PEC Form II Part B: Program-Specific Information

PROGRAM: OMFS **DEPT. NAME:**

A. OMFS Specialty Resources	YES/NO	Number	Comments
In-Patient Beds			
Day Care Beds			
Out-Patient OMFS Clinics			
Routine Operation Theatre Room			
Emergency Operation Theatre Room			
Total Number of Cases (last 12 mos.)			
OMFS Clinics (specify number of visits/year):			
• OMFS Clinics (including Orthognathic Surgery and Implantology)			
• TMJ			
• Oral Medicine/Oral Pathology			
Average Occupancy for OMFS In-Patient (last 12 months)			
Average length of stay			
Mortality Rate			
Safety and Security Policy			
The hospital has the following specialties:			
• Medicine			
• General Surgery			
• ENT			
• Plastic Surgery			
• Neurosurgery			
• Pediatric			
• Emergency Medicine			
• Hematology			
• Interventional Radiology			

A. OMFS Specialty Resources	YES/NO	Number	Comments
The hospital has the following services:			
• Physiotherapy			
• Social Worker			
• Hospital Information System			
• In-Patient Pharmacy			
• CT Services			
• MRI Services			
• Other Resources			

B. Human Resources for OMFS	Number	Comments
Senior Consultants		
Consultants		
Senior Specialists		
Specialists		
Medical Officers		
OMSB Trainers		
Dental Hygienist/Therapist		
Nurses/Dental Surgery Assistant		
Dental Laboratory Technician		
Coordinator		
Others, please specify		

C. Academic Activities and Quality Assurance (QA) in OMFS	YES/NO	Frequency	Comments
Morning Meetings Conducted Regularly			
Ward Rounds			
Morbidity and Mortality Rounds/Meetings			
Bedside Teaching			
Department Lectures/Didactics for Staff			
Academic Day/Teaching Day			
Specialty Workshops			
Journal Clubs			

D. Academic Activities and Quality Assurance (QA) in OMFS	YES/NO	Frequency	Comments
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	**Signature**	**Date**

Head of Department / Representative