**Programme Inspection Proforma**



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# **For**

# **MS OPHTHALMOLOGY**

# **UNIVERSITY OF HEALTH SCIENCES, LAHORE**

**Legal Requirements**

|  |  |  |  |
| --- | --- | --- | --- |
| **Sr. #** | **Parameter** | **Required** | **Actual / Observed** |
| 1 | Ownership | Institution can vest in  i. A body corporate registered under the relevant laws of companies ordinance / societies / trust  ii. Federal/ provincial or local Government   1. 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 education  v. 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 |  |

**Office Accommodation:**

* Departmental Office
* Space
* Staff (Steno /Clerk).
* Computer/ Typewriter:

**Office Space for Teaching Faculty:**

* HOD
* Professor
* Assoc. Prof./ Reader
* Lecturer/ Asstt. Professor
* Resident duty room

**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 | Biostatistician | 1 | - M.Sc Biostatistics  - Minimum two years experience |  |
| 5 | Technicians/optometrist |  |  |  |
| 6 | Storekeeper–cum-clerk |  |  |  |
| 7 | Lab Attendants |  |  |  |
| 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 |  |  |  |  |  |  |
| Demonstrator | MBBS with FCPS, MS, or equivalent |  |  |  |  |  |  |

**Basic Requirement for Ophthalmology Department**

|  |
| --- |
|  |

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

|  |
| --- |
|  |

1. **Number of Patients on the day of Inspection**

1. **Facilities Tick**

Infrastructure:

1. Area for out Patients
2. Inpatients / wards / units
3. Staff rooms
4. Cubical
5. Demo. rooms
6. Waiting Area

Necessary equipment provided for the above

1. **Other Facilities**

* Phacoemulsification. Functional/ Non-functional
* IOL Implantation Functional/ Non-functional
* Retinal repairs. Functional/ Non-functional
* Keratoplasty Functional/ Non-functional
* Eye Bank Functional/ Non-functional

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

(*Give only full articles published in indexed Journals and attached photocopy of manuscript* )

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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. **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

1. **OPD Space:**

* No. of rooms
* Patient Exam. arrangement: Adequate/ Inadequate
* Equipment Adequate/ Inadequate
* Teaching Space Adequate / Inadequate
* Waiting area for patients. Adequate / Inadequate
* Indoor Space: Adequate / Inadequate

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) | Major  Minor  Total |
| Post Anesthetic Care |  |  |  |
| Resuscitation Arrangements | Adequate/ Inadequate | Equipment |  |

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

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

* Daily OPD …………………………. ………………………………………
* Daily admissions through OPD …………………………. ………………………………………
* Daily Admission through causality …………………………..` ………………………………………
* Total daily admissions ……………………………. ………………………………………
* Operation **Major** ………………………………. **Minor** ……………………………………..
* Total no. of patient in the department on inspection day………………………**Percentage**……………………
* Weekly clinical work load for OPD & IPD
* Weekly Major & Minor Operations

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sr. No** | **Name of the clinic** | **Days on which Held** | **Timings** | **Average No. of cases attended** | **Name of clinic In-charge** |
| 1 | Glaucoma Clinic |  |  |  |  |
| 2 | Squint Clinic |  |  |  |  |
| 3 | Retina Clinic |  |  |  |  |
| 4 | Neuro-Ophthalmology Clinic. |  |  |  |  |
| 5 | Ophthalmoplasty clinic. |  |  |  |  |

1. **Departmental Museum (Wherever applicable )**

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

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

**Indexed**  **Non Indexed**

1. **List of Major equipment In the department**

|  |  |  |  |
| --- | --- | --- | --- |
| **Equipment** | **Min Requirement** | **Deficiency** | **Remarks**  **Working/ Not Working** |
| Operating Microscope. |  |  |  |
| Slit Lamps |  |  |  |
| Flourescein angiography equipment |  |  |  |
| Laser (specify type). |  |  |  |
| Ultrasonography Machine  A-Scan/ B.Scan |  |  |  |
| Biometer |  |  |  |
| Indirect Ophthalmoscope |  |  |  |
| Goniscope |  |  |  |
| Applanation Tonometer |  |  |  |
| 90 D and 78 lenses |  |  |  |
| Streak Retinoscope |  |  |  |
| Contact Lens set |  |  |  |
| Synoptophore and other instruments related to Orthoptic work up and squint clinic. |  |  |  |

1. **Ethical Committee (Constitution)**
2. **Medical Education Unit (Constitution).**

(Specify number of meetings of these bodies held annually & minutes thereof)

1. **Central Research Lab.**

* Whether there is any Central Research Lab.
* Administrative Control
* Staff
* Equipment
* Work load.

1. **Incinerator**

* Available/ not available.
* Functional/ not functional
* Capacity

1. **Medical Record Section:** Computerized/ Not computerized.

1. **Other Requirements**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Infrastructure** | **Min. Requirement** | **Deficiency** | **Purpose**  **built** | **Remarks** |
| Teaching Aids | Multimedia |  |  |  |
| White Board  (Must) |  |  |  |
| Overhead Projector |  |  |  |
| Xerox |  |  |  |

1. **Academic outcome based parameters**
2. 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. Community ophthalmology participation (give details).
2. Has the state adopted organ transplant act, 2010/ Organ and tissue transplant act.
3. Wet lab facility with good quality operating microscope and Instrument sets for intraocular surgery for training of PG students in microscopic ocular surgery. Available or not.
4. Clinic Pathological conference
5. **Library**

Central Library Available/Not Available

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

Books Pertaining to Ophthalmology ------------------------------

Departmental Library Available Available/Not Available

**Recommended Books for Course Work**

|  |  |  |
| --- | --- | --- |
| **Name** | **Edition** | **Available/Not Available** |
| Snell R. S., Lemp M.A Clinical Anatomy of Eye |  |  |
| Wolf’s Anatomy of the Eye |  |  |
| Newell F. W. Ophthalmology Principles and concepts |  |  |
| Elkington A.R, Frank H. J., Greaney M. J. Clinical Optics |  |  |
| Duke-Elder. Practice of Refraction |  |  |
| Guyton. Textbook of Medical Physiology |  |  |
| Newell F. Ophthalmology Principles and Concepts |  |  |
| Adler’s Physiology of Eye (For Reference) |  |  |
| Apple D.J., Rabb M. F. Ocular Pathology |  |  |
| Gree. Ocular Pathology |  |  |
| Kanski J.J Clinical Ophthalmology |  |  |
| Newill F.W. Ophthalmology Principles and Concepts |  |  |
| Willshaw H. Practical Ophthalmic Surgery |  |  |
| Bailey and Love. Short Practice of Surgery |  |  |
| Rana M. H., Ali S. Mustafa M. A handbook of Behavioral Sciences for Medical and Dental Students (UHS 2007.) |  |  |
| Fathalla M.F. and Fathalla M.M F. A Practical Guide for Health Researcher. Cairo: WHO |  |  |

**Journals**

|  |  |
| --- | --- |
| **Name** | **Available/Not Available** |
| Archives of Ophthalmology (AMA USA) |  |
| British Journal of Ophthalmology (UK) |  |
| Journal of Oculoplastics and Reconstructive Surgery (USA) |  |
| Retina (USA) |  |
| Eye RC Ophth (UK) |  |