

**Inspection – Assessment & Evaluation of the Centre & Teacher for ICOG – FOGSI
Certificate Course on “Gynaecological Endoscopy & Minimal Access Surgery”**

1. Name of the place or Centre : _____
with location & address : _____

2. Name of the Teacher of the _____
above mentioned course (FOGSI _____
Member – ICOG)

3. Brief Experience & Basis Stand _____
by of the teacher in the Subject _____

4. Name & Qualification of other _____
trainees in the team & their _____
qualification _____

5. Name of the ICOG Expert _____
Assessing the centre _____

6. Date of Assessment _____

7. Type of Hospital (tickmark) Private Multispeciality Institute Nursing Home

Detail Information of the Centre

* Total No. of beds _____ inclusive beds for Endoscopy & Minimal Access Surgery alone

* No. of Consulting rooms: _____ * Average No. of OPD patients seen per month _____

* Ultrasonography Facilities (tickmark) Yes _____ No _____

* If yes which make _____

Facilities in the Operation Theatre:-

No. of OT: _____ Sizes of each OT _____

1. Anaesthesia Machine

Ventilator:

2. Multi Parameter Machine available

i) O₂ ii) ET CO₂ iii) ECG iv) NIBP v) Temp

3. Full set of Operative Laparoscopy instruments available _____ any standby _____

4. Full set of Operative Hysteroscopy instruments available – any standby

5. Type of Operation table – Mechanical / Electronic

Modified lithotomy Position can be given Yes / No

6. Endo Camera: Make: _____ Type: _____

7. Light Source: Type _____ Number _____ Standby _____

8. Insufflators: Mechanical / Electronic / Semi Electronic

Make: _____ Type: _____ Number: _____

9. Diathermy Machine

Make: _____ Type: _____ Number: _____

10. Any Vessel Sealing Devices:- _____

11. Harmonic Scalpel: Old or New Version _____

12. Morcellator: Electronic / Semi Electronic / Mechanical

Make: _____ Type: _____ Number: _____

13. Defibrillator Yes ___ No ___ Functioning _____

14. Backup Generator for Electricity – or UPS or Invertors Yes: ___ No ___

15. Recovery Room _____

16. ICU facilities in the hospital or very close by Yes ___ No ___

17. Full set of open surgery with trained persons to perform _____

18. Suction & Irrigation System:

Specific companies or modified _____

19. Adequate Emergency drugs / injections ready to use Yes ___ No ___

20 Experienced Nursing staff or Endoscopy > 5 years Yes ___ No ___ Number: _____

Record Maintenance & Surgery details:

i) Maintenance of OT Register Yes ___ No ___

ii) Total No. of Laparoscopic Surgeries done in one year:- _____

- iii) Total No. of Hysteroscopic Surgeries done in one year:- _____
- iv) Total No. of MIS-SUI/ Prolapse Surgeries done in one year:- _____
- v) Total No. of Laparoscopic Surgeries done other than Hysterectomies in one year: _____
- vi) Total No. of Laparoscopic Surgeries done for Fertility Enhancement in one year: _____
- vii) Total No. of Laparoscopic Surgeries done for Myomectomy in one year: _____
- viii) Total No. of Laparoscopic Surgeries done for Hysterectomy in one year: _____
- ix) Total No. of Laparoscopic Surgeries done for Adnexal Mass, Ov. Cyst, Ectopic Pregnancy in one year: _____
- x) Total No. of Hysteroscopic Surgery for Septum, Adhesions, polyps, fibroids, Cannulation in one year:- _____
- xi) Total No. of Diagnostic Hysteroscopy/Laparoscopy for with/without tube ligation per year _____
- xii) Total No. of Minimally Invasive Surgery done for SUI- Prolapse in one year: _____
- xiii) Audio Visual detail records of these surgeries maintained since
 > 2years > 3 years .> 5 years > 10years
- xiv) No. of Complications in Endoscopic Surgery & Minimal Invasive Surgery done in one year:- _____
- xv) Video Records are they accessible to do training at present Yes ____ No _____

ICOG Teaching – Training Program other than Surgeries

- Facilities – Conference / Lecture room/ Auditorium No ____ Yes ____
 No. of Seats ____ AV facilities Yes ____ No _____
- Expected lectures per week /month – No:- _____
- Availability of Inanimate Pelvi trainer & Hysterotrainer as & when desired by teacher
 Yes ____ No _____
- Library- Books, Journal, Video DVD, Net Yes ____ No _____
- Overall ambience & patient care of the centre: (tickmark)
 Excellent ____ Very Good ____ Good ____ Average _____
- Basic Comfort & Care of Trainees: Very Good ____ Good ____ Average _____

- **Log book maintenance for each trainees**
- **Thesis / Project for each trainee, Presentation & publication of the same in National & International platform Yes _____ No _____**

COMMENTS OF INSPECTING EXPERT: _____

ASSESSMENT & RECOMMENDATION OF INSPECTING EXPERT _____

ANY OFFICIAL PROBLEM WITH ICOG / FOGSI OF TEACHER/ CENTRE _____

**Signature of teacher
Chief of the Centre**

**Inspecting / Assessing
Expert**

ICOG Chairperson

ICOG Hon Gen Secretary

Date: _____

Formalities Completed with ICOG - FOGSI