INSPECTION PROFORMA



# FOR

# M.S ANAESTHESIA

# UNIVERSITY OF HEALTH SCIENCES, LAHORE

**FORM FOR ACCREDITATION OF UNIT FOR POSTGRADUATE TRAINING**

**(A) INTRODUCTION**

 Specialty\_

 Unit/Ward

 Institute/hospital

 Address

 PMDC Recognition for training in that specialty\_

 PMDC Recognition for training in other specialties\_

 UHS Recognition for training in other specialties

 Head of Unit/Ward

 Designation

 Qualification

 **(B) FACILITIES AVAILABLE IN THE UNIT**

 **FACULTY**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Designation** | Name | **Qualifications with****year/institute** | **Date of****joining the present post** | **Teaching/Work****Experience** | **Research****Publications** |
| **Qualification** | **Year** | **Institute** |
| **Professor** |  |  |  |  |  |  |  |
| **Associate Professor** |  |  |  |  |  |  |  |
| **Assistant Professor** |  |  |  |  |  |  |  |
| **S.R** |  |  |  |  |  |  |  |

**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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sr.#** | **Equipment(s)** | **Available/Not Available** | **Number** | **Model** |
| 1 | Vital Sign Monitor |  |  |  |
| 2 | Pulse Oxymeter |  |  |  |
| 3 | Defibrillator |  |  |  |
| 4 | Anaestheisia Machine & Ventilator  |  |  |  |
| 5 | Flexible fiber optic Laryngoscope  |  |  |  |
| 6 | Neuromuscular Monitor  |  |  |  |
| 7 | Nerve Locator |  |  |  |
| 8 | Ultrasound Machine  |  |  |  |

**Minimum Standards Set by UHS (Yard Stick) *To be filled-up by UHS***

|  |  |  |
| --- | --- | --- |
| **Equipment(s)** | **Model** | **Student equipment Ratio** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Additional Facilities Available**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sr.#** | **Equipment(s)** | **Available/Not Available** | **Number** | **Model** |
| 1 | CPR Manikin |  |  |  |
| 2 | Intubating Manikin |  |  |  |
| 3 | Haemofiltration and Dialysis Machine |  |  |  |
| 4 | ICU Ventilators  |  |  |  |
| 5 | Transport Ventilators |  |  |  |
| 6 | Infusion/Syringe Pumps |  |  |  |

**Facilities for Invasive Procedures**

|  |  |  |  |
| --- | --- | --- | --- |
| **Sr.#** | **Equipment(s)** | **Number** | **Model** |
| 1 | Central Venous Line Insertion  |  |  |
| 2 | Arterial Line Placement  |  |  |
| 3 | Epidural Catheter Placement  |  |  |

**Minimum Standards Set by UHS (Yard Stick) *To be filled-up by UHS***

|  |  |  |
| --- | --- | --- |
| **Equipment(s)** | **Model** | **Student Equipment Ratio** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**AUXILIARIES**

**Library**

Available space including seating capacity \_

*(Continue on the copy of the table if required)*

|  |  |  |
| --- | --- | --- |
| **List of books** | **Edition No.** | **Year/No** |
| Atlas of Regional Anaesthesia (David L. Braun) |  |  |
| Intensive Care Manual (Andrew D Bersten) |  |  |
| Anaesthesia & Co-existing Disease (Arun Kumar) |  |  |
| Critical Care (Louis Vincent) |  |  |
| Problem Oriented Patient Management (Yao & Artusio’s) |  |  |
| Atlas of Airway Management (Steven L. Orebaugh) |  |  |
| ABC of Intensive Care (Graham & Marvin) |  |  |
| Clinical Anaesthesia (Morgan & Mikhail) |  |  |
| Text Book of Anaesthesia (Smith Aitkenhead) |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Subscription of Journals**

***(Continue on the copy of the table if required)***

|  |  |  |
| --- | --- | --- |
| **S.#** | **Name of the journals** | **Subscribed since****(Month, Year)** |
| 1 | European journal of anaesthesiology |  |
| 2 | Annals of Intensive Care |  |
| 3 | American journal of Critical Care |  |
| 4 | International Journal of Clinical Monitoring & Computing |  |
| 5 | British Journal of Anaesthesia  |  |
| 6 |  |  |
| 7 |  |  |
| 8 |  |  |
| 9 |  |  |
| 10 |  |  |

Patient turnover

 Out door

 Emergency\_

 Indoors\_

Number/day

Number/day

Admissions/month Outcome/month

Through OPD\_ Through Emergency\_

**(D) AUDITS**

Discharges\_ Deaths\_ Referrals\_

**Bed Strength**

|  |  |
| --- | --- |
| **Bed Strength** | **Available** |
| Total Number |  |
| ICU/High Dependency |  |
| Number of beds in ICUfor this unit |  |

**Minimum Standards Set by UHS (Yard Stick) *To be filled-up by UHS***

|  |  |
| --- | --- |
| **Bed Strength** | **Minimum****Requirement** |
| Total Number |  |
| ICU/High Dependency |  |
| Number of beds in ICUfor this unit |  |

|  |  |  |
| --- | --- | --- |
| **Sr.#** | **Name of Disease** | **Number seen in last one month** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

 **Most Commonly Managed Diseases**

**Invasive Management Done**

|  |  |  |  |
| --- | --- | --- | --- |
| **Sr.#** | **Name of Procedure** | **Number of times****(performed)** | **Elective/Emergency** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Investigations Available**

 Laboratory (in the ward)

o Biochemistry Yes/No

o Microbiology Yes/No

o In charge Lab

o Qualification

 Radiological Facilities

In the unit Yes/No

In the Hospital Yes/No

**Blood bank** Yes/No

**(F) RECORD MAINTENANCE**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Method of Maintenance | Manual | Computerized |
|  | Annual Reporting Done | Yes | No |