

Proforma 2

Faculty Course Review Report

(To be filled by each teacher at the time of Course Completion)

Part-I

Department:	Nursing		Faculty:	Nursing	
Course Code:		Title:	Biostatistics		
Batch:	1st	Term:	Spring	Year:	2023-24
Credit / Contract hr/Week:	Th	Pr	No. of Lectures Conducted	Th	Pr
	2.5	0.5		16	16
Name of Course Teacher	Shafaat Ullah		No. of Students enrolled	49	
Designation	Lecturer				
Assessment Methods please give precise details (no & length of assignments, tests and presentations)		Internal 20% Final 80% Assignments 5 Test 2			

Comments: _____

Overview/ Evaluation (Course Co-coordinator's Comments)

Feedback: first summarize, and then comment on feedback received form:

1) Student (Course Evaluation) Questionnaires (filled by QEC)

2) External Examiners or Moderators (if any)
(comments of External examiner if any)

3) Curriculum: comment on the continuing appropriateness of the Course curriculum in relation to the intended learning outcomes (course objectives) and its compliance with the HEC Approved / Revised National Curriculum Guidelines

(comments by the course teacher)

The course curriculum is aligned with the HEC guidelines and effectively meets the intended learning outcomes.

- 4) **Assessment:** comment on the continuing effectiveness of method(s) of assessment in relation to the intended learning outcomes (Course objectives)
(comments by the course teacher)

While multiple-choice questions (MCQs) are useful for assessing foundational knowledge and quick recall, they are not sufficient alone to evaluate students' comprehensive understanding and application of biostatistics.

- 5) **Enhancement:** comment on the implementation of changes proposed in earlier Faculty Course Review Reports **(comments by the course teacher)**

Previous recommendations for including more interactive sessions have been implemented.

- 6) **Outline:** any changes in the future delivery or structure of the Course that this semester/term's experience may prompt **(by the course teacher)**

Based on this semester's experience, future courses will include additional hands-on sessions and updated case studies to reflect current biostatistical practices.

Name/ Signature _____ (Course Instructor)	Date _____
Name/ Signature _____ (Head of Department)	Date _____

Part-II

Faculty Course review report

Grades secured and other outcomes (to be provided by controller of Examination)

Name of Teacher:	Course Taught		Term:	
Session / Batch:	Date of completion of term.			