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

**FOR CLINICAL SPECIALITIES**

**(A) INTRODUCTION**

* Speciality **Periodontology**
* Unit/Ward/Department \_\_\_\_\_\_\_\_\_\_\_\_\_
* 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 DEPARTMENT**

**FACULTY**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name** | **Designation** | **Discipline** | **Qualification with**  **Year/institute** | | | **Date of Joining the present post** | **Teaching/Work Experience** | **Research Publications** |
| **Qualification** | **Year** | **Institute** |
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**Technical Assistance to Teaching**

* Computers & Internet facility Yes/No
* Audiovisual aids Yes/No
* Microscopic study material Yes/No

(Please give number & nature)

* Gross Specimen Yes/No

(Please give number & nature)

* Models & Charts Yes/No

(Please give number & nature)

**Clinical Teaching**

* Ward rounds **Rounds/Week**
* Case presentation & discussion **Cases/Week**
* Presentation **/Week**
* Tutorial **/Week**
* Practical Work **/Week**

**Equipment in the department**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S#** | **Equipment(s)** | **Available** | **Number** | **Models / Make** |
|  | Dental Unit (Electric) |  |  |  |
|  | Tripple Syringe |  |  |  |
|  | Dental Stool |  |  |  |
|  | Stool S.S |  |  |  |
|  | Air Compressor |  |  |  |
|  | Scaler (Ultra Sonic ) |  |  |  |
|  | Scaler Tip |  |  |  |
|  | Scaler Key |  |  |  |
|  | Slow Speed Hand Piece |  |  |  |
|  | Mouth Mirror |  |  |  |
|  | Tweezers |  |  |  |
|  | Probe |  |  |  |
|  | Surgical Tray |  |  |  |
|  | Chitel Forcep |  |  |  |
|  | Surgical Drum |  |  |  |
|  | Goggle |  |  |  |
|  | Periodontal Probe |  |  |  |
|  | Scissor |  |  |  |
|  | Artery Forceps Curved |  |  |  |
|  | Artery Forceps Straight |  |  |  |
|  | Dental Syringe |  |  |  |
|  | Examination Tray |  |  |  |
|  | Napkin Holder |  |  |  |
|  | Bone File |  |  |  |
|  | Periosteum Elevator |  |  |  |
|  | Glass Slab |  |  |  |
|  | Cement Spatula |  |  |  |
|  | Mixing Spatula |  |  |  |
|  | Excavator Surgical (Large) |  |  |  |
|  | X-Ray Illuminator |  |  |  |
|  | C.P.I.T.N Probe |  |  |  |
|  | Peri Scaler R/L |  |  |  |
|  | Gracy Curette Kit of 8 |  |  |  |
|  | Plier |  |  |  |
|  | Instrument Holder |  |  |  |
|  | Spirit Lamp |  |  |  |
|  | Plugger |  |  |  |
|  | Perio Probe (Naber’s) |  |  |  |
|  | Perio Pack (Pkt of 3) |  |  |  |
|  | Excavator |  |  |  |
|  | Perio Probe |  |  |  |
|  | Alice Forceps |  |  |  |
|  | Typhodont |  |  |  |
|  | Intra Dental Scaler |  |  |  |
|  | Hand Scaler (Peri Scaler) |  |  |  |
|  | Dipen Glass |  |  |  |
|  | Eye Shield |  |  |  |

**Minimum Standard set by UHS (Yard Stick)**

***To be filled-up by UHS***

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| --- | --- | --- |
| **Equipment(s)** | **Model** | **Student equipment Ratio** |
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**Additional Facilities Available**

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| **S#** | **Equipment(s)** | **Available** | **Number** | **Models** |
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**Consumable items / Materials in the department**

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| **S#** | **Materials** | **Number** | **Accounting / Unit** |
| 1 | Napkin 2PLY (Defend) |  |  |
| 2 | Gloves Small |  |  |
| 3 | Gloves Medium |  |  |
| 4 | Gloves Large |  |  |
| 5 | Polythene Gloves |  |  |
| 6 | Face Mask |  |  |
| 7 | Disposable Glass |  |  |
| 8 | Pouches |  |  |
| 9 | Suction Tip |  |  |
| 10 | Injection Lignocaine (Septodont) Packett of 50 |  |  |
| 11 | Cotton Roll 200gm |  |  |
| 12 | Normal Saline 1000Ml |  |  |
| 13 | Gauze Piece (Medicom) |  |  |
| 14 | Disinfectant Solution (Micro 10) Bottle of 500ML |  |  |
| 15 | Hand Sanitizer |  |  |
| 16 | Lidocaine Spray |  |  |
| 17 | Hand Piece Oil |  |  |
| 18 | Tongue Depressor packet of 100 |  |  |
| 19 | Polishing Paste |  |  |

**Equipment in the department**

***To be filled-up by UHS***

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| --- | --- | --- | --- |
| **S#** | **Equipment(s)** | **Model** | **Student Equipment Ratio** |
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**AUXILIARIES**

**Library**

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **S.No** | **Author** | **Title** | **Volume & Edition** | **Year** | **Quantity of Books** |
| 1 | Sigurd P Ram fjord | Periodontology and Periodontics |  |  |  |
| 2 | J Dermet Strahan | Periodontology |  |  |  |
| 3 | Edgur D Coolidge | Periodontia (clinical pathology & Treatment of the  Periodontal Tissues) |  |  |  |
| 4 | H.M Golden | Periodontia |  |  |  |
| 5 | W MM Jenkins | Guide to Periodontics |  |  |  |
| 6 | E. W Fish | Peroidontal Disease |  |  |  |
| 7 | W.B Saunders | Clinical Periodontology |  |  |  |
| 8 | J.D Manson | An Outline of Periodntics |  |  |  |
| 9 | A Bryan Wade | Basic Periodontology |  |  |  |
| 10 | Philip M. Hoag | Essentials of Peridontics |  |  |  |
| 11 | J.D Manson | Outline of Periodontics |  |  |  |
| 12 | Gururaja Rao | T/B Periodontology |  |  |  |
| 13 | J Lindhe | Clinical Periodontology & Implant Dentistry |  |  |  |
| 14 | Jon Lindhe | TextBook of Clinical Periodontology |  |  |  |
| 15 | S P Ramfjord | Periodontology & Periodontics Modern Theory & Practice |  |  |  |
| 16 | Geoffary L.Howe | Clinical Periodontology |  |  |  |
| 17 | Larry J.Peterson | Periodontology and Periodontics Modern Theory and Practice |  |  |  |
| 18 | Jan Lindhe | Clinical Periodontology & Implant Dentistry |  |  |  |
| 19 | Shanti Ptiya Reddy | Essentials of Clinical Periodontology & Periodontics. |  |  |  |
| 20 | Arathi Rao | Principles and Practice of Pedodontics |  |  |  |
| 21 | Fermin A.Carranza | Clinical Periodontology |  |  |  |

**Subscription of Journals**

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

|  |  |  |
| --- | --- | --- |
| **S#** | **Name of the journals** | **Subscribed Since**  **(Month, Year)** |
| 1 | Journal of Clinical Periodontology (Vol-29 No.12) |  |
| 2 | Journal of Clinical Periodontology (Vol-29 No.11) |  |
| 3 | Journal of Clinical Periodontology (Vol-29 No.1) |  |
| 4 | Journal of Clinical Periodontology (Vol-29 No.9) |  |
| 5 | Journal of Clinical Periodontology (Vol-29 No.3) |  |
| 6 | Journal of Clinical Periodontology (Vol-24 No.3) |  |
| 7 | Journal of Clinical Periodontology (Vol-25 No.11) |  |
| 8 | Journal of Clinical Periodontology (Vol-25 No.12) |  |
| 9 | Journal of Clinical Periodontology (Vol-29 No.10) |  |
| 10 | Journal of Clinical Periodontology (Vol-29 No.1) |  |
| 11 | Journal of Clinical Periodontology (Vol-28 No-12) |  |
| 12 | Journal of Clinical Periodontology (Vol-27 No.10) |  |
| 13 | Journal of Clinical Periodontology (Vol-27 No.6) |  |
| 14 | Journal of Clinical Periodontology (Vol-2 No.3) |  |
| 15 | Journal of Clinical Periodontology (Vol-28 No.3) |  |
| 16 | Journal of Clinical Periodontology (Vol-28 No.4) |  |
| 17 | Journal of Clinical Periodontology (Vol-28 No.5) |  |
| 18 | Journal of Clinical Periodontology (Vol-28 No.6) |  |
| 19 | Journal of Clinical Periodontology (Vol-27 No.1) |  |
| 20 | Journal of Periodontology (Vol-70 No.9) |  |
| 21 | Journal of Periodontology (Vol-74 No.1) |  |
| 22 | Journal of Periodontology (Vol-70 No.2) |  |
| 23 | Journal of Periodontology (Vol-70 No.7) |  |
| 24 | Journal of Periodontology (Vol-71 No.8) |  |
| 25 | Journal of Periodontology (Vol-70 No.3) |  |
| 26 | Journal of Periodontology (Vol-70 No.6) |  |
| 27 | Journal of Periodontology (Vol-70 No.5) |  |
| 28 | Journal of Periodontology (Vol-70 No.12) |  |
| 29 | Journal of Periodontology (Vol-71 No.9) |  |
| 30 | Journal of Periodontology (Vol-71 No.7) |  |
| 31 | Journal of Periodontology (Vol-71 No.6) |  |
| 32 | Journal of Periodontology (Vol-71 No.5) |  |
| 33 | Journal of Periodontology (Vol-71 No.4) |  |
| 34 | Journal of Periodontology (Vol-71 No.3) |  |
| 35 | Journal of Periodontology (Vol-71 No.2) |  |
| 36 | Journal of Periodontology (Vol-71 No.1) |  |

**(C) Statistics**

Patient turnover

Outdoor Number/day

Emergency Number/day

Indoors

Admissions/month Number/day

Through OPD Discharges \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Through Emergency Deaths \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Referrals

**(D) Audits**

**Bed Strength**

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

**Most Commonly Managed Diseases**

|  |  |  |
| --- | --- | --- |
| **S#** | **Name of Disease** | **Number seen in last one month** |
| 1 | Gingivitis |  |
| 2 | Periodontitis |  |
| 3 | Aggressive Periodontitis |  |
| 4 | ANUG |  |
| 5 | Gingival Recession |  |
| 6 | Fluorosis |  |
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**Invasive Management Done**

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| --- | --- | --- | --- |
| **S#** | **Name of Procedure** | **Number of times (performed)** | **Elective/Emergency** |
| 1 | GTR |  |  |
| 2 | Teeth whitening |  |  |
| 3 | Root Planning |  |  |
| 4 | Dental Implants |  |  |
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**(E) SUPPORT FACILITIES**

Investigations Available

* Laboratory (in the ward)
  + Biochemistry yes/no
  + Microbiology yes/no
  + Incharge Lab \_\_\_\_\_\_\_\_\_\_\_\_\_\_
  + 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

Signature of Head of the Department \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Head of the Institution \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dated\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_