

PEC Form II Part B: Program-Specific Information

PROGRAM: Ophthalmology

DEPT. NAME:

A. Ophthalmology Specialty Resources	YES/NO	Number	Comments
In-Patient Beds			
Day Care Beds			
General Ophthalmic Clinics			
Emergency Room			
Routine Operation Theatre Room			
Emergency Operation Theatre Room			
Total Number of Cases (last 12 mos.)			
Specialty Ophthalmology Clinics (specify number of visits/year):			
• Anterior Segment			
• Retina			
o Medical			
o Surgical			
• Oculoplasty			
• Glaucoma			
• Pediatric			
• Ophthalmic OR			
• Uveitis			
• Neuro-Ophthalmology			
• Ophthalmic Electro Physiology			
• Low vision and Rehabilitation Clinic			
• Ophthalmic Technical Procedure			
• Retinal Laser			
• Yag Laser			
• Minor OR			
• Refraction			
• Orthoptic			
• Contact lens Clinic			
The hospital has the following services:			
• Social Worker			
• In-Patient Pharmacy			
• Out-Patient Pharmacy			

B. Ophthalmology Specialty Resources	YES/NO	Number	Comments
• Clinical laboratories			
• Hospital Information System			
• Staff Development			
• Library			
• Lecture Hall			
• Teaching Rooms			
• Laminar Flow Hood			
• Dermatology Department			
• ENT Department			
• Dental and Maxillofacial Dept.			
• Internal Medicine Department			
• Pediatric Department			
• Anesthesia Department			
• HDU and ICU			
• Physiotherapy			
• Emergency Medicine Department			
Other Resources			

C. Human Resources for Ophthalmology	Number	Comments
Senior Consultants		
Consultants		
Senior Specialists		
OMSB Trainers		
Specialists		
Medical Officers		
Nurses		
Ophthalmic Technicians		
Orthoptist		
Refractionist/Optomtrist		
Clerks		
Medical orderlies		
Coordinators		

D. Academic Activities and Quality Assurance (QA) in Ophthalmology	YES/NO	Frequency	Comments
Morning Meetings Conducted Regularly			
Ward Rounds			
Morbidity and Mortality Rounds/Meetings			
Quality assurance meetings			
Bedside Teaching			
Department Lectures/Didactics for Staff			
Academic Day/Teaching Day			
Specialty Workshops			
Journal Clubs			
Grand Rounds			
Interdepartmental Conferences/Meetings			
Audits Conducted Regularly			
Peer Reviews			
Availability of Incident Reports System			
Patient Safety Monitoring			
Other Activities, please specify			

E. Other Resources and Overall Comments:

Approved by:

Name
Head of Department / Representative

Signature

Date