

# APPENDIX II

## PM&DC PIF FORM

# PROGRAM INFORMATION FORM

( to be filled by the institution and submitted to PM&DC )

For use by

- 1- Postgraduate institutions seeking recognition
- 2- Postgraduate institutions seeking continuation of recognition
- 3- Postgraduate institutions seeking increase in seats in the program
- 4- for internal (peer ) review of the program

### Part-A Institutional Information

A). General Information

1. Name of Institution: .....

2. Name of Affiliating University/DAI. ....
3. Title of Programmes to be inspected
  - (1)
  - (2)
  - (3).....
  - (4)
4. Particulars of Head of the Institution (Director/Dean/Principal whosoever is head)
  - ◆ Name:
  - Age :
  - PG Degree } University
  - Institution }
  - Year }
  - ◆ Total teaching experience(give details)
5. Particulars of Program Director/Head Of Department of the program to be inspected (please fill in Appendix III)
  - ◆ Name:
  - Age :
  - PG Degree } University
  - Institution }
  - Year }
  - ◆ Total teaching experience(give details)
6. Previous inspection of the department by PM&DC, if any:-
  - Date
  - Purpose, (for starting/increase of seats/ for recognition)
  - Deficiencies pointed out, if any.
7. Purpose of present inspection:
  - a. Starting of training for Degree/diploma/both.
  - b. Increase in seats...Degree/Diploma/both.
  - c. Recognition /approval of degree/diploma/ both.
8. Date of permission of PM&DC for Degree/ Diploma/ both  
Annual intake Sanctioned by PM&DC for degree/ diploma/both  
Date of first admission for Degree/diploma/both
9. Mode of selection (actual/proposed) of students.

10. yearwise number of students admitted and available PG teachers during the last five years.  
( applicable only in already recognized programs only)

Year	Names of students admitted		Names of recognized teachers against whom the students were admitted.
	Degree	Diploma	

## **PART B**

### **Program features and Institutional facilities and policies:**

1. Overall educational goals for the program
2. Written competency-based goals and objectives for each assignment, at each educational level
3. List of each participating site for the program along with their assignments.
4. Relevant program policies, including:
  - 1.policies for student/resident appointment, eligibility, selection, and promotion
  - 2.policies for supervision of student/residents

3.policies and procedures for student study hours / resident duty hours and the working/ study environment

5. Policy regarding involvement of students/residents in jobs that give them additional financial benefit.
6. Institutional policy for remediation and dismissal of residents/students, including due process
7. Documentation of resident/ students evaluations according to the Portfolio, including:
  1. A blank copy of the forms used for evaluating residents /trainees/ students at the end of rotation or similar educational experience
  2. A blank copy of the form used to document the semiannual evaluation of the resident/student with feedback
  3. A blank copy of the final (summative) evaluation for each resident/student that documents the resident's performance during the final period of education and verifies that the resident/student has demonstrated sufficient competence to enter practice without direct supervision
  4. A blank copy of the form that residents /trainees/ student will use to evaluate the faculty
  5. A blank copy of the form that residents /trainees students will use to evaluate the program

#### 8. Physician/ Faculty Roster

List alphabetically and by site/Unit/ department all physician faculty involved in training and education of resident/students. Using the form provided below, supply a one page CV for each faculty listed.

Name with PM&DC Registration Number	Qualification With date of its registration	Department	PM&DC Faculty registration number	PM&DC Experience Certificate Level of appointment
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#### 9. Program Resources

How will the program ensure that faculty has sufficient time to supervise and teach student/residents? Please mention time spent in activities such as conferences, rounds, journal clubs, etc. if relevant.

Briefly describe the educational and clinical resources available for student/ resident education. [The answer must include how specialty specific reference materials are accessible. It should also include resources provided by the program and the institution.]

10. RESIDENT APPOINTMENTS

Positions per year	
Total Number of applicants	

11. Describe how residents /trainees/students will be informed about their assignments and duties during study/ residency.

[The answer must confirm that there are goals and objectives for each assignment and for each year, and that these will be readily available (hard copy, electronically, listserv, etc.) to all students/residents.]

12. Will there be other learners (such as residents /trainees/ students from other specialties, subspecialty fellows, nurse practitioners, PhD /MS/MD/MDS students) in the program, sharing educational or clinical resources and experiences with the students/residents? If yes, describe the impact those other learners will have on the program's residents/ students.

13. Describe how the program will handle complaints or concerns the residents /trainees/ students raise. (The answer must describe the mechanism by which individual residents /trainees/ student can address concerns in a confidential and protected manner as well as steps taken to minimize fear of intimidation or retaliation.)

14. EVALUATION (RESIDENTS, FACULTY, PROGRAM)

i. Will residents /trainees/ students be evaluated on their performance following each learning experience?

( ) YES ( ) NO

If no, explain

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ii. Will these evaluations be documented (in written or electronic format)? ( ) YES ( ) NO

If no, explain

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iii. Following types of evaluators are proposed to be involved for evaluation: self, program director, faculty supervisor, medical student, faculty member, evaluation committee, consultants.

Following six elements of Portfolio are to be evaluated.

Competency	Assessment Method(s)	Evaluator(s)
Patient Care		
Medical Knowledge		
Practice-based learning & Improvement		
Interpersonal & Communication Skills		
Professionalism		
Systems-based Practice		

iv. Describe how evaluators will be educated to use the assessment methods listed above so that residents /trainees/ students are evaluated fairly and consistently.

Limit your response to 400 words.

v. Describe how residents /trainees/ students will be informed of the performance criteria on which they will be evaluated.

Limit your response to 400 words.

vi. Describe the system that ensures that faculty will complete written evaluations of residents /trainees/ students in a timely manner following each rotation or educational experience.

Limit your response to 400 words.

vii. Describe the process that will be used to complete and document written semiannual resident/ student evaluations, including the mechanism for reviewing results of the evaluation (e.g., who meets with the residents /trainees/ students and how the results are documented in resident files).

Limit your response to 400 words.

viii. Describe the system that residents /trainees/ students will use to provide annual confidential written evaluations of the teaching faculty. [The answer must include evaluations at least once per year, the steps taken to maintain confidentiality, and the process by which evaluations are sought.]

Limit your response to 400 words.

xi. Describe the system that the program (or department, if applicable) will use to provide evaluation and feedback to the teaching faculty.

Limit your response to 400 words.

- x. Describe the approach that will be used for program evaluation, including how the program will ensure that residents /trainees/ students provide confidential written evaluation of the program once in the program.

Limit your response to 400 words.

- xi. RESIDENT DUTY HOURS/STUDENT TRAINING HOURS/ CLINICAL TRAINING HOURS

what is the projected average number of hours on duty/ study per week per resident?	
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What is the projected average number of days per week of in-house call (excluding home call and night float) which residents /trainees/ students will be assigned?	
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- xii. How will the faculty provide appropriate supervision of residents /trainees/ students in patient care activities?

- xiii. How will the program ensure that faculty/ residents /trainees/ students comply with the duty/study hour standards? Please be specific as regards the duty hour weekly limit, time spent on-call, days free each week, length of duty shifts, periods of rest between duty shifts, and moonlighting policies, as applicable.

- xiv. How will the program ensure that residents /trainees/ students recognize the signs of fatigue and sleep deprivation? What are the mechanisms for relief? Is the faculty which has performed night call expected to perform duty next morning? etc

- xv. How will the program ensure that students/resident education is not adversely affected by heavy service obligations?

## 15. FACULTY/Students/RESIDENTS' SCHOLARLY ACTIVITIES

Will the program offer faculty/residents /trainees/ students the opportunity to participate in scholarly activities? If yes, briefly describe the opportunity and the expectations about faculty/residents /trainees/ students' participation. [The answer must include which research skills are taught in the curriculum.]

## 16. PATIENT CARE

1. Provide a brief description of resident opportunities to gain experience in the diagnosis and management of each of the important skills of the training.

2. How does the program ensure that faculty/residents /trainees/ students are provided with the opportunity to develop competence in the preadmission care, hospital care, operative care, and follow up care (including rehabilitation) of patients? Include a description of the opportunities for faculty/residents /trainees/ students to participate in all aspects of care of the same patient.

3. How does the program ensure that residents /trainees/ students receive adequate experience in no operative/non-procedural outpatient diagnosis and care, including all anatomic areas and patients of all age groups? Provide a description of opportunities for residents /trainees/ students to be involved in all aspects of outpatient care of the same patient.

How does the program ensure that each week residents /trainees/ students have at least one-half day (2 half-days is recommended) of outpatient clinical experience in physician offices or hospital clinics with a minimum of 10 patients per session on all clinical rotations?

4. Briefly describe the manner in which residents /trainees/ students are (a) supervised and (b) given the opportunity to assume increasing responsibilities in each of the following patient care settings: outpatient, inpatient, operative, and emergency.

17. MEDICAL KNOWLEDGE

1. Describe student/resident education in the basic medical sciences, including comment on each of the following:

a) Describe the basic science program and the manner in which the basic sciences are integrated with other aspects of a student/ resident's experience.

b) Identify the time (hours per week, weeks per month, or months per year), free of clinical responsibilities, that is provided to each student/ resident for basic science instruction and study separately.

c) Describe the facilities and resources (including space, equipment, support personnel, funding) that are utilized for student/resident education in the basic sciences.

2. How does the program ensure that residents /trainees/ students are adequately instructed in the different areas of the program.

3. Describe the program conference schedule, including comment on the levels of teaching staff participation and resident attendance. Include a list of the program conferences that were held last year and describe related educational activities such as special courses/ journal clubs/ clinical pathology conferences/ morbidity conferences.

4. Describe the manner in which residents /trainees/ students are instructed in basic clinical skills.

18. PRACTICE-BASED LEARNING AND IMPROVEMENT

1. Describe one learning activity in which faculty/residents /trainees/ students will engage to identify strengths, deficiencies, and limits in their knowledge and expertise (self-reflection and self-assessment); set learning and improvement goals; identify and perform appropriate learning activities to achieve self-identified goals (life-long learning).

Limit your response to 400 words.

2. Describe one learning activity in which faculty/residents /trainees/ students will engage to develop the skills needed to use information technology to locate, appraise, and assimilate evidence from scientific studies and apply it to their patients' health problems. The description should include:

- a) locating information
- b) using information technology
- c) appraising information
- d) assimilating evidence information (from scientific studies)
- e) applying information to patient care

Limit your response to 400 words.

3. Describe one planned quality improvement activity or project in which at least one student/resident will participate that will require the resident to demonstrate an ability to analyze, improve and change practice or patient care. Describe planning, implementation, evaluation and provisions of faculty support and supervision that will guide this process.

Limit your response to 400 words.

4. Describe how residents /trainees/ students will:
  - a) develop teaching skills necessary to educate patients, families, students, and other residents;
  - b) teach patients, families, and others; and,
  - c) receive and incorporate formative evaluation feedback into daily practice. (If a specific tool is used to evaluate these skills have it available for review by the site visitor.)

Limit your response to 400 words.

## 19. INTERPERSONAL AND COMMUNICATION SKILLS

1. Describe one learning activity in which residents /trainees/ students will develop competence in communicating effectively with patients and families across a broad range of socioeconomic and cultural backgrounds, and with other physicians, other health professionals, and health related agencies.

Limit your response to 400 words.

2. Describe one learning activity in which residents /trainees/ students will develop their skills and habits to work effectively as a member or leader of a health care team or other professional group. In the example, identify the members of the team, responsibilities of the team members, and how team members communicate to accomplish responsibilities.

Limit your response to 400 words.

3. Explain (a) how the completion of comprehensive, timely and legible medical records will be monitored and evaluated, and (b) the mechanism that will be used for providing residents /trainees/ students feedback on their ability to maintain medical records.

Limit your response to 400 words.

4. Describe one learning activity in which Faculty/ residents /trainees/ students is taught how to handle an out patient. It shall start with greeting of the patient and various dialogue exchanges and every possible scenerio so that Faculty/ residents /trainees/ students are made apt to satisfy the patient and ensure that it was a pleasant interaction, keeping in mind that the patient only comes to the hospital when he has a problem.

Limit your response to 400 words.

## 20. PROFESSIONALISM

1. Describe one learning activity, other than lecture, by which residents /trainees/ students will develop a commitment to carrying out professional responsibilities and an adherence to ethical principles.

Limit your response to 400 words.

2. How will the program promote professional behavior by the residents /trainees/ students and faculty?

Limit your response to 400 words.

3. How will lapses in these behaviors be addressed?

Limit your response to 400 words.

## 21. SYSTEMS-BASED PRACTICE

1. Describe the learning activities through which residents /trainees/ students will achieve competence in the elements of systems-based practice. Examples of such activities would include: work effectively in various health care delivery settings and systems, coordinate patient care within the health care system; incorporate considerations of cost-containment and risk-benefit analysis in patient care; advocate for quality patient care and optimal patient care systems; and work in inter professional teams to enhance patient safety and care quality.

Limit your response to 400 words.

2. Describe an activity that will provide experiential learning in identifying system errors.

Limit your response to 400 words.

## 22 FINANCE

1. Annual Plan and Non-plan budget
2. Annual Plan and Non-plan budget allotted and utilized in the last three years.
3. How much funding has been provide/generated for research during the last two years.
4. Statement of Salary paid to the faculty staff during the last three years.

23. PUBLICATIONS

How many papers have been published by a Department in indexed journals.

24. Sanctioned annual intake for UG by PM&DC.

25.. Departments running PG courses and their sanctioned intake by PM&DC:

.....  
 .....  
 .....

26. Teaching Staff statement (department wise) for Under Graduate:

Designation	Staff required as per PM&DC Criteria	Staff available	Deficient staff
Professor			
Assoc. Professor/Reader			
Asstt. Prof. / Lecturer			
Tutor/ Demonstrator/S.R.			

**Note** all teachers supervisors and trainers shall submit Part F along with this form and provide a copy to PM&DC of their PM&DC registration certificate, PM&DC Faculty Registration certificate and PM&DC experience certificate.

27. Department - wise bed strength in the Hospital(s) owned and managed by the Institute.

.....  
 .....  
 .....  
 .....  
 .....

28. Average daily patients attendance

OPD: \_\_\_\_\_

Average Bed occupancy rate. \_\_\_\_\_

Year-wise average daily patient attendance (during previous period three years).

29. Central Library:

Total No. of Books.

Purchase of latest editions in last 3 years.

Journals:

Pakistani: .....

Foreign: .....

Year/month upto which Pakistani Journals available

Year/ month upto which Foreign journals available.

Internet /e library/ Photocopy facilities available/ not available.

Library opening/ closing timings:

Reading facility out of route library hours

Library staff.

Air Conditioned or not

30. Lecture theatres (give type and seating capacity of each) Air Conditioned or not:

.....  
.....  
.....  
.....

31. Do you have biomedical technicians for your equipments, if so how many.

32. Hostel facilities: Accommodation (No. of rooms) available Air Conditioned or not for

For U.G. students

For Interns

For P.G. students

33. Residential staff quarters: Number (Category wise)

.....  
.....  
.....

34. Institutional academic Council (Constitution).

35. Institutional PG Committee (Constitution).

36. Institutional Ethical Committee (Constitution)

37. Medical Education Department (Constitution).  
(Specify number of meetings of these bodies held annually and minutes thereof)

38. Department of Illustration/Photography (Artist, Modeller, Photographer)

39. Emergency/ Casualty Department  
 Available Space  
 No. of beds  
 Equipment(s)  
 Available staff (Medical/Paramedical)  
 No .of cases (Average daily attendance of patients).  
 Investigative facilities available (round the clock).  
 Facilities available  
 Air Conditioned or not

40. Blood bank  
 Valid License : Yes/No  
 No. of blood units available:  
 Average blood units consumed daily:  
 Facilities of blood components available: Yes/No  
 Nature of Blood storage facilities (Whether as per specifications). Yes/No  
 All blood Units tested for Hepatitis C,B,HIV: Yes/No

41. Central Laboratory  
 Controlling Department.  
 Working Hours.  
 Investigative work load.

42. Central Research Lab.  
 Whether there is any Central Research Lab.  
 Administrative Control  
 Staff  
 Equipment Workload.

43. Investigative facilities (Approx. number of investigations done daily)

I. Radiology

Plain X-rays: .....  
 CT Scan;.....  
 MR Scan.....  
 Mammography.....  
 Ba Studies/IVP.....  
 Ultra-sonography.....  
 Others. ....

II. Radiotherapy

III. Pathology

Haematology.....  
 Histopathology.....  
 FNAC .....  
 Cytology.....

IV. Microbiology

Bacteriology.....  
 Serology.....  
 Mycology.....  
 Parasitology.....  
 Virology  
 Immunology

V. Biochemistry

Blood Chemistry.....  
 Endocrinology  
 Other fluids

44. Operation Theatres:

AC/Non AC  
 Numbers:  
 Equipment(s)  
 Pre-Anesthetic Clinic  
 Post-anaesthetic care area.  
 Resuscitation arrangement      adequate/ inadequate  
 ICU  
 Pain Clinic  
 Total Anesthesia staff  
 Average No. of cases operated daily  
 Major.....  
 Minor.....

45. Central Supply of Oxygen/Suction: Available/ Not available.

46. Central Sterilization Deptt. Adequate/ Not adequate
47. Laundry:  
Manual/ Mechanical.  
Service: Adequate/Inadequate.
48. Kitchen Available/ Not available  
Cooking by Gas/Wood
49. Incinerator  
Available/ Not available.  
Functional/ not functional  
Capacity
50. Generator Facility: Available/ Not available.  
Capacity:
51. Medical Record Section: Computerized/ Not computerized.
52. Animal House Available/ not available  
Adequate / inadequate.
53. Central Biomed Workshop/Technician: Available/not available  
adequate / inadequate.
54. Recreational facilities:  
Play grounds.  
Gymnasium  
Auditorium

**PART( C )**

## Departmental Information

S.No.	Designation	Name with Date of Birth and PM&DC reg No	Nature of employment permanent contract.	PG QUALIFICATION			Experience Date wise teaching experience with designation and Institution					Recognition status as PG teacher in affiliated University
				Subject with Year of passing	Institution	University	Designation	Institution	From	To	Period	

55. General Departmental facilities:  
consultant/ faculty room sizes and equipment ,Air Conditioned or not
- 56, Total no. of beds in the department. ....
57. No. of Units in the department. ....
58. Unit wise teaching staff (Annexed) .....
- 59 Bed strength \_\_\_\_\_
60. Unit wise teaching Staff: ( All teaching staff shall individually fill and complete Part F and that will be submitted along with this application)
61. Total number of recognized teachers in the unit : .....  
NOTE all supervisors and trainers to fill out and attach Part F of this form.
62. Number of faculty members changed during the last one year.....and whether NOC of migration was obtained from PM&DC or not.

- 63. Other Ancillary staff required as per PM&DC norms.
  - Epidemiologist
  - Statistician
  - Child Psychologist
  - Psychiatric Social Worker
  - Speech Therapist

- 64. Available Clinical Material:
  - Average daily OPD.
  - Average daily IPD.
  - Average daily bed occupancy rate:
  - Average daily operations: Major                      Minor
  - Average daily deliveries: Normal (vaginal)                      Operative(Caesarians).
  - Year-wise available clinical materials (during previous three years).
  - Whether these figures are commensurate with the number of investigations and blood units consumed daily.                      Yes/No

- 65. Intensive Care facilities
  - I. ICU
    - No. of beds
    - Equipment
    - Average bed occupancy

- II. ICCU
  - No. of beds
  - Equipment
  - Average bed occupancy

- III. NICU
  - No. of Beds
  - Equipment
  - Average bed occupancy

- IV. PICU
  - No. of beds
  - Equipment
  - Average bed occupancy

- V. Dialysis
  - No. of beds

- 66. Average bed occupancy

- 67. Specialty clinics and services
  - .....
  - .....
  - .....

## 68. Teaching facilities:

	Number	Size	Sitting capacity
Seminar Rooms			
Demonstration Rooms			

Audiovisual Aids: Adequate / Inadequate.

## 69. Departmental Library:

Total No. of Books.

Purchase of latest editions in last 3 years.

## 70. Departmental Museum (Wherever applicable).

Space:

No. of specimens

Charts/ Diagrams.

## 71. Departmental Research Lab.

Space

Equipment

No. of publications from  
the department during the  
last three years.

Indexed

Non-indexed.

## 72. Working Ward Side lab.

Space

Facilities

Departmental Technicians

OPD Space:

No. of rooms

Patient Exam. arrangement: Adequate/ Inadequate

Teaching Space Adequate / Inadequate

Waiting area for patients. Adequate / Inadequate

Indoor Space: Adequate / Inadequate

Office Accommodation:

Departmental Office

Space

Staff (Steno /Clerk).

Computer/ Typewriter:

73. Office Space for Teaching Faculty ( Air conditioned or not):

HOD

Professor

Assoc. Prof./ Reader

Lecturer/ Asstt. Professor

Resident duty room

74. Equipments:

List of important equipments as per PM&DC criteria available and their functional status.

.....  
 .....  
 .....

## Part D

### TEACHING/TRAINING PROGRAMME.

75. Prescribed rules/mode of admission to the Course.

76. Academic Activities, please mention the frequency with which each activity is planned.

Case presentation.

Journal Club.

Grand Round

Seminar

Subject Review

Death Review meeting

Clinical Pathological conference

Lectures (separately held for postgraduate students)

Guest lectures

Video film

77. Log book of students:                      Maintained/ Not maintained.

78. Whether PG students participate in UG teaching or not ?

79. Thesis / Dissertation:

>Last date by which thesis plan is to be submitted.

>Authority who evaluates and accepts thesis plan.

> Last date by which thesis is to be submitted for evaluation.

> Thesis examiners:                      Whether same set of examiners who come for final

clinical/practical examination or different set of examiners for thesis.

### PART-E

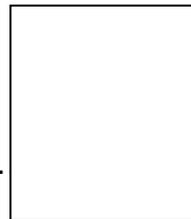
**Enumerate all departments available other than the department being inspected. Also give details of faculty and facilities available in each department.**

### PART- F

#### Declaration Form From The Faculty/Trainer/Supervisor

1. Dr Name.....

Recent Passport size photo Photograph  
Signed by Dean/Principal of the college.



II. Date of Birth and Age .....

PM&DC Registration	Qualification	College	Year of qualification	University	PM&DC Faculty Registration number	Level as per PM&DC Experience certificate
	MBBS					
	MD/MS					
	FCPS					

Attach Copies of PM&DC Registration Certificate, PM&DC Faculty Registration Certificate, PM&DC Experience Certificate, MBBS and/or PG degrees.

2. Present Designation: \_\_\_\_\_

\_\_\_\_\_

3. Department: \_\_\_\_\_

\_\_\_\_\_

4. College: \_\_\_\_\_

\_\_\_\_\_

5. City: \_\_\_\_\_

6. Nature of appointment: Permanent/Temporary/Adhoc

7. Residential Address : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. Attached Copy of CNIC.

9. Phone and Fax Number            Office: \_\_\_\_\_  
With Code

Residence \_\_\_\_\_

10. E-mail address: \_\_\_\_\_

11. Date of joining present institution: \_\_\_\_\_ as \_\_\_\_\_

\_\_\_\_\_

12. Details of the previous appointments/teaching experience

Position	Name of Institution	From	To	Total Experience in years
Tutor/Demonstrator Registrar Sr Registrar				
Assistant Professor				
Associate Professor				
Professor				

14. 1). Before joining present institution I was working at \_\_\_\_\_ as \_\_\_\_\_ and relieved on \_\_\_\_\_ after resigning/retiring (relieving order is enclosed from the previous institution).

2). I am not working in any other medical college/dental college in the Province or outside the Province in any capacity full-time/part-time.

3). I draw annual and monthly emoluments from this college as under:-

(Copy of my form income tax return for financial year \_\_\_\_\_ is attached)

#### Declaration

1. I have not worked at any other medical college/institution or presented myself at any inspection in the current academic year.

It is declared that each statement and/or contents of this declaration made by the undersigned are absolutely true and correct. In the event of any statement made in this declaration subsequently turning out to be incorrect or false the undersigned has understood and accepted that such misdeclaration in respect to any content of this declaration shall also be treated as a gross

misconduct thereby rendering the undersigned liable for necessary disciplinary action by the PM&DC (including removal of his name from Pakistan Medical and Dental Council Register).

Signature

Date:

Place:

### **Endorsement**

This endorsement is the certification that the undersigned has satisfied himself /herself about the correctness and veracity of each content of this declaration and endorses the abovementioned declaration as true and correct. In the event of this declaration turning out to be either incorrect or any part of this declaration subsequently turning out to be incorrect or false it is understood and accepted that the undersigned shall also be equally responsible besides the declarant himself/herself for any such misdeclaration or misstatement.

Countersigned by  
The Dean/Principal

Date:

Place: