

# SAMPLE

## ONLINE ANNUAL REVIEW PROFORMA

(This sample Form is for reference only to provide OVERVIEW of ONLINE ANNUAL REVIEW FORM.  
Please DO NOT fill this Form for submission to NBE for annual review. This shall not be acceptable.)

SESSION JANUARY 2019

### Step 1: FACULTY IN THE DEPARTMENT

#### 1.1. EXISTING FACULTY IN THE DEPARTMENT AS PER NBE RECORDS FOR THE SESSION OF JANUARY 2019

| Faculty Name                | Minimum Eligible Qualification for faculty Position |            |   | Current Faculty Status in the Department | Form 16 / 16 A issued by the applicant hospital & downloaded from Traces Website | Hospital's Remarks |
|-----------------------------|---|------------|---|--|--|--------------------|
|                             | Qualification                                       | AQRC No. * | Name of the Medical council with which Additional Qualification is Registered |  |  |                    |
| Pre – filled by NBE Records |   |            |   | Associated / Not Associated              | Upload   |                    |
| Pre – filled by NBE Records |   |            |   | Associated / Not Associated              | Upload   |                    |
| Pre – filled by NBE Records |   |            |   | Associated / Not Associated              | Upload   |                    |
| Pre – filled by NBE Records |   |            |   | Associated / Not Associated              | Upload   |                    |
| Pre – filled by NBE Records |   |            |   | Associated / Not Associated              | Upload   |                    |

\* AQRC = Additional Qualification Registration Certificate

#### 1.2. NEW APPOINTMENTS OF FACULTY IN THE DEPARTMENT (IF ANY) FOR DNB / FNB PROGRAMME:

| Faculty Proposed As | Name & Qualification | Post PG Experience (In Years) | Faculty Declaration | Submission Status | Remarks |
|---------------------|----------------------|-------------------------------|---------------------|-------------------|---------|
|                     |                      |                               | Update Declaration  | Pending           |         |
|                     |                      |                               | Update Declaration  | Pending           |         |
|                     |                      |                               | Update Declaration  | Pending           |         |
|                     |                      |                               | Update Declaration  | Pending           |         |
|                     |                      |                               | Update Declaration  | Pending           |         |

#### 1.3. DETAILS OF SENIOR RESIDENT (SR) PRESENTLY AVAILABLE IN THE DEPARTMENT [DESIRABLE]:

#### 1.4.UPLOAD ANNEXURE 'FT' (UNDERTAKING FOR FULL TIME STATUS OF FACULTY IN THE DEPARTMENT)

### Step 2: ROTATIONAL POSTING

#### 2.1.ROTATION OF DNB\_\_\_\_\_TRAINEES

| Department / Area of Rotation | Tentative Schedule | Name & Address of the Institute / Hospital where trainees are posted for rotation | Supervising Consultant Name |
|-------------------------------|--------------------|---|-----------------------------|
|                               |                    |   |                             |
|                               |                    |   |                             |
|                               |                    |   |                             |
|                               |                    |   |                             |
|                               |                    |   |                             |

### Step 3: STIPEND & TRACK RECORD

#### 3.1. Stipend

Please indicate amount of Stipend paid to DNB\_\_\_\_\_ trainees during last academic year and also indicate the amount proposed to be paid in current academic year:

| Programme                         | Year of training     | Latest Amount of Stipend Paid | Amount Proposed to be paid in Current Academic Year |
|-----------------------------------|----------------------|-------------------------------|---|
| DNB – Post MBBS (Broad Specialty) | 1 <sup>st</sup> Year |                               |   |
|                                   | 2 <sup>nd</sup> Year |                               |   |
|                                   | 3 <sup>rd</sup> Year |                               |   |

#### 3.2. Track Record

Please indicate the Track Record of DNB\_\_\_\_\_ trainees at this hospital for last academic / admission year:

| FINAL / EXIT EXAMINATION CONDUCTED BY NBE: |   |                                   |                                     |                |
|--|---|-----------------------------------|-------------------------------------|----------------|
| Year of Track Record                       | No. of Candidate(s) Appeared in DNB Practical Examination | Pass in DNB Practical Examination | Failed in DNB Practical Examination | Result Awaited |
|  |   |                                   |                                     |                |

### Step 4: ACADEMIC SESSION & ADDITIONAL INFORMATION

#### 4.1. Number of Academic Session Conducted for DNB General Surgery trainees in last academic/admission year:

| Sr. No. | Academic Session        | Number of Session Conducted |
|---------|-------------------------|-----------------------------|
| 1       | Seminar / Review        |                             |
| 2       | Journal Club            |                             |
| 3       | Basic Sciences Lecture  |                             |
| 4       | CME/Workshop/Conference |                             |

|   |                      |  |
|---|----------------------|--|
| 5 | Formative Assessment |  |
|---|----------------------|--|

#### 4.2 : Self Declaration of Academic Teaching & Training Provisions for DNB General Surgery Programme:

##### a. Patient Load

|  |        |
|--|--------|
| The department has maintained minimum required patient load to support DNB/FNB training of existing number of DNB/FNB trainees in the department | Yes/No |
|--|--------|

##### b. Hands on experience

|   |        |
|---|--------|
| Faculty members functioning as supervising teachers delegate portions of care to DNB/FNB trainees, based on the needs of the patient and the skills of the trainee. There is delineation of trainee's responsibilities for patient care progressive responsibility for patient management, and supervision of trainee over the continuum of the programme | Yes/No |
|---|--------|

##### c. Academic Activities in the Department

|      |  |        |
|------|--|--------|
| i.   | The department faculty devotes sufficient time to the DNB/FNB Program to fulfil their supervisory and teaching & training responsibilities: and to demonstrate a strong interest in the education of trainee | Yes/No |
| ii.  | The faculty regularly participates in organized clinical discussions, rounds, journal clubs, seminars and conferences  | Yes/No |
| iii. | Academic sessions (basic science lectures, seminars, journal clubs, clinical discussions, case presentation etc) are regularly organized by the department   | Yes/No |
| iv.  | Logbook of DNB/FNB trainees is regularly reviewed by supervising faculty and authenticated with the signatures of the supervisor   | Yes/No |

##### d. Research support and Research Activities

|     |   |        |
|-----|---|--------|
| i.  | The faculty demonstrates scholarship by publication of original research or review articles in peer reviewed journals, or chapters in textbooks or publication or presentation of case reports or clinical series at local, regional, or national professional and scientific society meeting | Yes/No |
| ii. | The hospital/institute allocates adequate educational (books, journals, e-learning resources) and human resources (e.g. statistician, librarian, thesis guides/co-guides) to facilitate trainee's involvement in research activities  | Yes/No |

##### e. Assessment of performance

|  |        |
|--|--------|
| The faculty evaluates trainee's performance in a timely manner during each rotation or similar educational assignment, and documents this evaluation at completion of the assignment/posting in their logbooks | Yes/No |
|--|--------|

##### f. Duty Hours

|  |        |
|--|--------|
| Trainees are permitted adequate hours free of duty between scheduled duty periods as per policy of accredited hospital | Yes/No |
|--|--------|

##### g. Request for additional Seat(S)

(Enter '0' if no additional seat is required)

|   |  |
|---|--|
| Number of additional seat(S) over and above the existing number of seat(s)<br>(Applicable for only those NBE accredited departments which has either successfully completed one accreditation cycle or two annual review process)<br><br>Download Self-Assessment Proforma for Seat Enhancement. Complete this proforma and send it through email to <a href="mailto:accr@natboard.edu.in">accr@natboard.edu.in</a> |  |
|---|--|

4.3.: Remarks of the Hospital / Institute (if any)

- ☐ The Hospital agrees to submit annual review January 2019 for DNB\_\_\_\_\_ Programme and declares that it continues to fulfil minimum accreditation criteria for aforesaid programme.