

A.P. NURSES AND MIDWIVES COUNCIL

Hanumanpet, Vijayawada

INSPECTION PROFORMA FOR POST BASIC DIPLOMA IN ONCOLOGY NURSING PROGRAMME

Please **Tick** the Appropriate Boxes.

Date of inspection:.....

A. Type of Inspection: 1. First Inspection ☐ 2. Periodical Inspection ☐

 3. Re- Inspection ☐

B. Nursing Programme Under Inspection:

Post Basic Diploma in Oncology Nursing

C. General Information:

1 Name of the Institution : _____

2 Full address with Pin code : _____

3 Telephone Numbers of the Principal : _____

4 Telephone Numbers of the Institution : _____

5 Email of the Institution : _____

6 Administrative Control : 1. Government ☐ 2. Army ☐

3. Autonomous ☐

4.Missionary/trust/society ☐

7 Name of the Trust/
Society/Missionary/Company
(Enclose certified copy of the
trust) :

8. When was the P.B. Diploma in oncology nursing programme Started: (Enclose Copy)

G.O:	
Date:	

9. Contact details of:	Name	Phone	Email ID
1. Dean of the medical college 2. Director of the institution or hospital 3. Medical Superintendent 4. HOD Oncology department 5. HOD Medical department 6. HOD surgical department 7. Nursing Superintendent 8. Principal college of Nursing			

10. Admission criteria for P.B.Dip.in Oncology Programme (Enclose the copy):

Programme	No. of Seats Sanctioned			No. of Students Under Training
	Govt	APNMC	INC	Total
P.B. Diploma in oncology nursing				

11. Furnish the details of P.B. Diploma in oncology nursing trainees: (Enclose the copy)

Name & Address Ph No & Email	District (Place of working)	Professional Qualification	RN, RM Nos APNMC Validity	Name of Board/ University	Name of Institution	Year of passing	Previous experience in Oncology

12. Mention the date of Renewal/validity for P.B. Diploma in oncology nursing Programme:

State Nursing Council	
Indian Nursing Council	

13. Name and address of the state board of examination for P.B. Diploma in oncology nursing

14. Name and address of the State nursing registration council:

15. Office Staff:

S. No	Designation	Nos Sanctioned for College	Nos Sanctioned for P.B.Dip.in Oncology Programme	Vacant	Remarks
1.	Office Supt.				
2.	Sr. Asst.				
3.	Jr. Asst./ Record Asst.				
4.	Librarian				
5.	Data entry operator				
6.	Driver				
7.	Peon/Office Attendant				
8.	Security Guard/ Watch man				
9.	Cleaner (Bus)				
10.	Sweeper				

D. 1. Teaching Faculty details: (Enclose the detailed copy)

	Nursing Faculty	Speciality	Years of Clinical experience	Years of Teaching experience	Permanent/ Contractual/ Deputed	Total
Faculty Student ratio:	PhD(N)					
Preceptor student ratio: (P.B. Diploma in oncology nursing)	MSc(N)					
	BSc(N)/ P.B.BSc.(N) with oncology experience					

2. Fill the Teaching faculty profile for P.B.Dip.in Oncology nursing Programme

S.No	Name & Designation	Age	APNMC RN RM No. Date of validity	Permanent/ Contractual/ Deputed	Pay scale Total Emoluments	Name of Institution, University, Year of passing(enclose photos with self-attestation of all the teaching faculty)				
						BSc(N)	PBBSc(N)	NPME	MSc(N)	PhD(N)

Note: The photographs need to be pasted and self-attested by faculty.

Faculty to be verified with Aadhar number, photos, certificates and renewals with originals.

Please verify the mode of salary payment and check with attendance and acquaintance Registers

Years of experience						Date of Joining	Date of leaving employment & Institution Name	Remarks
Clinical	Teaching Experience in each course							
	ANM	GNM	BSc(N)	MSc(N)	Total			

3. Availability of Medical/clinical preceptors at the respective clinical site for oncology postings
(Oncology OPD, surgical oncology, O.T., Medical oncology ward, ICU, radiology ward, diagnostic
facility & palliative care unit) :

☐

Yes ☐ No ☐ If Yes, Number: _____ Include specialty,
qualification and years of experience for every preceptor

1.

2.

E. BUDGET

1. a. Is there a separate budget for the College

1. Yes

☐

2. No

☐

b. Proposed Amount per annum (current year) :

2. If yes, give the name and designations of the drawing and disbursing authority :

3. What was the last year budget Allocation:

Furnish the following details:

S.No	Particulars	Expenditure
1	Salary details of -Teaching faculty -Non-teaching faculty -External Lecturers-for Payment in accordance With the policy of the controlling authority	
2	Stipends for students (If applicable)	
3	New equipment and repairs	
4	Linen and other house hold supplies	
5	Maintenance of vehicles and cost of petrol/diesel	
6	Office supplies including stationery and postage	
7	Contingency fund-for educational tours, Professional activities, prizes, entertainments, Maintenance of the school premises and any other Needed items.	
8	The library-purchase of books, journals and daily newspapers, for binding of journals, for stationery, Such as in deed card, label etc. & maintenance.	
9	Incidental teaching equipment—charts, films, slides, transparencies, pen chalk etc	

* Enclose audited budget copy.

F. TRAINING INFRASTRUCTURE & HUMAN RESOURCES (Academic & Clinical)

S.No.	Standard	Verification Criteria	Yes /No /NA	Comments
1.	The College premises is clean and has basic essential facilities	<ul style="list-style-type: none"> ▪ Administrative space ▪ Additional room to accommodate 6 faculty ▪ Class room ▪ Seminar hall ▪ Refreshment room for dayscholars ▪ Toilets facility for faculty and trainees with water facilities ▪ Facility for drinking water (water cooler/RO) 		
2.	The classroom for Oncology training is comfortable and properly equipped for teaching learning activities	Classroom-1 (seating capacity for minimum 30 students)		
		<ul style="list-style-type: none"> ▪ Adequate lighting ▪ Adequate ventilation 		
		<ul style="list-style-type: none"> ▪ Black board / white board 		
		<ul style="list-style-type: none"> ▪ Multimedia projector and screen 		
		<ul style="list-style-type: none"> ▪ Notice board 		
		- Set-up of Skills Lab – (Station-wise) Adequate lighting & ventilation		
		- Adequate number of tables to place models (skills stations)		
		- Seating for students is available (as needed)		
		- Whiteboard with markers / chalk board with chalk		
		- Cabinets with locks for storing models		
		-Anatomic models and mannequins		
		- Adult IV arm training kit		
		- Adult Intramuscular Injection training mannequin		
		- Female catheterization mannequin		
		- Adult CPR mannequin		
		<ul style="list-style-type: none"> - SPILLAGE KIT - Chemo Therapy Spill Kit - Radiation Therapy Spill Kit - Cytotoxic Spill Kit 		

		- Infection prevention (IP) supplies and equipment		
		- Equipment and instruments available and are functional		
		- Educational posters, anatomical models and charts related to cancer conditions		
		- Availability of elbow operated taps for hand washing		
		- Designated skills lab In charge present		
		- Inventories, stock book present and updated		
		- Skills lab usage register available and updated		
4.	Library is available equipped with appropriate reference material	- Designated librarian (in-charge)		
		- Adequate cabinets for storing books and materials		
		- Adequate tables and chairs for reading (at least one highest batch of students can sit at one time)		
		- A system for recording and cataloguing library materials		
		- Computer with internet connection available		
		- Availability of books and references in Oncology		
		- Subscription of recent clinical/ educational journals — printed and online		
5.	Accommodation: The hostel where the oncology trainees stay is adequately furnished and meals are provided	- Designated hostel warden		
		- Security guard posted especially at night		
		- Clean and functional bathing and toilet facilities and wash area		
		- Adequate lighting and ventilation (open windows/fans/air conditioner)		
		- Breakfast, lunch and dinner are available for hostel students everyday		
		- Total number of rooms in the hostel allocated for the trainees and Number of trainees in each room are adequate		
		- Access to safe drinking water		

6.	Transportation facilities are adequate	<ul style="list-style-type: none"> - Own college Vehicle - Leased vehicle transportation has been arranged through a separate budget earmarked for this purpose 		
		- Transportation is arranged from the college to the clinical practice sites		
		- Arranged transportation is adequate for the number of students		
7.	Clinical facilities are adequate and conducive for clinical learning	<p>Observe if the following clinical facilities are present.</p> <ul style="list-style-type: none"> - 100 bedded parent hospital having medical and surgical oncology units - Affiliated cancer hospital/Regional cancer centres - Community Health Centre and Primary Health Centre - Affiliation/Referral links to Tertiary Hospital-Medical College Hospital 		
8.	Observe and verify if the College of Nursing has the necessary infrastructure & Human resources for running the P.B.Dip.in Oncology program.	<ul style="list-style-type: none"> - Guest faculty are involved in taking classes/training sessions for the Program(check guest faculty register) - Head of the clinical facility is available to oversee the program being implemented at the clinical area - Medical preceptors are available at the ratio of 1:5 P.B.Dip.in Oncology program Adequate human resources are available in all areas of oncology - Staff for cleaning and office management are available 		

G. TRAINING PROCESS :

1. ASSESSMENT OF TRAINING PLAN:

S.No	Criteria	Yes/ No	Remarks
	Observe if the following plans are present and followed systematically:		
1	Master rotation plan with equal rotations to all trainees *		
2	Clinical rotation plan with each trainee posted to all the areas / wards *		
3	Learning objectives / learning outcomes for each area / ward *		
4	Time table *		
5	Skills lab rotation plan *		
6	OSCE plan*		
7	Plan for assessment and evaluation * - with evaluation formats		
8	List of assignments and seminars with allotment to the trainees*		
9	Course plan		
10	Unit Plans		
11	Lesson plans / session plans / lecture notes with learning objectives		
12	Audio visual aids / teaching aids		
13	Sessions are completed as per the curriculum (verify session plan)		
	Admission Register		
14	Attendance register -Theory		
15	Attendance register - Clinical		
16	Attendance register - faculty		
17	Leave record- of students		
18	Cumulative record		
19	Internal mark register		
20	Summative evaluation and mark list		
21	Acquaintance Register		
22	Committee Registers		
23	Health Record		

*Enclose copies of the document

P.B.Dip.in Oncology nursing Program Course of Instruction:

S.No	SUBJECTS	Theory (Hours)			Clinical (Hours)		
		Prescribed	Allotted	Completed	Prescribed	Allotted	Completed
1	Clinical nursing-1	155			1280		
2	Clinical nursing-2	155					
3	Supervision & management, clinical teaching & elementary research and statics						
	I. Supervision & management	30					
	ii. Clinical teaching	30					
	iii. Elementary research and statics	30					
4	Internship				160		
	Total	400 hrs			1440 hrs		

H. CLINICAL PRACTICE SITE PROFILE

S.No	Criteria	Remarks
1	Type of facility	Medical college/ District Hospital/Others
2	Type of affiliation	Parent hospital / affiliated hospital
3	Nearest public hospitals and distance from the institution	
4	Number of nursing institutions affiliated to the hospital	
5	Number of students posted from other institutions for oncology training	
6	Total number of beds available	Parent hospital: _____ Affiliated hospital: _____ *Enclose copies of the document

7	Total number of beds available in the oncology wing and their bed occupancy	Area	Total Beds	Bed Occupancy		
				Last Month	Last one year	
		Medical Oncology Ward				
		Surgical Oncology Ward				
		Post operative Ward				
		ICU				
		Radiology ward				
		Palliative care ward				
		Operation Theatre Major Table		:		
		Minor Table				
		Average Bed occupancy % on the Day of Inspection				
		Numbers of IP per day				
		Numbers of Operation per Month				
		No of Major surgery:				
8	Total no of human resource available in Oncology or cancer hospital (Verify)	No of Minor surgery				
		Designation	Morn ing	Evening	Night	Total
		Oncology physicist				
		Oncology surgeon				
		Radiologist				
		Oncology Paediatrician				
		Onco Haematologist				
		Radiology technician				
		Anaesthetist				
		Nurses				
9	What is the frequency of staff rotation at oncology clinical areas, as per the hospital	Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi Annual <input type="checkbox"/> Annual <input type="checkbox"/> Rotation will not done <input type="checkbox"/> No defined policy <input type="checkbox"/>				

10	If Yes, Is there a triaging system?	Yes <input type="checkbox"/> No <input type="checkbox"/>
11	Is clinical permission from concerned authority	Yes <input type="checkbox"/> No <input type="checkbox"/> Enclose copies of document
12	Community health clinical permission from concerned authority	<p>URBAN: DETAILS OF PHC/CHC</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Name:</p> <p>Distance from Institution:</p> <p>Coverage of Population:</p> <p>Coverage of Area:</p> <p>RURAL: DETAILS OF SC/PHC</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Name:</p> <p>Distance from Institution:</p> <p>Coverage of Population:</p> <p>Coverage of Area:</p> <p>Enclose copies of document</p>
13	Conduction of Cancer screening camps/Cancer awareness camos	Yes <input type="checkbox"/> No <input type="checkbox"/> Enclose photos
14	Field trips related to cancer care /treatment	Yes <input type="checkbox"/> No <input type="checkbox"/> Enclose photos

I. SYSTEM OF EXAMINATION

1.Name of examination Board:

2.Eligibility for admission to Examination:

i) Attendance percentage Theory Classes _____ Clinical Practice _____

ii) Internal assessment marks (Minimum % of marks Required) _____

3.Scheme of Examination followed for P.B.Dip.in Oncology Programme :

As per Board Yes ☐ No ☐

(Enclose a copy of subject wise details including theory & practical internal & external marks and duration of exam) Enclose Copy

4. Where is practical Examination conducted:

5. Who conducts the Examination:

6. How many students are examined per day for practical:

7. No. of attempts permitted for P.B.Dip.in Oncology supplementary students:

8. Pattern of promoting the students:

9. Report from Principal regarding the pattern of examination:

J. TNAI Membership: Yes ☐ No ☐

CHECK LIST

- | | | |
|---|------------------------------|-----------------------------|
| 1. SNRC Consent/Recognition letter (year mentioned) verified & annexed. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. INC consent/affiliation permission verified & annexed | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Land deed document, approved plan, Building Completion Certificate verified & annexed. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Teaching faculty Original Certificates, relieving Orders, Photos (self attested) verified & annexed. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. Parent Hospital documents/Affiliated hospital permission letter verified & annexed | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6. Permission letters for Urban & Rural experience verified & annexed. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 7. Transportation (Registration Certificate) details verified & annexed. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 8. Audited Budget Report of current year verified & annexed | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 9. List of library books & Journals annexed | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 10. List of Skill Lab Equipment | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 11. Check list verified | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

12. Inspectors opinion about the Institution:

13. No of Seats recommended by the Inspectors: _____

14. No. of Annexures:

15. No. of Photos :

Note: Attest Photo graphs with regard to address proof, availability of the facilities like infrastructure (classrooms & labs) faculty and clinical etc along with Teaching faculty students & Inspectors.

GUIDELINES:

1. Verify the name of clinical affiliation as per G.O/Dept. memo/or any other document of authorized body & enclose the xerox copy. Land/building/vehicle documents must be on society name.
 2. Fill all the details in each page and enclose the copies attested by Principal after verification.
 3. Interact with students to verify teaching methods, learning experiences, exams, level of knowledge etc. and to find out any other problems.
 4. Check the inventory in Skill Lab provided by the Nursing Institute and respective clinical areas.
 5. Record any deficiencies found as per the INC norms in remarks coloumn.
 6. Observe the clinical uniform of the faculty & students, and record.
 7. Sign on each page of the Inspection Proforma.
 8. Identify & document the observations as asked. Do not recommend/suggest for permission.
 9. Submit the TA & DA Bill along with report.
 10. Follow the Guidelines of INC related to NPME/NPM qualification, experience and requirements.
 11. Assessors should be signed in each page.
 12. Post or submit the Report on the same day to Council.
13. The inspection officers are fully responsible for any lapses in filling of inspection Proforma like
1. Un filled inspection Proforma
 2. Using whitener
 3. Striking
 4. seats not mentioned/not recommended
 5. Opinion about the institution
 6. Make sure that every paper sign with date in the inspection Proforma
 7. Violation of rules viewed seriously by repanelling the inspector for future inspections

Name of the Assessor : _____	Name of the Assessor : _____
Signature : _____	Signature : _____
Designation : _____	Designation : _____
Address : _____ _____ _____	Address : _____ _____ _____
Telephone No. : (off) _____ :(Mob) _____	Telephone No.(off) : _____ (Mob) : _____