



Najran University

College Of Medicine

Quality Management System

Quality & Develeopment Unit

1443- 2022

# Quality Management System (QMS)

## Handbook

(1443)-(2022)

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## Introduction

Quality assurance is primarily an internal responsibility and depends heavily on the commitment and support of all of those involved in administration, management, and teaching in an institution.

The procedures and standards outlined by the NCAAA are based on an expectation that institutions will accept that responsibility and take appropriate action to ensure high quality is achieved. This Handbook is intended to guide and support those processes.

The importance of the higher education system for students, their families, and the wider community is such that quality cannot simply be assumed. Quality must be verified by independent processes that can give confidence to everyone concerned that high levels of quality are being achieved. (NCAAA quality hand book 2019-page 04)

Evaluations of quality involve judgments about two main elements; the extent to which goals and objectives are achieved, and the consistency with generally accepted standards of performance in higher education. (NCAAA quality hand book 2019-page 05)

The process of improving quality involves assessing current levels of performance and the environment in which the institution is operating, identifying strategic priorities for improvement and setting objectives, developing plans, implementing those plans, monitoring what happens and making adjustments if necessary, and finally, assessing the results achieved. These steps involve a repeating cycle of planning and review. Major plans may involve a sequence of activities over a number of years, with a number of steps to be taken and the results of each step assessed at stages within that longer term plan.

While the monitoring should be continuous, there are normally two time periods when more formal assessments take place; one is annual with monitored performance and adjustments made as required, and one on a longer cycle in which major reviews are undertaken.

When applied to plan for quality improvement, some of the steps in this planning cycle have special meaning. For example, the scan of the internal and external environment at the initial stage should include a thorough assessment of the current quality of performance and analysis of constraints and opportunities for development. A SWOT analysis (Strengths, Weaknesses, Opportunities and Threats) can be a useful planning tool at this stage. A major development strategy will normally be phased in over a period of years with implementation, monitoring, and adjustments through action plans on an annual basis. It is important to

periodically step back and carry out a thorough review of the relevance and effectiveness of an institution and to review the appropriateness and effectiveness of a program periodically.

Quality loop concept is considered one of the modern administrative methods that seek to sense weaknesses and achieve high quality performance. Implementation of quality loop closure facilitates early detection of problems, analyzing them and proposing solutions, which contribute to making appropriate corrective decisions to address them.

The benefits of the implementation of quality loop closure:

- Early identification of defects
- Provide the guidelines for improvement planning and corrective procedures
- Follow-up the implementation of the improvement plan and corrective procedures
- Evaluation of the outcome of the implementation of the improvement plan and corrective procedures.

## College Vision

Leading in medical education, scientific research, and community service to promote social health and awareness.

## College Mission

Preparing qualified medical personnels and academic cadres, enhancement of scientific research, and establishment of partnership via institutional governance that supports excellence, to serve the community within the context of national values.

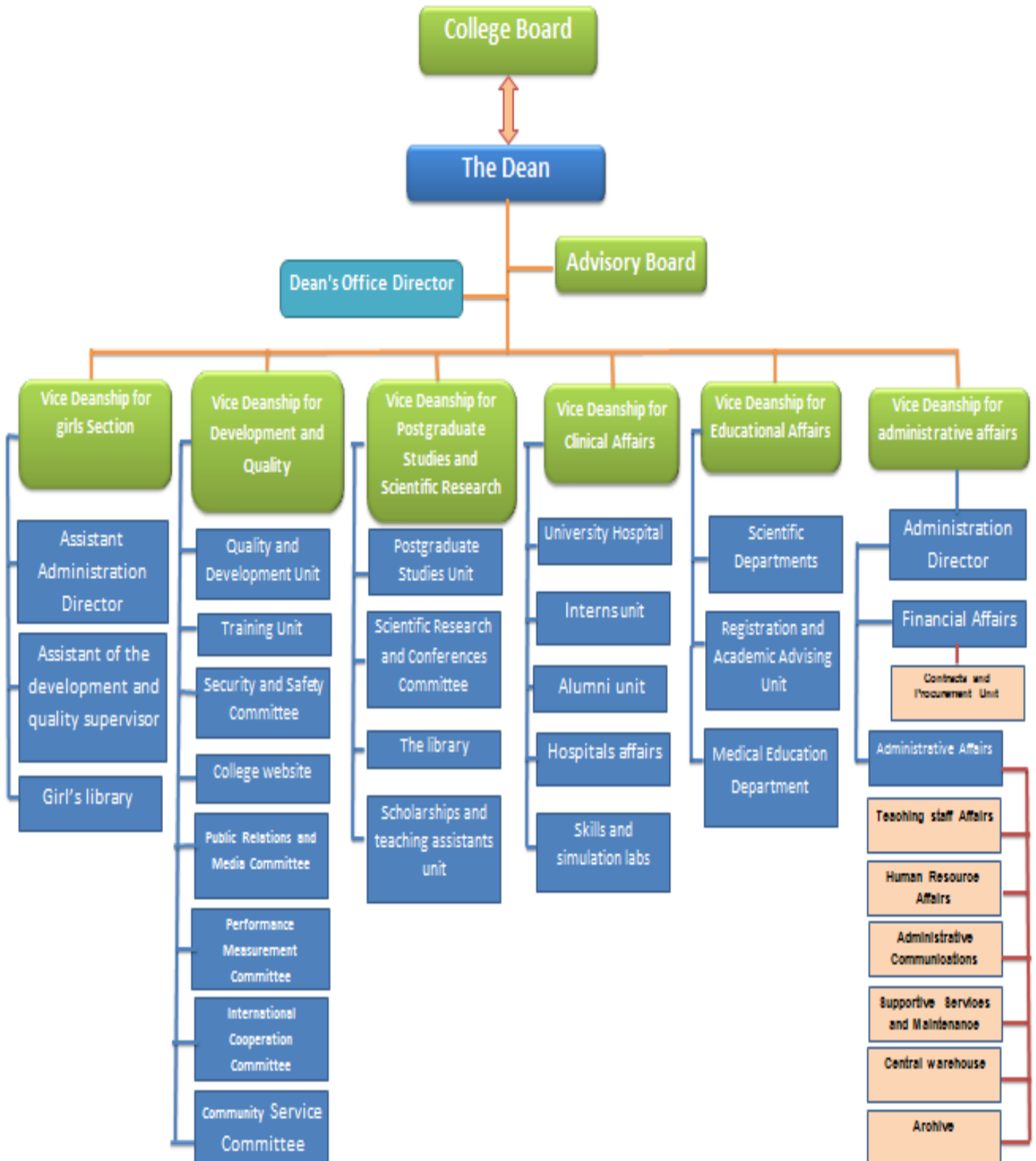
## Program Mission

Preparing qualified physicians capable of self-directed professional development, and contributing to scientific research to provide distinguished community service within the context of national values.

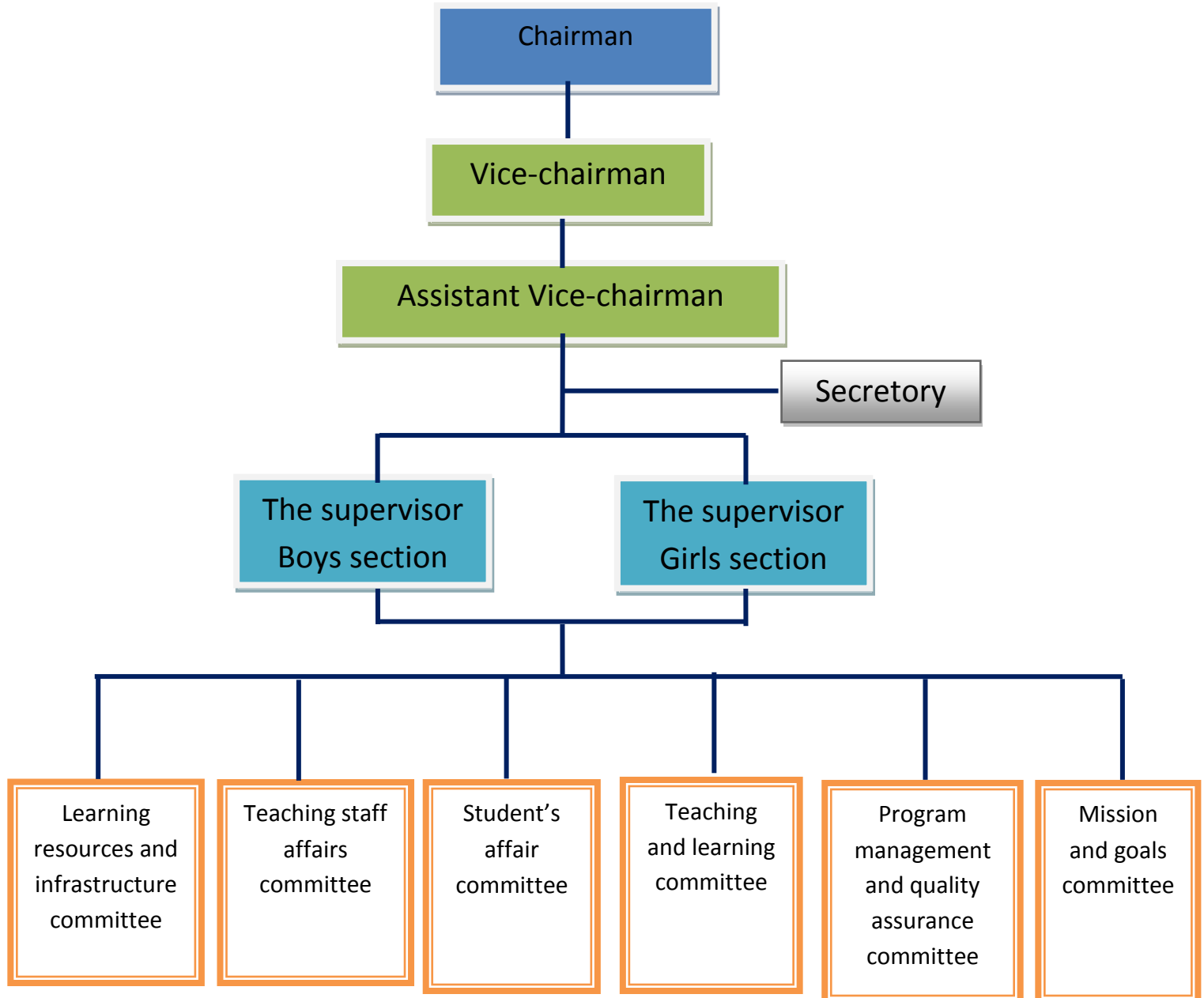
## Program Objectives

- Creating a distinct student- centered learning environment encouraging the excellence.
- Maintaining the development of curriculum to keep pace with developments in the field of medical education.
- Graduating ethically and professionally qualified physicians with the ability for continuous self-learning to meet the national needs
- Providing students with fundamental competencies of scientific research.
- Increasing the production of high quantity and quality scientific research.
- Developing the culture of social responsibility and the spirit of volunteerism.

**Figure (1)- College Organization structure flow chart**



**Figure (2)- Quality and development unit flow chart**





## Quality and Development Unit:

Quality and development unit overseeing and reviewing the plans, the policies and the procedures of the Quality Assurance system in the program, as well as making sure that it's implemented efficiently and effectively at all levels.

The Quality and Development Unit consists of six committees, responsible for monitoring the adoption of best practices and quality assurance of performance in the six program accreditation standards for program accreditation developed by the National Center for Academic Accreditation and Assessment (NCAAA), which are as following:

**Table (1)- Quality and development unit committees:**

No	Responsible committee	NCAAA standard
Standard 1	Mission and goals	Mission and goals committee
Standard 2	Program management and quality assurance	Program management and quality assurance committee
Standard 3	Teaching and learning	Teaching and learning committee
Standard 4	Students	Students affairs committee
Standard 5	Faculty members e	Faculty members affairs committee
Standard 6	Learning resources, facilities, and equipment	Learning resources, facilities, and equipment committee

### ***Program quality and development unit committees and tasks***

Quality and development committees monitor and ensure applying the best quality criteria in the different activities that are carried out within the program, by periodical measurement of various quality loop elements (i.e., Inputs. Processes outputs); depending on specific key performance indicators (KPIs), in order to provide the necessary data required, to the program managers and authorities to help in decision making, and future planning for improvement and development.

***Table (2) shows the task of quality and development unit committees tasks:***

<b>Tasks of mission and goals committee</b>	
1	Ensure that the mission and goals of the college are consistent with the mission and goals of the university.
2	Raising the awareness of the beneficiaries with the college vision, mission and goals.
3	Monitor the progress towards achieving its strategic goals
4	Measurement of KPIs related to the standard and formulation of the improvement plan, and follow up the implementation of the improvement plan.
5	Preparation of the necessary evidences and documents to prove the good practice as stipulated in the standard guide.
6	Prepare the annual self-evaluation.
7	Participate in preparing the program self-study report.
<b>Tasks of program management and quality assurance committee</b>	
1	Raising the awareness of the beneficiaries regarding the mechanisms, regulations and administrative flowchart structures within the college.
2	Measurement of KPIs related to the standard and formulation of the improvement plan, and follow up the implementation of the improvement plan.
3	Preparation of the necessary evidences and documents to prove the good practice as stipulated in the standard guide.
4	Prepare the annual self-evaluation.
5	Participate in preparing the program self-study report.

### Tasks teaching and learning committee

1	Follow-up the preparation of the program and courses specifications and reports on the latest template form the National Center for Academic Accreditation and assessment (NCAAA)
2	Follow-up the fulfillments of courses for course file requirements.
3	Follow-up the preparation of courses and program learning outcomes achievement reports.
4	Preparation of comprehensive report on course reports quarterly and annually.
5	Participation in the preparation of the annual program report.
6	Develop the periodic review mechanism for graduate attributes.
7	Measurement of KPIs related to the standard and formulation of the improvement plan, and follow up the implementation of the improvement plan.
8	Preparation of the necessary evidences and documents to prove the good practice as stipulated in the standard guide.
9	Prepare the annual self-evaluation.
10	Participate in preparing the program self-study report.

### Tasks students affairs committee

1	Participation in the reception ceremony for the new students.
2	Follow-up the preparation of the quarterly and annual report of the committees of the Academic Guidance Unit: <ul style="list-style-type: none"> <li>• Academic Guidance Report</li> <li>• Outstanding Student Support Report</li> <li>• Gifted Student Support Report</li> <li>• Creative Student Support Report</li> <li>• Report on support for substandard acheivment students</li> </ul>
3	Measurement of KPIs related to the standard and formulation of the improvement plan, and follow up the implementation of the improvement plan.
4	Preparation of the necessary evidences and documents to prove the good practice as stipulated in the standard guide.
5	Prepare the annual self-evaluation.
6	Participate in preparing the program self-study report.

### Tasks faculty members affairs committee

1	Follow-up the implementation of new faculty members preparation program
2	Follow -up preparation of the faculty member training plan and training report.
3	Follow-up the submission of the training workshop's impact report on the trainees. with coordination with the training committee
4	Follow-up the preparation and approval of the annual scientific research plan and submission of the annual report. In coordination with the Scientific Research Committee
5	Update teaching staff and their staff list, including their names and communication means.
6	Flow-up updating of the teaching staff curriculum vitiate
7	Follow-up the preparation and approval of the annual community services plan and submission of the annual report. In coordination with community services committee.
8	Measurement of KPIs related to the standard and formulation of the improvement plan, and follow up the implementation of the improvement plan.
9	Preparation of the necessary evidences and documents to prove the good practice as stipulated in the standard guide.
10	Prepare the annual self-evaluation.
11	Participate in preparing the program self-study report.

### Learning resources and facilities and equipment committee

1	Follow-up provision of the appropriate learning resources according to the international standards and submit reports to college administration.
2	Follow-up provision of appropriate facilities and equipment resources according to the international standards and submit reports to college administration.
3	Follow-up compliance with safety and security precautions in the college facilities.
4	Measurement of KPIs related to the standard and formulation of the improvement plan, and follow up the implementation of the improvement plan.
5	Preparation of the necessary evidences and documents to prove the good practice as stipulated in the standard guide.
6	Prepare the annual self-evaluation.
7	Participate in preparing the program self-study report.

## Program Quality Review Cycle:

The implementation of systematic review for the program of medicine and surgery in the College of Medicine –Najran University is an essential element to evaluate the extension of the fulfillment of the program Mission, and level of achievement of program intended goals.

While the monitoring should be continuous, there are normally two time periods when more formal assessments take place; one is annual with monitored performance and adjustments made as required, and one on a longer cycle in which major and comprehensive reviews are undertaken every five years as decided by the College Board.

### *The aims of systematic review:*

- Determine the strengths and reinforce them.
- Determine the areas for improvement to address them with the suitable effective acts.
- Assure students, employers, and Najran district residents of the quality of the degree and certificate awarded by the program.
- Assure that the educational program offered is relevant to the labor market needs.
- Improve the quality of the scientific researches & community services provided by the program.
- Provide information and feedback which can be utilized in programmatic mission and objectives setting and planning.

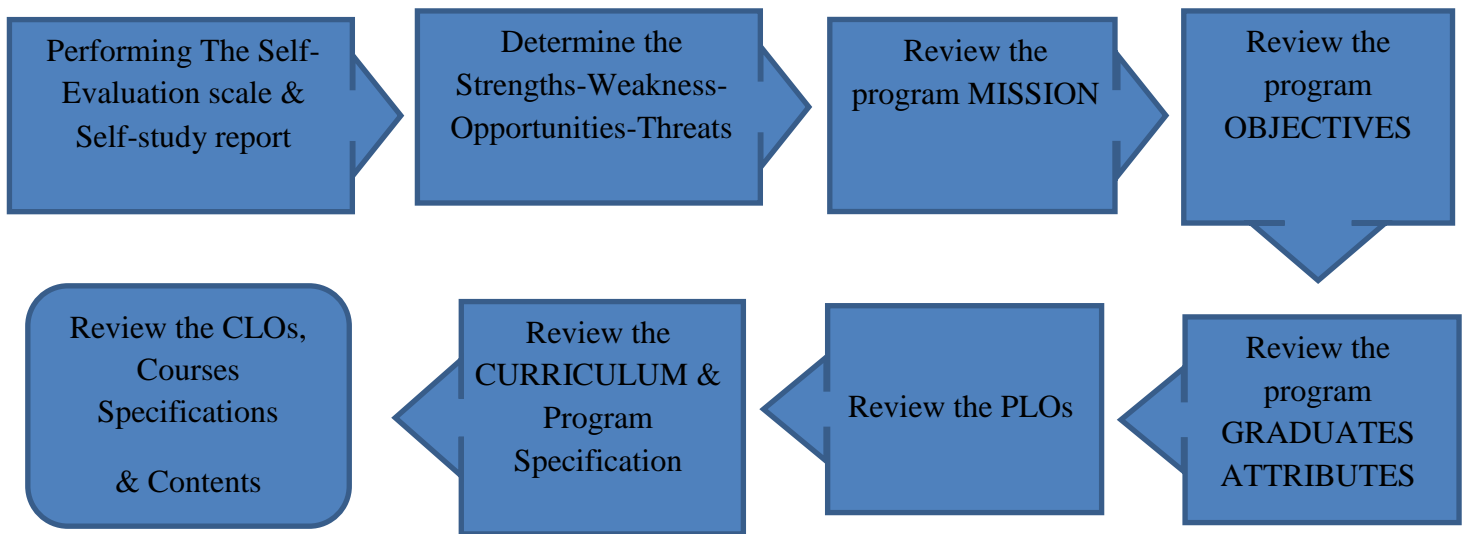
The primary purpose of the program review is to critically and systematically analyze the information relevant to administrative, quality of graduates, teaching and learning, student's service, teaching staff and employees, scientific research, and community service issues.

### *Comprehensive systematic program review:*

This process implemented every five years, to be aligned with the update of the strategic plan of Najran University, or when there is a need for deep programmatic revision to follow the changes in the employment requirements, or to implement shift of the institutional or national trends.

It involves assessing current levels of performance and the environment in which the program is operating, identifying strategic priorities for improvement and setting objectives, developing plans, implementing those plans, monitoring what happens and making adjustments if necessary, and finally, assessing the results achieved. These steps involve a repeating cycle of planning and review. Major plans may involve a sequence

of activities over a number of years, with a number of steps to be taken and the results of each step assessed at stages within that longer term plan. **Figure (3)**



**Figure (3): Following flow-chart show the sequences of the comprehensive systematic program review:**

**sequences of the comprehensive systematic program review:**

**Step 1: Perform Self-evaluation scale and formulation of self-evaluation report and self-study report**

**Step 1-A: Self-evaluation scale and self-evaluation report:**

When the program intend to perform self evaluation scale and its report, the dean form a committee composed of faculty staff with experience in the NCAAA program accreditation standards. The function of this committee is to perform the self-evaluation, and finalize the self-evaluation report according to the program accreditation standard (six standard), and this is guided by self-evaluation scale template designed by the NCAAA; and attach the varieties of supporting evidences.

Training workshops will be provided to the members of the committee concerning the optimum methods in implementation of the self-evaluation and report formulation. Then the final report approved by the college council

Then the program leaders with coordination with the university Rectorship for quality and development assign internal reviewer and independent review to examine the score given to every domain and subdomain and the documents supporting this evaluation. And the internal and/or independent reviewers have the right to modify the scores according to the adequacy (quality and quantity), and availability of the supporting evidences. Then the final reviewers report including recommendations will be approved and considered. This report is the skeleton of the self-study report.

**Table (3): Shows the procedures for performing Self-evaluation Scale Report.**

No	Action
1	Formation of Self-evaluation committee
2	Training of the Self-evaluation committee members
3	Formation of subcommittees
4	Collection of the relevant documents evidences
5	Writing the report
6	Arbitration of the report with the Internal reviewer (from the deanship of quality & development).
7	Apply the recommendations
8	Approval of the report by the college board
9	Arbitration of the report with the independent reviewer (Independent Opinion)
10	Apply the recommendations
11	Approval of the final report by the college board

### Step 1-B: Self-study report:

This report depends mainly on the final self-evaluation report.

When the program intend to perform self study report, the dean form a committee composed of faculty staff from the different disciplines within the program, and should have the necessary experience in formation of this type of reports.

The main function of this committee is to form the Self-study report, according to the program accreditation standard (six standard), and this is guided by Self-study report template designed by the NCAAA; and attach the varieties of supporting evidences.

Training workshops will be provided to the members of the committee concerning Self-study report formulation. Then the final report approved by the college council

Then the program leaders in coordination with the university Rectorship for quality and development assign internal and external reviewers to review the reports and examine the supporting documents. Then the independent reviewers submit their final report according to the adequacy (quality and quantity), and availability of the supporting evidences.

**Table (4): Shows the procedures for performing Self-Study Report.**

No	Action
1	Formation of Self-Study Report committee
2	Training of the Self-Study Report committee members
3	Formation of subcommittees
4	Collection of the relevant documents evidences
5	Writing the report
6	Arbitration of the report with the Internal reviewer (from the deanship of quality & development).
7	Apply the recommendations
8	Approval of the report by the college board
9	Arbitration of the report with the external reviewers.
10	Apply the recommendations
11	Approval of the final report by the college board



## Step 2: Review of the program mission:

The program has established committee responsible for mission and objectives review with representative of different departments and different committees and unit within the program.

When the program intends to perform review of the mission, this committee starts to conduct frequent meetings to collect and discuss data regarding the followings:

- The reviewed college mission.
- The reviewed university mission.
- The second strategic plan for the university.
- Benchmark programs missions.
- The Saudi Arabia 2030 vision.
- The achievement report of the previous program mission including the strengths, weaknesses, opportunities, threats, recommendations, area for improvements, and obstacles.
- The modern trend in medical education.
- The expectations from the program in the field of education, scientific research, and community service.

This committee has the right to request support from any individual, committee, unit, or department in the program, through the responsible vice-deanship, moreover it can request assistant or consultation from outside the program through the dean.

The final statement of the program mission should be consistent with the program vision, and in alignment with college mission, university mission, and the national trend (Vision 2030).

**Table (4): Shows the procedures for performing program mission review.**

No	Action
1	The mission and objectives review committee will Study the college and university mission, the second strategic plan for the university, the report of the achievement of the previous program mission, and the missions of peer programs.
2	Brain storming to agree upon the general frame of the mission statement.
3	Formation of three subcommittees to form three proposals for mission statements.
4	Choose one mission statement according to the majority votes, and apply the suggested modifications if there any.
5	Submit the three proposals to the college board for discussion, recommendation, and selection of

	one statement, with recommendation of the mission statement get the majority votes.
6	Apply recommendation proposed by college board
7	Survey the internal & external stakeholders opinion, and recommendations regarding the chosen statement of the mission
8	Apply recommendations of the stakeholders, if any.
9	Approve the final statement of the program mission by the college board & advisory board

### Step 3: Review of the program objectives.

The program objectives review and update are the responsibility of the mission and objectives review committee.

When the program intends to perform review of the objective, this committee starts to conduct frequent meetings to collect data regarding the followings:

- The program mission
- The reviewed college strategic objectives.
- The reviewed university strategic objectives.
- Benchmark programs objectives.
- The Saudi Arabia 2030 vision.
- The achievement report of the previous program objectives including the strengths, recommendations, area for improvements, and obstacles.
- The modern trend in medical education.
- The expectations from the program in the field of education, scientific research, and community service.

The final statements of the program objectives should be consistent with the program mission, and in alignment with the college strategic objectives, and university strategic objectives.

**Table (5): Shows the procedures of performing program goals review.**

No	Action
1	The mission and objectives review committee will Study the college and university strategic objectives, program mission, the report of the achievement of the previous program objectives, and the objectives of peer programs.
2	Brain storming to agree upon the general frame of the program objectives.
3	Formation of three subcommittees to form three proposals for program objectives.
4	Choose program objectives according to the majority votes, and apply the suggested modifications if there any.
5	Submit all the program objectives proposals to the college board for discussion, recommendation, and selection of program objectives, with recommendation of the program objectives get the majority votes.
6	Apply recommendations proposed by college board
7	Survey the internal & external stakeholder's opinion, and recommendations regarding the chosen program objectives.
8	Apply recommendations of the stakeholders, if there any.
9	Approve the final program objectives by the college board & advisory board

#### **Step 4: Review of the program graduates attributes (GAs).**

The review of the program graduate attributes is the responsibility of the medical education department. This department's membership includes teaching staff expert in the field of the modern medical education trends. In order to fulfill the educational part of the program mission, and its aligned objectives the program will conduct thoroughly review of the graduates attributes through the medical education department. The graduate's attributes review should be consistent with the program mission, program objectives, employment needs, and aligned with university graduate's attributes, National Qualification Framework (NQF), and SAUDI MED Framework.

**Table (6): Shows the procedures for performing graduate's attributes update.**

No	Action
1	The medical education department will Study the university graduate's attributes, SAUDI MED Framework, NQF, program mission, program objectives, and the graduate's attributes of peer programs.
2	Survey the internal & External stakeholders regarding the necessary graduate's attributes they recommend.
3	Brain storming to agree upon the general frame of the graduate's attributes.
4	Formation of subcommittees to form many proposals for the graduate's attributes.
5	Choose program graduate's attributes according to the majority votes, and apply the suggested modifications if there any.
6	Submit the entire graduate's attributes proposals to the college board for discussion, recommendation, and selection of graduate's attributes, with recommendation of the graduate's attributes get the majority votes.
7	Apply recommendation proposed by college board
8	Survey the internal & external stakeholder's opinion, and recommendations regarding the chosen graduate's attributes.
9	Apply recommendations of the stakeholders, if there any.
10	Approve the final program graduate's attributes by the college board & advisory board

### **Step 5: Review of the program learning outcomes (PLOs).**

The review of the program learning outcomes is the responsibility of the medical education department. Inorder to provide the program graduates with the expected attributes, the program will conduct thoroughly review of the program learning outcomes via the medical education department. The learning outcomes reviewed should be facilitating achievement of the graduates attributes and consistant with program mission, objectives, National Qualification Framework (NQF), SAUDI MED Framework, and labor market needs.

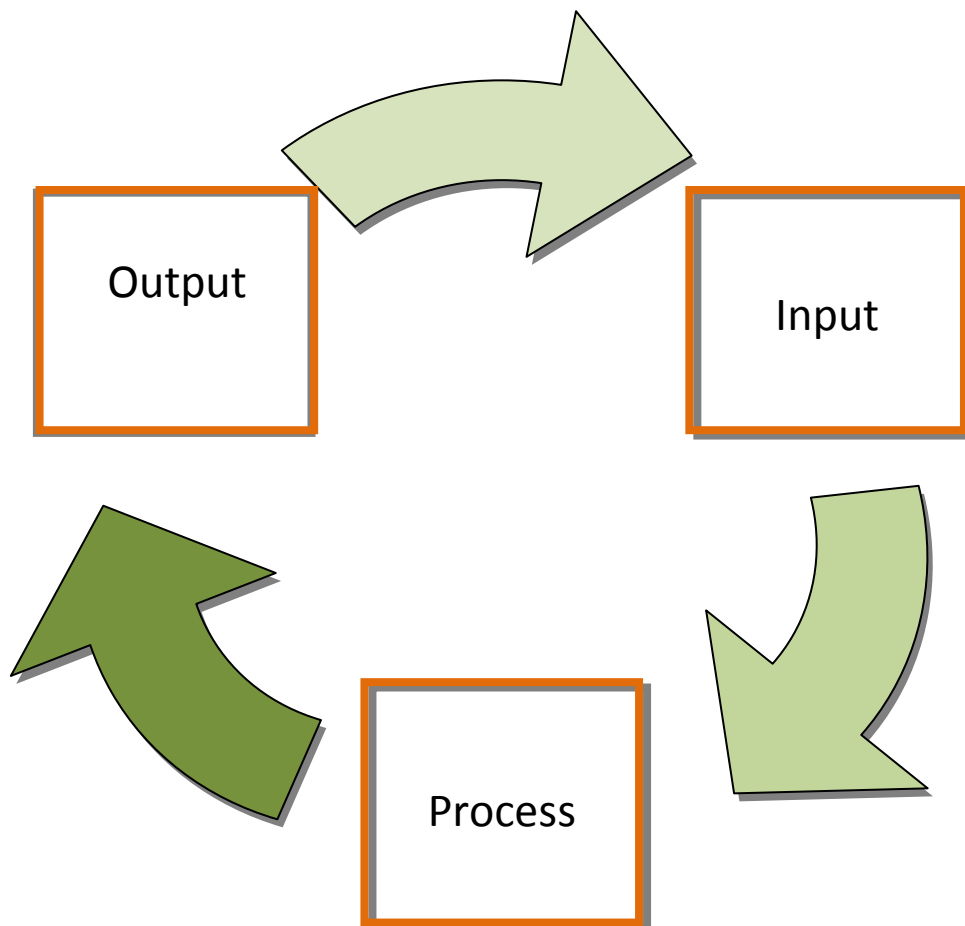
**Table (7): Shows the procedures for performing program learning outcomes (PLOs) review.**

No	Action
1	The medical education department will Study the program mission, objectives, and graduate's attributes, SAUDI MED Framework, NQF, and the learning outcomes of peer programs.
2	Survey the internal & External stakeholders regarding the program learning outcomes they recommend.
3	Brain storming to agree upon the general frame of the program learning outcomes.
4	Formation of subcommittees to form many proposals for the program learning outcomes.
5	Choose program learning outcomes according to the majority votes, and apply the suggested modifications if there any.
6	Submit the entire program learning outcomes proposals to the college board for discussion, recommendation, and selection of program learning outcomes; with recommendation of the program learning outcomes get the majority votes.
7	Apply recommendation proposed by college board
8	Survey the internal & external stakeholder's opinion, and recommendations regarding the chosen program learning outcomes.
9	Apply recommendations of the stakeholders, if there any.
10	Approve the final program learning outcomes by the college board & advisory board

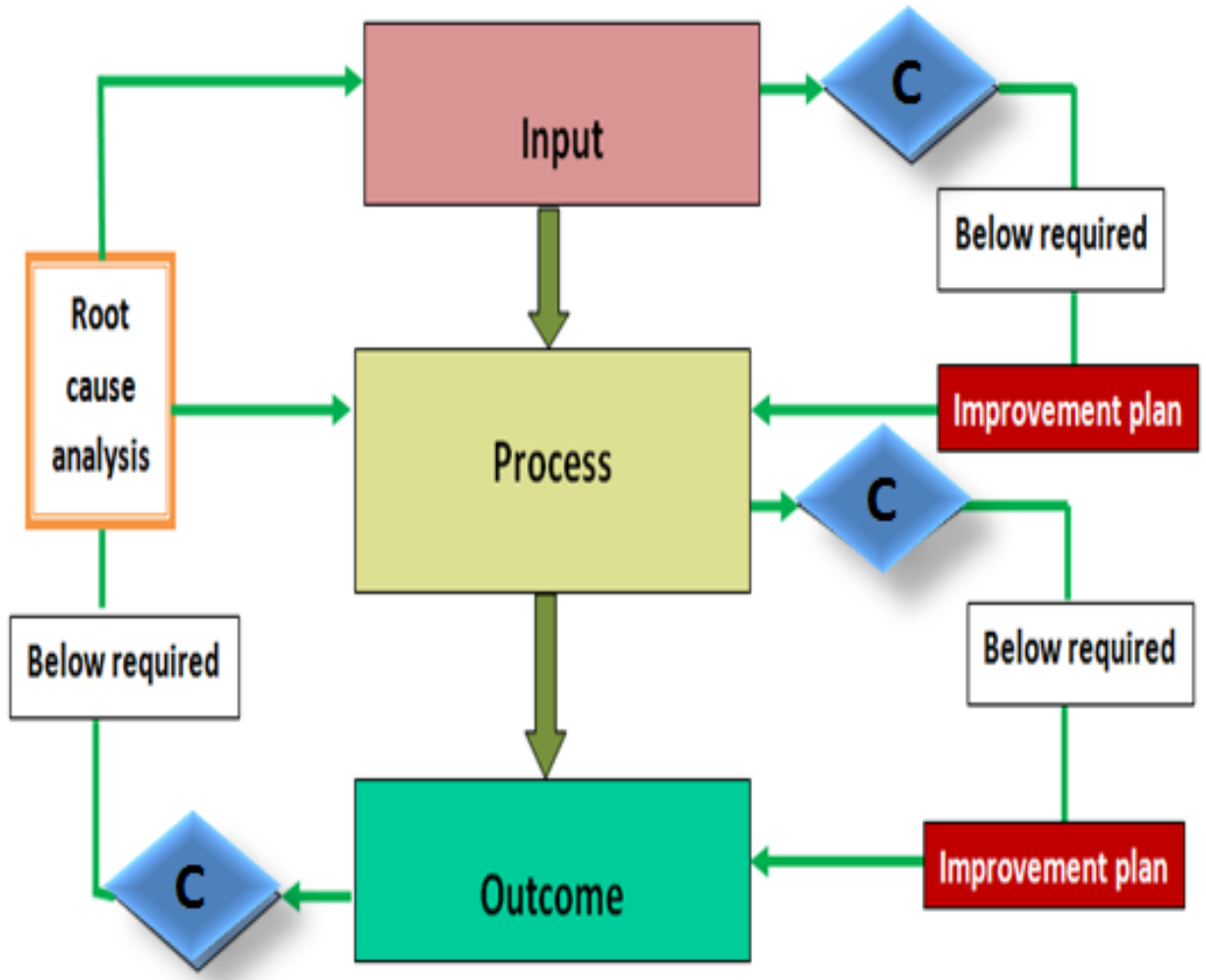
## ***Annual systematic quality assurance process***

### **Executive quality loop in the program:**

The executive quality loop within the program consists of input elements, process elements, and output elements. Each of these elements represents a series of loops, and each component has a performance indicator that is measured to monitor and ensure the quality of performance.



**Figure (4)- Quality Loop**



**Figure (5)- shows Closure of the quality loop flowchart in the program**

### **The process for quality loop closure in the program**

The process for closing the quality loop is concerned with all the elements of the quality, including inputs and processes, but mainly with the elements of outputs, and in the event that one of the program's outputs did not achieve the expected performance indicator, an analytical study is conducted to determine the cause of the deficiency (root cause analysis); then developing operational plans to improve the performance of the targeted component, and following up the impact of implementing the improvement plan on the component by measuring the performance indicator.

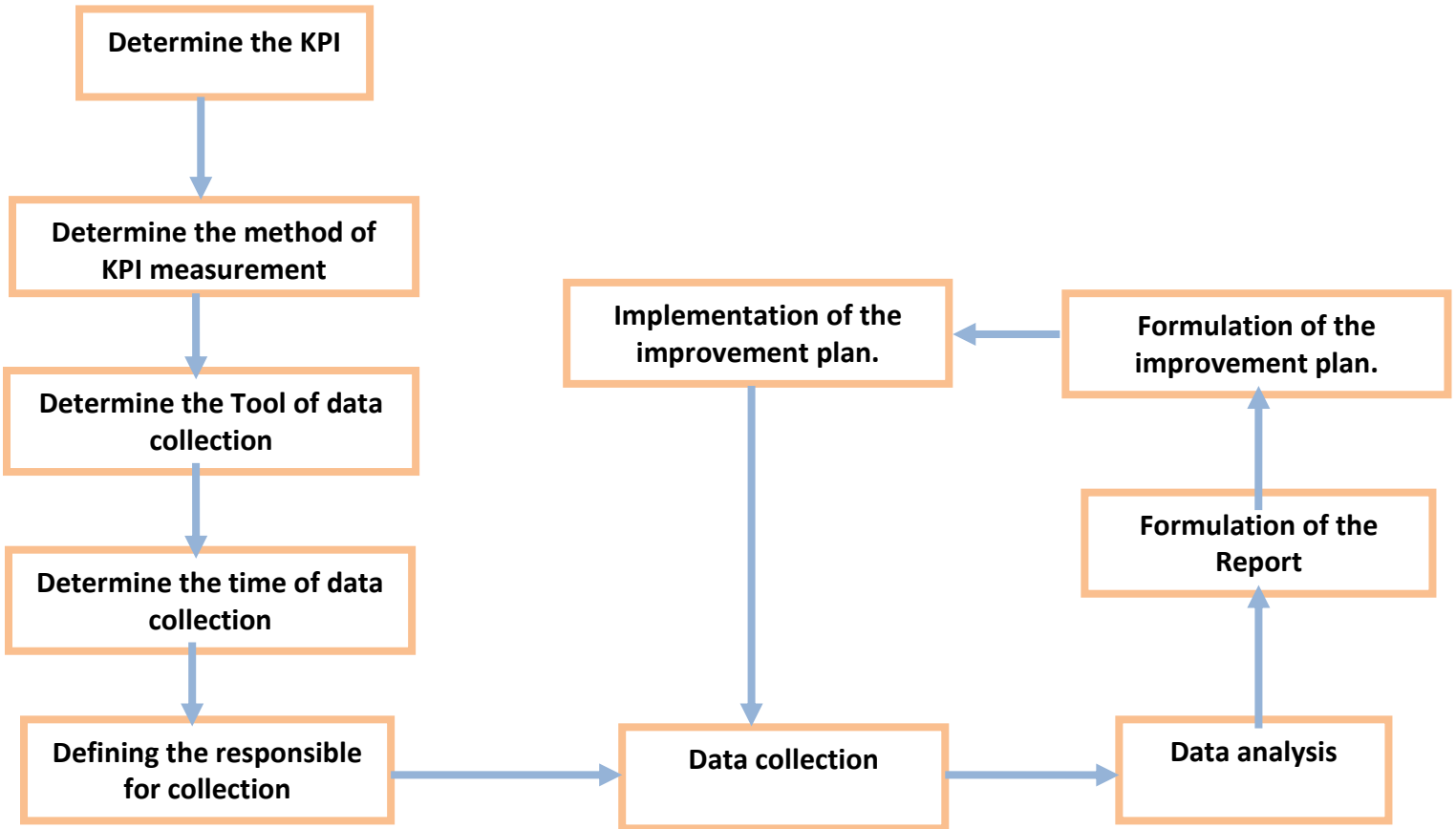
### Quality evaluation system:

The mission of the College consists of three major elements:

- Preparing qualified physicians capable of self-directed professional development, and this can be achieved by providing an appropriate environment for teaching and learning processes.
- Contributing to scientific research; and this can be achieved by providing an environment that contributes to conducting scientific research.
- Providing distinguished community service.

The program relies on various tools to evaluate and periodically measure the program's inputs, the various processes that take place in the program, and the achieved outputs resulting from these processes. And in order to control the quality of these elements, early sensing of deficiencies and developing improvement plans based on periodic measurements of the achieved level of performance indicators, and compare them with the desired target benchmark for each Indicator for the current year. Moreover, comparison with the achieved results for the performance indicator in the last year (internal benchmark); and reference comparisons to the performance indicators of similar national programs, (external benchmark).





**figure(6)- shows the Sequences of KPI utilization in the quality management system in the program**

## Evaluation of quality loop component:

### A.Evaluation of input elements:

#### A.1.Evaluation of the quality of the courses' content:

Students are surveyed in assessing the quality of the courses at the end of each course, and before the announcement of the grades, there is an electronic questionnaire appears to the student on his page in the portal of the academic system; this questionnaire includes items related to the evaluation of the student to the quality of the course content. And in the event of a poor rating, the course coordinator should conduct thoroughly review for the course and develop an improvement plan.

#### A.2. Teaching staff:

An annual inventory of the efficiency and adequacy of faculty members is carried out within the program, to determine their distribution in the program according to the

- a. qualification ranking,
- b. gender
- c. departments.

which helps to identify the department's requirements, for new faculty members accordingly.

#### A.3. Learning resources

##### A.3.1. Survey of beneficiaries (students and faculty) of their satisfaction with the library

The satisfaction of students and faculty members regarding the library and the electronic library is investigated annually by a survey designed for this purpose.

##### A.3.2. Survey of beneficiaries (students and faculty) of their satisfaction with laboratories

The satisfaction of students and faculty members regarding laboratories is investigated annually by a survey designed for this purpose.

##### A.3.3. Survey of beneficiaries (students and teaching staff) of their satisfaction with the classrooms.

The satisfaction of students and faculty members regarding classrooms is investigated annually by a survey designed for this purpose.

#### **A.4. Services provided by the college (play yard, accommodation, health services, etc.)**

The satisfaction of students and faculty members regarding services provided by the college is investigated annually by a survey designed for this purpose.

#### **A.5. Scientific research:**

##### **A.5.1. Scientific research plan:**

The program adopts an annual plan for scientific research that identifies the different directions and research activities within the scientific departments and by the end of the academic year, this plan is evaluated and dyeing a report on the level of completion of the plan and identifying the obstacles faced researchers, to avoid them and to develop solutions in the following year.

##### **A.5.2. Student's average achievement of the program's learning outcomes related to scientific research:**

To which extent the students acquired the fundamental skills for conducting scientific researche is assessed by calculating the mean of their achievement for program learning outcome(PLOs) relevant to provide them with the necessary skills for scientific research.

#### **A.6. Community services plan:**

The program adopts an annual plan for community service activities that identifies the community services priorities to be provided by the staff members and students. And by the end of the academic year this plan is evaluated and dyeing a report on the level of completion of the plan and identifying the obstacles are identified, to avoid them and to develop solutions in the following year.

### **B.Evaluation of process elements**

These include various activities and practices within the program in which inputs are invested to get the best possible outcomes, including educational processes and the implementation of various operational plans.

#### **B.1. Evaluation of the quality of the courses delivery processes:**

Students are surveyed in assessing the quality of the courses at the end of each course, and before the announcement of the grades, there is an electronic questionnaire appears to the student on his page in the portal of the academic system; this questionnaire includes items related to the evaluation of the processes that took place during course delivery including, orientation with the course contents, teaching strategies,

and assessment and evaluation strategies. And in the event of a poor rating, the course coordinator should conduct thoroughly review for the course and develop an improvement plan.

## **B.2. Teaching staff training:**

The program conducts annual survey through training and development committee to determine the training needs priorities according to the teaching staff opinion, and a training plan is formulated according to these needs and by the end of the academic year, the inventory of teaching staff participate in this training plan is determined.

## **B.3. Student evaluation for academic guidance.**

There is an annual survey for student satisfaction with academic guidance services is carried out with a questionnaire designed for this purpose.

## **B.4. Evaluation of extracurricular activities:**

The student satisfaction of extracurricular activities supervised by the student activity unit is investigated annually with a questionnaire designed for this purpose.

## **B.5. Evaluation of Learning experience provided in the program:**

There is an annual survey for the final year students concerning satisfaction with the learning experience they gain from the program carried out with a questionnaire designed for this purpose. This survey is considered important, as it gives an indicator of the quality of the learning outcomes and graduate attributes adopted by the program, and the extent of consistency with the labor market.

## **B.6. Evaluation of the extent of participation of teaching staff in community service:**

It is monitor by annual calculation of the Percentage faculty members participate in community service activities.

## **C. Evaluation of output elements:**

### **C.1. Evaluation of the students:**

#### **C.1.1. Student's completion of the courses:**

A report in the most recent NCAAA course report template is fulfilled, which contains items related to student's grades achievement and completion rate of the course.

#### **C.1.2. First-year retention rate:**

This is an annual calculation of percentage of first-year undergraduate students who continue at the program the next year to the total number of first-year students in the same year.

### C.1.3. Completion rate (graduation rate)

This is an annual calculation of the Proportion of undergraduate students who completed the program in minimum time in each cohort

## C.2. Evaluation of the graduates:

### C.2.1. Students' performance in the professional and/or national examinations.

This is an annual calculation of the Percentage of graduates who were successful in the Saudi Medical Liscence Examination (SMLE).

### C.2.2. Graduates' employability and enrolment in postgraduate programs within

This is an annual calculation of the Percentage of graduates from the program who within a year of graduation were: a. employed, b. enrolled in postgraduate programs during the first year of their graduation to the total number of graduates in the same year.

## C.3.Evaluation of the scientific researches

C.3.1. Annual report regarding the conducted and published scientific researches is prepared by the conferences and scientific researches committee.

### C.3.2. Percentage of publications of faculty members:

This is an annual calculation of the Percentage of full-time faculty members who published at least one research during the year to total faculty members in the program.

### C.3.3. Rate of published research per faculty member:

This is an annual calculation of the average number of refereed and/or published research per each faculty member during the year (total number of refereed and/or published research to the total number of full-time or equivalent faculty members during the year)

### C.3.4. Citations rate in refereed journals per faculty member

This is an annual calculation of the average number of citations in refereed journals from published research per faculty member in the program (total number of citations in refereed journals from published research for full-time or equivalent faculty members to the total research published).

#### C.3.5. Number of research published by students in peer-reviewed journals

This is an annual calculation of the number of published researches in peer review journals by students.

#### C.3.6. Number of research published in peer-reviewed journals

This is an annual calculation of the number of published researches in peer review journals by staff members.

#### C.3.7. Number of researches received a distinction award

This is an annual calculation of the number of distinguished published researches and received distinction award.

#### C.3.9. Percentage of Researches' partnership conducted /published last year

This is annual calculation of the proportion of the researches conducted/published by partnerships to the total number of research published per year.

### **C.4. Evaluation of the community services:**

C.4.1. The community service committee prepares an annual report regarding the conducted community service activities.

C.4.2. The number of community and voluntary participations by students.

C.4.3. Beneficiaries' satisfaction with the community service provided

This is survey conducted after each implemented community service activity to assess the satisfaction of beneficiaries regarding the provided activity and to which extent it fulfill their needs.

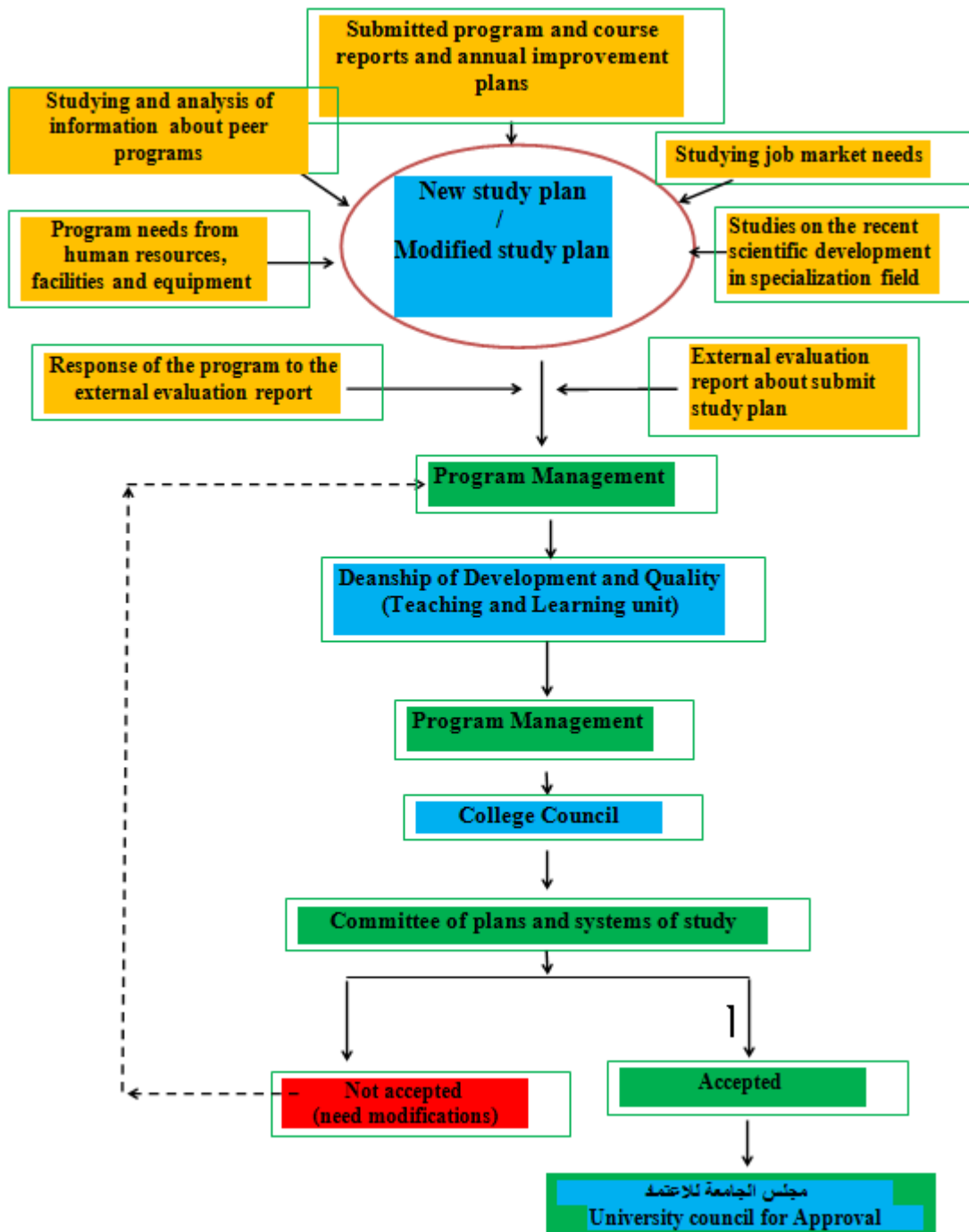
## Program Development Process (Approval and Changes)

### Policy

Programs are planned as coherent packages of learning experiences in which all courses contribute in planned ways to the intended learning outcomes for the program.

- 1- Preparation of specification for all the programs at Najran University, including teaching and assessment strategies, based on NCAAA template.
- 2- Preparation of course specifications for all the programs at Najran University, including teaching and assessment strategies, based on NCAAA template.
- 3- All the programs must provide students with the knowledge and skills they need in accordance with the mission of the university.
- 4- Faculty members must be trained on the modern teaching strategies, effective teaching skills, exam systems, students' assessment, and measurement of learning outcomes.
- 5- The amendment of programs or establishment of new ones is always related to the society needs, the job market requirements, and the developments in the majors and also in response to improvement plans.
- 6- Establishment of new programs also requires provision of financial and human resources, an informational survey of similar programs, and it should be in compliance with the national qualifications framework.
- 7- A comprehensive review for the programs must be done every five years.
- 8- The process of establishment of new programs' study plans or amendment of the current programs' study plan is done according to steps shown in **Figure (7)**.

**Figure (7): Shows the process of establishment of new programs' study plans or amendment of the current programs' study plan .**





## Procedures

1. Proposals for course modifications or curriculum improvements are submitted by faculty members with proper justification and implications of change suggested.
2. The departmental chair/council will normally study the merit of the suggestion and work out a detailed proposal which is forwarded to the vice deanship for academic affairs for discussion and approval.
3. The vice dean for academic affairs forwards the proposal to the Medical Curriculum Development and Review Committee to consider the proposal. The Department Chair or his/her representative, with support and documentation provided by the department, will attend the meeting of the college-based study plans and curricula when the proposal is discussed.
4. After examining the proposal, the Medical Curriculum Development and Review Committee submits its recommendation to the vice dean for academic affairs and then to the college dean.
5. The College Council examines the recommendation of the Medical Curriculum Development and Review Committee and forwarded to Deanship of Development and Quality, Teaching and Learning Unit for review and assessment.
6. The recommended modifications are to be approved by the college councils after following the Teaching and Learning Unit recommendation
7. The study plan is submitted by the Dean of the College to the university committee of study plans and academic system
8. The university committee of study plans and academic system has to verify that all the new or amended study plans are in compliance with the university mission and the program goals. They should also be in line with the national qualifications framework and the requirements of the teaching and learning standard of NCAAA.
9. Once approved, proposals are submitted to the University Council's for final approval and making decision on the change suggested

## Curriculum and courses evaluation and review Process

### Overview

Course is defined as the main block of the academic program. Any course it might have some changes while teaching it. These changes will be in the interest of students and improving the program. This policy will include steps for any positive changes may suggest by faculty, external reviewer, committee and students to support any course

### Purpose

The main aim of this policy is to guideline faculty and instructor if they would like to do any modification in the curriculum or course structure. Moreover, any positive modification will increase the quality of the course which is at the end will lead to have more effective programs and more educated students. This continuous enhancement will serve the community and employer demand by graduating more affective students. This policy provides a framework of quality assurance that regulates modification of courses which is the main pillar of Institutional Effectiveness process.

### Policy

1. Course revision and assessment should be done internally at the end of each semester when the course offer, and externally when the external review team are visiting the program for accreditation purpose or comprehensive review for the programs.
2. Faculty is responsible to fill course files at the end of each semester and discuss all problems and obstacles facing students and course during teaching it.
3. Any suggestion for course modification needs evidence that the change will enhance the quality of the Course, as defined by NCAAA standards, contemporary relevance and student/employer demand.
4. The reviewer of the course should have the clue, clarification and reason for these changes.
5. College of medicine vision, mission and strategic plan are the main core can base on while doing the modification.
6. This course modification proceeds if the resources are available to maintain the specified change; and might be implemented after review and approval.

## **Procedures**

Changes are considered as “minor” or “major”.

### **Procedures for Minor changes include:**

1. Updating the contents to contribute to better achievement of learning outcomes.
2. Amending teaching strategies and evaluation methods.
3. Adjustment of the time for mid-term examinations in the semester.
4. Reorganizing the academic content.
5. Changing the academic advising practices.
6. Updating the learning resources.
7. Adding resources and methods to evaluate the program.
8. setting regulations for training the faculty members.

### **Prcedures for Major changes include:**

1. Increasing the number of the program's total credit hours.
2. Decreasing the number of the program's total credit hours.
3. Deleting a course from the program's study plan.
4. Adding a course to the program's study plan.
5. Increasing the course's credit hours.
6. Decreasing the course's credit hours.
7. Increase the duration of field experience
8. Decreasing the duration of field experience.
9. Transferring a course from one level to another.
10. Adding a prerequisite that was not present in the plan.
11. Defining optional courses that were not present in the existing plans.
12. Change the name of any course

## ***The steps for curricula review and modification:***

### **Department level**

1. The Department Chair should involve all faculty in discussions regarding curriculum development proposals. The department council examines and recommends the proposal.
2. The Department Chair submits the recommendation for curriculum development to the vice deanship

for academic affairs

### College level

3. Upon approval of the proposal for curriculum development at the department level, the vice dean for academic affairs forwards the proposal to the Medical Curriculum Development and Review Committee to consider the proposal. The Department Chair or his/her representative, with support and documentation provided by the department, will attend the meeting of the college-based study plans and curricula when the proposal is discussed.
4. After examining the proposal, the Medical Curriculum Development and Review Committee submits its recommendation to the vice dean for academic affairs and then to the college dean.
5. The College Council examines the recommendation of the Medical Curriculum Development and Review Committee and decides whether the proposal should be forwarded to the University committee of study plans and academic system **(if major changes)** or should be returned to the department for amendment **(if minor changes)**.
6. The College Dean submits a written statement along with the final proposal as a signed curriculum review form and attached documents (Current and proposed course syllabi) to the Deanship of Development and Quality, Teaching and Learning Unit.
7. The recommended modifications are to be approved by the college councils after following the Teaching and Learning Unit recommendations
8. The proposal is submitted by the Dean of the College to the university committee of study plans and academic system

### University level

9. The university committee of study plans and academic system will discuss the curriculum review and decides whether to recommend or decline the proposal during its next meeting and submits its recommendation to the university' Council. If the request is refused, the university committee of study plans and academic system will decline the proposal and inform the concerned college.

### University' Council Decision

10. The University' Council decision is communicated to the relevant academic units (concerned programs) and administrative units (Admission Department, Registration Department, etc.) for implementation and for inclusion in the subsequent year's catalog.

## Reference

- College of Medicine Najran University KPIs guide
- NCAAA program KPIs.
- NCAAA standards for program accreditation.
- NCAAA Handbook for Quality Assurance and Accreditation in Saudi Arabia

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