ShardaUniversity

School:SMSR

Department of ENT

AcademicYear:2020-21

Feedback ActionTakenReport

(Thisformat

isplacedbeforetheeBoardofStudies&ActionTakenIncorporatedinCurriculum&for wardedtotheAcademic CouncilforApproval)

Stakeholders		Feedb	oackQu	estion	sAvera	ge			SuggestionsinFeedbacktakenup	ActionTakenonFeedback
		Q1	Q2	Q3	Q4	Q5	Q6	Q7	afterDAC	
Faculty(No.5)	Excellent			20%	,)				Needs more hands on training and more emphasis given on surgical skills of students	Modulate OT ,installation of camera so that large number of student see the details of surgical procedure and increase a hand on training, along with
	V.Good	60%	60%	40%	60%	,				
	Good	40%	40%	40%	40%					
	Fair									
	Poor									
Students (No.4)	Excellent	25%	50%						- I	it increase a number of surgical
	VeryGood	50%	25%							workshop and more emphasis given on recent surgical tool
	Good	25%	25%							
	Satisfactory									
	NotSatisfactory								More practical approach needed	

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Alumni(No.2)	Excellent	50%			50%				More importance should be given to newe surgical modalities
	V.Good	50%	50%	50%	50%				
	Good		50%	50%		50%			
	Fair					50%			
	Poor								
Employers (No.2)	Excellent	50%	50%		50%				
	V.Good	50%	50%	50%			50%		Integration of technical tools or software can be increased
	Good			50%	50%	50%	50%		
	Fair					50%			
	Poor								

	FeedbackAction Taken:			
FeedbackAnalysis:(ReferFeedbackAnalysisReport)	(Summariseasinpoints	IndicatewhetherincorporatedinCurriculum/Course		
Needs more hands on	Modulate OT ,installation of	We start a new procedure along with recent surgical Tool in our OT		
training and more emphasis	camera so that large number			
given on surgical skills of	of student see the details of			
students	surgical procedure and			
	increase a hand on training,			
More practical approach needed	along with it increase a number of surgical workshop and more emphasis given on recent surgical tool			
More importance should be given to newe surgical modalities				
Integration of technical tools or software can be increased				

Signature Signature Name Name HoD