

DEPARTMENTAL INFORMATION

(If required Use Separate Sheet for each Department / Fellowship/Certificate Course)

1. Fellowship Specialty Department to be inspected: PEDIATRIC GASTROENTEROLOGY, HEPATOLOGY AND NUTRITION
2. Date on which independent department of: functioning concerned specialty was created and started 10.10.2018.....
3. Mentor's details (From start of department till date) :

Sr. No.	Name	Full Time/ Part Time	Designation	Qualification	Experience in Yrs. (after acquiring PG Qualification in concerned Subject)
1	DR IRA SHAH	FT	PROFESSOR	MD	
2	DR PARMARTH CHANDANE	FT	ASSOCIATE PROF	MD	
3	DR SAUMIL SHAH	FT	CONSULTANT	DM GASTRO	

4. Whether Independent Department of concerned Fellowship subject exists in the Institution :
Yes/No: Since when:

5. Specialty Department Infrastructure Details :

Facility	Area (sft.)	Available	Not Available
Faculty rooms	247.5	✓	
Clinics	170	✓	
Laboratory Space	170	✓	
Seminar room	COMMON SEMINAR ROOM	✓	
Department Library	IN FACULTY ROOM	✓	
PG common room	COMMON ROOM	✓	
Pre-clinical lab (where ever applicable)	NA		
Patient waiting room	COMMON WAITING AREA	✓	
Total area	543.75		

6. If course already started, year wise number of students admitted and available Mentors to teach students admitted to Fellowship / Certificate Course during the last 3 years:

Year	Name of the Course	No. of students admitted	No. of Valid Mentors available in the dept. (give names)
2019	PEDIATRIC GASTROENTEROLOGY	2	} DR IRA SHAH
2020	HEPATOLOGY AND	2	
2021	NUTRITION	2	

(Local Inquiry Committee shall specifically ensure about availability of eligible/validated Mentor(s) and shall check whether the Training Center met with the Student: Mentor Ratio for the permitted Intake Capacity for each course or else it shall be reported in the Overall Remark Option.)

7. List of Non-teaching Staff in the department:

Sr. No.	Name	Designation
1.	ROSAMMA	SR SISTER + INCHARGE
2.	JAMES	SR BROTHER
3.	AKASH	SR BROTHER

8. List of Equipment(s) in the department of concerned Fellowship subject: Equipment's: List of Important equipment's available and their functional status (List here only- No annexure to be attached)

Sr. No.	Name of the Equipment	Specification	Functional / Not Functional	Qty.
1.	FLEXIBLE UGI SCOPE	1 PED + 3 ADULT	FUNCTIONAL	4
2.	FLEXIBLE LGI SCOPE	1 PED	FUNCTIONAL	1
3.	ERCOP SCOPE		FUNCTIONAL	1
4.	C-ARM		FUNCTIONAL	1
5.	EUS + ELASTOGRAPHY - HITACHI		FUNCTIONAL	1
6.	ENDOSCOPIC ACCESSORIES	1+2+2+2+20	FUNCTIONAL	27
7.	PH IMPEDANCE		FUNCTIONAL	1

9. Intensive care Service provided by the Department: (Emergency) YES FOR GI AND LIVER PATIENTS

10. Specialty clinics being run by the department and number of patients in each :

Sr. No.	Name of the clinic	Days on which held	Timings	Average No. of cases attended	Name of Clinic In-charge
1)	GI, HEPATOLOGY AND NUTRITION	TUESDAY	9AM-12PM	35-45	DR JRA SHAH
2)	PH MANOMETRY PROCEDURE	THURSDAY	12PM-3PM	1-2/week	DR JRA SHAH
3)	LIVER TRANSPLANT OPD	SATURDAY	9AM-12PM	1-2/week	DR JRA SHAH

11. Services provided by the Department:

- a) Services
 - 1) ENDOSCOPY : TUESDAY AND THURSDAY 8AM to 12PM - 5-6/week - DR JRA SHAH
 - 2) ELASTOGRAPHY - TUESDAY : 12-3PM : 1-2/wk
 - 3) EUS
 - 4) ERCP
 - 5) OPD AND IPD SERVICES FOR GI, HEPATOLOGY AND NUTRITION
 - 6) LIVER BIOPSY
 - 7) 24 hr PH IMPEDANCE
- i) ANORECTAL MANOMETRY (HRAM) WEDNESDAY: 8AM-12PM
- ii) * ENDOSCOPY : UGI AND LGI SCOPES (DIAGNOSTIC AND THERAPEUTIC)
- iii) Ancillary Services
 - DIETICIAN, PHYSIOTHERAPY, RADIOLOGY, GI SURGERY, INTERVENTIONAL RADIOLOGIST
- (f) Others: PICU, PATHOLOGIST, NRC WARD, LIVER TRANSPLANT SURGEON

12. Space:

Sr. No	Details	In OPD	In IPD
1	Patient Examination/ Checking Arrangement	✓	✓
2	Equipment's	✓	✓
3	Teaching Space	✓	✓
4	Waiting area for patients	✓	✓

13. Office space:

Department Office		Office Space for Teaching Faculty	
Space (Adequate)	✓ Yes/No	HOD	YES
Staff (Steno /Clerk).	✓ Yes/No	Professors	YES
Computer/ Typewriter	✓ Yes/No	Associate Professors	
Storage space for files	✓ Yes/No	Assistant Profess or	YES
		Residents	YES

14. Clinical Load of Dept.: No of Surgeries / Procedures 1-2 Per day

15. Submission of data to National Authorities if any : -----

ASCITIC TAP
LIVER BIOPSY
PH IMPEDANCE
HRAM
ELASTOGRAPHY
UGI SCOPES
LGI SCOPES