



ENAM MEDICAL COLLEGE
9/3, Parboti Nagar, Thana Road, Savar, Dhaka

Faculty Development and Review Scheme: (Personal Review form)

(Please complete the personal review form & submit it to the Head of the Department within the specified time)

Name of Department:Phase:

Name of the faculty:

Designation:

Total Period of time as faculty member in the department:

1. To what extent you are informed about the curriculum outline and assessment process of your discipline just after joining?

(1) Completely informed (2) partially informed (3) Not at all informed

1.1. If not informed at all, did you ask for that? Yes No

2. To what extent you are satisfied with your teaching capabilities?

(1) Completely satisfied (2) Almost satisfied (3) partially satisfied (4) Not satisfied at all

2.1. If not completely satisfied, what are the areas in which you need to develop yourself?

- Teaching Methods
- Assessment methods
- Instruction material design
- Information Technology
- Research methods
- Other (Specify)

3. Did you attend any training programs in any of the above mentioned areas?

Yes No

3.1. If yes, mention the names of training program?

- a.....
- b.....
- c

4. Do you involve any way in the phase coordination group activities: Yes No

4.1. If yes, Please mention your role in brief:

- a.
- b.....
- c.....

5. What are the areas in which you need to improve yourself as an academic staff?

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7. Total teaching hours of your teaching within last 12months

Lectures ----- Hours
Tutorials----- Hours
Demonstration ----- hours
Practical ----- Hour
Clinical teaching----- hours
Community Visits ----- days/hours
Others (Please specify) -----

8. To what extent the educational environment is supportive for your teaching?

(1) Completely supportive 2) Almost supportive (3) partially supportive (4) Not supportive at all

9) If not completely supportive, mention the issues of educational environment that need to be resolved for better teaching/learning environment:

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10. Please mention your computer literacy capability

| | | |
|-----------------|--------|-------|
| a. MS Word | 1) Yes | 2) No |
| b. Power point | 1) Yes | 2) No |
| c. Excel | 1) Yes | 2) No |
| d. Internet use | 1) Yes | 2) No |
| e. SPSS | 1) Yes | 2) No |

11. Please provide information about research activities conducted by you within last 12 months:

a. Number of research conducted:

b. The number of papers published during the period:

c. Is the environment supportive for research?

- 1) Completely supportive
- 2) Almost supportive
- 3) Partially supportive
- 4) Not supportive at all

c. If Not supportive at all, mention the reasons:

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12. Please provide information about your involvement in wider activities:

a. State your involvement in institutional, national and international committees (as a member of professional organization/association)

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b. Number of continuing medical education (CME) programs attended within the last year.

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13. In the coming year in which areas you wish to improve yourself?

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14. Any other comments or observations for your faculty development:

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Recommendations of Head of the Department for respective faculty member on his/her faculty development:

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