**Programme Inspection Proforma**



#

# **For**

# **MD MEDICINE**

# **UNIVERSITY OF HEALTH SCIENCES, LAHORE**

**Legal Requirements**

|  |  |  |  |
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| **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**

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| --- | --- | --- | --- | --- | --- |
| **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 Medicine Department**

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

|  |
| --- |
|  |

1. **Number of Patients on the day of Inspection**
2. **Clinical materials for department of Medicine**

|  |  |
| --- | --- |
| **Parameters**  | **Year 1** |
| Total number of patients in OPD |  |
| Total Number of patients in IPD |  |
| 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 computerized
* NICE Guidelines Used/ Not Used
1. **Hostel Facility Boys Girls**
2. **Central Research Lab:**
3. Whether it exists? **Yes No**
4. Administrative Control:
5. Staff:
6. Equipment:
7. Workload:
8. **Skills training Lab:**

Facilities Available:

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sr.#** | **Name of the clinics** | **Days on which held** | **Timings** | **Average number of cases attended** | **Name of Clinic In-charge** |
| **1** | **Cardiovascular**  |  |  |  |  |
| **2** | **Nephrology**  |  |  |  |  |
| **3** | **Endocrine**  |  |  |  |  |
| **4** | **Hematology**  |  |  |  |  |
| **5** | **Gastroenterology**  |  |  |  |  |
| **6** | **Neurology**  |  |  |  |  |
| **7** | **Any other**  |  |  |  |  |

1. **Services provided by the department.**
2. Cardiology services (ICCU) – ECG, TMT, Echo including color Doppler, Holter
3. Endoscopy
4. Dialysis
5. Bronchoscopy
6. Physiotherapy Section
7. Investigative facilities like nerve conduction, EMG etc
8. **Equipment**

|  |  |  |  |
| --- | --- | --- | --- |
| **Sr.#** | **Equipment** | **Deficiency** | **Remarks** |
| **1** | **Multipara Monitors** |  |  |
| **2** | **Upper GI endoscope** |  |  |
| **3** | **Dialysis machines**  |  |  |
| **4** | **Echo-color Doppler**  |  |  |
| **5** | **Resuscitation Kit** |  |  |
| **6** | **Pulse Oxymeters** |  |  |
| **7** | **Colonoscope** |  |  |
| **8** | **ECG** |  |  |
| **9** | **Holter**  |  |  |
| **10** | **Crash cart** |  |  |
| **11** | **Computerized PFT equipment**  |  |  |
| **12** | **Syringe pump** |  |  |
| **13** | **Bronchoscope** |  |  |
| **14** | **TMT** |  |  |
| **15** | **Defibrillator**  |  |  |
| **16** | **Other routine use equipment**  |  |  |

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 |  |  |  |  |  |

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

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

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

* Daily OPD …………………………. ………………………………………
* Daily admissions through OPD …………………………. ………………………………………
* Daily Admission through causality …………………………..` ………………………………………
* Total daily admissions ……………………………. ………………………………………
* Total no. of patient in the department on inspection day………………………**Percentage**……………………
* Weekly clinical work load for OPD & IPD
* Weekly Major & Minor procedures
1. **Departmental Museum (Wherever applicable )**
* Space:
* No. of specimens
* Charts/Diagrams

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

**Indexed**  **Non Indexed**

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. **Library**

Central Library Available/Not Available

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

Books Pertaining to Medicine ------------------------------

Departmental Library Available Available/Not Available

**Recommended Books for Course Work**

|  |  |  |
| --- | --- | --- |
| **Name** | **Edition** | **Available/Not Available**  |
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