

NUMS Self-Appraisal-Form 1
Evaluation of Module/Block for MBBS/BDS Program by Student
(To be filled by each Student at the time of Completion of every Block/Module)

This survey is to outline the process of conducting self-assessment (SA) of academic programs. Your answers will be kept strictly confidential with QEC NUMS and will be used only for Self-Assessment purposes. Write NA where not applicable.

Institution: _____ **Program:** _____

Module/Block Title: _____ **Teacher's Name:** _____

Degree Session: _____ **Year of Study:** _____

Please use the Scale mentioned below to answer the following Questions:

5: Strongly Agree, 4: Agree, 3: Uncertain, 2: Disagree, 1: Strongly Disagree, NA

Sr.#	Core Questions/Attributes	5	4	3	2	1	NA	Please comment if rating is below 4
Course Content and Organization								
	The course objectives were clear							
	The course provided an appropriate balance between instruction and practice							
	The course workload was manageable							
	The course was well structured to achieve the learning outcomes with a good balance of lectures, tutorials, practicals etc.							
	The course stimulated my interest & curiosity about the issues and questions in this subject area has grown.							
Student Contribution								
6.	I was able to improve my clinical skills							
7.	I actively participated in the course of study							
Learning Environment and Teaching Methods								
8.	The teacher strictly followed the goals and objectives of the course							
9.	I was given a chance to practice clinical/practical skills on patients/Simulators.							
10.	The course provided the opportunity to practice the skills required in the course							
Learning Resources								
11.	Learning materials in CBL, Bedside learning, Practical (Course notes, patients etc) were relevant and useful.							

12.	Recommended reading books etc were relevant and appropriate. Mostly available in College Library as well								
Assessment									
13.	The methods of assessment tested my knowledge and skills effectively..								
14.	I was made familiar and comfortable with the assessment methods used								
15.	Assessment was free of personal bias								
16.	Level of difficulty in assessment items was appropriate								

Overall Evaluation:

The best features of the course were:

The Course can be improved by:

NUMS Self-Appraisal-Form 2
Evaluation of Module/Block for MBBS/BDS Program by Faculty
(To be filled by each faculty at the time of each Module Completion)

Part 1

Name of Institute/College: _____

Name of Program _____ Department _____

Degree Session: _____ Year of Study: _____

Title of Block/Module: _____ Code: _____

Name of Teacher: _____ Academic Designation: _____

Faculty: Permanent _____ Visiting: _____

Note: Write NA where not applicable.

General Information about Course Structure		
Credit Contract Hours per Week	Theory	Practical
Total no. of Lectures Assigned in Module/Block	Theory	Practical
No. of CBL Sessions taken during the Module/Block		
No. of Demo/ Discussion/SDGs during Module/Block		
Information about Students and Feedback		
No. of Students in Class		
Module Evaluation Questionnaires filled by students	Total Students	Forms Received
Assessment method used with marks:		
Block/Module Topic	Formative	Summative
Results: End of module exam (By Departments)		
No of students appeared	Total marks:	Passing Marks:
	Total students pass:	
	Total students failed:	

Part-II Percentage and Grading of students passing

Grades secured and other outcomes to be provided by controller of Examination	Percentage	Grade
	80-100	
	70-80	
	60-70	
	50-60	
	<50	
Feedback on curriculum content/Block/Module Review:		
Completed in time: (Yes/No)		
LO's achievement: (Please Comment)		
Assessment Alignment with LO's: (Please Comment)		
Recommendations		

Course Instructor Name & Signature: _____

Part-III (To be Filled by HoD)

Overview/ Evaluation by HoD/Program Head after receiving Feedback from Students and Faculty:

HoD Name & Signature/Stamp: _____ Date: _____

*CBL: Case Based Learning
Outcomes

*SGD: Small Group Discussion

*LO's: Learning

NUMS Self-Appraisal-Form 3
Faculty Satisfaction Survey
(To be submitted on Block/Module basis by each faculty member)

The Purpose of this survey is to assess faculty members' satisfaction level and the effectiveness of programs in place to help them progress and excel in their profession. Write NA where not applicable.

Indicate how satisfied are you with each of the following aspects of your situation at your department?

(Marking Scale:1-5)

Name: _____ **Department:** _____ **Gender:** M/F

Academic Designation: _____ **Years of Experience** _____
 (in Current Institute/College):

Academic Qualification (terminal Degree) _____

Sr	Questions	5	4	3	2	1
1.	Clarity of institution's goals/mission					
2.	Communication/interaction with peers and College leadership					
3.	Interaction with students in and outside classroom					
4.	Adequacy of technological & multimedia instructional resources provided for teaching/demonstration/practicals					
5.	Your mix of research teaching and community service.					
6.	The intellectual stimulation of your work.					
7.	Teaching / research you currently do					
8.	Opportunities for research in your discipline and recognition of research accomplishment					
9.	The mentoring (guidance) available to you.					
10	Administrative support from the department.					
11	Clarity about the faculty promotion process.					

12	Your prospects for advancement and progress through ranks.					
13	Whether the department is utilizing your experience and knowledge					
14	Salary and compensation package.					
15	Job security and stability at the department.					
16	Amount of time you have for yourself and family.					
17	Whether the department is utilizing your experience and knowledge					

18. What are the best programs / factors currently available in your department that enhance your motivation and job satisfaction?

19. Suggest programs / factors that could improve your motivation and job satisfaction?

Name _____

Signature: _____

Date: _____

NUMS Self-Appraisal-Form 4
Individual Teacher Evaluation by Medical/Dental Students
(To be filled by the student on completion of each Block/Module)

Name of Institute/College: ----- Department: -----

Name of Program: ----- Degree Session: -----

Year of Study: ----- Block/Module: -----

Name of Teacher: ----- Name of Module/Block Taught: -----

Please give honest feedback for course improvement, using this scale to answer the following questions:

Marking scale 5 to 1 (5 being the highest)

Sr #	Core Questions	5	4	3	2	1
	The Teacher					
	Starts and finishes class on time					
	Comes duly prepared for the lecture in each class					
	Clearly communicates course objectives at the beginning of each class.					
	Utilizes full time of class focusing on the subject matter					
	Demonstrates knowledge of the subject					
	Organizes the lecture/demonstration/ward teaching appropriately					
	Provides additional material/books/internet references apart from the text book					
	Communicates subject matter effectively with relevant examples to develop interest					
	Is available for after class consultations during the specified office hours					
	Completes the whole course in time					
	Uses appropriate teaching/audiovisual aids					
	Integrates subject knowledge with other course/subjects					
	Shows respect towards students					
	Encourages class participation					

.	Maintains an environment that is conducive to learning					
.	Is fair in exams and grading					
.	Returns the graded scripts etc., in a reasonable amount of time					
.	During lectures and SGDs Integrates theoretical course concepts with real world problems- provides clinical relevance					
.	Encourages critical thinking in students and Develops interest in the subject matter					
.	Follows the course outline as communicated to students					
.	Introduces new concepts at appropriate level of students learning					
.	Works with each student to identify individual learning needs to improve performance					
.	Facilitates Bed-side/Case Based Learning					
.	The teacher involves students in course planning and get their regular feedback					

State two things you particularly like about this teacher's performance:

Self-Appraisal Form-5
Alumni Survey
(To be filled by Alumni – after the completion of MBBS/BDS)

Name of Institute/College: ----- Department: -----

Name of Program: ----- Degree Session: -----

Name of Alumni: ----- Year of Study: -----

Please give honest feedback for course improvement, using this scale to answer the following questions:

Marking scale 5 to 1 (5 being the highest); Write NA where not applicable.

Knowledge						
Sr	Core Questions	Excellent	Very good	Good	Fair	Poor
1	Professional discipline					
2	Clinical Skills					
3	Diagnostic Skills					
4	Collecting and analyzing appropriate data					
5	Ability to link theory to practice					
6	Ability to design a system component of process					
7	I.T. Knowledge					
Communications Skills						
Sr	Core Questions	Excellent	Very good	Good	Fair	Poor
8	Patient – Peer Communication					
9	Clinical Report writing skills					

10	Presentation Skills					
Interpersonal Skills						
Sr	Core Questions	Excellent	Very good	Good	Fair	Poor
11	Ability to work in teams					
12	Ability to work in emergency / Challenging situation					
13	Independent thinking					
14	Appreciation of ethical values					
Leadership Management						
Sr	Core Questions	Excellent	Very good	Good	Fair	Poor
15	Resource and Time management skills					
16	Judgment					
17	Discipline					
Department Status						
Sr	Core Questions	Excellent	Very good	Good	Fair	Poor
18	Infrastructure					
19	Faculty					
20	Repute at National Level					
21	Repute at International Level					

V. General Comments

Please make any additional comments or suggestions, which you think would help strengthen our programs. (New courses that you would recommend and courses that you did not gain much from)

VI. Career Opportunities

Name: ----- **Signature:** -----

Date: -----

**NUMS Self-Appraisal Form-6
Faculty Resume MBBS/BDS**

Name			
Institute			
Department (Current)			
Program			
Designation (Current)			
Date of Appointment:			
Contact Information	Email Address: _____ Cell No: _____		
Working Experience	Designation	Institute	No. of Years
Honor and Awards	List honors or awards for scholarship or professional activity.		
Memberships			
Post Graduate Students			
Undergraduate Students			
Honor Students			
Service Activity			

Brief Statement of Research Interest	May be as brief as a sentence or contain additional details up to one page in length.
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