**PROGRAMME INSPECTION PROFORMA**



#

# **FOR**

# **MS PAEDIATRIC SURGERY**

**UNIVERSITY OF HEALTH SCIENCES, LAHORE**

**Legal Requirements**

|  |  |  |  |
| --- | --- | --- | --- |
| **Sr. #** | **Parameter**  | **Required**  | **Actual / Observed**  |
| 1 | Ownership  | Institution can vest ini. A body corporate registered under the relevant laws of companies ordinance / societies / trustii. Federal/ provincial or local Government1. A Pakistani university seeking affiliation for medical/ dental/allied health sciences courses

iv. An autonomous body promoted by federal/provincial/local government by or under a statute for the purpose of nursing educationv. A public or private charitable trust registered under the related act |  |
| 2 | Teaching Hospital  | Independent or hospital based radiology having workload of minimum 500 laboratory tests per day as a total including different departments, chemistry, hematology, immunology, microbiology, histopathology and molecular biology. |  |
| 3 | Area of Premises  | Minimum 1 acre |  |
| 5 | Ownership / Possession of Land  | Ownership / Lease of 33 years  |  |

**Financial Status and Sustainability**

|  |  |  |  |
| --- | --- | --- | --- |
| **Sr #** | **Parameter**  | **Required**  | **Actual / Observed**  |
| 1 | Working Capital  | Minimum Rupees 10 million (For private Institution) |  |

**Common Facilities Shared within Institute**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Parameter** | **Capacity** | **Actual / Observed** | **Area per Person** | **Min. Area** | **Actual / Observed** |
| Auditorium  | (1) 300 capacity  |  | 10 sqft/person  | 1000 sqft  |  |
| Lecturer Hall  | (1) 100 capacity  |  | 10 sqft/person  |  1000 sqft  |  |
| Library  | (1) 300 capacity  |  | 10 sqft/person  | 2000 sqft  |  |
| Cafeteria | (1) 100 capacity  |  | 20 sqft/person  | 2000 sqft  |  |
| Examination Hall | (1) 300 capacity  |  | 10 sqft/person  | 1000 sqft  |  |
| Internet / Computer Labs  | (1) 50 Capacity  |  | 10 sqft/person | 500 sqft |  |

**Administrative Staff – Essential**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S.#** | **Categories of staff** | **Required** | **Qualification and responsibility** | **Actual / Observed**  |
| 1 | Program director  | 1 | * Faculty member
* (Professor/ Associate Professor/ Assistant Professor)
 |  |
| 2 | Librarian | 1 | * Graduate in library science and computer literate.
* B.Sc.
 |  |
| 3 | Administrative officer /Computer technician/operator/typist | 1 | - Diploma in computer- Fluent in language |  |
| 4 | Veterinary Officer | 1 | Bachelor in Veterinary Medicine |  |
| 5 | Biostatistician | 1 | - M.Sc Biostatistics- Minimum two years experience |  |
| 6 | Lab Attendant | 2 | F.Sc in biological Sciences with 2 year experience |  |
| 7 | Animal house attendant | 2 | Matric |  |
| 8 | Peon | 2 | Matric |  |
| 9 | Security guards | 1 | Matric |  |
| 10 | Cleaners | 1 |   |  |

**Teaching Faculty/Staff**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Designation** | **Requirements/Qualifications** | **Available** | **Deficiency** | **Name** | **Registrations No. with PMDC**  | **Experience** **(Institution Name)** | **Publications in last 3 years** |
| Professor  | MBBS with FCPS, MS, or equivalent |  |  |  |  |  |  |
| Associate Professor | MBBS with FCPS, MS, or equivalent |  |  |  |  |  |  |
| Assistant Professor  | MBBS with FCPS MS, or equivalent |  |  |  |  |  |  |
| Senior Registrar | MBBS with FCPS, MS, or equivalent |  |  |  |  |  |  |

**Basic Requirement for Paediatric Surgery Department**

|  |
| --- |
|  |

1. **Number of units with beds in each unit:**

|  |
| --- |
|  |

1. **Number of Patients on the day of Inspection**
2. **Year wise available clinical materials (during previous 3 year) for department of Paediatric Surgery**

|  |  |  |  |
| --- | --- | --- | --- |
| **Parameters**  | **Year 1** | **Year 2** | **Year 3** |
| Total number of patients in OPD |  |  |  |
| Total Number of patients in IPD |  |  |  |
| OperationsMajorMinor |  |  |  |
| Average daily investigative workload of the department & its distribution* Radiology
* Biochemistry
* Pathology
* Microbiology
 |  |  |  |

1. **Publications from the department during last 3 Years**

(*Give only full articles published in indexed Journals*)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sr. #** | **Author’s Name** | **Topic** | **Name of Journal** | **Year of Publications** |
| **1** |  |  |  |  |
| **2** |  |  |  |  |
| **3** |  |  |  |  |

1. **Blood Bank**
* License Valid **Yes/No**
* Blood component facility available **Yes/No**
* Number of blood units stored on the inspection day ( )
* Average units consumed daily (Entire Hospital) ( )
1. **Specialized services provided by the department** Adequate/Not Adequate
2. **Specialized intensive care services provided by the Dept.** Adequate/Not Adequate
3. **Specialized equipment available in the department** Adequate/Not Adequate
4. **Space (OPD, IPD, Offices, Teaching areas)** Adequate/Inadequate
5. **Casualty Number of Beds Available Equipment** Adequate /In Adequate
6. **Common Facilities**
* Central Supply of Oxygen/Suction Available/Not Available
* Central Sterilization Department Adequate/Not Adequate
* Laundry Manual/Mechanical/ Outsourced
* Kitchen Gas/Fire
* Incinerator Functional/Non Functional
* Bio waste disposal Outsources/ Any other Method
* Generator Facility Available/Not Available
* Medical Record Section Computerized/Non computerize
1. **Total number of Deaths in the Institution during the last one year**

|  |  |
| --- | --- |
| **In the Entire Hospital** | **In the Department of Paediatric Surgery** |
|  |  |

1. **Total Number of PG Seats in the department**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Subject** |  | **Recognized Seats** | **Date of Recognition** | **Permitted** | **Date of Permission** |
|  | Degree |  |  |  |  |
|  | Diploma |  |  |  |  |

1. **Central Research Lab:**
2. Whether it exists? **Yes No**
3. Administrative Control:
4. Staff:
5. Equipment:
6. Workload:
7. **Skills training Lab:**

Facilities Available:

1. **Central Laboratory**
2. Controlling Department
3. Working Hours
4. Investigative Workload

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Radiology** | **On Inspection Day** | **Average (Monthly)** | **Microbiology** | **On Inspection Day** | **Average (Monthly)** |
| Plain X Rays |  |  | Bacteriology |  |  |
| CT Scans |  |  | Serology |  |  |
| MR Scans  |  |  | Mycology |  |  |
| Mammography |  |  | Parasitology |  |  |
| Barium Studies |  |  | Virology |  |  |
| Ultrasonography |  |  | Immunology |  |  |
| DSA |  |  |  |  |  |
| Others |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Pathology** | **On Inspection Day** | **Average (Monthly)** | **Biochemistry** | **On Inspection Day** | **Average (Monthly)** |
| Haematology |  |  | Blood chemistry |  |  |
| Histopathology |  |  | Endocrinology |  |  |
| FNAC |  |  | Other fluids |  |  |
| Cytology |  |  |  |  |  |

1. **Operation Theatres:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Ac/ Non Ac** |  | **Number of OTs functional per day** |  |
| Numbers |  | Number of days operations carried out |  |
| Pre- Anesthetic clinic  |  | Average No. of case operated daily(Entire hospital) | MajorMinorTotal |
| Post Anesthetic Care |  |  |  |
| Resuscitation Arrangements  | Adequate/ Inadequate | Equipments |  |

1. **Particulars of HOD**

**Name:**

|  |  |  |  |
| --- | --- | --- | --- |
| **PG Degree*****Recognized/Not Recognized*** | **Year** | **Institution** | **University** |
|  |  |  |  |

**Teaching Experience**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Designation** | **Institution** | **From** | **To** | **Total Experience** |
| Asst. Professor  |  |  |  |  |
| Assoc. Professor/ Reader  |  |  |  |  |
| Professor |  |  |  |  |
| **Grand Total** |  |

1. Purpose of present Inspection**:** Grant of permission/Recognition/Increase of seats

Renewal of recognition/Compliance Verification

1. Date of last inspection of the department:

 (Not Applicable for first inspection)

1. Result of last inspection

 (Copy of letter be attached)

1. **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.** |
| **Degree** | **Diploma** | **(Give Names)** |
| 2014 |  |  |  |
| 2013 |  |  |  |
| 2012 |  |  |  |
| 2011 |  |  |  |
| 2010 |  |  |  |

1. **Departmental General Facilities:**
* Total number of beds in the department …………………………………………………..
* Number of units in the department …………………………………………………………..
* Unit wise teaching resident staff (Annexed) …………………………………………….
1. **List of non- teaching staff in the Department:**

|  |  |  |
| --- | --- | --- |
| **Sr. No** | **Designation** | **Name** |
| 1 | Lab Technician (OT, Lab) |  |
| 2 | Record Clerk/ Stenographer  |  |
| 3 | Lab Attendant  |  |
| 4 | Nurses  |  |

1. **Available clinical Material**: (Give the data only for the department of Paediatric Surgery)

 **On Inspection day Average of 3 random days**

* Daily OPD …………………………. ………………………………………
* Daily admissions through OPD …………………………. ………………………………………
* Daily Admission through causality …………………………..` ………………………………………
* Total daily admissions ……………………………. ………………………………………
* Operation

 **Major**

 **Minor**

* (Don not include caesarean section)
* Deliveries.
* Normal(vaginal)
* Operative- vaginal
* Operative Caesareans
* Bed occupancy in the Dept. ……………………………………………………….
* Total no. of patient in the department on inspection day………………………**Percentage**……………………
* Weekly clinical work load for OPD & IPD
* Weekly Major & Minor Operations
1. **Intensive care facilities**
2. **ICU**

No of beds

Beds occupied on inspection day

Average bed occupancy

Available equipment

1. **NICU**

No of beds

Equipment

Average bed occupancy

1. **PICU**

No of beds

Equipment

Average bed occupancy

1. **Dialysis**

No of beds

Equipment

Average bed occupancy

1. **Any other intensive care service provided**

1. **Departmental Museum (Wherever applicable )**
* Space:
* No. of specimens
* Charts/Diagrams

1. **Clinico-Pathological conference**
2. **Death Review**
3. **Publication from the department during the last 3 years in indexed and non-indexed journals.**

**Indexed**  **Non Indexed**

1. **Specialty clinics being run by the department and number of patients in each**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Serial #** | **Name of the clinic** | **Days on which held** | **Timings** | **Average number of cases attended** | **Name of Clinic In-charge** |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |
| 6 |  |  |  |  |  |
| 7 |  |  |  |  |  |

1. **Any specialized services provided by the department**
2. **List of Major equipment In the department**

|  |  |  |
| --- | --- | --- |
| **Equipment** | **Deficiency** | **Remarks****Working/ Not Working** |
| Multiple parameters monitors |  |  |
| Pulse oximeter |  |  |
| Infusion pump |  |  |
| USG machinesPortableNon portable |  |  |
| Image Intensifier |  |  |
| Ventilator |  |  |
| Incubators |  |  |
| Sigmoidoscope |  |  |
| **Additional Facilities** |
| Warmer |  |  |
| Fan Heater  |  |  |
| Incubator  |  |  |
| Suction Machine  |  |  |
| Nebulizers |  |  |
| Water warmer Bed |  |  |
| Cardiac and Vital Monitors  |  |  |
| Steamer |  |  |
| Central Oxygen Supply |  |  |
| Air conditioner  |  |  |
| Central Air Conditioner |  |  |
| Electric Infusion Pumps  |  |  |
| Laryngoscope with resuscitation tray |  |  |
| X- Ray illuminators |  |  |
| Electric Refrigerator  |  |  |
| Electric Heaters  |  |  |
| LCD |  |  |
| Water Dispenser  |  |  |
| **Facilities for Invasive Procedures** |
| Main Operation Theatre  |  |  |
| Minor Operation Theater |  |  |
| Dressing Room |  |  |
| Procedure Room |  |  |
| Ventilator  |  |  |
| Percutaneous pulse oximeters  |  |  |
| Anesthesia Recovery |  |  |
| Fluroscope |  |  |

1. **Most Commonly Managed Disease**

|  |  |  |
| --- | --- | --- |
| **Sr.#** | **Name of Disease** | **Number seen in last one month** |
|  |  |  |
|  |  |  |
|  |  |  |
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1. **Teaching Programme**
2. Didactic talks
3. Seminars
4. Case presentations
5. Journal Club
6. Invited Talks
7. Courses organized by department
8. **Academic outcome based parameters**
9. Theory classes taken in the last 12 months – (Dates, Subjects, **Number-----------------------**

Name & Designation of teachers, Attendance sheet) **Available/Verified/Not**

 **Available**

1. Clinical Seminars in last 12 months **Number-----------------------**

(Dates, Subjects, Name & Designation of teachers, **Available/Verified/Not**

Attendance sheet)  **Available**

1. Journal Clubs held in last 12 months  **Number-----------------------**

(Dates, Subjects, Name & Designation of teachers, **Available/Verified/Not**

Attendance sheet) **Available**

1. Case presentations held in last 12 months **Number-------------------**

(Dates, Subjects, Name & Designation of teachers, **Available/Verified/Not**

 Attendance sheet) **Available**

1. Group discussions held in last 12 months **Number-------------------**

(Dates, Subjects, Name & Designation of teachers, **Available/Verified/Not**

 **Available**

Attendance sheet)

1. Guest lecturers held in last 12 months  **Number-------------------**

(Dates, Subjects, Name & Designation of teachers, **Available/Verified/Not**

Attendance sheet) **Available**

1. **Technical Assistance to Teaching**

o Computers & Internet facility Yes/No

o Audiovisual aids Yes/No

o Microscopic Study Material Yes/No

(Please give number & nature)

o Gross Specimens Yes/No

(Please give number & nature)

o Models & Charts Yes/No

(Please give number & nature)

**Clinical Teaching**

Ward rounds Number/wk

Case presentation & Discussion Number/wk

1. **Library**

Central Library Available/Not Available

Total Books in Central Library ------------------------------

Books Pertaining to Paediatric Surgery ------------------------------

Departmental Library Available Available/Not Available

**Recommended Books for Course Work**

|  |  |  |
| --- | --- | --- |
| **Name** | **Edition** | **Available/Not Available**  |
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1. **Subscription of Journals**

|  |  |  |
| --- | --- | --- |
| **S.#** | **Name of the journals** | **Subscribed since****(Month, Year)** |
|  |  |  |
|  |  |  |
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***(Continue on the copy of the table if require***

Comments:

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Recommendations

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Signature of Inspector Date