



Quality Assurance Manual Physiotherapy program

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جامعة نجران
NAJRAN UNIVERSITY



جامعة نجران

NAJRAN UNIVERSITY

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INTRODUCTION

The Quality Assurance Manual for the Physiotherapy program at college of Applied Medical Sciences-Najran University is designed to provide a comprehensive guide to the policies, procedures, and standards to ensure that our program meets the highest standards of excellence in education, research, and community service. This manual serves as a cornerstone for maintaining and continuously improving the academic and professional excellence of the program. This manual applies to all aspects of the Physiotherapy program, including curriculum development, teaching methodologies, clinical training, faculty and staff responsibilities, and student services.

Physiotherapy programs are committed to delivering an outstanding Physiotherapy program that meets the standards set by accrediting bodies and professional organizations.

Our quality policy is centered on the following principles:

1. **Student-Centered Learning:** Focusing on the needs and aspirations of our students and creating an inclusive and supportive environment that encourages student engagement and success
2. **Academic Excellence:** Delivering a rigorous and relevant curriculum that fosters critical thinking and innovation and integrating the latest research and clinical evidence into our teaching and training practices.
3. **Collaborative Environment:** Promoting a culture of collaboration and mutual respect among students, faculty, and clinical partners.
4. **Ethical Standards:** Upholding integrity, transparency, and ethical behavior in all our activities.
5. **Continuous Improvement:** Regularly evaluating and enhancing our programs based on feedback and performance metrics.

Quality and Development Unit was established in Applied Medical Sciences College according to the administration decision of Vice-President for Development and Quality No. (4/1431) dated 23/07/2010. The Quality and Development Committee in physiotherapy program is subordinate to Quality and Development Unit that follows the deanship of Quality and Development at university level.

Mission of Najran University

Providing distinguished education and producing competitive scientific research that contributes to the development of the knowledge economy, and building effective community partnerships, by strengthening institutional governance that supports creativity and national values.

Mission of College of Applied Medical Sciences

Providing high quality applied medical education and producing specialized scientific research that contributes to community service by providing a stimulating and supportive educational environment to meet national requirements.

Mission of Medical Rehabilitation Sciences Department

The mission of medical rehabilitation sciences department in Najran University is to prepare distinct specialists in the field of medical rehabilitation by providing high standard education and conducting modern scientific research to meet and serve community needs.

Mission of Physiotherapy Program

Mission of Physiotherapy program

The mission of physiotherapy program in Najran University is to prepare competitive physiotherapists equipped with clinical experience and skills by providing a motivating and supportive educational environment and producing competitive scientific research that contributes to community service and meets national requirements.

Objectives of physiotherapy program

- 1- Provide a supportive and motivating academic environment for the development of physiotherapy program students' abilities.
- 2- Develop the student's clinical capability of evaluation, treatment planning and implementation in accordance with the developments and the requirements of the physiotherapy labor market.
- 3- Enhance the system of scientific activities and support scientific research in the field of physiotherapy.
- 4- Participate effectively in society and achieving community satisfactions by providing the needed physiotherapy services.

ACADEMIC STANDARDS

The program approved and followed the National Commission for Academic Accreditation and Assessment (NCAAA). NCAAA is responsible for determining standards and procedures for accreditation and quality assurance of academic programs. The NCAAA has established five quality standards. These standards focus on the quality of academic programs, ensuring they meet the criteria for content, teaching methods, and learning outcomes.

NCAAA Standards

NCAAA Standards	
I	Program management and quality assurance
II	Teaching and learning
III	Students
IV	Teaching staff
V	Learning Resources, facilities, and equipment

QUALITY MANAGEMENT SYSTEM (QMS)

The Quality Management System (QMS) provides a structured approach to managing and improving the quality of the physiotherapy program. It encompasses all policies, procedures, and processes that ensure the program's objectives are met.

Key roles and responsibilities of the QMS:

- **Program Director/Head:**
 - Ensures the alignment of the program with the institution's mission and objectives.
 - Oversees the development and implementation of the QMS.
 - Facilitates regular reviews and updates of the QMS to ensure continuous improvement.
 - Ensures that the program adheres to all relevant laws, regulations, and accreditation requirements.
 - Monitors changes in regulatory requirements and updates the QMS accordingly.

• Quality Assurance Committee:

- Develops and monitors quality policies and procedures.
- Spreading awareness and promoting a culture of quality among all faculty employees.
- Ensure that the program has well-defined program learning outcomes (PLOs) and course learning outcomes (CLOs)
- Conducts internal audits and assessments to ensure compliance with quality standards.
- Reviews and analyzes feedback from stakeholders to identify areas for improvement.
- Analyzing key performance indicators (KPIs), student feedback, faculty performance, and assessment results to identify areas for improvement.
- Develops and maintains documentation related to the QMS, including policies, procedures, and records.
- Coordinates with external accrediting bodies to maintain accreditation status.
- Provides training and support to faculty and staff on compliance-related matters.
- Ensures effective communication of quality policies, procedures, and updates to all stakeholders.
- Prepares and distributes regular reports on quality performance and improvement initiatives.
- Engages with stakeholders to gather feedback and promote a culture of quality.
- Implementing continuous improvement initiatives based on data analysis, feedback, and best practices in education.

• Curriculum Development Team:

- Ensures that the curriculum is up-to-date, relevant, and aligned with professional standards and best practices.
- Develops clear learning outcomes and assessment criteria.
- Assessing course content, teaching methodologies, and learning outcomes, and making recommendations for curriculum enhancement.
- Regularly reviews and revises the curriculum based on feedback and performance data.

• Faculty Members:

- Implements the curriculum and delivers high-quality practice.
- Engages in continuous professional development to enhance teaching skills and subject knowledge.
- Collects and analyzes student feedback to improve teaching methodologies and course content.

• Academic Advisors:

- Provides academic guidance and support to students throughout their studies.
- Assists students in developing study plans and selecting appropriate courses.
- Monitors student progress and provides interventions as needed.

• Student Services:

- Offers a range of support services, including counseling, career guidance, and extracurricular activities.
- Ensures that students have access to necessary resources and support systems.
- Collects and analyzes student feedback to improve support services.

• Continuous Improvement

- Identifies areas for improvement based on feedback, audits, and performance data.
- Develops and implements action plans to address identified areas for improvement.
- Monitors the effectiveness of improvement initiatives and makes necessary adjustments.

• Documentation and Recording

- Manages the creation, approval, distribution, and revision of quality-related documents.
- Ensures that all quality records are accurate, up-to-date, and securely stored.
- Maintains an organized system for tracking and retrieving quality documents.

QUALITY MANAGEMENT PROCESS

1) Planning stage for quality operations:

The planning stage begins by identifying the goals to be achieved in light of the mission and performance indicators, and also determining the degree of consistency with the acceptable performance standards.

- Develop an operational plan for the program, taking into account the goals and objectives of the program, improvement plans, accreditation requirements, course reports, the program's annual report, and program and course descriptions, as well as linking them to program performance indicators.
- Faculty members in the program participate in planning quality assurance processes in designing the academic program and course descriptions, and planning processes for measuring the program's and course's learning outcomes.
- Faculty members participate in developing the program's annual operational plan and identifying strategic issues and priorities according to their connection to the program's strategic goals.

2) Quality Assurance Process Implementation Phase:

In this phase, the program's operations are managed by following up on the program's quality control system by the department's management, the program director, and the quality committee in the aspects of teaching, learning, evaluation, facilities, activities, and learning resources. It also focuses on the beneficiaries, spreading the culture of quality, and following up on the implementation of training activities for faculty members and students.

- Program members participate in implementing quality assurance processes through their membership in the program's various committees formed for this purpose, including the

Quality and Academic Accreditation Committee, the Scientific Research Committee, the Faculty Development Committee, the Community Service Committee, the Learning Services Committee, the Program Development Committee, and the committees formed to implement the program's annual operational plan and other committees.

- Students also participate in implementing quality assurance processes at the program level through the student council and advisory committees.

3) Evaluation Phase of Quality Assurance Processes:

In this phase, program operations are monitored and controlled through periodic reports and course reports. The annual program report, self-evaluation standards, and benchmarks (internal and external), and the results of feedback resulting from beneficiary surveys (students, faculty members, graduates, employers, etc.), and the necessary observations to determine the level of progress of the program in achieving the desired goals, and collecting, analyzing, documenting, and preparing reports on data to lay the foundations for program improvement plans.

- All beneficiaries participate in evaluating the program's quality assurance processes by responding to questionnaires measuring beneficiary satisfaction.
- The Quality and Academic Accreditation Committee participates in quality assurance processes through the tasks assigned to it in reviewing, evaluating, and preparing related reports.

4) Development and improvement stage for quality assurance processes:

- The program's goals and learning outcomes are prepared, revised, or reviewed. Here, improvement plans and strategies for the program are adopted or adopted based on the evaluation results in the previous stage. Here, the quality circle is closed.
- Continuous improvement is achieved by preparing an operational plan that includes all recommendations, and improvement plans that have been approved in all forms, such as: the program's annual report, questionnaire reports, the program's operational plan completion report, the performance indicators report, and other reports.

Quality System Framework

Figure 1 illustrates the framework that manages quality assurance. It is clear from the figure that the inputs, processes, outputs and outcomes are assessed and evaluated regularly to improve the quality of the program.

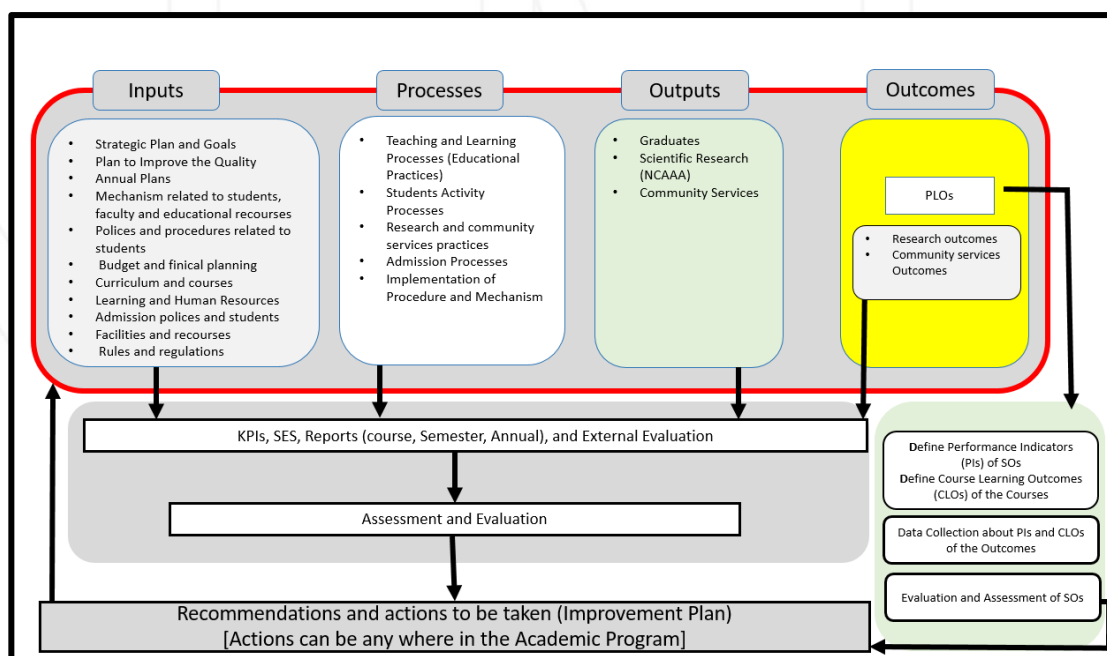


Fig. 1. Quality System Framework

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 a thorough review of 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 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.6. Community services plan

The program adopts an annual plan for community service activities that identify 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 a thorough review of the course and develop an improvement plan.

B.2. Teaching staff training

The program conducts annual 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 graduate's satisfaction with the learning experience they gain from the program carried out with a questionnaire designed for this purpose. This survey is considered very important, as it gives an indicator of the quality of the learning outcomes and graduate attributes adopted by the program, and the extent to which they are consistent with the labor market.

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 the 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 national examinations.

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

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. An 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 the 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. The number of papers (researches) or reports presented at academic conferences for all faculty members

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. This is an annual calculation of the Percentage of full-time faculty members who participate in community service activities.

Annual plan of quality assurance activities

Activity	Committee	Frequency
CLOs assessment report	Teaching & learning	Semester
Course reports collection	Development & Quality	Semester
Internship period assessment	Internship	Annually
Quality of course survey report	Performance unit	Semester
Operational plan report	Development & Quality	Annually
Student academic advising report	Academic advising	Semester
Stakeholders' survey report	Measurement and assessment	Annually
Community service Plan	Community service	Annually
Community service Report	Community service	Annually
Research activities Plan	Scientific Research	Annually
Research activities report	Scientific Research	Annually
Students' extracurricular activities plan	Students' activities	Annually
Students' extracurricular activities Report	Students' activities	Annually
Training plan	Skill development	Annually
Training Report	Skill development	Annually
Examination paper review report	Examination review	Semester
KPIs report	Development & Quality	Annually
Annual program report review	Teaching & learning	Annually

Closed-loop quality management

To identify the causes of the problems, and work that needs correction, the program uses the Deming Cycle. The loop of quality based in Deming cycle consists of four basic stages

Plan: To improve operations, the problems facing them must be identified, and creative ideas come out to solve these problems and get rid of their root causes.

Do: In the bringing, trying the proposed changes, to solve problems on a small scale.

Check: Check and confirm whether small experimental changes have achieved the desired result or not.

Act: If the experiment is successful, the changes are implemented on a larger scale. Others who are affected by new changes and need their cooperation with the program to implement them on a larger scale should be involved, or those who may benefit from what you have learned.



Fig.2. Deming cycle

To verify the status of the closing quality cycle, it is necessary to map the weaknesses that appear in the process cycle - the inputs (through follow-up reports and performance indicators) and send them to the input area (see Fig. 9).

To verify the status of the closing quality cycle, it is necessary to identify the weaknesses that appear in the output-process cycle (through follow-up reports and performance indicators) and send them to the operations area.

Also, to verify the status of the closing quality cycle, it is necessary to enumerate the weaknesses that appear in the output-input cycle (through follow-up reports and performance indicators) and send them to the input area.

Continuous Improvement

The QMS at the program is responsible for the development, monitoring and implementation of quality management procedures in the program, The program follows a continuous improvement cycle (Figure 2), that exhibits closing the quality loop.

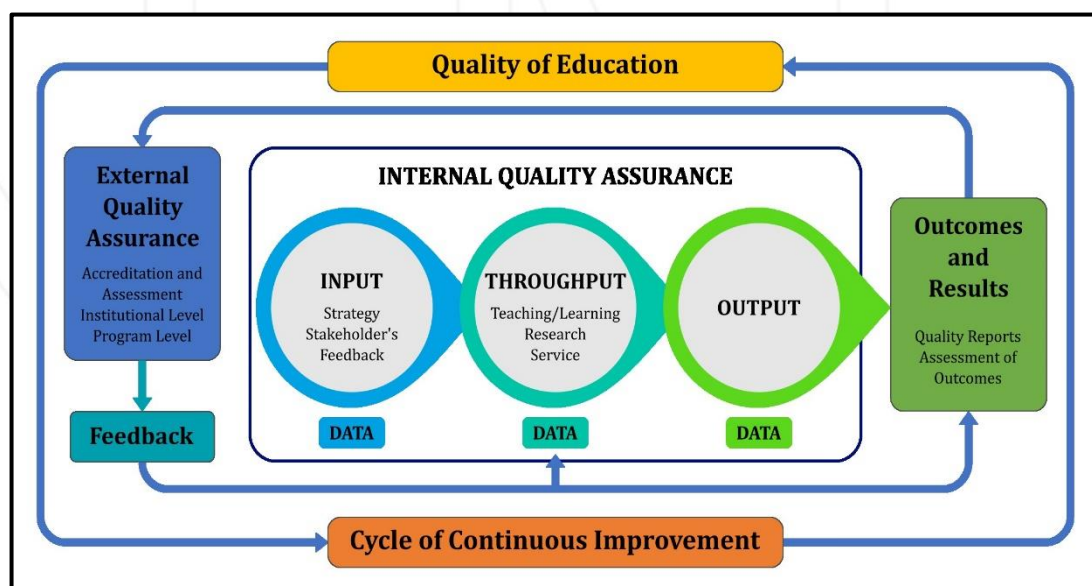


Fig. 3. Continuous improvement process.

KEY PERFORMANCE INDICATOR (KPI)

Performance indicators are measurable data and statistical information that are compared to determine progress towards the goal.

Importance of performance indicators (KPIs) for academic programs:

1. Monitor performance for comparison with better levels.
2. Ensure transparency and accountability of public funds.
3. Monitoring the quality of performance of higher education programs.
4. Stimulate competition between educational programs.
5. Facilitate program evaluation processes.
6. Important in planning work and improving program quality.
7. Benefit sharing and good practices between programs.
8. Setting priorities and rationalizing spending.

Measurement method (Mechanism):

The quality standard committee measures the key performance indicators in cooperation with measuring and evaluation unit of the college using the appropriate tools, such as Surveys, Statistical data, etc. according to the nature and objective of each performance indicator.

The quality standard committee in the program prepares the survey or the questionnaire based on the indicator to be measured.

The quality standard committee also collects statistical that are needed to process their respective KPIs. For each KPIs, it is important to determine the following levels of the benchmark:

- Actual performance
- Targeted performance level
- Internal reference (Internal benchmark)
- External reference (External benchmark)
- New target performance level

A detailed analysis of each KPI should be done based on the measurement tools. The analysis part that contains the method of the actual benchmark calculation, comparison with the previous benchmarks, should also include the strengths, areas of improvements and priorities of improvement.

Improvement plans that are based on the evaluation results play a very vital role especially when the target benchmark is not achieved.

Setting the KPI Targets

- Targets should be defined relative to internal and external benchmarks.
- Targets should have a clear time frame.
- Targets should be realistic and achievable
- Here are a few more tips to help set the right targets:
 - Detect trends and patterns: A look at the existing data you have that gives you performance history is a good place to spot trends and patterns that can be extrapolated and used to define a target.
 - Account for seasonal variations: In some cases, seasons will impact performance. If you create a target that's only ever possible for three months of the year, your team will not take it seriously.
 - Take national targets, best practice benchmarks into account: National targets or the best practices of other programs in and outside your university can help you determine a stretch target that is achievable but that pushes your team.
 - Take time lags into account: It will sometimes take time for leading indicators to translate into lagging indicators.
 - The Measurement and Evaluation Unit monitors the indicators through three consecutive measurements.
 - In-depth analysis of the performance indicator for the past two years (see form below), in addition to the previous year's plan for improvement or development and the extent to which they were completed.

Follow these six steps to ensure the program KPIs will actually drive real results.

- Review program objectives
- Analyze current performance
- Identify the strengths and weaknesses of the program
- Set short and long term KPI targets
- Review targets with your team
- Review progress and readjust

Managing performance indicators

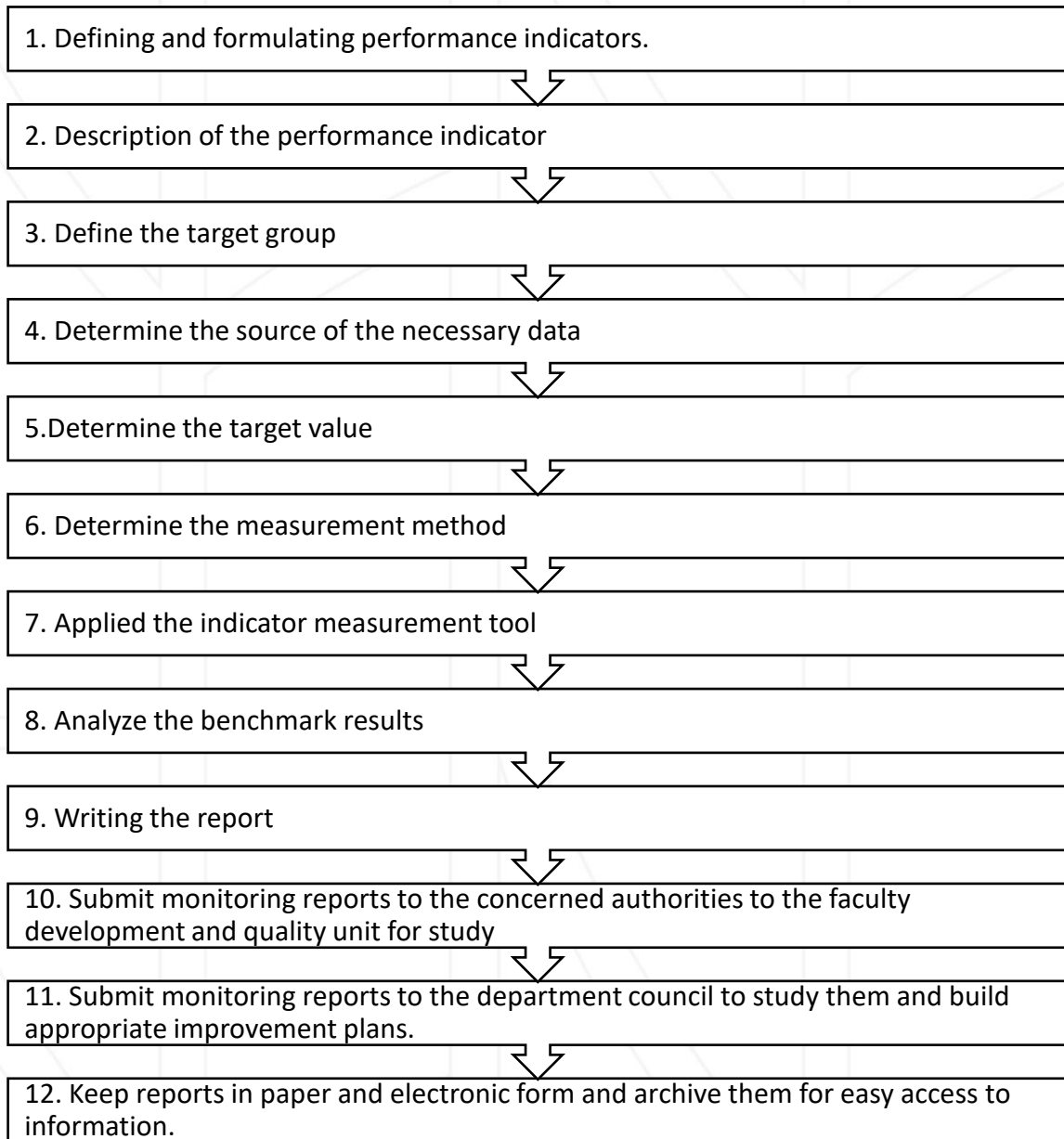
Indicators documentation requirements

- Determining the identity of the indicator (to which criteria the indicator belongs and what goals does it achieve?)
- Name of the indicator
- Target value
- Measurement tool
- Measurement equation
- level of measurement
- Data source
- The measuring body
- Measurement cycle (measurement period)

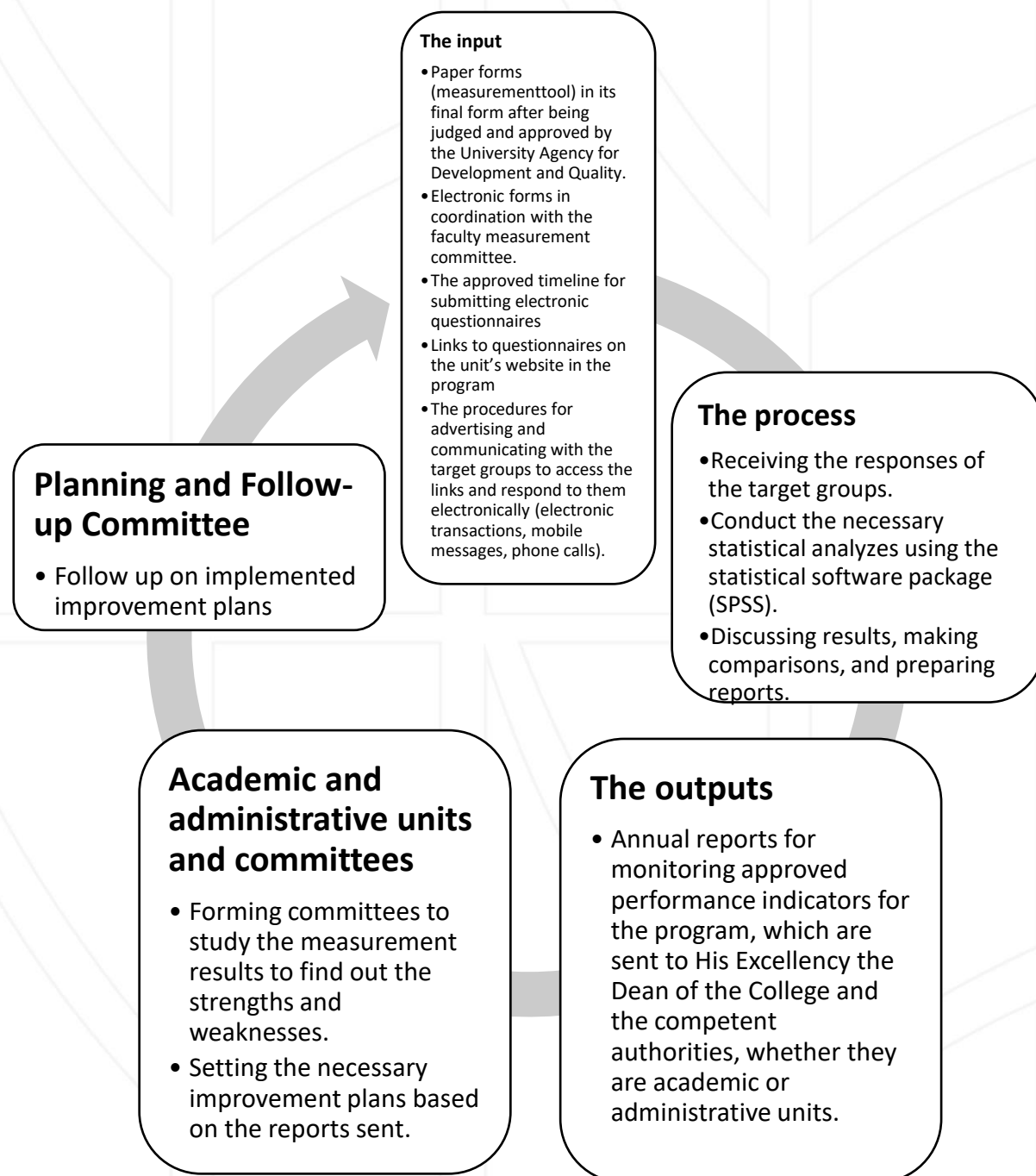
Calculation and responsibility of assessment KPIs

The KPIs management carried out by Quality and Development Coordinator in the program. The head of the Measurement and Evaluation Unit addresses all the bodies responsible for implementation, then collects the data and prepares a detailed report according to the approved models and submits it to the competent authorities .Evidence are mandatory to be provided for each KPI.

Performance indicators and data collection mechanisms



KPIS QUALITY CYCLE



KEY PERFORMANCE INDICATORS FOR PHYSIOTHERAPY PROGRAM

No	KPIs Code	KPIs description	Target	Measurement Methods	Measurement Time	Responsibility
1	KPI-P-01	Students' Evaluation of quality of learning experience in the program	80%	Average of the overall rating of final year students of the quality of learning experience in the program, satisfaction with the various services offered by the program on a five-point scale in an annual survey.	Annually	Teaching and learning committee
2	KPI-P-02	Students' evaluation of the quality of the courses	80%	Average of students' overall rating for the quality of courses on a five-point scale in an annual survey.	Annually	Teaching and learning committee
3	KPI-P-03	Completion rate	50%	The proportion of undergraduate students who completed the program in minimum time in each cohort.	Annually	Teaching and learning committee
4	KPI-P-04	First-year students retention rate	80%	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.	Annually	Teaching and learning committee
5	KPI-P-05	Students' performance in and/or national examination	80%	Percentage of students or graduates who were successful in the professional and/or national examinations, or their score average and median (if any)	Annually	Teaching and learning committee
6	KPI-P-06	Graduates' employability and enrolment in postgraduate programs	$\geq 60\%$ $\geq 30\%$	Percentage of graduates from the program who within a year of graduation were: a. employed within 12 months, b. enrolled in postgraduate programs during the first year of their graduation to the total number of graduates in the same year.	Annually	Alumni committee
7	KPI-P-07	Employers' evaluation of the program graduate's proficiency	80%	Average of the overall rating of employers for the proficiency of the program graduates on a five-point scale in an annual survey.	Annually	Alumni committee
8	KPI-P-08	Ratio of students to teaching staff	1:15	Ratio of the total number of students to the total number of full-time and full-time equivalent teaching staff in the program	Annually	Teaching and learning committee
9	KPI-P-09	Percentage of publications of faculty members	50%	Percentage of full-time faculty members who published at least one research paper during the year to total faculty members in the program.	Annually	Scientific research committee

No	KPIs Code	KPIs description	Target	Measurement Methods	Measurement Time	Responsibility
10	KPI-P-10	Rate of published research per faculty member	1:2	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).	Annually	Scientific research committee
11	KPI-P-11	Citations rate in refereed journals per faculty member	1:1	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).	Annually	Scientific research committee
12	KPI-PHTH-1	Satisfaction of beneficiaries with the learning resources	80%	Surveys of students and faculty to learning resources	Annually	learning resources committee
13	KPI-PHTH-2	Interns' satisfaction for field experience	80%	Surveys of internship students to field experience	Annually	Internship committee
14	KPI-PHTH-3	Percentage of faculty members participation in community service	70%	Statistical analysis of faculty data base	Annually	Community services committee

BENCHMARKING

Bench marking is a tool for self-improvement of programs and allows them to compare themselves with others to identify strengths and weaknesses and learn how to improve.

Importance of Bench marking

1. Benefit from other outstanding programs.
2. Contribute to determining the size of the optimization required.
3. Reduces subjectivity in making quality decisions
4. Contribute to make the tutorial a continuous learning program
5. Lead to employment of data and information

Internal Benchmarking

Based on NCAAA definition, internal benchmark refers to benchmarks that are based on information from inside the program or institution. Internal benchmarks include target or finding benchmark data results from previous years or with a similar academic program within the university

External benchmarking:

External benchmarking is the comparison of the operations and functions of an academic program with the operations and functions of another external academic program that performs the same or close activities.

Criteria for choosing Internal & external Benchmark

- Similarities in the educational system (teaching and learning, scientific research, and community service)
- The similarity in mission and goals.
- The quality of indicators and the method of their measurement.
- The ability to provide data.
- Cultural, social and economic conditions
- Geographical dimension and community culture
- Ranking of the university to which the program belongs according to local and Arab classifications.

Comparative selection procedures:

1. Identify the activity to be improved.
2. Form a team.
3. Analysis of current activity.
4. Choose a partner to compare.
5. Agreement.
6. Learn about the performance gap.
7. Discover learning and development opportunities.
8. Prepare and implement an action plan.
9. Monitor progress

Writing the KPIs report

Writing a Key Performance Indicators (KPIs) report for an academic program involves collecting, analyzing, and presenting data to evaluate the program's performance against specific goals and benchmarks.

- **Clarity and Conciseness:** Ensure the report is clear and concise, avoiding unnecessary jargon.
- **Visual Aids:** Use tables, charts, and graphs to present data visually and make the report more engaging.
- **Actionable Insights:** Focus on providing actionable insights and recommendations based on the data analysis.
- **Regular Updates:** Update the KPIs report regularly to track progress and make continuous improvements

Presenting the report to the Development and Quality Unit, then the Department Scientific Board, then the college Board, and discussing the results contained it at the program level and the college level and comparing them with the target values in light of the previous results for the same indicator to determine the areas of distinction to support, and the weaknesses that require studying the root causes for them and what follows this in taking measures corrective or improvement plans.

Factors ensuring the success of the performance indicators system:

- 1) Having clear and specific goals.
- 2) Linking objectives to procedures, practices and projects,
- 3) Presence of a trained team, aware of the strategic objectives and the procedures associated with achieving those goals, and based on the following tasks:
 - works to define the important performance indicators through which we can monitor and follow up the achievement of goals and the associated operational procedures and initiatives related to the main factors for the success of the program.
 - providing opportunities for program members to participate in all units, whether academic or administrative units, through achieving good communication with them.
- 4) Using indicators, applying them and analyzing them, and then obtaining reports that help in making decisions so that the report includes not only numbers and statistics but also results, discussion and coming up with recommendations on strengths and weaknesses,
- 5) Create improvement plans that address weaknesses and any deviations in performance or from the target,
- 6) Work as much as possible to automate all procedures for achieving goals and (7) documentation of all measures or procedures that have been taken.

MECHANISMS OF DEVELOPING AND ASSESSMENT PROGRAM LEARNING OUTCOMES (PLOS)

Mechanism of Designing Program Learning outcomes

The program identifies learning outcomes through the following steps including:

1. Reviewing the educational objectives and learning outcomes of the program in the light of the requirements of the benchmarking report of the plan, the labor market, the professional bodies, and the National Commission for Academic Accreditation.
2. The program learning outcomes are reviewed and updated periodically.
3. Approving the direct and indirect evaluation methods.
4. Preparation of the program description in accordance with the forms of the National Commission for Academic Accreditation and Assessment and submitted to the (program council for review and accreditation.

Mechanism of Assessment Program Learning outcomes

Program Learning Outcomes (PLOS) assessment in the program includes both direct and indirect methods. As course learning outcomes (CLOs) used as a direct assessment, the exit survey and interviews with the stakeholders used as indirect methods for PLOs. The results should be used for continuous improvement during the assessment cycle of PLOs, which extends for 3 years. The major changes at the level of the program should be implemented by the end of the assessment cycle.

Table 2 provides more details about the assessment methods used for the assessment of PLOs and the uses of their results in the improvement process. The assessment cycle of program learning outcomes extends for 3 academic years during which all the PLOs will be assessed and continuous improvement actions and minor changes are implemented while plans for implementing the required major changes "if any" will be designed by the end of the assessment cycle.

Closing the loop of quality

Communicating the results of assessed PLOs to all the associated parties is assured by discussing the assessment reports at the level of the program

council to define possible root causes for less than expected achievement and set the program priorities for improvement and possible strategies and actions for improvement.

Implementation of the corrective actions and improvement plans and evaluation of their impact on subsequent achievement is keenly monitored by the program via course reports and program reports submitted by the end of each semester.

Methods of evaluating learning outcomes		
Code	Direct methods	Indirect methods
K1	<ul style="list-style-type: none"> -Written exams -Oral exams - Quizzes - Assignment - Presentation 	Survey for PLO's evaluation by alumni Survey for PLO's evaluation by employers
K2	<ul style="list-style-type: none"> -Written exams -Oral exams - Quizzes - Assignment - Presentation 	Survey for PLO's evaluation by alumni Survey for PLO's evaluation by employers
K3	<ul style="list-style-type: none"> -Written exams -Oral exams - Quizzes - Assignment - Presentation 	Survey for PLO's evaluation by alumni Survey for PLO's evaluation by employers
S1	<ul style="list-style-type: none"> - Written exams - Practical exams Objective Structured Clinical Exam - Observation 	Survey for PLO's evaluation by alumni Survey for PLO's evaluation by employers
S2	<ul style="list-style-type: none"> - Practical exams Objective Structured Clinical Exam - Observation 	Survey for PLO's evaluation by alumni Survey for PLO's evaluation by employers
S3	<ul style="list-style-type: none"> - Practical exams Objective Structured Clinical Exam - Observation 	Survey for PLO's evaluation by alumni Survey for PLO's evaluation by employers
V1	<ul style="list-style-type: none"> - Objective Structured Clinical Exam - Observation 	Survey for PLO's evaluation by alumni Survey for PLO's evaluation by employers
V2	<ul style="list-style-type: none"> Objective Structured Clinical Exam - observation 	Survey for PLO's evaluation by alumni Survey for PLO's evaluation by employers
V3	<ul style="list-style-type: none"> Objective Structured Clinical Exam - observation - Assignment - research work 	Survey for PLO's evaluation by alumni Survey for PLO's evaluation by employers

PROGRAM EVALUATION:

The Program evaluation and review is a structured approach used to assess the effectiveness, efficiency, and impact of programs. It helps organizations understand how well their programs are working and identify areas for improvement.

The process of program evaluation is a systematic approach using qualitative and quantitative methods to gain an understanding of students' opinions about the different learning and teaching strategies, assessment processes, and assessing the effectiveness and efficiency of the courses, and identifying what measures are required to improve them. It also includes the evaluation of students' satisfaction with offered services, such as learning resources, facilities and academic advising.

The program endeavors to discover whether its stakeholders are satisfied through questionnaires or surveys. Stakeholders include students, faculty members, administrative staff, alumni, employers, and other external stakeholders.

First: The Internal Mechanism for Evaluation and Review (Annual)

Programs and courses are evaluated, and reports are submitted at the end of each term. Programs evaluation includes the following:

- Semester course reports and comprehensive reports for the entire course reports.
- Annual evaluation of programs (Program Reports).
- Program KPIs, assessment and evaluation of learning outcomes
- Students' evaluation of courses and teaching performance.
- Review of advisory committees (The opinion of academic experts and professionals)
- Survey of students' opinion on program quality.
- Survey of student experience for final levels.
- Survey of Alumni's opinion.
- Survey of employee.

The surveys of opinion and the discussions of faculty members at the program councils are used as tools for evaluating and reviewing programs and for continuous improvement. Based on that evaluation, improvement plans are designed and implemented.

Curricular Specifications and Reports:

The diagram below, which is the Quality Assurance Cycle in Teaching and Learning, illustrates the process flow and the relationship of specifications and reports (i.e. program specifications, course specifications, field experience reports, and annual program reports) to Research and Continuous Improvement (Closing the Loop). The QA Cycle in Teaching and Learning is in line with the NCAAA reporting and review scheme. The college cooperates with and participates in general institutional strategies for improvement and arranges further complementary initiatives to deal with quality issues found in its own program. The most important part in this quality cycle is the assessment of learning outcomes and the feedback obtained from each course.



Figure 4. Quality Assurance Cycle in Teaching and Learning

List of the specifications and reports mentioned in Figure 3.

- Program Specification
- Course specification
- Field Experience Specification
- Course Report
- Field Experience Report
- Program Annual Report

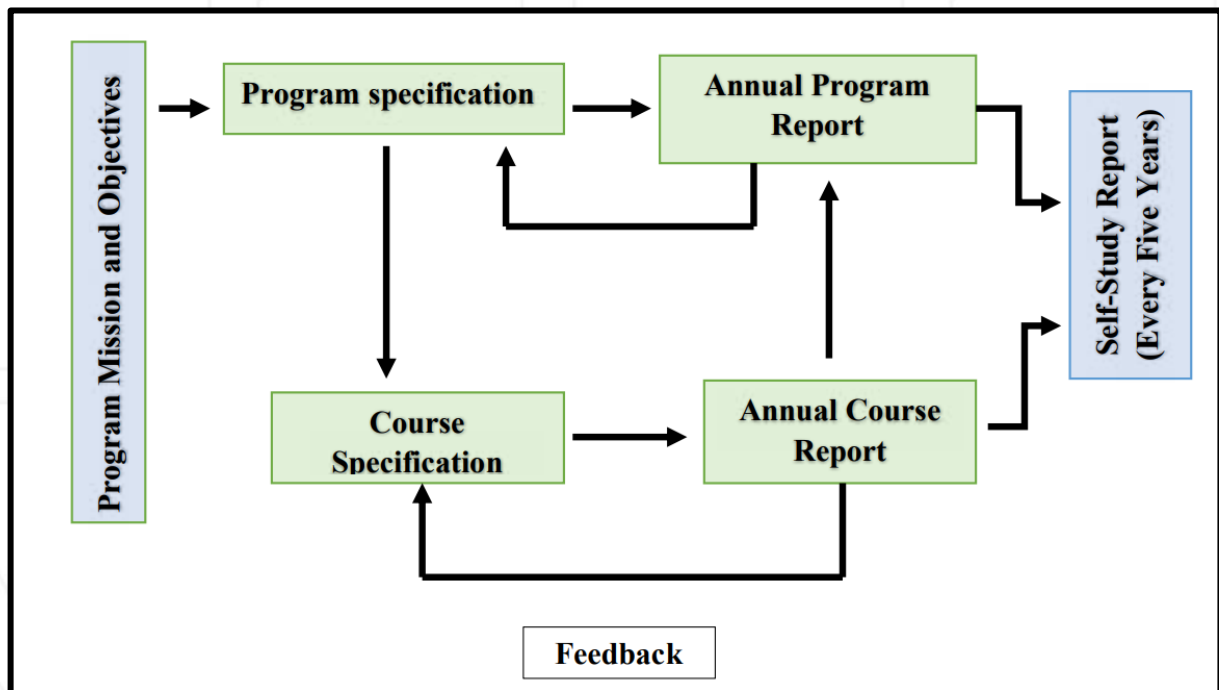


Figure 5: Cycle of quality assurance of the program

Survey Evaluation Practices

Mechanisms exist to enable planned submission of the different types of satisfaction surveys as shown in Table 3. Measurement and assessment unit is conducted the surveys based on planned and scheduled during the year and analyze the data.

Table 3: Survey Evaluation Practices

Survey title	Who will be surveyed?
Course and Faculty Evaluation Survey	Students
Student Experience Survey	Students
Student Satisfaction Survey	Students
Program Evaluation Survey	Students
Alumni Survey	Alumni
Employer Survey	Employers of our Alumni
Employee Satisfaction Survey	Faculty and Staff
Facility Satisfaction Survey	Faculty and Students

Second: The Evaluation and External Review Mechanism (conducted every five years)

- The report of the program's external evaluator is made according to the template prepared by the teaching and learning unit (An eminent professor in a similar program from outside the university, who has contributions in quality and experience in the specialty, is chosen in order to evaluate the course and program specification, study plans, and the program's report).
- External evaluators and international experts could be invited and hosted in order to evaluate programs.
- Najran university programs are subject to review by committees from the concerned departments. This type of review is done in the light of accreditation standards set up by the National Commission for Academic Accreditation and Assessment and requirements of other international accreditation bodies.
- The results of those processes are the development of program learning outcomes, teaching strategies, assessment methods, and also improvement of academic counselling and the program's facilities and equipment.

Faculty Performance Evaluation

The University as a higher education institution as stated in its mission greatly values highly effective instructors in addition to highly active researchers and service providers. All faculty members need to be evaluated and shall continue to be evaluated on their previous year's performance with the performance criteria that are clearly specified. These criteria have been published to the faculty. A standard form performance evaluation that is to be completed annually by every faculty member in consultation with the department head or immediate supervisor at the end of the academic year.

Program Self-Study and Review

Program Self-Study Report (PSSR) A periodic program self-study is a thorough examination of the quality of a program taking account of the mission and objectives of the program and the extent to which they are being achieved. The standards for quality assurance and accreditation are defined by the NCAAA. Conclusions are to be supported by evidence with verification of analysis. The Self-Study Report must be drafted by self-study committee involving faculty and staff members.

PROGRAM EVALUATION MATRIX

Evaluation Areas/Aspects	Evaluation Sources/References	Evaluation Methods	Evaluation Time
Mission and Goals	Program coordinator	Information and data analysis	End of academic year
Effectiveness Teaching and Learning Assessment of quality of courses- Effectiveness teaching strategies and assessment methods- Learning experience.	Students	Survey Data analysis	Each semester
Learning outcomes	Students Graduates Employers	Direct assessment data analysis. Surveys for students, graduates, employers	End of academic year
Evaluation of program quality	Students Graduates	Surveys interviews	End of academic year
Stakeholders' Evaluations about graduate proficiency	Employers	Surveys interviews	End of academic year
Students support and academic counseling system	Students	Survey	End of each semester.
Teaching staff performance	Program coordinator and related committees	Survey	By the end of each academic year
Professional development for faculty members	Staff members	Data analysis	End of academic year
Learning Resources, Facilities, and Equipment	Teaching staff, students	Surveys	By the end of each academic year
Measuring Key Performance Indicators (KPIs).	Students Graduates Employers Staff members Other data sources	Direct assessment Surveys Data analysis	End of academic year

PROCEDURES FOR MEASURING THE EFFECTIVENESS OF THE QUALITY ASSURANCE SYSTEM

The procedures for measuring the effectiveness of the quality assurance system in the program depend on:

1. Internal Audits

- Conduct regular internal audits to assess compliance with academic policies and procedures.
- Document findings and implement corrective actions to address any identified issues.

2. Student Feedback

- Collect and analyze student feedback through surveys, course evaluations, and focus groups.
- Use feedback to make data-driven improvements to the curriculum, teaching methods, and student services.

3. Faculty Reviews

- Implement peer reviews and self-assessments for faculty members to evaluate their teaching effectiveness.
- Provide professional development opportunities based on review outcomes.

4. Key Performance Indicators (KPIs)

- Define and monitor KPIs specific to the academic program, such as graduation rates, employment rates of graduates, and student satisfaction.
- Analyze KPI data to identify trends and measure the program's performance.

5. Course Evaluations

- Conduct regular evaluations of course content and delivery methods.
- Ensure courses align with program objectives and industry standards.

6. Alumni Feedback

- Collect feedback from alumni regarding the relevance and impact of their education on their careers.
- Use this information to adjust and improve the academic program.

7. Analyze Employment Outcomes

- Description: Track employment outcomes of graduates to assess the program's relevance and effectiveness in preparing students for the job market.
- Action: Use this data to adjust the curriculum and support services.

8. Benchmarking

- Compare the program's performance with other similar programs at peer institutions.
- Identify best practices and areas for improvement through benchmarking.

9. Continuous Improvement Programs

- Establish programs like Total Quality Management (TQM) or Continuous Quality Improvement (CQI) to foster a culture of excellence.
- Encourage faculty and staff to contribute ideas for program enhancements.

10. Advisory Boards

- Create advisory boards composed of professionals, alumni, and academic experts to provide guidance and feedback on the program.
- Use insights from advisory boards to stay aligned with industry trends and requirements.

11. Accreditation Reviews

- Participate in accreditation processes by external agencies to ensure the academic program meets established standards.
- Use feedback from accreditation bodies to identify strengths and areas for improvement.

Method of collecting data and reports related to the management quality and monitor the program

- Preparing a comprehensive annual plan to meet the quality requirements, including the 5 standards.
- Include all requirements of the Deanship of Development and Quality units within the annual plans.
- Granting authority to all development and quality supervisors on the website to upload documents for review and approval by Deanship officials according to the system and authority on the website

The benefits of the implementation of Quality cycles:

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

The process for quality cycle closure in the program

The process for closing the quality cycle 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.

MAIN REPORT AND TASKS

- Prepare the NCAAA Accreditation Visit Documents for program accreditation including writing self-study report SSR Programs
- Assessing, Reviewing and finalizing the self-evaluation scale-SES for the physiotherapy Program
- Collecting evidence to support SSR and SES
- Reviewing, assessing and analyzing the KPIs of the physiotherapy Program
- The accomplishment of tasks from the deanship of development and quality
- Preparing Report for Evaluating the Activities of Quality and Development Unit
- Follow up the progress of the physiotherapy program learning outcomes-PLOs
- Updating the mission, goals, objectives of the physiotherapy programs
- Prepare semester wise overall course report for the physiotherapy Programs
- Prepare the physiotherapy Programs Specification
- Prepare the physiotherapy Programs reports
- Nominate Course coordinators and followed up exam question moderation process
- Supervise course file submission procedures and related issues including collecting the courses syllabus, courses specifications and courses reports from the faculty in every semester
- Following up semester wise course distribution among the faculty members
- Follow up academic advising process
- Following up the working forces and services and facilities of internal exam committee-IEC and external exam committee-EEC, and initialize and distribute invigilators regulations and duties during final examinations
- Participate in Reviewing Summer training and Graduation Project issues
- Conducting various surveys and prepared reports on program development and quality activities for faculty, students, alumni and employees
- Updating programs' profiles, handbooks and brochures of the physiotherapy Program
- Updating the strategic plan of the College

- Conducting various meetings related to teaching and quality and continuous quality improvement process

MAIN PRACTICES

The development and quality unit of the college was established in order to:

1. Establish the culture of self-evaluation of the academic programs.
2. Support the academic programs to formulate and achieve their goals through continuous assessment and improvement of the educational practices and processes.
3. Improve the learning skills of students.
4. Prepare programs to obtain NCAAA accreditations
5. Improve methods of evaluating the courses in line with the objectives of the curriculum
6. Evaluate the performance of faculty members
7. Establish the principle of continuous development for all the elements of the educational process.
8. Ensure continuous improvement processes in all aspects of the programs (Inputs, Processes, Outputs and outcomes)
9. Develop the unit's work regulations and determine the responsibilities
10. Consider the reports submitted by the supervisor on work progress
11. Study the operational plans submitted by the unit supervisor.

MAIN QUALITY COMMITTEES

Learning and Teaching committee

Committee duties:

- Follow-up and review of program and course descriptions and reports according to the National Commission for Academic Accreditation and Assessment.
- Follow up on the implementation of appropriate procedures to respond to the recommendations contained in the program and decision review reports.
- Ensure that students are informed of course descriptions, program requirements, and procedures for evaluating their performance at the start of teaching courses.
- Follow up on the use of matrices when preparing and correcting tests and assignments.
- Strictly follow up the implementation of the regulations for the attendance of students.
- Follow up on preparing a description of field experience according to the National Commission for Academic Accreditation and Assessment.
- Follow up on preparing annual program reports.
- Follow up on preparing program and course reports.
- Follow-up and evaluation of learning resources in the college.

Performance measurement committee

Committee duties:

- Carrying out academic and administrative performance evaluation processes, and continuous follow-up by providing multiple sources of evidence, proofs, and opinion poll results for the beneficiaries (faculty, administrators, students and graduates and employers sections).
- Application of various evaluation tools prepared.
- Polling the students' opinions about their satisfaction with the admission, registration and evaluation processes, and all their educational opinions and experiences according to the authority's model.

Skill Development committee

Committee duties:

- Measure the training needs in the areas of quality and teaching among the program staff members.
- Establishing an annual training plan.
- Measure the impact of training on the quality of performance and the educational process.

Academic accreditation committee

Committee duties:

- Handling all academic accreditation work and distributing the tasks of subsidiary committees that emanate from the quality committees.
- Following up the completion of reports on curriculum, programs, and questionnaires related to students and program working staff concerning quality assurance processes and the use of subsequent results in the development planning strategies.
- Working on applying and publishing quality standards inside the department.

Planning and follow up committee

Committee duties:

- Review the mission and strategic objectives of the college and programs as well as the performance indicators, in conjunction with the staff of the college. This is followed by approving and publishing these objectives, according to the requirements of accreditation.
- Prepare a executive plan for the college and operational plan for the program in accordance with the strategic plan of the university and encourage the involvement of all the staff of the college in its preparation.
- Announce the strategic plan at all levels in the college, after it has been approved by the dean of the college and the University Vice Presidency for Development and Quality.



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