis & Central Clinical Laboratory.*
- *Data to be verified with Physical Registers in Blood Bank..*

7. Investigative Workload of entire hospital and Department Concerned.

Parameter		**Entire Hospital**
		On the Day of Assessment
Radio-diagnosis	MRI	
	CT	
	USG	
	Plain X-rays	
	IVP/Barium etc	
	Mammography	
	DSA	
	CT guided FNAC	
	USG guided FNAC	
	Any other	
Pathology	Histopath	
	FNAC	
	Hematology	
	Others	
Bio-Chemistry		
Microbiology		
Blood Units Consumed		

Signature of Dean **Signature of Assessor**

8. Publications from the department during last 3 years:
(Give only full articles published in indexed journals. No case reports or review articles be given)

9	**Blood Bank**	License valid	Yes / No(enclose copy)
		Blood component facility available	Yes / No(enclose copy)
		Number of blood units stored on the inspection day	
		Average units consumed daily (entire hospital)	

10. Specialized services provided by the department: Adequate / not adequate

11. Specialized Intensive care services provided by the Dept: Adequate / not adequate

12. Specialized equipment available in the department: Adequate / Inadequate

13. Space (OPD, IPD, Offices, Teaching areas) Adequate / Inadequate

14	**Library**		Central	Departmental
		Number of Books pertaining to Anaesthesiology		
		Number of Journals		
		Latest journals available upto		

15. Casualty Number of Beds_____ Available equipment ____ Adequate / Inadequate

Signature of Dean **Signature of Assessor**

16. Common Facilities

- Central supply of Oxygen / Suction**:** Available / Not available
- Central Sterilization Department Adequate / Not adequate
  Facilities available & to Sterilization
- Laundry: Manual/Mechanical/Outsourced:
- Kitchen Gas / Fire
- Incinerator: Functional / Non functional Capacity: Outsourced
- Bio-waste disposal Outsourced / any other method
- Generator facility Available / Not available
- Medical Record Section: Computerized / Non computerized
- ICD10 classification Used / Not used

17. Total number of OPD, IPD and Deaths in the Institution and department concerned during the last one year:

In the entire hospital		**In the department of Anesthesia**	
OPD		OPD (in PAC) In Per Clinic	
IPD **(Total Number of Patients admitted)**		IPD **(Total Number of Patients operated)**	
Deaths		Deaths (Table Death)	

18. Number of Births in the Hospital during the last one year:

Note : 1)	*The data be verified by checking the death/birth registration forms sent by the college/hospital to the Registrar, Deaths & Births (Photocopy of all such forms be provided.)*
2)	*Year means calendar year (1st January to 31st December)*

19. Accommodation for staff Available / Not available

20	Hostel Accommodation No.	UG		PG		Interns	
		Boys	Girls	Boys	Girls	Boys	Girls
	No. of Students						
	No. of Rooms						
	Status of Cleanliness						

21	Total number of PG seats in the concerned subject		Recognized seats	Date of recognition	Permitted Seats	Date of permission
		Degree				
		Diploma				

22. Year wise PG students admitted (in the department inspected) during the last 5 years and available PG teachers

Year	No. of PG students admitted		No. of PG Teachers available in the dept. (give names)
	Degree	Diploma	
2016			
2015			
2014			
2013			
2012			

Signature of Dean **Signature of Assessor**

23	Other PG courses run by the institution	Course Name	No. of seats	Department
		DNB		
		M.Sc.		
		Others		

24. Whether other medical superspecialty department exits in the institution é é é é é Yes/No
(If yes give details)

Name of department	Beds/Units	When LOP for DM seats granted & Number of seats	Available faculty (Names & Designation)

I have physically verified the beds, faculty and patients of above Super specialty departments and they have not been counted in anesthesia department inspection.

25. Stipend paid to the PG students, year-wise:

Year	Stipend paid in Govt. colleges by State Govt.	Stipend paid by the Institution
Ist Year		
IInd Year		
IIIrd Year		

26. List of Departmental Faculty joining and leaving after last inspection:

Designations	Number	Names	
		Joining faculty	Leaving faculty
Professor			
Associate Prof.			
Assistant Prof.			
SR/Tutor/Demons.			
Others			

27. Faculty deficiency, if any

Designation	Faculty available (number only)	Faculty required	Deficiency, if any
Professor			
Assoc Professor			
Asstt. Professor			
Sr. Residents			
Jr. Residents			
Tutor/ Demonstrator			
Any Other			

Signature of Dean **Signature of Assessor**

28. Remarks of Assessor

1. please do not repeat information already provided
2. please do not make any recommendation regarding granting permission/recognition
3. if you have noticed or come across any irregularity during your assessment like fake or dummy faculty, fake or dummy patients, fudging of data of clinical material etc., please mention them here)

Signature of Assessor

PART – I
(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 **Anaesthesiology**: _____
- Purchase of latest editions of books in last 3 years: Total:___ **Anaesthesiology** books _____
- Journals:

Journals	Total	**Anaesthesiology**
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

Signature of Dean **Signature of Assessor**

Signature of Dean **Signature of Assessor**

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)

Radiotherapy (Optional)	
Radiotherapy	
Teletherapy	
Brachy therapy	

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 cases operated daily (Entire hospital)	Major Minor Day Care Caesarians Delivery 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

- 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 Anesthesia**	
OPD		OPD(in PAC) Pain Clinic	
IPD (Total No. of Patients admitted)		IPD (Total No. of Patients operated)	
Deaths		Deaths(on Table)	

17. Total Number of Births in the Hospital during the last one year:

Note: (1) The data be verified by checking the death/birth registration forms sent by the college/hospital to the Registrar, Deaths & Births (Photocopy of all such forms be provided.)

18. Recreational facilities: Available / Not available

Play grounds

Signature of Dean **Signature of Assessor**

19	**Hostel Accommodation**	UG		PG		Interns	
		Boys	Girls	Boys	Girls	Boys	Girls
	No. of Rooms						
	No. of Students						
	Status of Cleanliness						

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)

Signature of Dean **Signature of Assessor**

PART – II
(DEPARTMENTAL INFORMATION)

1 Department inspected: **ANAESTHESIA**

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				
Any Other			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			

Signature of Dean **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 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 Anaesthesia)**

	On inspection day	Average of 3 random days
• Daily major operations	é é é é é é é	é é é é é é é é é é .
• Daily minor operations.	é é é é é é é	é é é é é é é é é é .
• Daily Day care operations	é é é é é é é	é é é é é é é é é é .
• Daily caesarian sections.	é é é é é é é .	é é é é é é é é é é .
• Daily Deliveries	é é é é é é é .	é é é é é é é é é é .

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

S.No.	Parameters	Year 1	Year 2	Year 3 (Last Year)
1	Total Number of Major Operations			
2	Total Number of Minor Operations			
3	Total Number of Day Care Operations			
4	Total Number of Normal Deliveries			
5	Total Number of Operative Deliveries			
6	Total Number of Caesarians			

Note : Put N.A. for those columns not applicable to the department

Signature of Dean **Signature of Assessor**

11 Intensive Care facilities

I. ICU/RICU, if any with Anaesthesia Deptt.

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

II. Post-operative care area

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

III. Any other intensive care service provided: é é é é é é é ..

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	Pain Clinic				
2	Pre-Anaesthetic Clinic				

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.
- No. of publications from the department during the Indexed(Full Articles only. No Case reports last three years./Abstracts)

15 Departmental Museum (Wherever applicable).

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

16 Space: OPD IPD

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

17 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	

Signature of Dean **Signature of Assessor**

18. Clinico- Pathological conference

19. Death Review Meetings

20. Submission of data to national authorities if any -

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

1. Anaestheia Work Stations					
2. Multi Channel Monitor with 2 invasive probes					
3. Fiberoptic Laryngoscope					
4. Fiberoptic Bronchoscope					
5. Resuscitation equipment for teaching purpose					

22. Academic outcome based parameters

(a) Theory classes taken in the last 12 months ï (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

23. Any other information.

Signature of Dean **Signature of Assessor**

PART III

POSTGRADUATE EXAMINATION
(Only at the time of recognition inspection)

1. Minimum prescribed period of training.
   (Date of admission of the Regular Batch appearing in examination)

2. Minimum prescribed essential attendance.

3. Periodic performance appraisal done or not?

4. Whether the candidates appearing in the examination have submitted their thesis six months before appearing in examination as per PG Regulations.2000?

5. Whether the thesis submitted by the candidates appearing in the examination been accepted or not?

6. Whether the candidates appearing in the examination have (i) presented one poster (ii) read one paper at National/State conference and presented one research paper which has been published/accepted for publication/sent for publication during period of their postgraduate study period.

7. Details of examiners appointed by Examining University (Give details here, No Annexures).

8. Whether appointment of examiners, their eligibility & conduct of examination is as per prescribed MCI norms or not ?

9. Standard of Theory papers and that of Clinical / Practical Examination:

10. Year of 1st batch pass out (mention name of previous/existing University)

Degree Course ----------

Note: (i) Please do not appoint retired faculty as External Examiner

(ii) There should be two internal and two external examiners. If there are no two internal examiners available in the department then only appoint three external examiners.

Signature of Dean **Signature of Assessor**