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كلية الطب والعلوم الطبية بعنيزة
Unaizah College of Medicine and Medical Sciences

Uizah College of Medicine and Medical Sciences Policies Handbook

Table of Contents

Introduction	2
Chapter 1: Students' Policies	3
1.1. Student Admission Requirements	4
1.2. Transfer Rules	5
1.3. Graduation Requirements:.....	8
1.4. Exams Policy	17
1.5. Assessment Policy	21
1.6. Appeal Policy	33
1.7. Student Grievances and Complaints.....	36
1.8. Student Disciplinary Regulations – Qassim University	39
1.9. Student Promotion Policy	40
1.10. Psychological Counseling and Support	40
1.11. UCM Dress Code Policy	44
1.12. Lab Policies	47
1.13. Internship Policy.....	91
Chapter 2: Staff Policies	97
2.1. Recruitment and collaboration policy.....	98
2.2. Faculty Peer Evaluation.....	103
2.3. The Regulations Governing the Affairs of Saudi University Faculty	109
2.4. The Regulations Governing the Affairs of Non-Saudi Contracted Faculty Members	112
2.5. Policy of Ethics of Scientific Research	113
2.6. The Ethics of Teaching and Learning.....	119
2.7. The Ethics of Relations with Colleagues.....	122
2.8. Ethics of Community Service.....	123
2.9. Curriculum/course review policy:	125
2.10. Policy for Identification and Reviewing of Program’s Graduates’ Attributes:	125
2.11. Blended learning Plan during COVID-pandemic (2020-2021).....	138
2.12. Educational staff’s dress code	142
2.13. Motivation and award policy.....	143
Chapter 3: Learning resources regulations	Error! Bookmark not defined.
3.1. Library General Rules	150
3.2. Use of the Internet and computers:.....	150
3.3. Devoted to the use of online classes	150
3.4. Internet use laws:	151
3.5. Unaizah College of Medicine Libraries’ Lending Regulations.....	151
References	157

Introduction

Unaizah College of Medicine and Medical Sciences (UCM) at Qassim University (QU) in Kingdom of Saudi Arabia was established in 1432 Hijri (2011 AC) in accordance with the vision of His Majesty King Abdullah Bin Abdulaziz, as a distinguished medical education center and a necessity for undergraduate medical college in the historically-important city of Unaizah in the Al-Qassim Province.

In all college activities related to education, scientific research and community service, the college is committed to integrated and publicized policies consistent with the policies of Qassim University as well as the Saudi Arabia Kingdom values and customs.

The wide variety of policies and regulations necessitated a guide or manual to collect and present these policies in an easy way for every student, staff or stakeholder to understand and be aware of these policies and regulation and to be restricted to them.

This handbook contains all policies, procedures and regulations related to the Medical Doctorate (MD) program in Unaizah College of Medicine and Medical Sciences. This Handbook is not inclusive, and does not address in detail the program's resources or infrastructure which are covered in specific manuals related to these aspects so we will find some policies are mentioned briefly and a link is connected to the detailed policy.

Chapter 1

Students' Policies

1.1.Student Admission Requirements

To enroll in Unaizah College of Medicine and Medical Sciences (UCM) MD program, a student must:

1. Complete the Pre-medical Foundational Phase.
2. Achieve a passing cumulative grade that is not less than 3.5.
3. Passing the personal interview.

Another group of distinguished students, either graduates or actively-enrolled, from other educational programs of QU or other universities can also be selected for enrollment in the UCM MD program if they fulfill the following requirements:

1. Earning of a Bachelor Degree or its equivalent from either Health Educational Programs such as Dental Medicine, Pharmacy Doctor, Pharmacy, Basic Medical Sciences (Anatomy, Histology, Cell Biology, Biochemistry, Physiology, Pharmacology, Pathology, Microbiology, Immunology), Applied and Allied Health Sciences (Medical Laboratories, Optometry, Rehabilitation et. cet.) with Grade Point Average that is not less than 4.0 in a 0 to 5.0 scale and its equivalency) or Natural Sciences Programs such as Chemistry and Biology with Grade Point Average that is not less than 4.5 in a 0 to 5.0 scale and its equivalency) of QU or other Saudi or International universities.
2. Passing a specially designed UCM MD program Admission Test. The Admission test will be specially designed and prepared based on the intended learning outcomes (ILOs) of the Premedical (Health Track) Program, which was approved by QU for the accelerated Track of UCM MD program. In order to give the students enough time to prepare for this Admission Test, these ILOs will be available to them well in advance. This test will be conducted at least a month before the First Day of instruction in each academic year and the results revealed with the successful candidates within a week of that date. The detailed rules and Regulations will be prepared and approved by the UCM College Council.
3. Passing a personal UCM interview.

1.2. Transfer Rules

The results refer to articles 43, 44, 45, 46 and 47 of the regulations for undergraduate university studies approved by the Custodian of the Two Holy Mosques and Prime Minister on 01/23/1423 AH, based on the executive rules of Qassim University approved by University Council Resolution No. 7 on 6/30 / 1430 AH.

Transferring the student to the College of Medicine and Medical Sciences in Unaizah is accepted the following controls:

Article 1:

Transfer is accepted according to the dates specified in the academic calendar of Qassim University, and the transfer student's study begins with the beginning of the academic year, and the student cannot start studying in the middle of the academic year.

Article 2:

The student must have spent at least two academic semesters as a minimum and four academic semesters as a maximum in his college from which he is transferred without counting the preparatory year classes or intensive courses, otherwise he is referred to the Student's Academic Problems Committee for consideration after completing the rest of the controls and the availability of the seat after the selection.

Article 3:

The minimum number of credit hours in the one year that the student spent in the college from which he is transferred must be 24 credit hours.

Article 4:

The student must not have failed one or more courses during his studies at the college from which he is transferred.

Article 5:

The transfer of a student from outside Qassim University is conditional admission to pass the preparatory year courses.

Article 6:

Transfer applications are sent from outside Qassim University to the Deanship of Admission and Registration at the university, which transfers them to the college for study and decision-making.

Article 7:

The priority in the selection shall be if two applicants are equal to Qassim University students.

Article 8:

The differentiation starts with transfer requests as in the following table:

College	Required Rate
Medicine and Dental Colleges	4.25 out of 5 or equivalent or higher, and no consideration is given otherwise.
Other Health Colleges	4.5 out of 5 or equivalent or higher and do not consider otherwise.

Article 9:

Transfer applicants are required to pass a written test.

Article 10:

The date of the written examination is determined by the Deanship of the College at the main headquarters of the male and female students at the College of Medicine and Medical Sciences in Onaizah, provided that it is a maximum of one week before the deadline for accepting transfer applications at the university and it is announced on the college's official website.

Article 11:

The selection of applicants begins according to the following formula:

$(\text{GPA} \times 14) + (\text{Written Test score} \times 3.0).$

Article 12:

The Dean of the faculty or his representative has the power to determine what colleges fall within the framework of the colleges mentioned above.

Article 13:

Transfer numbers are determined by the Deanship of the College for each academic year at the time, provided that they do not exceed five male and five female students, according to the availability of seats.

Reference; [Updated Policies\Rules of transfer into UCM in Arabic.pdf](#)

1.3. Graduation Requirements:

The graduation requirements for students enrolled in the UCM MD program:

1. Passing Pre-Medical Phase: Pre-Med 1 and Pre-Med 2
2. Passing Phase I: MD 1 and MD 2.
3. Passing Phase II: MD 3 and MD 4.
4. Completing the internship program (12 months).

Table 1: Structure of the MD Study Plan

Requirements		Credit Hours	Percentage %
Completion of the Rest of University Requirements		6	2.46
Program Requirements	College \ Department core courses	204	83.6
	Non-College \ Department core courses	1	0.41
	Elective courses	27	11.07
Free courses		6	2.46
Total credit hours		244	100

MD program is made of 4 academic years, which include 2 Phases (Phase I: MD 1 and MD 2, and Phase II: MD 3 and MD 4) and an Internship Year, which is required by the Saudi Ministry of Health and the Saudi Commission For Health Specialties for licensing our medical graduates to practice medicine in the Kingdom.

The University Council of Qassim University had approved a 2-year Premed preparatory years.,

MD Program is a yearly-based with annual promotion regulations. Subsequently, promotion from year to year and from phase to phase will be based on cumulative grades. Detailed terms and regulations for passing courses and those for promotions

from year to year and from phase to phase will be issued and approved by UCM College Council and applied by QU Admission and Registration Deanship.

University Requirements

Table 2: The Rest of University Requirements after completion of Premed Phase Curriculum

A student must complete 6 credit hours

Course Code	Course title	Credit Hours			Prerequisites
		Theoretical	Practical	Total	
IC 103	Economic System in Islam	2	-	2	IC 102
IC 104	Principles of Political System in Islam	2	-	2	IC 103
ARAB 103	Arabic Expository Writing	2	-	2	ARAB 101
TOTAL		6	-	6	

1 credit hour of theoretical unit is equal to 50 minutes session each week for the whole semester

1 credit hour of practical/Field unit is equal to 100 minutes session each week for the whole semester

1 credit hour of clinical unit is equal to 50 minutes session each week for the whole semester

Program Requirements

A. College Core Courses

Table 3: College Core Courses

A student must complete 204 credit hours

Course Code	Course title	Credit hours			Prerequisites	Co-requisites
		Theoretical	Practical or clinical	Total		
BMS 313	Human Structure	5	6	11		
BMS 314	Cell Tissues and Organ Systems	6	3	9	-	-

BMS 332	Principles of Disease II	6	3	9	-	-
BMS 341	Molecular Basis of Medicine	5	2	7	-	-
MED 311	Introduction to Clinical Medicine I	2	4	6	-	-
MED 331	Human Development	0.5	0.5	1	-	-
CFM 312	Social and Ethical Issues in Medicine	1	1	2	-	-
MED 412	Clinical Decision Making	2	0	2	-	-
MED 413	Introduction to Clinical Medicine II	2	6	8	-	-
BMS 415	Musculoskeletal & Integument	1	1	2	-	-
BMS 421	Medical Neuroscience	4	1	5	-	-
BMS 422	The Mind	2	1	3	-	-
BMS 423	Cardiovascular	3	1	4	-	-
BMS 424	Respiratory	2	1	3	-	-
BMS 425	Renal	2	1	3	-	-
BMS 426	Reproductive	1.5	0.5	2	-	-
BMS 427	Digestive	1.5	0.5	2	-	-
BMS 433	Pathobiology & Therapeutics	2	1	3	-	-
BMS 434	Hematology	1	1	2	-	-
BMS 442	Endocrine	1.5	0.5	2	-	-
PED 511	Pediatrics Clerkship	6	10	16	-	-
SURG 511	Surgery	6	10	16	-	-
OBN 511	Women's Health Clerkship	6	10	16	-	-
MED 514	Medicine	8	16	24	-	-
MED 532	Psychiatry	4	8	12	-	-

MED 533	Neurology	4	4	8	-	
MED 591	Clinical Dermatology	0	2	2	-	-
CFM 521	Family Medicine	4	8	12	-	-
IMG 511	Introduction to Radiology	1	3	4	-	-
EMR 511	Emergency Medicine	4	4	8	-	-
Total		93	111	204		

1 credit hour of theoretical unit is equal to 50 minutes session each week for the whole semester

1 credit hour of practical/Field unit is equal to 100 minutes session each week for the whole semester

1 credit hour of clinical unit is equal to 50 minutes session each week for the whole semester

B. Non-College Core Courses

Table 4: Non-College Core Courses

A student must complete 1 credit hour

Course Code	Course title	Credit hours			Prerequisites	Co-requisites
		Theoretical	Practical or clinical	Total		
STAT 300	Biostatistics	1	0	1	-	-
Total		1	0	1		

1 credit hour of theoretical unit is equal to 50 minutes session each week for the whole semester

1 credit hour of practical/Field unit is equal to 100 minutes session each week for the whole semester

1 credit hour of clinical unit is equal to 50 minutes session each week for the whole semester

C. Elective Courses

- A student must complete 19 (1+8+10) credit hours as indicated in the following Table 5a.*

Table 5a. Elective Courses

Course Code	Course title	Credit hours			Prerequisites	Co-requisites
		Theoretical	Practical or clinical	Total		
Students are required to complete 1 credit hour from one of the following courses:						

CFM 313	Community Medicine	0	1	1	-	-
CFM 314	Medicine and the Human Person	0	1	1	-	-
CFM 315	Medical Education Research	0	1	1	-	-
CFM 316	Future Directions in Global Health	0	1	1	-	-
CFM 322	Family Physician in the Community Setting	0	1	1	-	-
CFM 323	Dental Considerations In Medicine	0	1	1	-	-
CFM 324	Intro - Family Physician in the Community Setting	0	1	1	-	-
CFM 325	Scope of Community Pediatrics	0	1	1	-	-
The above courses can be completed: (1) during the academic year between January and May of the MD 1 year (students must be in good academic standing to complete electives during the MD 1 academic year)						
<u>During MD 3, each student should complete the following elective courses: for a total of 8 (4+2+2) credit hours:</u>						
SURG 531	Orthopedics Surgical Elective	0	4	4	-	-
SURG 591	Ear, Nose and Throat Surgical Elective	0	2	2	-	-
SURG 592	Ophthalmology Surgical Elective	0	2	2	-	-
<u>During MD 4, each student should complete 10 credit hours from the following elective courses:</u>						
BMS 535	Overview of Hospital Based Pathology	1	3	4	-	-
BMS 536	Trauma Autopsy Pathology (Forensic Medicine & Pathology)	1	3	4	-	-
BMS 537	Pediatric pathology	1	3	4	-	-
MED 514	Clinical Gastroenterology	1	3	4	-	-
MED 515	Gastroenterology	1	3	4	-	-
MED 521	Clinical cardiology	1	3	4	-	-
MED 522	Clinical Pulmonary Disease	1	3	4	-	-
MED 523	Clinical and Interventional Cardiology	1	3	4	-	-
MED 534	Sleep Disorders	1	3	4	-	-

MED 535	Consultation/Liaison Psychiatry	0	2	2	-	-
MED 536	Outpatient Child and Adolescent Psychiatry	0	2	2	-	-
MED 537	Intellectual/Developmental Disabilities & Mental Illness	0	2	2	-	-
MED 538	Community Psychiatry	0	2	2	-	-
MED 541	Clinical nephrology	1	3	4	-	-
MED 542	Nephrology	1	3	4	-	-
MED 551	Ambulatory Management of Infectious Diseases	1	3	4	-	-
MED 552	Adult Infectious Diseases	1	3	4	-	-
MED 553	Infectious Disease	1	3	4	-	-
MED 561	Medical Oncology/Hematology	1	3	4	-	-
MED 562	Hematology/Oncology	1	3	4	-	-
MED 571	Clinical Endocrinology	1	3	4	-	-
MED 581	Clinical Geriatrics	1	3	4	-	-
MED 592	Advanced Dermatology	1	3	4	-	-
SURG 512	Introduction to Neuro-interventional Surgery	1	3	4	-	-
SURG 513	Clinical Surgery Research	1	3	4	-	-
SURG 514	Colon And Rectal Surgery	1	3	4	-	-
SURG 515	General Surgery	1	3	4	-	-
SURG 516	Introduction to burn surgery	1	3	4	-	-
SURG 521	Urology	1	3	4	-	-
SURG 522	General Office & Operative Urology	1	3	4	-	-
SURG 532	Orthopedic surgery in children	1	3	4	-	-
SURG 533	Orthopedic surgery	1	3	4	-	-

SURG 534	Orthopedics for primary care	1	3	4	-	-
SURG 541	Introduction: Basic Pediatric Surgery	1	3	4	-	-
SURG 542	Pediatric Surgery	1	3	4	-	-
SURG 551	Introduction to Plastic and Reconstructive Surgery	1	3	4	-	-
SURG 552	Introduction to transplant surgery	1	3	4	-	-
SURG 561	Introduction to Cardiothoracic Surgery	1	3	4	-	-
SURG 562	Vascular Surgery	1	3	4	-	-
SURG 571	Introduction to neurosurgery	1	3	4	-	-
SURG 581	Anesthesiology for the Primary Care Physician	1	3	4	-	-
SURG 582	Introduction to Anesthesiology	1	3	4	-	-
SURG 583	Anesthesia Pain Management	1	3	4	-	-
SURG 584	Intro to Anesthesiology for Primary Care	1	3	4	-	-
SURG 585	Anesthesiology	1	3	4	-	-
SURG 593	Introduction to Medical and Surgical Ophthalmology	1	3	4	-	-
SURG 594	Introduction to Ear, Nose, & Throat Disease	1	3	4	-	-
SURG 595	Medical & Surgical ophthalmology	1	3	4	-	-
OBN 512	Women's Reproductive Health	1	3	4	-	-
OBN 513	Gynecologic Oncology	1	3	4	-	-
OBN 514	Maternal Fetal Medicine	1	3	4	-	-
OBN 515	International Women's Health	1	3	4	-	-
OBN 516	Advanced International Women's Health	1	3	4	-	-
PED 512	Introduction to Adolescent Medicine	1	3	4	-	-
PED 513	Adolescent medicine	1	3	4	-	-

PED 514	Introduction to Child Maltreatment	1	3	4	-	-
PED 531	Pediatric Pulmonary Medicine	1	3	4	-	-
PED 561	Pediatric Infectious Diseases	1	3	4	-	-
PED 571	Pediatric Hematology-Oncology	1	3	4	-	-
PED 581	Pediatric and Adolescent Endocrinology	1	3	4	-	-
IMG 512	Pediatric Radiology	0	2	2	-	-
IMG 513	Academic radiology	0	2	2	-	-
EMR 512	Critical Care	0	2	2	-	-
EMR 513	Simulation: House staff Procedures & Emergency Response	0	2	2	-	-
EMR 514	Emergency Medicine Clerkship	0	2	2	-	-

1 credit hour of theoretical unit is equal to 50 minutes session each week for the whole semester

1 credit hour of practical/Field unit is equal to 100 minutes session each week for the whole semester

1 credit hour of clinical unit is equal to 50 minutes session each week for the whole semester

2. Table 5b. Sub-internships Elective Courses

A student must complete a 4 working weeks course for a total of 8 credit hours from the following courses:

Course Code	Course title	Credit hours			Prerequisites	Co-requisites
		Theoretical	Practical or clinical	Total		
CFM 526	Sub-Internship in Family Medicine	2	6	8	-	-
MED 516	Sub-Internship in Internal Medicine	2	6	8	-	-
MED 517	General Medicine, Inpatient Sub-I	2	6	8	-	-
MED 539	Sub-Internship in Psychiatry	2	6	8	-	-
PED 515	Sub-Internship - Inpatient Pediatrics	2	6	8	-	-
PED 591	Sub-Internship - Newborn Intensive Care	2	6	8	-	-
PED 592	Sub-Internship - Pediatric Intensive Care	2	6	8	-	-

EMR 515	Surgical Critical Care - Sub- Internship	2	6	8	-	-
EMR 516	Critical Care Medicine, Sub-I	2	6	8	-	-
EMR 517	Medical Intensive Care Unit Sub-I	2	6	8	-	-
SURG 517	Sub-Internship in General Surgery/Trauma	2	6	8	-	-
SURG 518	Sub-Internship in General Surgery	2	6	8	-	-
SURG 519	Gen Surgery/Oncology - Sub-Internship	2	6	8	-	-
SURG 535	Trauma/Acute Care - Sub-Internship	2	6	8	-	-
OBN 517	Sub-Internship in Gynecology	2	6	8	-	-
OBN 518	Sub-Internship in Obstetrics	2	6	8	-	-
OBN 519	Reproductive Endocrinology Peds/Adolescent	2	6	8	-	-

1 credit hour of theoretical unit is equal to 50 minutes session each week for the whole semester

1 credit hour of practical/Field unit is equal to 100 minutes session each week for the whole semester

1 credit hour of clinical unit is equal to 50 minutes session each week for the whole semester

For further details about the graduation requirements, kindly check the program study plan [Policies and Regulations\3- MD STUDY PLAN.pdf](#)

1.4.Exams Policy

This policy includes regulation at exam halls that was proved by UCM college council.

1.4.1. Examination Dates, Times and Venues

Students are responsible for correctly noting the dates, times, duration and venues of their examinations on Blackboard.

1.4.2. Special Examination Requirements

Students who have a disability and/or medical condition and who may require special examination arrangements must ensure that their course director is aware ahead of time with clearly written request signed by the student.

1.4.3. Sit for the exam:

- Only those students with an attendance of at least 80% will be allowed to sit the block / course or end of the year exam.
- Students should be present at the examination venue 15 minutes before the announced time.
- Students must set in their designated seats for each exam. Failure to set in your designated seat will be consider as “cheating attempt” and penalties will be applied.
- Students must bring and show their National and University ID card to all exams. Failure to do, student will not be allowed to enter the exam venue.
- All students should appear and dress in a manner that is considerate of modesty and respectable as per UCM dress code (Uploaded on Blackboard).
- All students must follow and respect rules of Professionalism and Appearance Committee. Any failure to comply with these rules, student will be subjected to penalties including cancellation of his/her exam result.
- Students must wear scrub for male and black skirt for female with white lab coat having UCM logo. failure to do will subject candidate to penalties including preventing from exam entrance.

- A Student who arrives in the examination hall within the first 30 minutes after the commencement of the examination shall be permitted to attend the examination, but will not be allowed any extra time.
- Students who arrive in the examination hall after 30 minutes of the commencement of the examination must not be permitted to sit the exam in all circumstances.

1.4.4. Not allowed inside the examination venue:

- Mobile phones, flash cards, electronic dictionaries, iPods, books, bags, notes, wallets or any electronic devices are not permitted in any examination room. The College does not take any responsibility for materials left by students outside the examination hall. They should be lifted in car or other safe places by students.
- Students are not allowed to bring any food and drink, including personal Mug/paper cup inside the examination venue. A transparent glass/plastic for water will be allowed only.
- Students are not allowed to take their pens, pencils and papers inside the exam venue. Pencils or pens will be offered by the UCM.
- Wearing ear plugs, headphones, Air-Pods or smart watched are not allowed.
- Covering the head during the exam are strictly not allowed. Failure to comply may mark the student as “cheating attempt” and penalties could be applied.
- It is a breach of the Examinations Rules for students to have any form of electronic device on their person during an exam, even if the device has not been accessed during the exam. If any student breaches this rule, penalties of “cheating attempt” could be applied.

1.4.5. Conduct during the Examination

- Any students requiring assistance during the examination must raise their arm and wait for an invigilator to come to them.
- Any student who believes that an error has been made in the content of an examination question should report this to an invigilator quietly. The concern will be noted and reported to the course director; however, no amendments or clarifications may be made during the examination and students are instructed

to complete the examination question as far as they are able with the information provided.

- Students must not leave their desk for any reason. Failure to comply will be consider as “ cheating attempt “ and cheating penalties could be applied.
- Communication of any kind with other students in the examination venue is forbidden before, during and after starting the exam. Failure to comply is consider “cheating attempt” and penalties could be applied.
- A student who behaves, in the opinion of the Chief Invigilator, disturbing to other candidates will receive a verbal warning from an invigilator. After second verbal warning, the student should be exhibited from the exam venue
- The student must face the computer screen all the time during the examination. Any student not facing his/her computer screen will be subjected to “cheating attempt “penalties.
- The student must not set in such way might be disturbing other students.
- The student is not allowed to use any other programs during the exam. Any student seen navigating other program will be subjected to “cheating attempt “penalties.
- Students must not turn over the examination paper until instructed to do so by the Chief Invigilator.
- Students must not begin writing until the Chief Invigilator has completed the announcements and officially started the examination.
- Students must stop writing on their answer sheet/paper once finish time has been announced by invigilator. Any student continues writing on their answer sheet/paper will be subjected to penalties including “cheating attempt”.
- Students must handle back their answer sheet/papers when been asked by invigilators, any refusal to do so; penalties of “cheating attempt” may be applied.
- Any breach of the Examinations Rules during the conduction of exam by students, an appropriate penalty of will be applied.

1.4.6. Leaving the Examination:

- Student can leave the examination venue, temporary or finally after 30 min from exam start time.

- Students wishing to leave the examination (temporarily or finally) must raise their arm and wait for an invigilator to come to them.
- Any exam less than 90 min, students are not allowed optionally to leave the exam venue for bathroom. Any exam more than 90 min, student may leave to bathroom after passing 90 min from exam start time.
- In OSCE or OSPE exams, all students should remain in their places until the examination has officially ended, all examination materials have been collected, and they have been given permission to leave by the invigilators.

1.4.7. Illness during examination:

- If a student becomes ill during the examination and temporarily leaves the examination room, has to be under supervision, and he/she shall not be given extra time as compensation.
- If the student is unable to continue the examination, the invigilator shall document the incidence and report the matter to the course director, head of the department, Assessment and Evaluation Centre, to determine and appropriate action will be taken.

Reference; [Updated Policies\Exams Policies in Qassim university.pdf](#)

1.5. Assessment Policy

Assessment Office of the Medical Education Unit at Unaizah College of Medicine and Medical Sciences (UCM):

The Assessment Office at Unaziah College of Medicine and Medical Sciences (UCM) is the governing body for all assessment activities at UCM which is responsible for the Student Assessment and Evaluation in the Premed Year II, Pre-Clerkship years (MD 2, MD 3), and Clerkship years (MD 3, MD 4) under the supervision of Vice-Dean for Academic Affairs.

The Assessment Office at UCM is committed to deliver high quality assessment based on concrete and sound scientific ground and best evidence based advances in medical education that conform with the Qassim University rules and regulations and the known principles of assessment in higher education and high standards.

1.5.1. Responsibilities of the Assessment Office:

- Supervise all the students' assessment activities at Unaizah College of Medicine.
- Ensure high Standard of quality of examinations at Unaizah College of Medicine.
- Ensure that all examinations at Unaizah College of Medicine are authentic, valid, reliable and fair.
- Ensure that the ultimate outcomes of the courses have been properly achieved.
- Review all examination papers including the examination papers of Clinical sciences/Skills and to ensure that set guidelines have been followed and uniformity has been observed as per college policy.
- Helps faculty members set various exams items in order to assess learning outcomes and whether students have benefited from the courses as expected or not.
- Evaluate the fairness, validity and reliability of exam items to make the necessary improvements and correction.
- Based on the results of the evaluation of the content of the exams, the committee will give feedback to the curriculum committee as to how the course materials should be enriched or amended when necessary.
- Review all TBLs and PIs questions

- Implementation of all Online Computer-based Exam
- Ensure Effective Exam Security measures
- Establish UCM Question Bank

1.5.2. Assessment Principles at UCM:

- All the policies of the Assessment Office of UCM are in accordance with the policies laid by Qassim University.
- Assessment will be fair and free of bias.
- The primary purpose of assessment at UCM is improving student learning. Therefore, Emphasis is given on assessment as a tool for learning
- Assessment of student learning is based on Course's Learning Outcomes (CLOs) specified in the Course's Specifications document and should be tightly aligned with the Program Learning Outcome (PLOs). Thus, assessment of student learning depends on clear and explicit learning goals.
- Assessment of student learning must have course and program significance.
- Assessment is designed to stimulate deep rather than surface learning and aims to assess student thinking and deductive reasoning rather than the repetition of learnt material.
- Assessment involves a multi-method approach.
- Assessment must consider quality criteria for students' assessment including but not limited to: validity, reliability, feasibility, cognitive complexity, authenticity, educational impact, transparency, and management within resources.
- Assessment results will be used for decision making in planning and improvement processes.
- Assessment also aims to provide timely feedback regarding standards and performance to improve student performance.
- There will be no summative assessment without prior practice of that technique at the formative stage.
- The results of assessment activities will not be used for the evaluation of individual faculty.
- Assessment data will not be used to make comparison across programs or departments.

- Successful assessment requires College support.
- Assessment items will be stored by the Assessment Office in soft form, in a secure environment for future building of the College's Questions Bank.
- To be eligible for a grade in a course a student must complete all summative assessment activities that contribute to the grade for that course, meet or exceed the required cut-off score and satisfy all coursework requirements.

1.5.3. General Policies of Assessment

- The continuous assessment must carry minimum of 30% of the whole assessment of a course based on Qassim University regulations. The remaining 50 to 70% shall be allocated to end-of-course assessment.
- The assessment plan for a course suggested by the Course's Committee must be approved by the Assessment Office of the Medical Education Unit prior the start of the course.
- Any change in the assessment plan will be made with the approval from the Assessment Office.
- All documents regarding assessment activity/task, assessment criteria, distribution of marks, submission deadlines and any accompanying documents will be clearly worded by the Course's Committee.
- Assessment schedule and issues mentioned in point no. 4 will be presented to the students at the beginning of each block/course.
- Following are the assessment tools that will be used in general:
 - Multiple Choice Questions (MCQs)
 - Extended Matching Questions (EMQs)
 - Short Answer Questions (SAQs)
 - Modified Essay Questions (MEQs)
 - Short Essay Questions
 - Written Assignments
 - Students Seminars
 - Team-Based Learning (TBLs)
 - Peer-Instructions (PIs)
 - Objective Structured Practical Examination (OSPE)
 - Spotter Examination

- Objective Structured Clinical Examination (OSCE)
- Slide Show
- Mini-CEX
- Reflection
- Logbook Assessment
- Field visits/Lab Reports
- For values: the following tools are used: Self-Evaluation, Peer Evaluation, and Supervisor Evaluation.
- Assessment Blueprint for each course will be designed by the Course's Committee and must be approved by the Assessment Office of the Medical Education Unit prior the start of the course.
- The blueprint should ensure the appropriate sampling and balance across the course.
- A blueprint must contain the tools of assessment to be used in the exams, total number of items, and alignment of each assessment item with the CLOs, and categorized under the main domain of learning suggested by National Framework of Qualifications (Knowledge & Understanding, Skills, and Values).
- A copy of the blueprint of each course will be kept by the Assessment Office to guide the assessment of that course.
- Number of summative exams for a course will be scheduled according to the following:
 - Continuous assessment & one final assessment per course.
 - In each exam, a specific set of Intended Learning Outcomes (ILOs) will be tested.
 - The subsequent exam of a course may contain a maximum of 20 % of items from the ILOs of the previous exam.
- Number of formative exams for a course will be scheduled according to the following:
 - **Pre-Clerkship Phase Courses:**
 - **Short courses** (less than one month): Minimum one formative test per course.

- **Long courses:** (more than one month): Minimum two formative test per course.
- **Longitudinal courses:** Minimum one formative test per month.
- **Clerkship Phase Courses (Clerkships):**
 - **Major Clerkships:** Minimum one formative test per month.
 - **Minor Clerkships:** Minimum one formative test per course.
 - Weight of items (Grade) will be according to the following:

Item	Weight / Grade
Knowledge & Understanding Domain	
Multiple-choice questions (MCQs). (Best of five formats).	0.4 – 0.5
Extended Matching Questions (EMQs).	0.4 – 0.5
Modified essay question (MEQs).	1 - 5
Short essay question (SEQs).	2 - 5
Short answer question (SAQs).	1 - 3
Reflection.	2 – 5
Assignment.	2 - 5
Skills and Values	
Objective Structured Practical Examination (OSPE).	1 - 4
Objective Structured Clinical Examination (OSCE).	5 - 10
SPOTTERS / Slideshow (Cognitive Domain).	0.5 - 1
Portfolio	5 - 10
Logbook	5 - 10
Professionalism Mini-Evaluation Exercise (P-MEX)	2 - 5
Mini-clinical Evaluation Exercise (Mini-CEX)	2 - 5
Instructional Based Assessment	
Team Based Learning	2 - 5
Peer Instruction	1 - 3
Conference / Seminar	2 - 5

1.5.4. Item Writing And Examination Preparation Policies

- Item writers; (faculty members) will be notified by the Course's Committee prior to the start of the course for the required assessment items in each assessment activity (MCQs, OSPE, OSCE, etc.) based on the approved course's blueprint.
- Course's Committee under the chairmanship of the Course's Director will collect and review the items.
- Course's Director will submit the reviewed items to the Assessment Office at least nine (9) working days before the scheduled date of the examination.
- The Coordinator of Examination Office will make the entry/record of the document and will forward it to members of Examination Office for **individual scrutiny**,
- Members of Examination Office will meet (first meeting) for further scrutiny, **to eliminate technical flaws in items**,
- Examination Office Coordinator, after doing the needful and get it scrutinized, will send it back to Course's Director who will contact the concerned faculty member(s) **to apply the required/recommended amendment** to exam questions,
- The Course's Director will then return it, with detailed report to Coordinator of Examination Office, who will call again members of Examination Office for final scrutiny (second meeting) and **approval**.
- After making necessary record and approval, the Coordinator of Examination Office will send it back to concerned Course's Director for proofreading no later than **three days** prior to exam time.
- The Coordinator of Exam Office **will sign** the final corrected/approved paper before printing.
- **For paper-and-pencil format exam**, the Course's Director should hand-over the signed final corrected/approved **printed paper** to the control room for **photocopying** no later than **three days** prior to exam time.
- **For Computer based exam**, the Course's Director should send/submit the final approved exam questions in **ExamView format** to the control room to upload it on the server (computer system), no later than **two days** prior to exam time.

1.5.5. Assessment Tools/Tasks Policies

Assessment Tools for Written Assessment:

Multiple Choice Questions (MCQs):

- MCQ is a form of an objective assessment in which students are asked to select only best/correct answer/s from the options offered as a list. The multiple choice format is the most frequently used assessment in medical education testing.
- All MCQs should be of the single best answer type.
- MCQ consists of:
 - A. Stem.
 - B. Lead-in.
 - C. Five options (one of which is the keyed or correct response, four of which are DISTRACTORS).

Advantages:

- Assessment of a large amount of knowledge in a relatively short time.
- Contextualization with clinical vignette and scenario to improve validity.
- Can be made reliable and objective.
- Computerized marking is possible.

Extended-Matching Items (EMI):

- Extended Matching Questions (EMQs) are a form of multiple choice questions organized into sets that use one list of options for all items in the set, from which the student chooses the most likely or the correct answer.
- While the reliability and validity of EMQs is similar to that of traditional MCQs, EMQs are superior to traditional MCQs in assessing students' problem-solving and clinical reasoning abilities.
- The structure of the EMQs: A well-constructed EMQ includes four components:
 - A. A theme;
 - B. An option list;
 - C. A lead-in question; and
 - D. At least two item stems.

Modified Essay Question (MEQ):

- MEQ is a problem based structured essay question that is often used to assess higher order abilities in preference to other forms of assessment, including multiple-choice questions (MCQs).
- A short history is given to the student, then based on it some questions are asked.
- It is a problem solving type of essay question, useful in innovative integrated course curriculum.
- It assesses wide spectrum of cognitive levels and requires the student to apply what he has learnt, in the context of a given situation.
- The format has questions closely resembling a series of short answer questions than an essay question.

Short Answer Question:

- Short-answer questions (SAQs) are open-ended questions that require students to create an answer, rather than choose from a selection of responses.
- It's a practical alternative to the long essay question. They are commonly used in examinations to assess the basic knowledge and understanding of a topic before more in-depth assessment questions are asked.
- Short answer questions (SAQs) are open-ended questions that require students to create an answer. They are typically composed of a brief question that demands a written answer that varies in length from one or two words to a few sentences. They are most often used to test basic knowledge of key facts and terms.
- Short answer questions can also be used to test higher thinking skills, including analysis or evaluation. They are commonly used in examinations to assess the basic knowledge and understanding (low cognitive levels) of a topic before more in-depth assessment questions are asked on the topic.

Assessment Tools for Practical-Based Assessment:**Objective Structured Practical Examinations (OSPE):**

- Objective Structured Practical Examinations (OSPEs) are a series of stations each assessing a specific outcome which is usually but not always a psychomotor skill.

- OSPE is used mainly in basic medical sciences assessment; e.g. to assess laboratory skills (e.g. anatomy) of students in the preclinical stage of a medical curriculum. It is more objective, reliable and a valid tool of assessment to assess practical aspects in integrated courses.
- OSPEs may also be utilized to assess the student's ability to perform a practical skill that is not purely clinical, nor requires a patient or a simulated patient to be present.
- In OSPE, multiple stations (usually 5-20, each station takes around 3 to 5 minutes) are designed and each station has a specific objective that needs to be tested.

Spotter Examination:

- Pins and tags pointing to specific structures (popularly referred to as "spotters"). At each station, specific questions are then asked about where the pin is placed so as to identify a structure, and a question related to that structure e.g. action of a muscle, branches of an artery, relations of a viscera, functions of a cell etc.
- A typical spot examination comprises 15-30 stations each lasting 1 minute. Over the years the spotter format has been developed to include other subjects, to reduce the number of 'identify questions and increase the testing of other areas such as function and application.

Slideshow:

- Slideshow assessment is a series of pictures representing normal tissues, structures, gross and microscopic pathologies, graphs and other pectoral material in courses like Anatomy and Histology.
- A typical Slideshow examination comprises 10-15 stations each lasting 1 minute.
- Students shall have equal opportunity in viewing the slides.
- Usually every slide has one to maximum two questions.

Objective Structured Clinical Examinations (OSCE):

- OSCE is an assessment tool in which the components of clinical competence such as history taking, physical examination, simple procedures, patient management problems, communication, and attitude are tested using agreed

checklists (a standardized marking scheme specific for each case is used.) and rotating the students round a number of stations some of which have observers with check lists.

- OSCE is applicable where clinical competencies are to be tested. It consists of 7 to 20 stations (each station takes around 10 to 15 minutes), where each candidate is asked to perform a defined task as mentioned above.
- OSCE stations, some of it might be silent; consist of skill of reading an EKG, Chest X-ray, Laboratory abnormality and/or a picture of abnormal signs etc. Number of silent can be up to 7 stations out of 20 and the remaining are pure clinical examinations.

1.5.6. Policies for Conduction and Scoring of Written Examinations

General Rules:

- The Courses' Directors are responsible for conducting all types of exams of their courses.
- The Course's Director will announce the dates for the exams to the relevant Heads of Departments and students based on the course itself and the approved Assessment Plan of the course.
- Each examination is assigned a Proctor and an Invigilation Committee by the relevant Head of Department.
- Members of the Course's Committee usually will not be involved in invigilating the exams of their course.
- Proctors should be available fifteen minutes prior to the scheduled time for the examination.
- The proctor is not permitted to answer questions other than those concerning the examination paper but it must be within the permitted time during the exam.
- Invigilators must not leave the exam hall unattended for any reason.
- Invigilators must not talk to each other unless absolutely needed during the exam.
- Invigilators should write a brief report containing enough details about any cheating (or other type of) incident and submit it to the Assessment Unit or the department of academic affairs most two days after the event.

- Duration of exams should be according to the number of questions:

Item	Time
Cognitive Domain	
Multiple-choice questions (MCQs). (Best of five formats).	90 to 120 seconds
Extended Matching Questions (EMQs).	90 to 120 seconds
Modified essay question (MEQs).	2 to 5 minutes
Short essay question (SEQs).	2 to 5 minutes
Short answer question (SAQs).	2 to 3 minutes
Psycho-motor Domain +- Affective Domain	
Objective Structured Practical Examination (OSPE).	3 to 5 minutes
Objective Structured Clinical Examination (OSCE).	10 to 15 minutes
SPOTTERS (Cognitive Domain).	60 to 90 seconds
Slideshow (Cognitive Domain).	60 to 90 seconds
Instructional Based Assessment	
Team Based Learning – IRAT	120 seconds
Peer Instruction	120 seconds

1.5.7. Specific Regulations Related to Conduction of Exams:

Examination Dates, Times and Venues

Students are responsible for correctly noting the dates, times, duration and venues of their examinations on Blackboard.

Special Examination Requirements

Students who have a disability and/or medical condition and who may require special examination arrangements must ensure that their course director is aware ahead of time with clearly written request signed by the student.

Sit for the Exam:

- Only those students with an attendance of at least 80% will be allowed to sit the block / course or end of the year exam.
- Students should be present at the examination venue 15 minutes before the announced time.
- Students must set in their designated seats for each exam. Failure to set in your designated seat will be considered as “cheating attempt” and penalties will be applied.

- Students must bring and show their National and University ID card to all exams. Failure to do, student will not be allowed to enter the exam venue.
- All students should appear and dress in a manner that is considerate of modesty and respectable as per UCM dress code (Uploaded on Blackboard).
- All students must follow and respect rules of Professional-ism and Appearance Committee. Any failure to comply with these rules, student will be subjected to penalties including cancellation of his/her exam result.
- Students must wear scrub for male and black skirt for female with white lab coat having UCM logo, failure to do will subject candidate to penalties including preventing from exam entrance.

For further details follow this link <https://mduc.qu.edu.sa/content/pages/154>

1.6.Appeal Policy

Any student who has evidence that the mark or result awarded for an assessment task is unfair or incorrect should in the first instance raises their concern with the appropriate member of staff (lecturer or staff member responsible for marking the work). Depending on the circumstances, the student may also need to raise the matter with the Course Director. It is expected that most situations will be able to be resolved without the need for a formal appeal.

1.6.1. Conditions for submitting the formal re-grading appeal by student:

1. The student is allowed to make a petition for re-grading for one course only during the semester.
2. The student has never made a petition for re-grading and proved wrong.
3. The Re-grading Appeal form must be filled by student and submitted to the Vice dean of Academic Affairs within seven days after announcement of the course result.
4. The committee may recommend that the student be sent to the university disciplinary committee in case they see a reason for that.

1.6.2. Formal Assessment Appeal:

- If after going through this process, the student is still concerned with the process or the mark awarded, the student may write and submit a formal appeal.
- In any instance where a student is unable to make timely contact with the lecturer or staff member responsible for marking the work (or the Course Director), the student may go direct to a formal appeal to the Vice Dean of the Academic Affairs.
- The appeal form must be filled by student and submitted to the Vice Dean of the Academic Affairs within seven days of the date the result of the course was notified to the student.

1.6.3. Process of formal Appeal:

The student must get the appeal form from Student Affairs Administration, fill it in writing and then submit it to the Vice Dean of the Academic Affairs within seven days of publication of the final result.

1.6.4. Grounds for a Formal Assessment Appeal:

Students requesting a review or submitting a formal assessment appeal must demonstrate the grounds on which they feel they were unfairly assessed.

1.6.5. Determination of Appeal by College Council:

Where the Vice Dean of the Academic Affairs has been involved in the original assessment of the student in respect of which the appeal has been submitted, he or she must not be involved in determining the appeal. The appeal will be determined by the relevant faculty member or nominee.

On receipt of a formal assessment appeal, the Vice Dean of the Academic Affairs will immediately provide the head of the department with a copy of the appeal and request who will send it to respective Course Director to provide the following:

- A. Comments on the appeal including any information on discussions already conducted with the student;
- B. A recommendation as to how the matter should be determined;
- C. A copy of the assessed work that is the subject of the appeal if this has not been returned to the student;
- D. Details of the criteria used to assess the student's work; and
- E. Any other information relevant to the appeal.

Once in receipt of this information, the Vice Dean of the Academic Affairs will submit it to College Council to assess the appeal and determine if a change of mark or final result is warranted.

The appeal must be determined within ten working days of it being received by the Vice Dean of the Academic Affairs.

1.6.6. Notification to the student:

Once a decision has been made on the appeal by the College Council, the student must be informed of the outcome immediately by the Course Director and in any case, no later than three working days from the date of the decision.

1.6.7. Change of Results:

Where an appeal has been successful and the final result for a student requires amendment, it is the responsibility of the Course Director to arrange the change of result on the student records system.

The change of result may also require the student's academic status to be reviewed.

1.6.8. Student Assistance:

- A student may seek assistance and advice from the Academic Advising Services, academic staff, and/or Student Services in preparing an assessment appeal.
- In any discussions regarding review of marks or final results, the student is entitled to be accompanied and assisted by a support person e.g. his Academic Advisor or any other faculty member.
- The support person may be another student, a staff member or a person.

1.7.Student Grievances and Complaints

1.7.1. Standing Committees for Student Rights

The regulations of student rights committees at Qassim University have been approved in its Council's third meeting held in 9/3/1439 H. The regulations include mechanism of formation of the Standing Committee for Student Rights at the University level, in addition to rules of formation of sub-committees for student rights in the colleges. The University aims from these committees to:

- 1- Realization of a homogeneous university society
- 2- Confirming the principle of justice and fairness as a basic pillar in building an ideal society inside the University, and to support the student rights in comply with the applied systems and regulations.
- 3- Presenting the necessary advices to the students, and enlighten them about their rights, and how to get them through the official channels in the University according to the applied rules and regulation.

1.7.2. First: The Standing Committee for Student Rights in UCM

The Standing Committee is formed by a decision of the college dean and formed of:

1. Faculty member from clinical department as a head.
2. Two Faculty members from other departments as members.

Mechanism of the Committee:

- A. The Standing Committee shall be held on a continuous basis to carry out administrative and technical tasks. It is concerned with
- B. Discusses complaints and grievances referred to it by the University President.
- C. The complaints and grievances that were not resolved by the sub-committees during the legal period.
- D. The consideration and investigation of grievances against the decisions of the sub-committees submitted to it by the students.
- E. Students Complaints which the sub-committees refer them to the Standing Committee because of stepping aside or non-specialty.

For further details click the link below (control+ left click)

[Policies and Regulations\13 A- Student Grievances.pdf](#)

1.7.3. Settlement of grievances and complaints

Informal Settlement Method:

- First, the student should try to solve his dispute amicably and informally at the earliest opportunity and discuss this with the faculty member concerned.
- As soon as he is aware of the matter, and in the absence of a satisfactory solution between the student and the faculty member, the student should submit his grievance to the head of his department.
- If the dispute is not resolved, he or she shall submit a complaint and discuss it with the Dean. During these informal discussions, the department head or faculty dean, who is a faculty member, is supposed to be a mediator for conflict resolution. They are allowed to speak with the student or faculty member (one or both) individually or bilaterally, and to consider any evidence or documents that either party to the dispute wishes to provide.
- If the complaint is against the head of the department or the dean of the college, then the discussion will be with those who are higher than the administrative rank.
- Obligation of the student to resolve the dispute in the informal manner referred to is contrary to the regulations and there is a kind of pressure on the student or the student to waive his right guaranteed by the regulations and regulations in force in the Kingdom and guaranteed by religious law.

Formal Settlement Method

The student must comply with his complaint with a number of procedures and controls, namely:

1. To submit his complaint to the headquarters of the sub-committee formed within his College, even if the complaint is against a faculty member assigned from another faculty to teach one or more subjects to the students of the faculty of the complaint.

2. The complaint must be filed within thirty days from the date of the occurrence of the incident in which the complaint took place, for example: - Declaration of the result of an assault test signed by the student by word or deed - Preventing the student from using one of his rights contained in the document of the rights and obligations of the university studentetc.

Forms of Students Grievances and Complaints: click this link (control+ left click) [Policies and Regulations\13 A- Student Grievances.pdf](#)

You can also visit the university web site; www.qu.edu.sa

1.8. Student Disciplinary Regulations – Qassim University

These regulations are subject to all university students, including male and female students, and those of similar status, such as scholarship students, visitors, and those enrolled in scientific and training programs

Article 3:

It is not permissible for the student to invoke ignorance or lack of knowledge of the university's rules, regulations, and decisions in force, and the instructions it issues, in order not to impose the penalties stipulated in this bylaw.

Article 5:

The student who committed the violation is not allowed to submit a request to withdraw from the university or evacuate him/her from it except after the decision of the disciplinary committee concerned with looking into the incident subject of the violation

The committee must notify the Deanship of Admission and Registration to stop the procedures for graduation or evacuate him from the university until a decision is made on the subject of the violation attributed to him for committing it

For details click the link (Control+ Left click)

[Policies and Regulations\Regulations of Student Disciplinary in Qassim University.pdf](#)

1.9. Student Promotion Policy

Follow the link [Updated Policies\UCM Student Prromotion Policy.docx](#)

1.9.1 Definitions:

- **Promotion:** The student is promoted from phase to phase if he passes all phase courses.
- **Reset Exam:** an exam conducted for a failed student in one or two courses.
- **Graduation:** The student graduates after successfully completing all graduation requirements according to the degree plan, he must maintain a GPA of 2:00 in a 5:00 scale in order to graduate. In case the student graduated with a GPA that is less than 2:00, the college council under recommendation from designated department may make the student take some courses to raise his GPA.

1.9.2. Pre-Med 2 Year

- The student should passes all Pre-med 2 courses to be promoted to the pre-clinical phase.
- Passing mark for all courses is 60 %.
- The student who gets less than 60 % in any course will be considered fail in this course.
- The student who Fail in 1 or 2 courses (of total not more than 7 credit hours) will be eligible for reset exam.
- The student who Fail in more than 2 courses (or of total more than 7 credit hours) will not be eligible for reset exam and will repeat the year in those course(s) only.

1.9.3. Pre-Clinical Phase (MD 1 and MD 2 Years)

- The student should passes all MD 1 and MD 2 courses to be promoted to the clinical phase.
- Passing mark for all courses is 60 %.
- The student who gets less than 60 % in any course will be considered fail in this course.
- The student who Fail in 1 or 2 courses (of total not more than 11 credit hours for MD 1 or MD 2) will be eligible for reset exam.

- The student who Fail in more than 2 courses (or of total more than 11 credit hours) will not be eligible for reset exam and will repeat the year in those course(s) only.
- **For MD 1 Year**, the student who does not eligible for reset exam or failed in reset exams will repeat the year in theses failed course with opportunity to register in MD 2 Year courses that do not overlap with MD 1 failed courses.
- **For MD 2 Year**, the student who does not eligible for reset exam or failed in reset exams will repeat the year in theses failed course without registration in MD 3 Year courses.
- **Exceptional Ccondition:** For the student, who fail in reset exam in only one course, not exceeding 8 credit hours, A committee chaired by the Vice Dean for Academic Affairs and the membership of the academic coordinator and concerned department heads has the authority to give him opportunity for another reset exam in that course for promotion to clinical phase provided that he pass all other pre-clinical phase courses.

1.9.4. Clinical Phase (MD 3 and MD 4 Years)

- The student should passes all MD 3 and MD 4 courses to be promoted to the internship.
- Passing mark for all courses is 60 %.
- **For General Courses (Internal Medicine, General Surgery, Women's Health and Pediatrics)**, the student who gets less than 60 % will be considered as a fail and he should repeat the whole course in the next academic year.
- **For Other Courses (Subspecialty Courses)**, the student who gets less than 60 % in course grade will be considered fail.
- The student who Fail in 1 or 2 of **subspecialty courses** (of total not more than 14 credit hours) will be eligible for reset exam.
- **For MD 3 Year**, The student who does not eligible for reset exam or failed in reset exams will repeat the year in theses failed course with opportunity to register in MD 4 Year courses that do not overlap with MD 3 failed courses.
- **For MD 4 Year**, the student who does not eligible for reset exam or failed in reset exams will repeat the year in theses failed course.

- **Exceptional Condition:** For the student, who fail in reset exam in one or two courses, not exceeding 8 credit hours. A committee chaired by the Vice Dean for Academic Affairs and the membership of the academic coordinator and concerned department heads has the authority to give him opportunity for another reset exam in that/these course(s) for promotion to the internship provided that he pass all other clinical phase courses.

1.9.5. Procedures applied for failed students

- The academic advising unit should be provided with full data about the failed student regarding his/her achievement in other courses in the current academic year and the previous ones .
- The academic advising unit meets the failed student to discuss with him/her the causes of his failure, then, they decide the length of time needed for him/her to prepare for reset exam.
- During summer vacation, the course organizer prescribes the course contents to the failed student and follows him through regular meetings.

1.9.6. Procedures of Reset Exams

- A committee chaired by the Vice Dean for Academic Affairs and the membership of the academic coordinator and concerned department heads will decide reset exam dates and the list of students allowed to sit the exam.
- Exam will be equal to 100 % and cover all course contents in the form of written exam (MCQs, SAQs & MEQs).
- Passing mark of the reset exam is 60 %.
- The student who gets less than 60 % will be considered fail in this/theses course(s) and will repeat the year in this/theses course(s) only.

1.10. Psychological Counselling and Support Policy

- College students (especially medical students) are known to have high risk of psychosocial problems that may include anxiety related to their academic requirements such as exams anxiety and presentations anxiety, general stress, depression, relationship difficulties, bereavements and parental separations, coping with change, difficulties with study, not being able to concentrate, loss of motivation and fear of failure. These problems may impact students' academic performance or mental health and wellbeing.
- Academic Advising Unit continuously conducts workshops related to these psychological issues to increase students' awareness about them, try to reduce stigma, increase help seeking, encourage students to talk to their academic advisors when they suffer from any psychological stress or having warning signs and train them about mental health and to not be fearful about admitting a mental health problem.
- One of the most important roles of academic advisor is to evaluate student's social and psychological condition and try to detect and identify any concerns impacting on academic performance. The academic advisor gives student the opportunity to talk confidentially about these concerns and help him/her to find relief from current distress, explore coping strategies, and advice pathways for longer term solutions. If a student has warning signs indicating a serious psychiatric problem will be referred to psychiatrist at our college for evaluation. If he/she diagnosed with a psychiatric illness, appointment in psychiatric clinic at University Outpatient will be arranged.
- The academic advisor continues to monitor and evaluate the student as needed to provide the unit and treating psychiatrist with any update regarding the student condition.

1.11. UCM Dress Code Policy

1.11.1. Governance

Introduction.

- The Unaizah College of medicine and applied medical sciences has an interest in its representation by personnel, staff and students; attire is part of its representation by all parties engaged in educational, medical, recreational and religious activities.
- Although UCM is a Muslim college that follows the Kingdom of Saudi Arabia's constitution; the college retains its right in interpretation and implementation of all general governance policies.
- The college council has delegated all of its governance capacity concerning dress codes to UCM-DCP; it is therefore the University's Council capacity to appeal, amend or modify UCM-DCP based decisions.
- The Unaizah College of medicine and applied medical sciences' dress code policy aims to regulate all dress codes at UCM campus as well as contracting hospitals and other healthcare facilities to the extent that is limited by original employment and academic status.
- The Unaizah College of medicine and applied medical sciences' dress code policy is the reference governing policy to all dress codes at UCM. Any other roles or regulation departmental or otherwise, before or after the approval's date of UCM-DCP are invalid unless issued as a direct extension of UCM-DCP and authorized by the college council with no conflict with UCM-DCP; if a conflict does in fact exist between said regulation and UCM-DCP, UCM-DCP overrules.

1.11.2. Students' dress code

Introduction.

Students at UCM are expected to adhere to professional attire at all times including hospital based educational activities. Failure to comply with the dress code will result in disciplinary actions as outlined in Article 5 subject to the discretion of the authorities in charge of UCM-DCP policy enforcement as outlined in article 1.

Male students.

- The Saudi national outfit is the dress code for male students in preparatory year.
- Headgears are optional as long as the students' hair is of professional appearance that is acceptable to the enforcement party.
- Cloaks of all types are not permitted on UCM campus.
- Footwear shall be worn at all times and it should have a professional appearance.
- Necklaces, piercings, non-medical contact lenses and tattoos are not allowed in UCM campus and if they are permanently installed, they shall be covered appropriately.

Female students.

- 2.10. Students shall wear wide long non-transparent skirts that have no cuts; the skirt should not be a skinny skirt and it should not be descriptive of body parts underneath it.
- 2.11. Skirts shall be black in color with no decorations or embroidery of any kind.
- Blouses should be overlapping above the waistline with the skirt of minimum five centimeters the blouses has to have long non-transparent sleeves.
- Headgear including complete non-transparent face cover shall be worn in open areas where males may have a direct or indirect line of sight.
- Socks and shoes shall be worn at all times and they should cover the entire foot.
- Abbaya is not allowed in educational venues.
- Hand jewelry and light make up are allowed unless direct or indirect male line of sight is expected; if exposure is expected then hand jewelry should be kept to minimum and makeup should not be used.
- Abbaya of appropriate appearance (entirely black with no embroidery) as well as a cover of the head and the entire face should be worn during entry and exit from the female buildings.

- Full dresses of any kind are not allowed in the campus including but not limited to JALLABIAH.
- Students shall wear wide long non-transparent skirts with blouses overlapping above the waist line.
- Medical scrub shirts with the appropriate color may be worn as long as they meet the following two conditions: they overlap the skirt for a minimum length of 5 centimeters; and they are one size bigger than the appropriate size of the students' body.

For further details follow the link

[Updated Policies\Unaizah College of Medicine and applied medical sciences dress code policy.pdf](#)

1.12. Lab Policies

1.12.1. Clinical skills lab Policy

Reference; [Updated Policies\CSL policy, UCM.pdf](#)

The Clinical Skills Laboratory (CSL) provides students with an opportunity to learn and safely practice clinical skills in a safe, controlled environment and to develop key competencies in preparation for clinical practice and for the administration of quality care to the client. The lab is purposely designed to replicate healthcare settings and living environments and facilitates medical students to develop their clinical skills. This manual has been developed to ensure that the CSL is maintained as a professional clinical area for teaching and learning.

CSL Conduct Behaviors:

- All instructors, staff, and students must know and practice the safety guidelines at all times while using the skills labs.
- All users of the clinical skills labs must act in a manner that does not disturb the teaching and assessment activities occurring in the labs.
- All users of the CSL must follow the instructions provided by the facilitator during the session.
- The CSL environment and equipment must also be respected in an appropriate manner.
- Use of the CSL is only permitted under appropriate supervision and at authorized times.
- Students are expected to arrive for their laboratory session on time.
- Students who arrive late may not be allowed to enter the clinical skills laboratory.
- Students are expected to come to lab prepared by having read the scheduled lab objectives and assignments prior to the start of the lab period.
- Students should be knowledgeable of the care, handling, and proper use of equipment prior to using it in the laboratory.
- Students are expected to practice universal precautions in all exposure prone procedures.

- No eating or drinking in the lab is allowed only bottle of water is accepted, students who have medical reasons to eat or drink should discuss this with the lab instructor prior to using the lab
- Students are not allowed to sit on the CSL beds. Beds can be used by students only for practice purposes such as scenarios role playing.
- Do not use the equipment for any purpose other than specified.
- All doors and cabinets shall remain closed when not in actual use.
- The skills lab will not be used as a health center for ill students, staff, or instructors.
- The CSL labs are not to be used as a social area
- All labs are locked unless occupied by faculty and/or students during class or practice. Any break in security must be reported immediately to the CSL coordinator and Director of Female campus of UCM.
- Students should report any misconduct occurring in the CSL, students may be held responsible if misconduct is discovered and was not reported.
- Anyone conducted behavior that is disruptive, unsafe, unethical, inappropriate or unprofessional in the CSL will be asked to leave the lab then reported to the college administration.

Electronic Devices:

- Computers and Smart TV screen provided in the CSL are for educational purposes only.
- Personal laptops/ iPad are allowed in the lab to take notes and education related research or specific scenarios.
- Students are not allowed to access social media sites while CSL sessions.
- All mobile phones must be on silent /vibrant mode prohibited to use during all clinical skills labs sessions and, in case of urgent issues phones can be checked and answered outside the CSL.

Storage of Personal Items:

- Students must store their personal items such as bags, abayah, jacket and books in locker before entering the CSL.

- The CSL team are not responsible about any missing personal items in labs such as Laptop, iPad and Mobile phones, students must check their personal belonging before leave the labs.

Cleaning up at the end of CSL Session:

- Before leaving the CSL all facilitators and students are required to clean their work space and reorganize the items and equipment being used, so the lab is left safe, clean, organized and ready for the next session.
- At the end of each scheduled lab session lab surfaces must be cleaned using disinfectant wipes. Adequate supplies for cleaning the lab will be located in the cabinets.
- All non-disposable equipment used during the lab session will be cleaned by the student using disinfectant wipes.
- All furniture and large equipment should be returned to its original location as indicated by the facilitator.
- Smaller equipment and consumables should be returned to the appropriate trolley or storage unit.
- Lab chairs must be returned under tables after use.
- Beds should be remade including bed sheet refold and left in the lowest position with the bed rails down.
- The manikins and the task trainers in the skills lab are to be cleaned with mild soap and water and then rinsed and air dried after use.
- Retune Manikins to originals place such as beds and chairs.
- When leaving CSL windows must be closed, turn off lights and close/lock doors.
- If anything is spilled on the floor, please wipe up immediately.
- If any items require disposal, this should be done in the appropriate manner (See section 2).

Equipment/Supplies Use, Needs and Borrow:

- All students and faculty wanting to use the lab must have proper orientation to the equipment.

- Students and faculty must respect lab personnel and equipment at all times.
- When working with the manikins, students must wash their hands before and wear gloves.
- Do not move manikins or parts without the permission of the lab instructor.
- Do not use betadine on manikins or ink pen.
- Use beds for practice and testing purposes only.
- Lab doors are to be locked at all times and never left unattended. The only personnel who have access to these rooms are the faculty members.
- Students must have an educator present when practicing on new equipment and manikin.
- Students and faculty are responsible for any broken, missing or used equipment.
- If students encounter any equipment malfunction or need to be restocked should be reported immediately to the facilitator who will inform the CSL coordinator via Email.
- All CSL equipment and supply questions should be directed to the CSL coordinator.
- All Supplies needed for each scheduled session will be provided.
- Personal clinical supplies such as stethoscope, measurement tape and step watch are the responsibility of the student and will not be provided.
- Many supplies will have expiration dates, CSL coordinator, facilitators and students must check of supplies expiration dates before practice.
- Many supplies are reusable and should be restocked when not being used.
- Disposable Equipment should be disposed immediately and appropriately and never be reused under any circumstances, such as needles/sharps dispose in sharp containers.
- Supplies and equipment must not be taken out of the lab unless requested by an instructor.
- Students and faculty may need to borrow certain equipment/supplies from the CSL to improve their clinical skills outside of CSL sessions time.
- Anyone borrowing equipment will need to complete and sign borrowing equipment form (see appendices E).

- Failure to return equipment or reimburse for broken equipment will be reported to the CSL coordinator.

Scheduled and Open CSL Time:

- Mandatory skills sessions will form part of the semester timetable and it is the responsibility of the student to check their timetable and attend at the designated time.
- Students are expected to attend and participate in all scheduled skills labs.
- Students who do not attend on the designated date and time for clinical skills sessions will not be facilitated at a subsequent session.
- When faculty members wishing to use the CSL for clinical practice will contact the CSL Coordinator for availability and set up.
- Any student wishing to use the lab out hours of mandatory CSL sessions must notify the CSL Coordinator to schedule time.
- Scheduled time for skills practice or meetings need to be approved by the CSL Coordinator to ensure adequate time and space for everyone.
- Locations of the labs are varying throughout the semester; available open lab time will be posted on UCM E-Learning by CSL Coordinator.

CSL Documentation:

- All students must sign in and out of the lab at all times for both practice and testing, in the attendance books located inside CSL.
- Practice during open CSL time, student need to sign in and out and write which equipment and supplies they will use in open lab time attendance and equipment books located inside CSL.
- When faculty members will use equipment inside or outside the lab inside the UCM not during scheduled time, first write request for CSL coordinator by email after approval, need to write the date, time, name, signature and which item will use both in faculty equipment use books located inside CSL and in google drive sharing with CSL coordinator.
- In case of incidence CSL coordinator must fill the incidence report (see appendices B)

- If students want to practice injection/ venipuncture on each other this need to fill consent form by student before practice (see appendices D)
- All students will need to sign a confidentiality agreement before skill laboratory use and will be reminded through the course of the confidentiality issues. (see appendices C)
- All faculty and student before start CSL session must read the CSL policy manual and sign for acknowledgment and agreement (see appendices A)

CSL Confidentiality:

- All simulation scenarios practice sessions involving students and/or recordings are considered confidential.
- All manikins' accessibility should be treated as a real patient.

2. CSL Infection Control and Safety:

Hand Washing and Personal Protective Equipment:

- Students are required to wash their hands upon entering the lab, when transitioning to new activities and at other designated or appropriate intervals throughout the lab session
- If handwashing facilities is not feasible, appropriate antiseptic hand cleaner or antiseptic will be used. When antiseptic hand cleansers are used, hands shall be washed with soap and running water as soon as feasible.
- Alcohol instant hand-sanitizers are available to students in all areas of the lab. Students may use the sanitizer after touching objects and/or engaging in student contact unless directed otherwise by the individual faculty instructor.
- Appropriate Personal Protective Equipment (PPE) (eyewear, masks, gloves, gowns) will be available to instructors and students exposed to infectious materials.
- PPE will be chosen based on the anticipated exposure potentially infectious materials.

Latex Gloves and Latex Allergy:

- CSL faculty should ask their students before establish skills lab sessions whether they have any sensitivity to latex.
- Not only gloves contain latex, some of the equipment and manikins in the CSL contains Latex example (Sim Baby, Sim Man, veins tube in the IV arms contain latex). Most of the latex contained in the internal compartment of the manikin, but there may be a small risk of exposure during use.
- Users who suffer from latex allergies should take precautions while using or handling the latex parts by wearing non-latex protective gloves and mask if needed.
- If a latex-related reaction is suspected, the CSL instructors and coordinator should be immediately notified (see appendices F for latex signs & symptoms).

Sharps, Needles Safety and Sharp Disposal:

- All staff and students when utilizing Sharp objects or needles and practicing injection must demonstrate safety precautions all time.
- Needles provided in CSL are only for practicing purposes and under lab instructors supervision.
- Practicing injection should be on CSL manikins only and under instructors' supervision.
- In the event of a clean needle stick, the lab faculty should be notified immediately, first aid will be provided. Complications from a clean needle stick may include: tenderness, minor bleeding or bruising, and infection.
- Do not remove used needles from the syringes.
- Never recap needles and discard immediately in sharp container located in CSL.
- Sharp objects and needles must be always discarded in the sharps containers inside CSL. Never leave needles or other sharps open and unattended, never discard needles or sharps in regular trash.
- Medication ampule after use discard immediately in sharp container.

- When Sharps containers are $\frac{3}{4}$ full they are to be taken to the loading area in lab for pickup.
- To avoid injury, please do not try to overstuff sharps container, notify the lab faculty when the container is reach the fill mark.
- When sharp containers reach the fill mark, must be closed, collected for disposal and replace with new container .
- In case of sharp injury/ needle stick the lab coordinator should be notified and fill out the incident report form.
- All hazardous waste disposal (including sharps) will be picked up regularly every week by medical waste management services <http://www.sepcoenvironment.com/en/hazardous/medical-waste-management/> . In case of the container is considered full before the scheduled day need to make request pick up.

***In case of injury/ needle stick there is a first aid kit located in the CSL cabinet.**

Hazardous Waste Disposal:

- Any breakage of thermometers and sphygmomanometer resulting in spillage of mercury will be handled by placing the mercury in a closed bottle while wearing gloves and discard in yellow hazardous waste disposal container located in CSL then notify the CSL coordinator and the fill incidence report.
- Batteries used in skills lab equipment will be disposed properly which instructed by facilitators.
- Any other hazardous waste disposal always discards immediately in hazardous waste container allocated in CSL.
- When the hazardous waste container reached the fill mark must be closed and labeled with the type of hazard and write the date.
- All hazardous waste disposal will be picked up regularly every week by medical waste management services <http://www.sepcoenvironment.com/en/hazardous/medical-waste-management/> . In case of the container is considered full before the scheduled day need to make request pick up.

Electrical Safety:

- Any wet materials must not be used around electrical outlets or equipment.
- Instructors and students are responsible for reporting to the CSL coordinator about any frayed electrical cords, cracked plugs, missing outlet covers, and any problems encountered while using electrical equipment.
- No electrical cords will be left in the pathway of walking traffic. Extension cords will be properly taped to the floor if used over a walkway.
- Electric hospital beds in the CSL will be inspected weekly and as needed for repairs.
- Electric beds should be maintained in the lowest position.

Physical Safety:

- All students should be instructed on safe handling techniques prior to practice and demonstration.
- Any student or CSL user should use caution when practicing lifting skills and should not lift a manikin or heavy object without assistance.
- The wheels of all equipment (beds, wheelchairs, stretchers, etc.) are to be locked during practice and after use.
- There should be no running in the halls, and any accident or injury needs to be reported immediately to faculty. The lab coordinator will complete all incident reports

Fire Safety and Emergencies:

- It is the responsibility of the faculty and students to be aware of the location of emergency exits on each floor of the UCM female department.
- If fire is observed, activate the fire alarm by breaking one of the red wall mounted break glass units located throughout the building
- In the event of the fire alarm sounding, everyone must leave the building immediately in an orderly fashion by following the green man running signs to the nearest exit, and immediately call Civil Defense tel. 998.
- Assemble at the nearest assembly point outside the building.
- Do not collect any belongings or block the exits on leaving.

- When encounter small fire use fire extinguishers and remember the P.A.S.S (Pull the pin. Aim at the base of fire. Squeeze the handle. Sweep side to side).
- Fire extinguishers are allocated in CSL and throughout each hallway and close to the stairwells of each UCM floor.

Emergency Medical:

- If some student or faculty become ill inside CSL immediately must notify the nurse in UCM female clinic.
- If student or faculty in emergency medical situation during CSL sessions/ practice immediately contact Ambulance tel. 997.

For further details click the link; [Updated Policies\CSL policy, UCM.pdf](#)

1.12.2. Anatomy Lab Policy

Safety Regulations for Anatomy Lab

Well-being and security threats should be efficiently addressed while working in anatomy lab.

Following regulations SHOULD be followed during performance of laboratory tasks.

Lab Dress Code

- Protect your attire by clothing yourself with a lab coat during sessions.
 - (The lab coat MUST cover the arms, can be closed completely in the front, and extend at least to mid-thigh)
- Wear a gown covering lab coat to shield you from swashing risks.
- Legs must be covered. **Long skirts** must be worn ...no short skirts.
- **Closed toed shoes** that cover the top of the foot must be worn whenever you are in lab. No exceptions.
- Student MUST wear **identification card** and facing up the card during all Anatomy lab sessions.

Lab Expected Behaviors of staff and students

- Maximum two cadavers should be uncovered at a time during lab session.
- The cadavers or segments should not be uncovered if ventilation of the lab is unsuitable.
- Cadavers should be covered in the container when not under study.
- Eating, drinking, application of emollient or touching on body surfaces should be avoided during lab sessions.
 - Water bottles and other beverage (such as coffee cups), must remain outside the lab, placed in back packs or lockers.
 - No beverage containers are ever allowed in the lab.
- Students are not allowed to take their **cellphones** or any electronic device into the cadaver lab.
- For any **Photograph** needed to be taken in the anatomy lab, permission from the supervisor is necessary.
- Put-on **GLOVES** on your hands before dealing with specimens, cadaver or ruminants.
- Discard the damaged gloves and get a new one immediately during lab sessions.
- Eye protection and mask must be used during lab work where there is the risk of inhaling or coming into contact with cadaver and preserved specimen.
- Long hair must be tied back and off the shoulders. If hair is very long, we recommend securing it off of the shoulders to prevent it from hanging into the specimens.
- Discard all sharp tools in the sharp containers including scalpel blades.
- Students are required to wash their hands upon entering the lab, before start practice and when transitioning to new activities.
- Wash your hands immediately after coming in contact with cadaver preservative in the dissection session.
- Waste bins should not be overfilled.

- It is the responsibility of the individual(s) using a common procedural area or core facility to disinfect all equipment and work surfaces prior to and after each use.
- Undergraduate students should work in the presence of supervisor or a trained PhD during allowed lab timing.
- The students should not be left alone unless an instructor is present in the lab.
- All users of the Anatomy lab must follow the instructions provided by the instructor during the session
- Students are expected to arrive for their Anatomy laboratory sessions on time.
- Students who arrive late may not be allowed to enter the Anatomy lab.
- Students are expected to come to lab prepared by having read the scheduled lab objectives and assignments prior to the start of the lab period
- Students are expected to practice universal precautions in all exposure prone procedures.
- Students are strictly advised not to put anything (pencils, pens, fingers etc) in their mouth or ingest during lab sessions.
- Either put-on gloves or safety wrapping on your hands to cover open wounds or exposed skin area.
- Anyone conducted behavior that is disruptive, unsafe, unethical, inappropriate or unprofessional in the Anatomy lab will be asked to leave the lab then reported to the UCM college administration
- Inform lab supervisor about any injury or inconvenience.

Care of Cadaver

-Students are advised to take appropriate care of human cadavers in the lab.

-In order to prevent offensive odors and drying out of cadaver, the students are advised to cover the body in containers when no session is taking place in the lab.

- Identification label should not be removed from cadaver.
- Dissection or removal of body segment is not allowed without instructor's permission.

- Unnecessary Photographs of cadaver or body parts is not allowed
- Keep the container closed when cadaver is not being used.

Laboratory Disinfection Methods

A. Essential Personal Protective Equipment (PPE)

<p>Lab Coat</p> <ul style="list-style-type: none"> ✓ Always during work <p>Latex or Nitrile Gloves</p> <ul style="list-style-type: none"> ✓ Always during work <p>Safety Glasses</p> <ul style="list-style-type: none"> ✓ Always during work 	<p>Rubber/Plastic Apron</p> <ul style="list-style-type: none"> ✓ Marked splash hazard <p>Heavy Rubber Gloves</p> <ul style="list-style-type: none"> ✓ Extended contact/immersion <p>Face shield and Mask</p> <ul style="list-style-type: none"> ✓ Marked splash hazard
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B. Care of Personal Protective Equipment (PPE)

Lab Coat	<ul style="list-style-type: none"> ○ Lab coats should be washed separately in washing machine when it gets soiled. Addition of bleach is advisable. ○ If there is a chance of considerable splash hazard, then a rubber or disposable gown should be worn over lab coat.
Gloves	<ul style="list-style-type: none"> ○ Disposable gloves are not to be reused, these should be discarded in biological lab.waste container ○ Before wearing gloves make sure they are not damaged (torn)
Eyewear, Face shield, and Mask	<ul style="list-style-type: none"> ○ To avoid safety glasses getting contaminated, put these in a box, bag or container ○ Store face shield in a clean container/area and decontaminate after each use with a solution of 10% bleach. ○ Disposable masks should not be reused , discard these in biological lab waste container.

C. Additional Recommendations

- Wearing Contact lenses should be avoided while working on cadavers. If unavoidable, always wear protective spectacles over contact lenses.
- In case of pregnancy, always get advice from your physician to continue working in the lab
- Doors should be closed during lab sessions.
- Lab users who suffer from latex allergies should take precautions while using by wearing non-latex gloves.

According to Center Disease and Prevention (CDC) signs and symptoms of latex allergy as following:

In sensitized persons, symptoms usually begin within minutes of exposure; but they can occur hours later and can be quite varied.

Mild reactions to latex:

- ❖ Skin redness
- ❖ Rash
- ❖ Hives
- ❖ Itching

More severe reactions (involve respiratory symptoms):

- ❖ Runny nose
- ❖ Sneezing
- ❖ Itchy eyes
- ❖ Scratchy throat
- ❖ Asthma (difficult breathing, coughing spells, and wheezing).
- ❖ Rarely, shock may occur; however, a life-threatening reaction is seldom the first sign of latex allergy

Risks and Preventive Procedures

A. Application of Preventive Procedures

The Anatomy Lab Coordinator is responsible for communicating lab policy to the teaching staff and for making sure established work practices are being followed.

It is the responsibility of lab staff to ensure understanding of lab policy and its stricked implementation.

Anatomy Lab Coordinator will be contacted for improper ventilation and waste disposal.

B. Assessment of Risks and standard service Practices

Risk Type	Standard Service Practices
<p>1.Chemical Health Hazard</p> <p>Headache, nausea</p> <p>Toxic effects</p> <p>Eye irritation</p> <p>Throat irritation</p>	<ul style="list-style-type: none"> • Keep specimen and cadaver container closed when not directly working with them. • Clean up spilled embalming fluid promptly. • Dispose of saturated wipes, absorbent pads, and paper towels promptly • Keep chemical and biohazardous waste containers securely closed when not adding waste • Close waste bags when $\frac{3}{4}$ full to prevent overfilling and bag breakage. • Do not work with cadavers when the ventilation system is not working.
<p>2.Biological Health Hazard</p> <p>Exposure to:</p> <ul style="list-style-type: none"> - human pathogens - mold - fungi - bacterial growth 	<ul style="list-style-type: none"> • Only use cadavers that have been properly embalmed and without known pathogens • If decomposition is evident, return the cadaver to its container and do not use. • Do not remove human or sample parts from the anatomy lab • Keep biological waste containers closed when not in use.

<p>3. Sharp Hazard</p> <p>Cuts</p> <p>Injection of chemical or biological fluids into the body</p>	<ul style="list-style-type: none"> • Instructor must demonstrate the safe use of scalpels, needles and how to change blades • Avoid carrying around scalpels with blades or storing in pockets • Put used blades, knives and syringes in the yellow “sharps” boxes, not in plastic bags or trash can
<p>4. Surgical Saw</p> <p>Serious cuts</p> <p>Splashes of fluids</p>	<ul style="list-style-type: none"> • Only the anatomy lab staff designated by him/her may use the surgical saw without supervision • A student may use the surgical saw only if trained and personally supervised by the designated lab staff. • Apron/ gown should be worn over the lab coat when cutting open the cadavers

Substance Dealing Regulations/Standards

A. Human Body Segments and Cadavers

Dissection of UCM cadavers is safe because its UCM’s pathogen free policy which ensures safe handling for the students. If body is decomposed due to fungal, mold, or bacterial growth, the cadaver is sealed up and discarded from the lab.

<ul style="list-style-type: none"> • Identification labels and body segments should be kept with cadaver.
<ul style="list-style-type: none"> • The parts should not be discarded or removed with instructor’s permission.
<ul style="list-style-type: none"> • Body container are kept closed when not being used
<ul style="list-style-type: none"> • Maximum two cadavers should be uncovered to be worked on at one time, due to limited capacity of ventilation in the lab.

B. Models

The anatomy lab contains muscular and skeletal models of whole or selected parts of the human body such as models of arms, legs, and torso as well as ligament models of ankles, knees and elbows. These models are used to demonstrate movements of muscles, bone, ligaments and tissue.

B.1 Safety precautions

B.1.1 Skeletal Models

Skeletal models that are hung from a moveable base of wheels, a tendency to topple over if moved too forcefully. So the students are advised to be careful while transporting the models from one place to another.

Models cannot be moved out of Anatomy Laboratory without permission.

B.1.2. Muscular Models

Muscular models are made up of parts that can be removed to reveal internal anatomy. These parts are held in by slots that readily drop off if held improperly. Therefore models should be placed on flat stable surface of the table during work.

The models should not be lifted to high above the human height, as it might drop and hurt the person standing beside.

C. Cadaver Fluid

The liquid used to preserve human tissue contains chemicals that can be hazardous if mishandled.

Avoid open flames and ignition sources near the flammable preservatives such as ethanol, phenol, and formaldehyde.

Avoid improper handling of toxic materials like Phenol, formaldehyde and their waste fluids. Overexposure can be avoided through appropriate ventilation in the lab.

D. Preserved Specimens

Preserved organs, tissues, or body parts are non-hazardous if kept in closed or sealed container. In case of leakage of containers, the preservative may flow out and could be hazardous.

Preserved specimens must be kept in closed jars.
Cabinet doors must be labeled “Preserved Specimens” to identify contents.

E. Plastinated specimens

Plastinated organs or body parts typically pose less health hazard as compared to cadavers, it should be handled carefully and students should wear protective gloves while using it and return it back to its cabinet after usage .
Plastinated specimen should be kept in cold environment to avoid its damage

F. Equipments

A student or faculty who want to use any Anatomy lab equipment must have proper orientation to the equipment/ machines.
Students and faculty must respect lab personnel and equipment at all times.
All users must use the lab equipment or machines for educational purposes only and under Anatomy lab instructors' supervision.
Do not move any part related to the machine without the permission of the lab instructor.
Students or Anatomy lab users must have an educator present when practicing on new equipment and machines.
Students and faculty are responsible for any broken, missing or used equipment.
Equipment never be taken out of the lab unless requested by an instructor.

Wastes

A. Regular Lab Trash

A regular container is located inside the Anatomy lab.

For non-contaminated waste only.

Ex: Hand washing Paper towel (but not paper from bench wiping).

Use a heavy-duty opaque trash bags.

B. Hazardous Lab Trash

A biohazard container is located inside the Anatomy lab.

All Lab trash is infectious & thus hazardous for the workers/environment & hence should be treated as hazardous. Lab trash means waste from regular Lab activities e.g used gloves & paper towel that might have chemical or biological residue on them.

The bins specified for contaminated waste disposal, should not be used for sharps or any non-contaminated paper wastes.

Paper towel after hand washing are not to be disposed on these bins.

Wear gloves when handling lab trash

The **biohazard bags** should be heavy-duty and opaque plastic bag.

When the biohazard bag is about 75% full, tie the bag inside the container.
(No overfilling)

C. Sharps Waste

There is a yellow sharps container inside the Anatomy lab.

All sharp wastes (broken glass, slides, coverslips, used syring needles & blades) put the workers at high risk of contracting serious infections if while handling them they get punctures & cuts.

When the sharp container is about 75% full, close up the container. (No overfilling)

Scalpel blades Must be placed in the Sharp boxes.
Sharp containers must be ALWAYS near the working area to dispose sharp items without wander around the laboratory.
After work, close and label the sharp container. The box should be left without protruding parts.
A cardboard or plastic box labeled simply “Broken Glass” should be used for broken glass that is not contaminated with blood or other biohazards. Place the sealed up box in the standard trash.
A cardboard or plastic box labeled simply “Broken Glass” should be used for broken glass that is a dropped preservative or other chemical container. BUT, place the sealed up box in the hazardous trash.

Infectious Waste Disposal

Careful and controlled manner should be used to dispose of Infectious waste
 Following guidelines for waste disposal should be used to treat Laboratories and other generators of infectious waste.

A. Collection of Regulated Biological Wastes

A container with a symbol of universal biohazard that is clearly exhibited on the outside of the container should be used for potentially infectious solid wastes (other than sharps) . These containers should have one or more layers of biohazard bags inside hard-sided, leak-proof secondary containers of the appropriate size with a fitted lid.
All liquid media & other infectious fluids need to be collected into containers that can be autoclaved & treated by autoclaving before discarding them. When these containers are autoclaved they should not be greater than half full otherwise spill-over will be there.

Hard-sided, leak-proof sharps containers that are yellow in color and have the universal biohazard symbol visible on the outside are used to collect used sharps. These containers are closed and replaced when reach 75% full.

B. Waste categories & Proper Treatment

Infectious waste includes biological waste, cultures and associated wastes, and sharps. Each of these categories has a proper disposal method.

Infectious wastes must be treated prior to disposal.

BIOLOGICAL WASTE includes blood and blood products and other body fluids that cannot be directly discarded into the municipal sewer system.

- Biological waste must be sterilized with steam in an autoclave. After treatment, biological waste may be treated as normal refuse and transported to the dumpsters.

SHARPS includes needles, scalpel blades, lancets, glass tubes that could be broken during handling and syringes that have been removed from their original sterile containers (even if no needle is attached).

- Collection of Sharps for terminal destruction must be done as above mentioned procedure under heading of Collection of Regulated Biological Wastes.
- The definition DOES NOT exempt needles, syringes or other sharps used for non-infectious materials.

All hazardous waste disposal (including sharps) will be picked up regularly every week by medical waste management services

<http://www.sepcoenvironment.com/en/hazardous/medical-waste-management/>

In case of the container is considered full before the scheduled day need to make request pick up

C. Storage of Wastes

Collected wastes should be promptly treated and disposed of once collection is done. Storage of infectious wastes is not recommended and only allowed under the conditions described below:

Allowable storage of infectious waste is dependent on type:

Pathological, biological and stock wastes should be treated or disposed within 7 days of generation, or within 30 days if refrigerated or frozen.

Over-filling biohazard bags should be avoided when bag is already full.

Sharps should be collected by the above mentioned procedure. Even though there is no limit of duration but it is recommended that full sharp containers should be promptly collected for disposal.

D. Transport of Infectious Wastes

All bags & containers containing infectious waste must be closed at the point of generation e.g Labs/wards etc before being transported to the autoclave or other destination & must remain closed during transport.

Bags or other containers of infectious wastes being transported to an autoclave or other destination must be in leak-proof secondary containment at all times during transport.

During transport of infectious waste by vehicle, the secondary container must have a tight sealing lid that remains closed while the waste is being transported. In addition, spill remediation materials must accompany the waste.

E. Autoclaving Procedures

During autoclaving, in order to prevent leakage all bags or other containers of waste must remain in pans, tubs, trays or other secondary containment.

When autoclaving bags of infectious wastes, leave bags closed to avoid possible exposures. Do not open or add water to bags prior to autoclaving.

Depending on the size of the autoclave chamber & the bags, put bags in the autoclave –not more than one or two bags at a time. In order for sterilization to be effective, ensure the surfaces of the bags are in contact with the steam.

If available, a short rack to place the bags on during autoclaving ensures that the steam can access the bottom surfaces of the bags.

Sharps containers that are full will be collected and should not be autoclaved prior to collection.

Cleaning up

<p>Before leaving the Anatomy Lab all instructors and students are required to clean their work space and reorganize the items and equipment being used, so the lab is left safe, clean, organized and ready for the next session.</p>
<p>All instructors and students are required to clean (sterilize) their dissecting tools being used using disinfectant solution, so the lab tools is left safe, clean, organized and ready for the next session</p>
<p>At the beginning and at the end of each scheduled Anatomy lab session, surfaces must be cleaned using disinfectant solution. Adequate supplies for cleaning the lab will be located in the cabinets.</p>
<p>All non-disposable equipment used during the lab session will be cleaned by using disinfectant wipes.</p>
<p>In case of minor spillage, cover spill with paper towel & pour on disinfectant with gloves on. Mop up only after the disinfectant has been in contact for 10 minutes.</p>
<p>It is the responsibility of the staff member present to assess the risk an individual is exposed to by biohazard spill & taking proper clean up measures.</p>
<p>If any items require disposal, this should be done in the appropriate way.</p>
<p>All furniture, large equipment, or models should be returned to its original location as indicated by the instructor.</p>
<p>Before leaving Anatomy lab: windows must be closed, turn off lights, the a/c must be kept opened, and close/lock doors.</p>

Fire Safety and Emergencies

<p>It is the responsibility of the faculty and students to be aware of the location of emergency exits on each floor of the UCM female department.</p>
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If fire is observed, activate the fire alarm by breaking one of the red wall mounted break glass units located throughout the building
In the event of the fire alarm sounding, everyone must leave the building immediately in an orderly fashion by following the green man running signs to the nearest exit, and immediately call Civil Defense tel. 998.
Assemble at the nearest assembly point outside the building.
Do not collect any belongings or block the exits on leaving.
When encounter small fire use fire extinguishers and remember P.A.S.S <ul style="list-style-type: none"> ❖ Pull the pin ❖ Aim at the base of fire ❖ Squeeze the handle ❖ Sweep side to side
Fire extinguishers are allocated in the Anatomy lab and throughout each hallway and close to the stairwells of each UCM floor.
If some student or staff become ill inside the Anatomy lab, immediately notify the nurse in UCM female clinic.
If student or staff in emergency medical situation during the Anatomy lab sessions or practices, immediately contact Ambulance tel. 997.

Electrical Safety

Any wet materials must not be used around electrical outlets or equipment.
Instructors and students are responsible for reporting to the Anatomy lab supervisor about any frayed electrical cords, cracked plugs, missing outlet covers, and any problems encountered while using electrical equipment.
No electrical cords will be left in the pathway of walking traffic. Extension cords will be properly taped to the floor if used over a walkway.

Accident / Incident Report

In the case of an unpleasant event or accident, a standardized report in the form of soft and hard copies (see attached) will be submitted to lab supervisor. This report will be

used for improvement of indicated area or threat to prevent reoccurrence of the same in the future.

Property Sign-out

- For student and instructor protection, a property sign-out sheet will be placed inside the lab.
- All those working in the lab **MUST** sign when removing any property outside the lab.
- Signing the Property Sign-out Sheet form means the following:

You are responsible for the property issued to you; you will use it/them in the manner intended; you will be responsible for any damage done (excluding normal wear and tear); you will replace any items issued to you that are damaged or lost at your expense; you authorize a payroll deduction to cover the replacement cost of any item issued to you that is not returned for whatever reason, or is not returned in good working order.

- This sheet will be placed temporarily as a hard copy **on bottom shelf of the trolley** until it is installed in the right place.
- A Barcode number for each property will be placed soon.

1.12.3. Microbiology Lab Policy

The Microbiology lab will provide opportunities for a student to develop diagnostic skills in microbiology, including the practical application and interpretation of laboratory tests for the diagnosis of infectious diseases.

Microbiology Lab safety approach

While working in Microbiology labs may be an enjoyable & a pleasant experience it does at the same time expose workers/students to various health risks.

In order to work safely in the Microbiology lab., certain rules need to be followed that are mentioned below:

Lab Dress Code

VII.1	In order to protect yourself from the infectious aerosols that are generated during work you must wear a lab coat or a scrub suit (The lab coat MUST cover the arms, can be closed completely in the front, and extend at least to mid-thigh)
VII.2	When infectious aerosols of more virulent/ drug resistant microbes is expected you should wear a gown over your lab.coat Legs must be covered. Long skirts must be worn ...no short skirts.
VII.3	Closed toed shoes that cover the top of the foot must be worn whenever you are in lab. No exceptions.
VII.4	Student MUST wear identification card and facing up the card during all Microbiology lab sessions.
VII.5	

Lab Expected Behaviors of staff and students

VII.6	Eating, drinking & wearing make-up in the Microbiology lab should strictly be discouraged. <ul style="list-style-type: none">- Water bottles and other beverage (such as coffee cups), must remain outside the lab, placed in back packs or lockers.- No beverage containers are ever allowed in the lab.
VII.7	Students are not allowed to take their cell phones or any electronic device into the Microbiology lab.
VII.8	For any Photograph needed to be taken in the Microbiology lab, a permission from the supervisor is necessary.

VII.9	For handling specimens & waste material examination GLOVES should be worn.
VII.10	Gloves need to be changed if they are torn
VII.11	Eye protective gear should be worn if you expect risk of inhaling or coming into contact with significant splash hazard
VII.12	Long hair must be tied back and off the shoulders. If hair is very long, we recommend securing it off of the shoulders to prevent it from hanging into the specimens.

VII.13	Yellow container marked as,” sharps” should be used for disposing of all slides & sharps
VII.14	Students are required to wash their hands upon entering the lab, before start practice, when transitioning to new activities and before leaving the Micro lab.
VII.15	If you come in contact with any body fluids, wash your hands & the exposed skin immediately
VII.16	Never overfill waste containers & keep them closed when not actively being filled.
VII.17	
VII.18	It is the responsibility of the individual(s) using a common procedural area or core facility to disinfect all equipment and work surfaces prior to and after each use.
VII.19	Undergraduate students are not allowed to work past laboratory hours, unless accompanied by supervisor or a trained PhD.

VII.20	Supervisors are not to leave the students alone to work unless accompanied by an instructor.
VII.21	All users of the Micro lab must follow the instructions provided by the facilitator during the session.
VII.22	Students are expected to practice universal precautions in all exposure prone procedures.
VII.23	Students are expected to arrive for their Micro lab sessions on time. Students who arrive late may not be allowed to enter the Micro lab.
VII.24	Students are expected to come to lab prepared by having read the scheduled lab objectives and assignments prior to the start of the lab period.
VII.25	Avoid placing any object in your mouth - (pencils, pens, fingers etc). Mouth pipetting is strictly forbidden in the microbiology laboratory.
VII.26	Cover any open cuts on hands and other exposed skin surfaces and/or wear gloves.
VII.27	Anyone conducted behavior that is disruptive, unsafe, unethical, inappropriate or unprofessional in the Micro lab will be asked to leave the lab then reported to the UCM college administration.
VII.28	In case of any problem or injury to the worker/Student, instructors should be immediately informed.

Laboratory Cleanliness standards

Desired Personal Protective Equipment (PPE)

<p>Lab Coat</p> <ul style="list-style-type: none"> ✓ Always, when working <p>Latex or Nitrile Gloves</p> <ul style="list-style-type: none"> ✓ Always, when working <p>Safety Glasses</p> <ul style="list-style-type: none"> ✓ Significant splash hazard 	<p>Rubber/Plastic Apron (gown)</p> <ul style="list-style-type: none"> ✓ Marked splash hazard <p>Heavy Rubber Gloves</p> <ul style="list-style-type: none"> ✓ Extended contact/immersion <p>Face shield and Mask</p> <ul style="list-style-type: none"> ✓ Marked splash hazard
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Care of Personal Protective Equipment (PPE)

1.Lab Coat	VIII.B.1.1	<ul style="list-style-type: none"> ○ Wash you soiled lab. coat separately in a washing machine & as a precautionary measure add bleach.
	VIII.B.1.2	<ul style="list-style-type: none"> ○ In case a significant splash hazard is expected from a virulent/drug resistant microbes , a rubber or a disposable gown over the lab coat should be worn
2.Gloves	VIII.B.2.1	<ul style="list-style-type: none"> ● Disposable gloves are not to be reused, these should be discarded in biological lab.waste container
	VIII.B.2.2	<ul style="list-style-type: none"> ○ Before wearing gloves make sure they are not damaged (torn)
	VIII.B.3.1	<ul style="list-style-type: none"> ○ To avoid safety glasses getting contaminated, put these in a box, bag or container
	VIII.B.3.2	

<p>3.Eyewear, Face shield, and Mask</p>	<p>VIII.B.3.3</p>	<ul style="list-style-type: none"> ○ Store face shield in a clean container/area and decontaminate after each use with a solution of 10% bleach. ○ Disposable masks should not be reused, discard these in biological lab waste container.
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Additional Recommendations

<p>VIII.C.1</p>	<p>While working with flames, wearing of contact lenses should be avoided. However, eye protection over contact lenses is an option.</p>
<p>VIII.C.2</p>	<p>Since Microbiology Lab deals with the processing of microbes, pregnant females may be at an additional risk of acquiring various infections, hence expert opinion of a physician is mandatory</p>
<p>VIII.C.3</p>	<p>Keep lab doors closed classes are in progress</p>
<p>VIII.C.4</p>	<p>Lab users who suffer from latex allergies should take precautions while using by wearing non-latex gloves.</p> <ul style="list-style-type: none"> - According to Center Disease and Prevention (CDC) signs and symptoms of latex allergy as following: <p>In sensitized persons, symptoms usually begin within minutes of exposure; but they can occur hours later and can be quite varied.</p> <p>Mild reactions to latex:</p> <ul style="list-style-type: none"> ❖ Skin redness

	<ul style="list-style-type: none"> ❖ Rash ❖ Hives ❖ Itching <p>More severe reactions (involve respiratory symptoms):</p> <ul style="list-style-type: none"> ❖ Runny nose ❖ Sneezing ❖ Itchy eyes ❖ Scratchy throat ❖ Asthma (difficult breathing, coughing spells, and wheezing). ❖ Rarely, shock may occur; however, a life-threatening reaction is seldom the first sign of latex allergy
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Risks and Preventive Procedures

Application of Preventive Procedures

It is the responsibility of the Lab Supervisor to share Lab policy with the teaching staff / students & at the same time ensure work practices are being followed.

In case of a problem with ventilation & waste pick up, Microbiology Lab staff must contact the Microbiology Lab supervisor.

Assessment of Risks and standard service Practices

Risk Type		Standard Service Practices
1.Chemical Health Hazard	IX.B.1.1	Lids of the containers containing specimens should be kept closed when not in use.
	IX.B.1.2	Any spillage should be cleaned up immediately
Headache, nausea		

Toxic effects	IX.B.1.3	Dispose of saturated wipes, absorbent pads, and paper towels promptly
Eye irritation	IX.B.1.4	When waste is not to be added to the waste containers meant for chemical & biohazardous waste, keep them securely closed
Throat irritation	IX.B.1.5	
2. Biological Health Hazard	IX.B.2.1	Use inoculated cultures properly specially culture with known pathogens
Exposure to:	IX.B.2.2	Do not remove sample from the Microbiology lab
- human pathogens	IX.B.2.3	Keep biological waste containers closed when not in use.
- mold		
- fungi		
- bacterial growth		
3. Sharp Hazard	IX.B.3.1	It is important that the Instructor practically demonstrates the safe use of slides, scalpels, & needles to the staff/students
Cuts		
Injection of chemical or	IX.B.3.2	

biological fluids into the body		A yellow box marked as “sharp” should be used for discarding all used slides, syringes & any sharp material. For this purpose neither plastic bags nor trash cans should be used.
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Substance Dealing Regulations/Standards

Handling Glassware:

X.A.1	Never handle broken glass with your bare hands. Use a brush and dustpan to clean up broken glass. Place broken or waste glassware in the designated glass disposal container. If it is contaminated, it must be autoclaved first. Notify the instructor.
X.A.2	Examine glassware before each use. Never use chipped or cracked glassware. Never use dirty glassware.
X.A.3	Do not immerse hot glassware in cold water or put it directly from a hot plate to the cooler countertop; it may shatter.

Heating Substances and Flame use

X.B.1	Take caution and follow instruction when using a flame: Take care that hair tied up, clothing and hands are a safe distance from the flame at all times. Avoid any dangling things such as card, never reach over an exposed flame.
X.B.2	Never leave a lit burner unattended. Never leave anything that is being heated unattended. Always turn the burner or hot plate off when not in use.
X.B.3	Heated metals and glass remain very hot for a long time. They should be set aside to cool and picked up with caution. Use tongs if necessary.

X.B.4	Determine if an object is hot by bringing the back of your hand close to it prior to grasping it.
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Handling Bacteria and Chemicals

X.C.1	All bacteria and chemicals in the laboratory are to be considered dangerous. Do not touch, taste or smell any bacterial culture or chemical unless specifically told to do so.
X.C.2	For bacteria or chemicals ingested, see the lab instructor immediately.
X.C.3	Check the label on cultures and chemical bottles twice before removing any of the contents.
X.C.4	Take only as much of the bacterial culture or chemical as you need.
X.C.5	Never return unused chemicals to their original containers.
X.C.6	Never use mouth suction to fill a pipet. Use a rubber bulb or pipet pump. Always keep the pipet pointed away from your body.
X.C.7	Never dispense flammable liquids such as ethanol anywhere near an open flame or source of heat.
X.C.8	Never remove bacteria, chemicals or other equipment from the laboratory.
X.C.9	Take great care when transporting cultures and chemicals from one part of laboratory to other. Hold them securely and walk carefully. All cultures should be in a test tube rack.

Equipments

X.D.1	A student or faculty who want to use any Microbiology lab equipment must have proper orientation to the equipment/ machines.
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X.D.2	Students and faculty must respect lab personnel and equipment at all times.
X.D.3	All user must use the lab equipment or machines for educational purposes only and under Microbiology lab instructors' supervision.
X.D.4	Do not move Microscopes or any parts related to it such as lens without the permission of the lab instructor.
X.D.5	Do not move or use Flame without the permission of the lab instructor and follow the flame rules
X.D.6	Students or Microbiology lab users must have an educator present when practicing on new equipment and machines.
X.D.7	Students and faculty are responsible for any broken, missing or used equipment.
X.D.8	Equipment never be taken out of the lab unless requested by an instructor.
X.D.9	Fridge and incubator in Micro lab can only be usedby lab instructors.

Biosafety and biosafety levels

- According to the CDC applying the Biosafety level precautions to reduce a laboratorians risk of exposure to a potentially infectious material and limit contamination of the work environment and ultimately the community.
- Biosafety levels are four types. These levels range from BSL-1 to BSL-4. Each level builds on the controls of the level before it.
- Infectivity, severity of disease, transmissibility, and the nature of the work conducted are the primary risks that determine levels of containment.



Biosafety levels	BSL-1	BSL-2	BSL-3
Description	The microbes that fall under this category are not known to cause disease in healthy adults & thus the risk of contracting an infection for laboratorians& the environment becoming contaminated are minimal.	Microbe with moderate risk to human and the environment	The microbes that fall under this category are highly transmissible through respiratory route & hence pose a serious threat.
Description	a nonpathogenic strain.	Indigenous and associated with diseases of varying severity.	Either indigenous or exotic.
example	<i>E. coli.</i>	<i>Staphylococcus aureus.</i>	<i>Mycobacterium tuberculosis.</i>
Lab application	Follow Microbiological Standard and work on an open bench.	During work: access is restricted	Immunization of the workers is strongly recommended. Access to the laboratory is restricted and controlled at all times
Safety tools	Personal protective equipment (PPE) as needed.	Personal protective equipment (PPE) as needed. Aerosols or splashes protocols are performed within a biological safety cabinet. Decontamination is performed using an	Personal protective equipment (PPE) and respirators might be required. Work performed within a biological safety cabinet.

		autoclave or any available method.	
Facilities	Sink: for and washing Separate working room	Separate working room Sink Eyewash	Sink: hands-free Eyewash: near the exit. Sustained directional airflow Two sets of self-closing and locking doors

Wastes

Regular Lab Trash

A regular container is located inside the Microbiology lab.

XII.A.1	For non-contaminated waste only. Ex: Hand washing Paper towel (but not paper from bench wiping).
XII.A.2	Use a heavy-duty opaque trash bags.

Hazardous Lab Trash

A biohazard container is located inside the Microbiology lab.

XII.B.1	All Lab trash is infectious & thus hazardous for the workers/environment & hence should be treated as hazardous. Lab trash means waste from regular Lab activities e.g used gloves & paper towel that might have chemical or biological residue on them.
XII.B.2	Do not use these bins for sharps or any non-contaminated wastes.

XII.B.3	Paper towel after hand washing are not to be disposed on these bins.
XII.B.4	Wear gloves when handling lab trash
XII.B.5	The biohazard bags should be heavy-duty and opaque plastic bag.
XII.B.6	When the biohazard bag is about 75% full, tie the bag inside the container. (No overfilling)

Sharps Waste

There is a yellow sharps container inside the Microbiology lab.

XII.C.1	All sharp wastes (broken glass, slides, coverslips, used syring needles & blades) put the workers at high risk of contracting serious infections if while handling them they get punctures & cuts.
XII.C.2	When the sharp container is about 75% full, close up the container. (No overfilling)
XII.C.3	Sharp containers must be ALWAYS near the working area to dispose sharp items without wander around the laboratory.
XII.C.4	After work, close and label the sharp container. The box should be left without protruding parts.
XII.C.5	A cardboard or plastic box labeled simply “Broken Glass” should be used for broken glass that is not contaminated with blood or other biohazards. Place the sealed up box in the standard trash.
XII.C.6	A cardboard or plastic box labeled simply “Broken Glass” should be used for broken glass that is a dropped preservative or other chemical container. BUT, place the sealed up box in the hazardous trash.

Infectious Waste Disposal

- Careful and controlled manner should be used to dispose of Infectious waste
- Following guidelines for waste disposal should be used to treat Laboratories and other generators of infectious waste.

Collection of Regulated Biological Wastes

XIII.A.1	A container with a symbol of universal biohazard that is clearly exhibited on the outside of the container should be used for potentially infectious solid wastes (other than sharps) . These containers should have one or more layers of biohazard bags inside hard-sided, leak-proof secondary containers of the appropriate size with a fitted lid.
XIII.A.2	All liquid media & other infectious fluids need to be collected into containers that can be autoclaved & treated by autoclaving before discarding them. When these containers are autoclaved they should not be greater than half full otherwise spill-over will be there.
XIII.A.3	Hard-sided, leak-proof sharps containers that are yellow in color and have the universal biohazard symbol visible on the outside are used to collect used sharps. These containers are closed and replaced when reach 75% full.

Waste categories & Proper Treatment

Infectious waste includes biological waste, cultures and associated wastes, and sharps. Each of these categories has a proper disposal method. Infectious wastes must be treated prior to disposal.

XIII.B.1	<p>BIOLOGICAL WASTE includes blood and blood products and other body fluids that cannot be directly discarded into the municipal sewer system.</p> <p>Biological waste must be sterilized with steam in an autoclave.</p> <p>After treatment, biological waste may be treated as normal refuse and transported to the dumpsters.</p>
XIII.B.2	<p>CULTURES AND STOCKS is meant microorganisms that are cultivated in the laboratory & other associated biologicals that includes specimen cultures & dishes& devices that are used to transfer, inoculate & mix cultures & used gloves,etc.</p> <p>Cultures and stocks must be treated in the same way as biological waste</p>
XIII.B.3	<p>SHARPS includes needles, scalpel blades, lancets, glass tubes that could be broken during handling and syringes that have been removed from their original sterile containers (even if no needle is attached).</p> <p>Sharps must be collected for disposal (as described above in Collection of Regulated Biological Wastes) for terminal destruction of sharps..</p> <p>The definition DOES NOT exempt needles, syringes or other sharps used for non-infectious materials.</p>
XIII.B.4	<p>All hazardous waste disposal (including sharps) will be picked up regularly every week by medical waste management services</p> <p>http://www.sepcoenvironment.com/en/hazardous/medical-waste-management/</p> <p>In case of the container is considered full before the scheduled day need to make request pick up</p>

Storage of Wastes

Collected wastes should be promptly treated and disposed of once collection is done. Storage of infectious wastes is not recommended and only allowed under the conditions described below:

Allowable storage of infectious waste is dependent on type:

XIII.C.1	Pathological, biological and culture/stock wastes should be treated or disposed within 7 days of generation, or within 30 days if refrigerated or frozen.
XIII.C.2	Over-filling biohazard bags should be avoided when bag is already full.
XIII.C.3	Sharps should be collected by the above mentioned procedure. Even though there is no limit of duration but it is recommended that full sharp containers should be promptly collected for disposal.

Transport of Infectious Wastes

XIII.D.1	All bags & containers containing infectious waste must be closed at the point of generation e.g Labs/wards etc before being transported to the autoclave or other destination & must remain closed during transport.
XIII.D.2	Bags or other containers of infectious wastes being transported to an autoclave or other destination must be in leak-proof secondary containment at all times during transport.
XIII.D.3	During transport of infectious waste by vehicle, the secondary container must have a tight sealing lid that remains closed while the waste is being transported. In addition, spill remediation materials must accompany the waste.

Autoclaving Procedures

XIII.E.1	During autoclaving, in order to prevent leakage all bags or other containers of waste must remain in pans, tubs, trays or other secondary containment.
XIII.E.2	When autoclaving bags of infectious wastes, leave bags closed to avoid possible exposures. Do not open or add water to bags prior to autoclaving.
XIII.E.3	Depending on the size of the autoclave chamber & the bags, put bags in the autoclave –not more than one or two bags at a time.

	<p>In order for sterilization to be effective, ensure the surfaces of the bags are in contact with the steam.</p> <p>If available, a short rack to place the bags on during autoclaving ensures that the steam can access the bottom surfaces of the bags.</p>
XIII.E.4	For solid wastes, use a cycle setting that rapidly exhausts pressure. For liquid culture wastes, use a liquid cycle setting.
XIII.E.5	Sharps containers that are full will be collected and should not be autoclaved prior to collection.

Cleaning up

XIV.1	Before leaving the Microbiology Lab, all instructors and students are required to clean their work space and reorganize the items and equipment being used, so the lab is left safe, clean, organized and ready for the next session.
XIV.2	All instructors and students are required to clean the re-usable tool being used using disinfectant solution or wipes, so the lab tools is left safe, clean, organized and ready for the next session
XIV.3	At the beginning and at the end of each scheduled Microbiology lab session, surfaces must be cleaned using disinfectant solution. Adequate supplies for cleaning the lab will be located in the cabinets.
XIV.4	In case of minor spillage, cover spill with paper towel & pour on disinfectant with gloves on. Mop up only after the disinfectant has been in contact for 10 minutes.
XIV.5	It is the responsibility of the staff member present to assess the risk an individual is exposed to by biohazard spill & taking proper clean up measures.
XIV.6	If any items require disposal, this should be done in the appropriate way.(see waste disposal)

XIV.7	All furniture, large equipment, or models should be returned to its original location as indicated by the instructor.
XIV.8	Before leaving Microbiology lab: windows must be closed, turn off lights, and close/lock doors.

Fire Safety and Emergencies

XV.1	It is the responsibility of the faculty and students to be aware of the location of emergency exits on each floor of the UCM female department.
XV.2	If fire is observed, activate the fire alarm by breaking one of the red wall mounted break glass units located throughout the building
XV.3	In the event of the fire alarm sounding, everyone must leave the building immediately in an orderly fashion by following the green man running signs to the nearest exit, and immediately call Civil Defense tel. 998.
XV.4	Assemble at the nearest assembly point outside the building.
XV.5	Do not collect any belongings or block the exits on leaving.
XV.6	When encounter small fire use fire extinguishers and remember P.A.S.S <ul style="list-style-type: none"> ❖ Pull the pin ❖ Aim at the base of fire ❖ Squeeze the handle ❖ Sweep side to side
XV.7	Fire extinguishers are allocated in the Microbiology lab and throughout each hallway and close to the stairwells of each UCM floor.
XV.8	If some student or staff becomes ill inside the Microbiology lab, immediately notify the nurse in UCM female clinic.

XV.9	If student or staff in emergency medical situation during the Microbiology lab sessions or practices, immediately contact Ambulance tel. 997.
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Electrical Safety

XVI.1	Any wet materials must not be used around electrical outlets or equipment.
XVI.2	Instructors and students are responsible for reporting to the Micro lab supervisor about any frayed electrical cords, cracked plugs, missing outlet covers, and any problems encountered while using electrical equipment.
XVI.3	No electrical cords will be left in the pathway of walking traffic. Extension cords will be properly taped to the floor if used over a walkway.

Accident / Incident Report

In the case of an unpleasant event or accident, a standardized report in the form of soft and hard copies (see attached) will be submitted to lab supervisor. This report will be used for improvement of indicated area or threat to prevent reoccurrence of the same in the future.

1.13. Internship Policy

1.13.1. The Definitions.

- Intern: The student who has completed the requirements of the program registered with the Deanship of Admission and Registration whose name has been placed on the list of internship students by his program.
- The program: It is the academic program approved by the university and offered by one of the health colleges with different specialization, title and duration, which is required for the student to graduate and obtain a specific training period after completing all the subjects, which is usually called (Internship Year).
- Internship Unit: It is a unit formed by a decision of the College Board from a group of faculty members and those appointed by the employees to carry out the tasks assigned to them. It is administratively linked to the Dean of the College or whomever he delegates from among the agents. The powers of the committee are granted by the faculty council or its dean, and the assignment and formation of the unit, the termination of the assignment is issued by the authority holder according to the university system regarding the units and departments in the colleges.
- University health facilities: are the facilities that are licensed by a system to provide health services of various degrees, whether inside or outside university cities, and they are administratively affiliated with the university and include, for example, but not limited to: university hospitals, specialized and non-specialized health clinics compound, university ambulance transport, medical laboratories, centers Research.
- The representative of the internship students: He is one of the internship doctors who is nominated by his colleagues in the same batch to represent them in the meetings and convey their voice to the decision-makers.
- Non-university health facilities: are the facilities that are licensed by a system to provide health services of various degrees, whether inside or outside university cities, and they are administratively subordinate to other than the university and include, for example, but not limited to: hospitals, specialized and non-specialized health clinics compound, ambulance transport, medical

laboratories, Research Centers, Command and Control Center, Command and Control Center, Search and Rescue Teams, Disaster and Crisis Teams.

- Training course: It is the period of time consisting of one calendar month in a year.
- Leave: It is the period of time limited according to the rules and regulations during which the student has the right to leave work without a direct or indirect connection to the health facility.
- Training Supervisor: A health practitioner licensed by the Saudi Commission for Health Specialties to practice his profession independently, teach it and supervises his health teams, and he usually holds the highest professional ranks in the hierarchy approved by the Commission.
- Internship stage: It is the approved period of time for training in the program's study plan.
- Mandatory majors: It is a list of specific training courses to a specific time and specialization determined by the college boards according to what they see in the framework of the program's vision, objectives and mission. This list is announced and circulated to students, and the College Board has the right to modify this list as required by the interest.
- Elective courses: are training courses in a specialization that the student determines according to what he deems appropriate based on his personal professional goals and the number of these courses is determined by the College Board, provided that there are no less than two training sessions

1.13.2. The Rights of Intern Student:

Qassim University, or the supervisor of the internship, is committed to the following:

- Student training is under direct supervision with a supervisor who has license to train by the Saudi Commission for Health Specialties.
- Providing various cases and continuous educational programs within the specialty to enrich its training experience.
- Obtaining direct and permanent support from the medical team and health workers.

- Treating with respect and appreciation required by the norms and principles of the profession.
- Obtaining the vacation which is legally approved.
- Obtaining the reward which system approved.
- Viewing the results of the evaluation obtained in each training course.
- That the health facility, whether university or non-university, has been fully informed of the training regulations, including its rights, duties, objectives and the sequence of educational administrative decisions.
- The supervisors receive adequate training in evaluation and supervision skills, and they fully briefed on the Internship phase regulations. J. The university issues an identification card for him.
- Issue a job description for the internship applicant according to his profession.
- The objectives of each training course be clear, written and announced to all, and that the evaluation is directly linked to the objectives.

1.13.3. The Duties of the Internship Student:

The internship student for Qassim University is committed to the following:

- What is contained in this list of regulations.
- Health facility regulations, including attendance and departure instructions.
- Health profession ethics according to the Saudi Commission for Health Specialties handbook.
- Wearing the uniform of his profession approved by the program in a manner that does not conflict with the appearance system of the university and non-university health facility.
- Wearing the Islamic veil for female students and modest clothing.
- Participation in the scientific activities established in the department.
- Achieving the objectives of the training course approved by its program and its Internship Unit.

1.13.4. Training:

The schedules of students and their training location shall be approved by the Internship Unit at the end of each academic year according to the following chronology and administration:

- Academic affairs in each college submits a list of students name who have completed graduation requirements to the excellence unit in the same college and to the deanship of admission and registration after the list is approved by the college board.
- The unit opens the opportunity to receive student applications regarding the selection of university and non-university health facilities for a period of two weeks and announces the opportunity to all students.
- The opportunity to receive applications closes and the unit studies the distribution of students to facilities and training courses according to the following priorities: a. Mandatory majors for each program. b. The minimum mandatory majors for each program. c. Student desire d. Evaluating the performance of university and non-university health facilities by students.
- The unit announces the internship schedule for students and opens the door for objection to it for a period of five working days.
- The unit sends letters of training courses to supervisors and health facilities, follows up on their accreditation, and considers the establishments 'apologies and ways to match schedules according to the priorities mentioned in (c) of this article.
- The final schedule announced within a month of the internship unit receiving the names of students from academic affairs.
- It is not allowed to amend the schedule after its approval except by a decision of the Dean of the College after approval of the amendment by the Excellence Unit, provided that the concerned establishments are notified of the amendment.
- The internship unit issues a detailed report on the student's performance and the totals of his evaluations during the phase. The student is given a copy of the report.

- The unit submits a list of students' names who meet the requirements for ending the internship phase according to the program to the Deanship of Admission and Registration to issue the Internship Certificate.
- The unit submits a list of a report on each batch to the dean of the college.

The internship applicant is granted the following of vacation : a. Fifteen days of regular annual vacation are divided into the elective months, "optional months", provided that the single leave does not exceed five days. b. Have vacation for one of the two Eids. - Sixth Article: It is permissible to postpone the internship year or part of it for valid reasons, including sickness and motherhood, and a committee shall be formed by the dean of the faculty to consider postponement requests, provided that the remuneration stops during the postponement period.

1.13.5. Evaluation:

The internship unit issues a unified form for evaluating students by the training supervisors. The unit undertakes the task of teaching the training supervisor to the approved form and training him to complete it. -Article Eight: Students evaluate the performance of supervisors and university and non-university health facilities. Student evaluations are collected by the unit and sorted as evidence for the distribution of students among the facilities. -Article 9: The training supervisor discusses with the internship student his performance and evaluation and ways to improve his performance, weaknesses and strengths, and the student signs the evaluation as proof of discussion, not acceptance of evaluation. -Article Ten: The student's performance rate is calculated after dividing his total performance in each session by the number of courses. His certificate issued by the Deanship of Admission and Registration contains the final average of five points. The performance reports issued by the training unit contain a breakdown of grades and a breakdown of the training courses completed by the student. -Article eleven: The degree of completion for each course is calculated from sixty degrees out of one hundred degrees, and in the event that the student's assessment falls below this rate, the supervisor must write a detailed report on the reasons and the student retraining the course after the internship phase ends.

1.13.6. Discipline:

In the event that the student breaches his duties or if there are serious observations about the student's performance in defiance of professional ethics or professional behavior, the supervisor writes to the internship unit in detail. - Article thirteen: A disciplinary committee shall be formed by the dean of the faculty to consider the reports submitted according to twelfth article, provided that its members consist of the following: a. A faculty member whose rank is not less than an assistant professor. b. Head of internship unit. c. A faculty member with the same degree and specialization for the report submitting supervisor. and the committee has the right to invite whomever it wants from the faculty members or members of the medical team. -Article fourteen: The committee issues a summary of the pleadings and investigations with its opinion on the appropriate punishment or not and submits it to the dean of the faculty within a maximum period of five working days from the date of submitting the report mentioned in Article 12. - Article fifteen: The student has the right to object to the opinion of the committee mentioned in the previous summary detailed in Article 14, and his objection is received in writing to the office of the dean of college. -Article sixteen: The dean refers the file to a faculty member whose rank is not less than an associate professor, to express his opinion within a maximum period of three working days, and his opinion is limited to support or recommendation to reconsider the incident. -Article seventeen: The dean forms a second committee, whose members consist of the following: a. A faculty member whose rank is not less than an assistant professor. b. A faculty member with the same degree and specialization for the report submitting supervisor. c. College vice dean. The opinion of the committee shall be final. - Article eighteen: The committees formed in Articles 13 and 17 have the right to recommend the application of the following punishments: a. Letter attention from the Dean. b. Retraining course. c. Retraining three courses. d. The discount from the franchise bonus. h. Collapse the student's registration and prevent him from completing the internship phase. It also has the right to recommend referring the case file to the legal affairs at the university for pleading with the competent authorities on charges of defaming the university's reputation or felonies.

For details follow this link [Updated Policies\Internship policy.pdf](#)

Chapter 2

Staff Policies

2.1. Recruitment and Collaboration Policy

2.1.1. Introduction

The College of Medicine and Medical Sciences in Unaizah is considered an emerging college, as it was established in 2011, so the importance of having an approved mechanism to attract Saudi faculty members and non-Saudi contractors is evident. The faculty recruitment committee aims to provide qualified and highly qualified faculty members in both academic and research fields in various disciplines in basic and clinical sciences.

As the college faces a challenge in attracting Saudi faculty members in many disciplines due to the scarcity of qualified personnel, it resorts to attracting non-Saudi faculty members, whether from outside the Kingdom of Saudi Arabia or from within, to cover the need.

Through the recruitment committee, the college is keen to set specific standards to ensure that the contractor is highly qualified scientifically and educationally, in accordance with the regulations governing the affairs of Saudi universities' staff members and the like, and the regulation for employing non-Saudis in universities. The college is also keen on selecting distinguished contractors from various countries to diversify the expertise transferred to the college. The college applies short-term academic cooperation in case the need is quarterly and temporarily within the executive regulations for collaborators.

2.1.2. College Committee for Recruitment and Collaborators:

The Recruitment and Collaboration Committee is formed by the College Board. And be subordinate to the Vice Dean for Educational Affairs.

Committee objectives:

- Meet the needs of the academic departments of the faculty.
- Enhancing and enriching the human resources in the college and diversifying them to serve the goals of the college and achieve its goals.
- Attracting qualified faculty members.

- Establishing a frame of reference for contracting with non-Saudi faculty members.

Tasks of the Committee:

- Gather the needs of the departments in the college and present them to the Vice Dean for
- Educational Affairs and arrange the priority after presenting them to the College Board.
- Announcing the need for faculty members by uploading to the university administration and announcing via the email designated for attracting faculty members.
- Study the files of the applicant faculty and ensure the applicability of the conditions and sort them.
- Coordinating the conduct of personal interviews between the concerned department council and the applicant after submitting the scientific recommendation for selection.
- Follow up with the university administration to finish contracting procedures.
- Coordination with the Public Relations Department at the college and the university to receive the faculty member and escorts.
- Coordination with the head of the concerned department and informing him of the initiation of raising the procedures for obtaining mentorship courses for the new faculty members.
- Sorting out the requests of the collaborators and sending them to the departments and verifying that all required forms are filled out and the conditions are met.

2.1.3. Polarization mechanism

First: Determining the need by the scientific departments (Model 1)

The departments determine the needs to fill out for male and female students separately based on several factors:

- The department's study plan and the number of hours to be covered.
- The number of students and the number of people.

- The teaching burden of faculty members on the job.
- General specialty and subspecialty.
- The academic degree of the teaching staff on the job and to be contracted with.
- The need of the department to give a scientific sabbatical or scientific communication to a faculty member.

Second: The declaration of the need

- The needs for all departments of the faculty are collected in a file, with clarification of the department, the required degree, the specialization, and the required number for the male and female students section and this is submitted to the university administration after the college council's recommendation to include it among the jobs in the unified job advertisement at Qassim University.
- Beginning contracting procedures with non-Saudis to cover the needs in the specializations for which no Saudis have applied, according to the general terms of the contract.

General conditions for contracting:

- The presence of a vacancy.
- Unavailability of a qualified citizen to fill the job.
- The applicability of the general conditions stipulated in the regulations governing the affairs of Saudi university employees, who are members of the teaching staff and the like, and the regulation for the employment of non-Saudis in universities.

Conditions to be met by a candidate for contracting:

- The age should not exceed sixty years of the Gregorian calendar.
- Graduate from a recognized university.
- Holder of the qualifications required for the job.
- He previously published scientific research.
- Previously, he worked as a faculty member (assistant professor or above) at a recognized university for a period of not less than one academic year.
- Good conduct.

- Medically fit for service according to a recent health certificate issued by an approved medical authority.
- Not under contract with another party in the Kingdom.
- Full-time job at the university.
- All academic qualifications and practical experiences of the contractor are approved and certified by the Saudi Cultural Attaché in the country of the contract if he is outside the Kingdom.
- Obtaining the required licenses from the competent authorities (the Saudi Commission for Health Specialties) for clinical specialties.

Third: Sorting files

- Receiving the candidates' files (CV, passport copy, diplomas and scientific documents bachelor's, master's, and doctorate sealed and certified by the official authorities, recognition by the Saudi Ministry of Education of graduation bodies, experience certificates).
- Exclude files that do not comply with the conditions.
- The committee has the right to ask the candidate to attach any additional certificates or documents that the committee deems important.
- Sending at least two files from which the conditions have been met to the concerned departments to choose the most scientifically appropriate.
- Preparing a list of candidates' data for the personal interview.

Fourth: The personal interview

- Coordination between the department council and the candidates to hold the personal interview.
- A comparison between the candidates according to the files and the interview.

Fifth: Completion of contracting procedures

- Raise the contracting requirements for the Vice Dean for Educational Affairs after coordination with the Dean of the College regarding the initial contract
 - Form of contract signed with a non-Saudi faculty member for an educational position
 - Instructional load form for the department

- CV
 - Bachelor's, master's, and doctoral degrees or medical fellowships are stamped and certified by the official authorities
 - A printed statement from the Ministry of Education stating that the candidate's graduation bodies are recognized
 - Certificates of Experience
 - The initial offer is signed between the parties.
 - Copy of the passport for a faculty member with the attachments' data, if any.
- The faculty raised the application to the University Vice President for Educational Affairs
 - Following up the transaction after submitting it to the university

2.2. Faculty Peer Evaluation

2.2.1. Introduction:

The administration of Unaizah College of Medicine and Medical Sciences (UCM) at Qassim University (QU) implements an effective quality assurance and management system in order to maintain Quality Assurance of the MD Program.

It is well known, in health professions education, that teaching constitutes an integral part of any educational or training program and that faculty members are the cornerstone in the teaching process. Thus, the College strives to have the sufficient number of qualified faculty members who have the appropriate academic, research and administrative experiences to achieve the College's mission and strategic goals of the MD Program.

In parallel with that, the College's administration applies mechanisms that ensure integrity, fairness, and equality in all its academic and administrative practices. Thus, the College implements an effective and objective system to evaluate the performance of faculty members according to clear, published standards and mechanisms that ensure fairness, transparency, and accountability. The evaluation data are used to provide the faculty members with feedback for self-improvement purposes. The results are also used for development practices, and decision-making on promotion, and other personnel decisions.

In addition to faculty evaluation by the College's senior administrators, students are regularly involved in evaluations of teaching. While this evaluation is commonly used by similar colleges world-wide and provides data to the Quality Assurance System, it has limitations pertaining to the breadth and depth of student evaluations. Furthermore, students vary widely in their evaluation of the quality of teaching provided by the faculty members, based on their level (freshman/seniors), type of the course (required/elective), mode of delivery of the course (small-group/large-group). The grades given by the faculty member also influences students' evaluation.

It is documented that Faculty Peer Evaluation can complement administration's and students' evaluation, and thus help improve teaching performance, effectiveness, and quality. Equally important is the contribution of Faculty Peer Evaluation to the personal and professional development of faculty members. The College therefore decided to

introduce Faculty Peer Evaluation in both the Pre-Clinical (Pre-Clerkship) and Clinical (Clerkship) Phases of the MD Program. For that, the College not only developed clearly defined policies and procedures of Peer Evaluation that are published to faculty members but engage the faculty members themselves in drafting the relevant policies and regulations. This is essential to the success of such evaluation since it ensures that the faculty members shall receive balanced and constructive feedback from their peers. Furthermore, this approach can lead to a positive attitude of the faculty members towards the entire process.

The College is also currently in the process of applying for accreditation of the MD Program with the Education and Training Evaluation Commission, which is the National Accrediting Authority in the KSA. The College thus needs to prove that faculty members are evaluated annually and that assessment procedures include assessment by senior administrators, students, and also Faculty Peer Evaluation. Equally important is the self-appraisal of the faculty members themselves.

2.2.2. Policies for Faculty Peer Evaluation:

The following policies were set up for controlling the Faculty Peer Evaluation process and ensure a satisfactory level of objectivity of the process. These policies and regulations were reviewed thoroughly by the faculty members in order to ensure their active involvement in decisions governing this process.

Policy statement 1:

Faculty Peer Evaluation will involve all faculty members in both the Pre-Clinical (Pre-Clerkship) and Clinical (Clerkship) of the MD Program.

Policy statement 2:

Evaluation will be controlled and monitored by the Vice-Dean for Academic Affairs, and the entire process will be regulated by the Dean.

Policy statement 3:

Evaluation will be conducted annually.

Policy statement 4:

A faculty member will be evaluated by one peer in the same department/specialty.

Policy statement 5:

Peer Evaluators will be randomly selected by the Vice-Dean for Academic Affairs and the selection will be approved by the Dean. A faculty member will be informed of the name of his/her evaluator on the day of the evaluation.

Policy statement 6:

The evaluation process can be expanded to involve a committee composed of a peer selected randomly by the Vice-Dean for Academic Affairs and another peer selected by the faculty member him/herself.

Policy statement 7:

Evaluation will include the role of the faculty member in teaching.

Policy statement 8:

Evaluation can be expanded to include the role of the faculty member in course management, assessment activities, research, professional development, administration, and other contributions to the UCM and QU.

Policy statement 9:

Evaluation shall focus on peer observation of classroom performance. The following aspects will be included in the evaluation process:

- Instructional Design Skills
- Instructional Delivery Skills and Faculty-Students' Interaction
- Content Expertise

Policy statement 10:

Analysis of evaluation will be provided in confidence to the faculty member just for the purpose of self-improvement and shall not be used for personnel decisions.

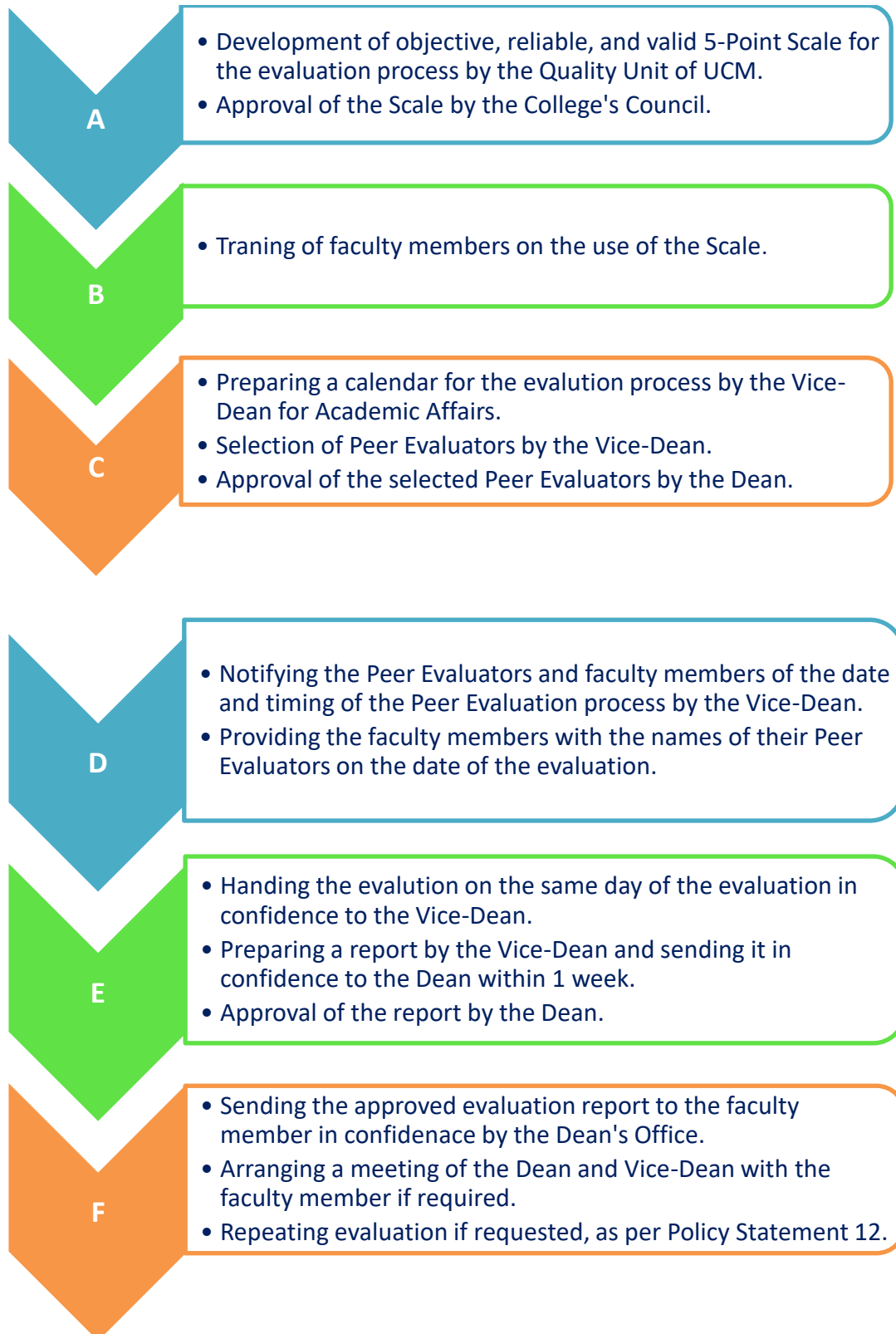
Policy statement 11:

Standards/criteria for evaluation will be published to faculty members by the Dean.

2Policy statement 12:

Evaluation of a faculty member can be repeated by the same evaluator or a different evaluator upon request of the faculty member or the Dean of the College.

2.2.3. Steps for the Annual Faculty Peer Evaluation Process:



2.2.4. Point Scale for the Faculty Peer Evaluation Process:

Instructions:

- a) Use the 5-point scale below for your Peer Evaluation.
- b) Indicate by circling the most appropriate number the level of your agreement or disagreement with the statements describing the teaching role of the faculty member.

- 1 Strongly disagree**
- 2 Disagree**
- 3 Neutral (neither agree nor disagree)**
- 4 Agree**
- 5 Strongly agree**

For further details follow this link [Updated Policies\Faculty Peer Evaluation at UCM - QU.pdf](#)

2.3. The Regulations Governing the Affairs of Saudi University Faculty

2.3.1. Introduction

The regulation of the affairs of the Saudi universities staff members and their equivalents was issued by the decision of the Higher Education Council No. (4/6/1417) adopted at the sixth session of the Higher Education Council held on 26/8/1417 H. Council of Ministers Chairman of the Council of Higher Education under the directive telegram No 7 / b / 12457 on 22/8/1418 AH, and the decision of the Higher Education Council No. (4/6/1417), which read: Fifteenth of the system of Higher Education Council universities litigation that the Council issued regulations governing the affairs of employees Functional universities Saudis and contractors, including faculty members, including salaries and bonuses and allowances, after their preparation by both the Ministry of Higher Education and the Ministry of Finance and National Economy General and Civil Service Bureau.

Upon review of the memorandum of the General Secretariat of the Higher Education Council on the subject and a copy of the draft regulations governing the affairs of Saudi university employees of the faculty, the decision is as follows:

“Approving the regulations governing the affairs of Saudi university staff members and their equivalents in accordance with the form attached to this resolution.”

2.3.2. Appointment and Promotion

Item 3:

A permanent committee is formed in each university for the teaching assistants, lecturers, language teachers and research assistants headed by the Vice President for Graduate Studies and Scientific Research. This committee is chaired by the Vice Chancellor for Graduate Studies and Scientific Research. The committee is formed by a recommendation from the University Council upon the recommendation of the University rector. The Committee shall submit its recommendations to the Council. Among its duties are the following:

- Propose the general policy for the selection of lecturers, lecturers, language teachers and research assistants – and distribute them to departments and colleges.
- Give an opinion on the recommendations issued by the faculty councils on the appointment of teaching assistants, lecturers, language teachers and research assistants according to the following criteria:

(For further details click the link: [QU Faculty Handbook](#))

2.3.3. Leaves

Item 56:

The summer vacation for the faculty member, the lecturer, the instructor and the language teacher shall be considered as the annual leave. The University Council determines the dates of the return of the faculty members, provided that the summer vacation does not start until after the completion of the tests and the announcement of the results.

Item 57:

The University rector may assign a faculty member, lecturer, instructor, and language teacher to teach during the annual leave. He/she shall be compensated for the period during which he/she is assigned to work with an additional salary equivalent to his salary for that period, provided that the period for which he is compensated shall not exceed sixty days per year.

(For further details click the link: [QU Faculty Handbook](#))

2.3.4. Scientific Consultations

Item 66:

The services of the faculty member may be used as a part-time consultant in the government agency, private sector or regional or international organizations that have the Kingdom as their main location:

- To work as a consultant in his field of specialization.
- Not to work as a consultant in more than one place.

- The maximum period of consultation shall be one year applicable for renewing.
- The application shall be submitted to the Minister of Higher Education by the competent minister for government agencies or the head of the agency or institution for private sectors and regional or international organizations.

Reference; click the link: [QU Faculty Handbook](#)

2.4. The Regulations Governing the Affairs of Non-Saudi Contracted Faculty Members

The Higher Education Council, in accordance with the provisions of paragraph (7) of Item (15) of the Council of Higher Education and Universities, stipulates the eligibility of the Higher Education Council to issue regulations governing the affairs of employees of universities, including contractors and Saudi faculty members. The regulations include salaries, bonuses and their allowances. After being prepared by the Ministry of Higher Education, the Ministry of Finance and National Economy, and the General Office of the Civil Service and after reviewing the memorandum of the General Secretariat of the Higher Education Council on the subject, and after reviewing the draft regulation of employment of non-Saudis in the universities, the Council decided the followings:

Item 2:

The provisions of the Regulations shall apply to the following categories:

- Faculty members, lecturers, language teachers and teaching assistants.
- Those who are members of the teaching staff who are researchers, their assistants and technicians holding university degrees and above who are contracted for the positions of researcher, research assistant or technician at the sixth grade and above, and their work is directly related to teaching and the university council in exceptional cases to exceed this requirement.

(For further details click the link: [QU Faculty Handbook](#))

2.5. Policy of Ethics of Scientific Research

The University of Qassim, represented by the Deanship of Scientific Research, is concerned with protecting the rights of all university employees and protecting the privacy of scientific research topics. The university is concerned with supporting scientific mobility within international scientific frameworks and foundations that raise the level of the university as a center of elaborate research with a distinguished level. This document was drafted to achieve these objectives and in response to the funding requirements for research from different funding bodies. The following is a description of the procedures and controls for scientific research at the university.

2.5.1. Types and areas of research:

Theoretically, all research topics have a congenital dimension, but there are some research trends in which the moral aspect has a special place: research that is concerned with the human and health aspects; research conducted using experimental animals; and research that has social and political sensitivity.

2.5.2. Researchers:

Moral responsibility is primarily the responsibility of the researcher; the ethical aspects must be given special importance in all steps of research, from the idea to final steps, and results. In addition, the researcher must be familiar with, and have full knowledge of the rules and policies of the university in this aspect, and must apply these rules, and regulations. These rules and regulations apply to anyone who conducts research under the auspices of the university, whether research is conducted inside or outside the university.

- The researcher is responsible for obtaining the prior approval of all the subject of the research, and the researcher should clarify to the participants in the research as follows: The aim of the research, the source of funding, their right to withdraw from the research, or the refusal to participate in the research should be respected.
- If the participants in the research are unaware of the nature of the research, or the value of their participation in it, for example, children, a written consent must be obtained from a parent or guardian.

- If the participants' knowledge of the nature of the research will affect the results, they should at least mention the research of those participants.
- It is recommended that the researcher consults with experts in the research subject, or the opinion of one of his colleagues when there is a need, especially in research related to some disciplines such as:
 - Dynamic or psychological stress.
 - Infringement on the privacy of others.
- The researcher should clarify the nature of the research to the participants, and obtain their consent to participate in it, including the method of writing the names of the participants and how they will be arranged with the definition of their workplace.
- Research participants should be made aware of the importance of not publishing any data on the results, the privacy of the research, as well as not disclosing or using the information and results of the research until it is completed and published.

2.5.3. General principles and ethics of research:

- **Credibility and honesty:** Focus on the importance of honesty in all research steps including: gathering information, recording results, the method used, writing and publishing the research.
- **Objectivity of the research:** The researcher should avoid bias to any point of view, or adopt a prior result in the steps of research such as, analysis of results, data, writing the research plan, review of views, and previous research.
- **Accuracy:** Commitment to accuracy, and seriousness in all aspects of research, and keep records of the steps and results of the search.
- **Cooperation,** sharing ideas, data and devices, as well as providing advice and assistance to those who need colleagues, and accept criticism, and suggestions.
- **Respect:** Appreciate and respect the opinions and suggestions of the participants in the research, as well as the protection of minors, or unaware that may be covered or dealt with by the research.

- Respect for intellectual property rights: such as patents, copyrights and other types of intellectual property.
- Privacy: Protect the privacy of individuals and information in all aspects of research.
- Justice, treating others with respect for and observance of their rights, giving each person his destiny, and his appropriate status.

2.5.4. Regulations and Rules Governing Scientific Research

- The researcher should follow the regulations and regulations set by the National Committee for Bioethics and Medical <http://bioethics.kacst.edu.sa>
- The researcher should follow the rules and regulations stipulated by the university, college or department, if any.
- In the first place, the researcher must demonstrate moral responsibility in all aspects of scientific research, including everything mentioned in the general principles and ethics previously.
- The researcher must follow the regulations and regulations stipulated by other supporting bodies, or government agencies, or authorized to regulate this practice.
- The researcher should follow the safety methods and keep the safety of the participants in the study, researchers, assistants and other workers. As well as maintaining the integrity of the facility, and the environment.
- The researcher should dispose of all waste, including sharp, infectious, chemical and other wastes.
- The researcher should familiarize himself with, and abide by all regulations and controls stipulated and regulated for misconduct in scientific research.

2.5.5. Regulations and Rules Governing the Scientific Research on Human Beings:

All research and scientific studies involving humans, or similar genetic material DNA or RNA or Human Tissue must be subject to the following rules and regulations:

- The researcher must abide by the provisions of Islamic legitimacy, principles, and scientific norms governing this practice.
- The person participating in the study must know the subject of the research in full.
- The participation of people in the research should be voluntary and optional after knowing the details of the research in full.
- The persons studied shall be respected and protected by explaining all the details of the research, damages and risks, if any.
- The subject should be accepted within the ethics and general customs of the region.
- Written informed consent must be obtained from the person participating in the study, or his legal guardian.
- To inform all persons participating in the study, if necessary, of the results.
- Respect the privacy of individuals participating in the study and respect the privacy of the information relating to all aspects of scientific research.
- Scientific research Information, especially personal and private information, must be protected.
- Persons participating in the study shall be protected from the study sample, researchers or assistants, as well as the integrity of the facility and the environment.

For more details click the following link (Control+ left click) [Policies and Regulations\Professional Ethics Manual.pdf](#)

2.5.6. Regulations and Rules Governing Scientific Research on Animals

The use of experimental animals in scientific research is one of the most important catalysts for conducting medical and applied research.

- The researcher must abide by the provisions of Islamic legitimacy and scientific principles and norms governing this practice.
- The researcher should review and apply all regulations and rules governing scientific research.
- The minimum number of experimental animals should be used in scientific research.

- Damage to experimental animals should be minimized at all stages of scientific research.
- Experimental animals may only be used by trained persons.
- Endangered animals may not be used.
- The facility should contain the places suitable for the care of experimental animals during all stages of scientific research.
- The persons involved in the study should be protected by researchers, assistants and others, as well as the integrity of the facility and the environment.

2.5.7. Regulations and Rules Governing Scientific Research on the Environment

The human being is an essential part of the surrounding environment and he depends heavily on the natural resources in it. Accordingly, all environmental research will apply to the following regulations:

- The researcher should apply all regulations and rules governing scientific research and adhere to the provisions of Islamic Sharia and scientific principles and norms.
- The researcher should explain the mechanisms of the research in full and estimate all the damage resulting from the work of the research in addition to the development of other alternatives to do so.
- To the extent possible, damage to all forms of life in the environment should be minimized, including humans, animals, plants and other natural resources.
- The study should be initially done on a narrow size to verify the associated damage.
- The researcher must respect private and public property in all aspects and coordinate in this regard.
- Healthy and proper disposal of all harmful substances resulting from research, including infectious substances, chemicals and others.
- Participants must be protected and natural resources protected.

2.5.8. Some other ordinances that must be observed:

Conflict of Interest, Safeguarding Facility and Environment, Justice, Respect for Privacy, Intellectual Property Protection, Written Agreement with Researchers, Written Agreement with Supporters, Risk Assessment, Procurement Management, Financial Management, Cost-Benefit Analysis, Training, Student and Student Support Teaching staff.

2.5.9. Policy of misconduct in scientific research:

The Deanship of Scientific Research and the University in general expects all researchers inside or outside the University to abide strictly by the rules and regulations governing scientific research referred to above. Any breach of these regulations will be taken very seriously, in order to minimize the damage caused and to maintain the level of scientific research and the reputation of the university as a leading center of scientific research.

In the event of any violation of the regulations of ethics of scientific research, the matter is referred to the research center concerned to make a recommendation to the Committee on Ethics of Scientific Research at the University.

For more details click the following link (Control+ left click) [Policies and Regulations\Professional Ethics Manual.pdf](#)

Reference: Deanship of Scientific Research

2.6. The Ethics of Teaching and Learning

The set of high values and ethical rules of conduct that the University seeks to establish in the field of learning and education is determined by the need for the commitment of both faculty members and students to the following items:

2.6.1. Programs and Courses:

- Working to achieve the objectives of higher education in the Kingdom of Saudi Arabia, and ways to achieve them in accordance with the possibilities of the curriculum being taught and access to sufficient information to reach the vision and mission of the university.
- Attention to the Saudi framework and rules that are acceptable in the field of specialization, including the requirements of the professions that the students are prepared to practice.
- Planning programs in the form of integrated packages of options, with plans to deliver and evaluate programs in the light of their knowledge, skills, teaching strategies and continuous development processes, and take any necessary action to ensure that necessary adjustments are made to the content and references to ensure continuity of quality and consistency.
- Description of any course or program to include methods of teaching, and methods of assessment that fit with different types of learning.
- Designing and implementing of the components of the course and its objectives, scientific content, activities and educational media that help in teaching and are useful in evaluating the performance of students, including the preparation of integrated scientific content, and sources of learning that enable access to knowledge in the easiest ways, with the choice of methods and teaching strategies appropriate to the nature of the content And calendar methods.
- Benefit from educational programs or courses offered by international organizations, including e-learning or other distance learning programs or courses, unless approved or shown to be quality assured and approved by a relevant educational quality assurance agency, authorized from the government in the country of origin.

- Submit a report on the course that has been taught. The student may express his opinion in what he learned after being exposed to the scientific content of the course.
- Maintain records of student completion rates in all courses. They are used under performance indicators.
- Make appropriate modifications to the plans of teaching courses after studying the courses reports and taking into account what is contained in it.
- Provide program managers (department head or other officials) with regular reports (at least annually) on the teaching of each course.

For more details click the following link (Control+ left click)

[Policies and Regulations\Professional Ethics Manual.pdf](#)

2.6.2. Teaching Process:

- Work on self-growth and develop academic, technical and professional performance through continuous follow-up of scientific developments and developments in the field of specialization and evaluation of scientific material, and then develop them according to these innovations.
- Good preparation for the duration of the scientific to reach the target scientific level, and take into account not to deviate from the lecture issues not related to the article, while adhering to the duration of the lecture from the beginning to the end.
- Mastering the teaching process and make it more interesting and fun, using appropriate teaching strategies to develop the skills of scientific thinking, criticism and creativity of the student.
- Giving the student equal opportunities in dialogue and discussion, and expressing his ideas in a sequential, logical and related to the subject matter, while committing to a quiet dialogue sober away from passion.
- Self-emotional awareness in terms of self-knowledge and acceptance and management of emotions and anger and away from verbal insults or quarrel and maintain appropriate emotional control does not let the opportunity of anger to possess and does not give quick judgments of different positions, and set an example.

- The textbooks include recent references and the latest developments in the field of study.
- The right to educational rehabilitation, which can enable the performance of the educational mission in the best way, through the provision of innovations contained in programs to develop the capabilities of faculty members.
- The right to teach in the field of specific and qualitative specialization and not assigned to other disciplines, or administrative work is not the competence of his competence, with the justice in the distribution of lectures and tasks within the college, and to have full sovereignty in the lectures received, and to be criticized or taken from a qualified and satisfactory according to controls known.

For more details click the following link (Control+ left click); [Policies and Regulations\Professional Ethics Manual.pdf](#)

2.7. The Ethics of Relations with Colleagues

Relationships with colleagues play an essential role in achieving the University's objectives, provided that the faculty member is committed to a set of desired behaviors when establishing this relationship which are specified in the following items:

- To show a high ethical Islamic behavior in dealing with colleagues and employees of the university staff and workers.
- Maintaining social relations with colleagues based on mutual cooperation, both on a personal and scientific level.
- Respect the right of colleagues of freedom of expression and academic freedom that is guaranteed by the system of higher education on the rights and duties of faculty members.
- Be fair and objective when issuing any specialist judgment, consultative evaluation or public discussion of the work of the teaching staff.
- Respect the confidentiality of personal information of faculty members who submit their scientific production for promotion.
- Attending seminars, discussion and circulation of thoughts between him and his colleagues and those who have previous experience in the field of scientific research.
- Refraining from accepting gifts or donations from suspicious parties or from notorious persons or raising moral controversies or affecting honor and integrity.
- Announce gifts, donations, grants, gifts and recipients, their uses and documentation in official records at the department, college or university.
- Building bridges of communication and scientific cooperation and research with colleagues
- Spreading spirit of cooperation between students and staff.

For more details click the following link (Control+ left click)

[Policies and Regulations\Professional Ethics Manual.pdf](#)

2.8. Ethics of Community Service

With respect to community service, the faculty member shall abide by the following items:

- A sense of responsibility towards the community to which the faculty member belongs.
- Publicly disclose that the views adopted by a member of the teaching staff expresses his opinion and do not necessarily reflect the views of the university.
- The University faculty member can provide external consultations provided that they do not affect the duties and academic performance of the member to be consulted.
- Participating in all matters that raise the awareness of the society, such as participation in public lectures, and in the press and audio-visual media.
- Taking into account the balance and moderation in the presentation of social and intellectual problems, with the responsibility to maintain the constants of the Saudi Arabian society.
- Contribute to the development of human knowledge associated with community service in a way that enables the graduation of citizens more able to participate in society effectively.
- Indulge in the affairs of society in all its intellectual, political and economic issues.
- Interact positively with the data and issues of the surrounding environment.
- Guiding and directing students to serve the community and the environment through work projects.
- Acting in public and private life in a manner appropriate to social and academic status without vulgarity or come.
- Respect regulations, rules and decisions aimed at achieving the safety, security, stability, progress and prosperity of society.
- The commitment of the contractor from outside the State to the laws, customs of society and traditions and not to prejudice.
- Enhance the student's sense of belonging to his religion and his country.
- Promoting positive interaction between the student and other cultures.

- Work for the sovereignty of love and sincere respect among students and others to achieve the security and stability of the homeland, and to enable its development and prosperity and to ensure its reputation and status among high-end human societies.
- Taking into account his status as a moral and social role model in his dealings and relations with various institutions of society.
- Avoid breach of any of the above clauses.

2.9. Curriculum/Course Review Policy:

2.9.1. Introduction:

In Health Professions Educations, it is well known that the curricula of Health Professions Programs are not static bodies, especially the curricula of Medical Programs. In fact, curricula of Medical Programs are continuously changing in a balanced dynamic process in response to the increasingly growing medical knowledge, emerging new diseases and conditions, recent advances and trends in Health Professions Education, and the introduction of a national competency framework for medical graduates, like the SaudiMED developed by the Saudi Medical Deans Committee. The curriculum thus needs to be reviewed on regular basis. The focus of the curriculum needs to be stressed upon. Gaps and redundancies in the curriculum need to be rectified. Newly emerging medical conditions, instructional activities and assessment methods should be incorporated into the curriculum and mechanisms for ensuring the acquisition of the SaudiMED competencies should be introduced.

In response to these challenges, Unaizah College of Medicine and Medical Sciences (UCM) is keen to keep the courses of all phases of the MD Program; the Foundational Phase, Pre-Clerkship Phase and Clerkship Phase all updated. Equally important is maintaining quality assurance of the courses, and ensure that each course has clearly defined and measurable Course's Learning Outcomes (CLOs), which are based on benchmarks at the local, regional and global levels. Furthermore, UCM also ensures that the delivery of the courses comply with the Courses' Specifications. This minimizes the gap between the planned curriculum and the implemented curriculum and makes it easy to identify the strengths and weaknesses in the courses and hence the entire program. This therefore facilitates the development of plans for development of the courses.

Moreover, UCM stresses that Program's Learning Outcomes (PLOs) should be also measurable, well stated, and well-aligned with the College's mission and goals of the Program and also the recently introduced SaudiMED competencies. UCM also values the participation of the major stakeholders including the concerned authorities, Faculty Members, Students, Graduates, local community, and

employers, in the process of reviewing the MD Program.

Accordingly, a systematic and thorough mechanism for reviewing the courses and maintaining their quality was initiated at UCM early during the implementation of the MD Program. In order to ensure professional and evidence-based mechanism for reviewing the courses, and assuring their quality, this mechanism involved the following major tasks, as shown in Fig.1 below:

- Regular reviewing of the curricular documents, and collecting and analyzing curricular data.
- Regular internal and external benchmarking of the curriculum against curricula of similar programs. This involves comparing the Program Learning Outcomes (PLOs), Curricular Structure, Courses' Learning Outcomes (CLOs), Instructional Activities, and Assessment Strategies, Key Performance Indicators (KPIs), and other domains of Medical Education with those of well- reputed medical College. These include but not exclusive to:
 - The mother College of Medicine at Qassim University,
 - The College of Medicine at Al-Faisal University, and
 - Boonshoft School of Medicine at Wright State University in the USA.

This is an important step in order to make sure that the courses of the MD Program are well-designed based on local, regional and global references, and also to benefit from the experiences of similar programs in different academic institutions.

Getting input and feedback from the major stakeholders. These include:

- Student,
- Faculty Members,
- College's Advisory Board,
- Graduates, and
- Employers of the College's graduates.

Thus, the following basic equation in medical education is applied in reviewing the courses of the MD Program at UCM.

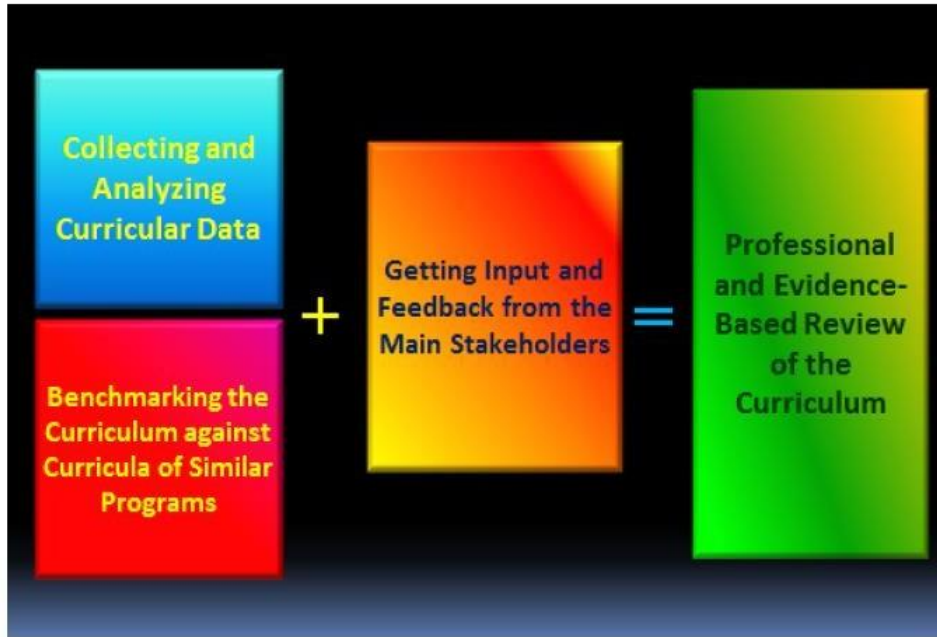


Fig. 1: Courses' Review Equation

2.9.2. Formulation of a College's Curriculum Review Committee:

A Curriculum Review Committee was formulated by the Dean of the College in order to perform review of the courses effectively and efficiently. The members of the Curriculum review Committee are:

- Vice-Dean for Academic Affairs (Head of the Committee).
- Head of the Basic Medical Sciences Department.
- Head of the Pediatrics Department; representing involvement of the Clinical Departments in curricular reform.
- Dr. Ahmad Al-Shafei; a Physiologist with special expertise in Health Professions Education.

The Committee meets on regular basis once every month, and additional meeting are scheduled by the Head of the Committee as necessary.

2.9.3. Responsibilities of the College's Curriculum Review Committee

The College's Curriculum Review Committee is responsible for preparing an annual action plan for reviewing the courses of the current academic year and following up on their recommendations and suggestions stated in their previous periodic review. Another most important responsibility of the Review Committee is to design in-house data collection templates and tools that address all components of the review process, in the form of structured questionnaires using checklist and rating scales followed by a section for comments and opinions.

Some tools are already provided by the NCAA. The tools and templates used for collecting curricular data include the following:

- Faculty - Situational and Needs Analysis and Evaluation of the Courses.
- Course Report. This Tool is Provided by the NCAAA. The Course Report should be sent by the Course's Director to the College's Review Committee and the Quality Unit.
- Students' Course Evaluation Survey. This Survey is Provided by the NCAAA.
- Students' Experience Survey. This Survey is Provided by the NCAAA.
- Reviewing the Courses' Specifications and Timetables.
- Reviewing the instructional activities.
- Reviewing the Assessment Tools and Methods, and Results of Assessment.
- Aligning the CLOs with the PLOs and the SaudiMED competencies.
- Reviewing the Results of Students in the National Progress Test.
- Measuring Achievements of the Courses' CLOs.
- Reviewing the Mentoring System.
- Reviewing the E-Learning Management System.
- Measuring Achievements of the Program's PLOs.
- Program Evaluation Survey. This Survey is Provided by the NCAAA.
- Alumni Experience Survey. This Survey is Provided by the NCAAA.
- Employer Evaluation Survey. This Survey is Provided by the NCAAA.

Thus, quantitative and qualitative data are collected from the concerned Faculty Members involved in planning, coordination and delivery of each course *by the end of the course* regarding the following educational issues:

- The adequacy, duration, weight and title of the course.
- The organization and management of the course.
- The contents to be delivered in the course.
- Appropriateness of the Courses Learning Outcomes (CLOs).
- Appropriateness and adequacy of instructional strategies and assessment activities.
- Students' results.
- Measuring Achievements of the Courses' CLOs.
- Quality evaluation of the course.
- Student support.
- Difficulties and challenges.
- Plans for improving the course.

In parallel, quantitative and qualitative are collected from both male and female students *by the end of each course* regarding the following educational issues:

- Help and support provided by teachers.
- Resources to support teaching and learning.
- Teaching and learning experience.
- Overall rating of the course.
- What they like most about the course.
- What they dislike most about the course.
- Suggestions for improvement of the course.

In addition, quantitative and qualitative data regarding Program Evaluation and Alumni Experience Survey are also collected from senior male and female students and alumni *by the end of each academic year*.

Similarly, quantitative and qualitative data regarding knowledge, skills, and attitude of the graduates are collected from the relevant employers *by the end of each academic year*.

Following construction of the tools and templates and collecting the relevant surveys by the College's Curriculum Review Committee, the tools are sent to the concerned stakeholders for their comments and constructive feedback. This is a very important step, which ensures participation of the stakeholders early in the review process.

2.9.4. Orientation of the Stakeholders on the Review Process:

The College's Curriculum Review Committee organizes a grand meeting and a workshop for Faculty Members *at the beginning of each semester of the academic year* for discussing the process of curricular review and the mechanism for gathering curricular data on the courses from them using the generated templates and tools, Similarly, meetings with the students, alumni, employers and Advisory Board for discussing the process of curricular review and the mechanism for gathering curricular data from them using the generated templates and tools are organized *at the beginning of each academic year*.

Following these workshops and meetings, the data collecting templates and tools are approved.

The approved templates and tools are then sent to the above-mentioned stakeholders; either hard copies or online. The stakeholders are requested to fill up the relevant surveys *within a week of publicizing the approved templates and tools*.

2.9.5. Collection and Analysis of Curricular Data with Recommendations for improvement:

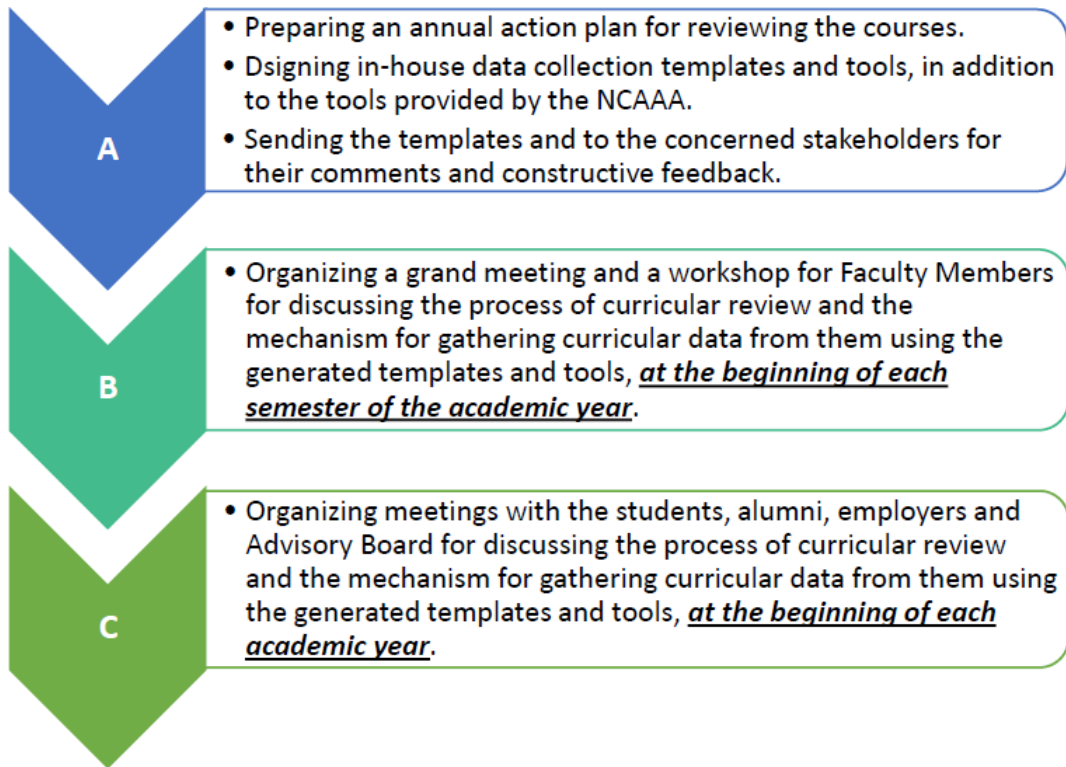
Curricular data are collected and analyzed by the College's Curriculum Review Committee within a well-defined time frame. A preliminary report is then written by the Committee on the analyzed data with recommendations for improvement within a week of completion of data analysis. This is accomplished in 2 weeks' time period.

The preliminary report is then sent to the relevant Head of Department, in order to provide feedback and action plan for implementing the recommendations, within 2 weeks' time period.

A final report on the course is then prepared by the Committee sent to the Dean of the College for approval by the next College's Council meeting.

The approved final report is then sent to the relevant Head of Department by the Dean of the College for implementing the recommendations in the next delivery of the course.

Fig. 2 below shows the flowchart for improving courses of the MD Program at UCM.



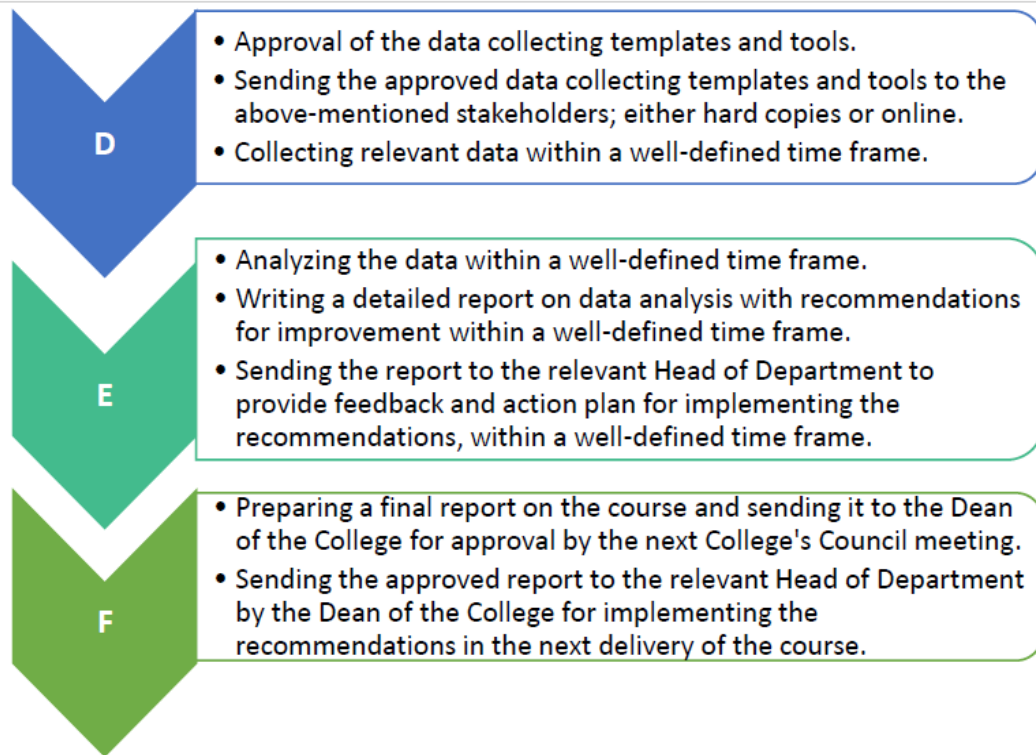


Fig. 2: Flowchart for improving courses of the MD Program at Unaizah College of Medicine and Medical Sciences (UCM)

2.9.6. Quality Assurance of the Courses:

The above-mentioned policy ensures that the courses of the MD Program are regularly updated without affecting the general structure of the program, which is planned to be thoroughly reviewed every 4 years.

Furthermore, this policy also assures the internal quality of the courses by regularly exposing the courses to the internal quality assurance cycle; the continuous quality improvement cycle, which shown in Figs. 3 and 4 below. Courses additionally undergo External Quality Assurance Cycle during the thorough review of the entire program and its Study Plan every 4 years as mentioned above.

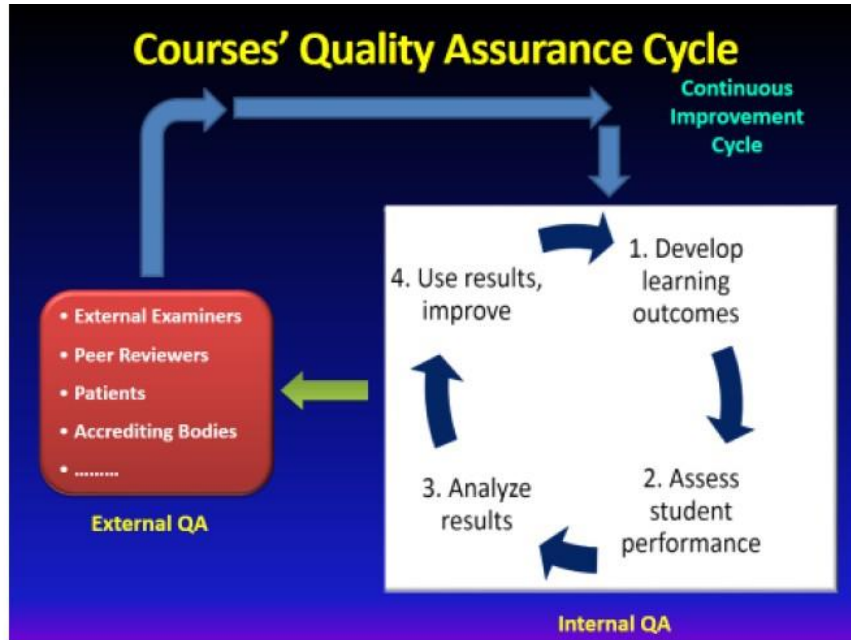


Fig. 3: Internal and External Quality Assurance (QA) of the Courses of the MD Program at UCM

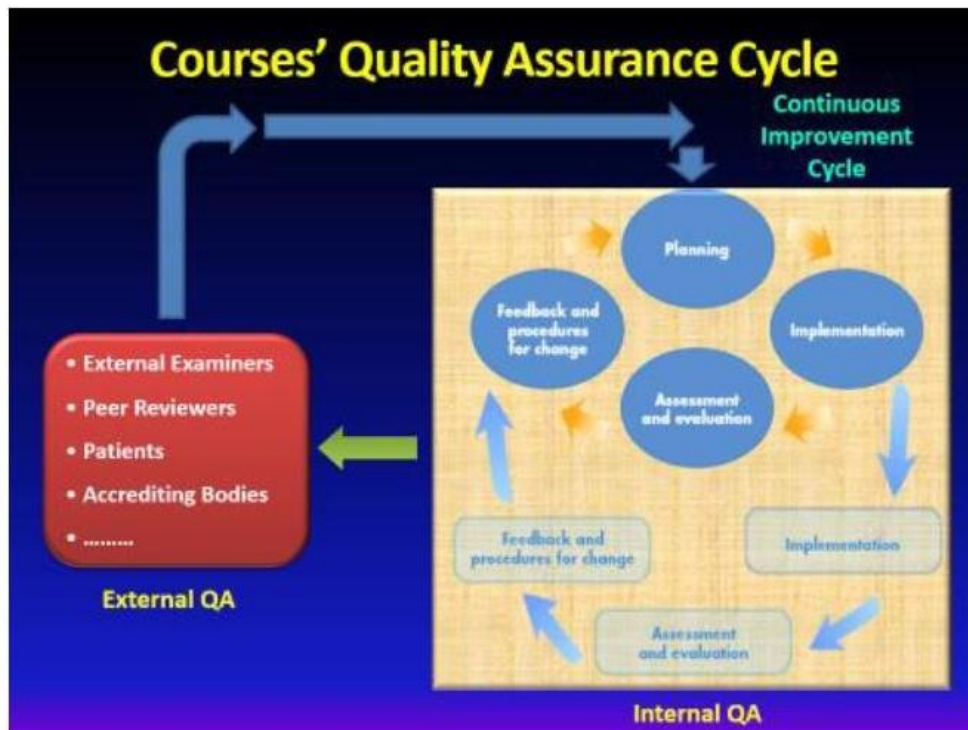


Fig. 4: Internal and External Quality Assurance (QA) of the Courses of the MD Program at UCM

2.9.7. Examples of Improvement Recommendations by the College's Review Committee:

- Stressing the integrated system-based curriculum, and the clinical presentation curriculum approaches in the Courses of the Pre-Clerkship Phase of the MD Program, especially MD2 courses.
- Aligning the CLOs with the PLOs, the Mission of the College and SaudiMED competencies.
- Accurate measurements of achievements of CLOs.
- Increasing numbers of interactive learning sessions, practical sessions, simulation sessions, and oral presentation sessions / seminars.
- Introduction of wrap up case-based sessions.
- Providing the students with updated learning resources and study guides.
- Adding other assessment tools along with the Multiple Choice Questions (MCQs), in order to ensure reliability of assessment. These include:
 - Extending matching questions (EMQs).
 - Short answer questions (SAQs).
 - Modified essay questions (MEQs).
 - Slide show questions.
 - Spotter exam (spot stations)
 - Objective structured practical examination (OSPE).
- Proper running of the Objective structured clinical examination (OSCE) in the clerkships of the Clerkship Phase of the Program.
- Development of clearly stated action plan for improvement.

2.10. Policy Regarding Identification and Reviewing of Program's Graduates' Attributes

2.10.1. Introduction

Graduates' attributes have been defined as "Graduate attributes are the qualities, skills and understandings a university community agrees its students should develop during their time with the institution. These attributes include, but go beyond, the disciplinary expertise or technical knowledge that has traditionally formed the core of most university courses. They are qualities that also prepare graduates as agents for social good in an unknown future".

Graduates' attributes must be strengthened for graduates through high-quality and well-aligned academic programs. Graduates must have and develop these qualities on their educational path and use them beyond their educational journey into their professional career.

Often graduate attributes focus on developing lifelong learners, and given the limited recall of knowledge of students and the rapid expansion of information, these skills are becoming more essential for professional and personal participation in society.

MD Program at Unaizah College of Medicine and Medical Sciences (UCM) identifies its graduate attributes in alignment with its mission, goals, the labour market expectations, and stakeholders' expectations. More importantly, programs' graduate attributes have been carefully aligned with Qassim University graduate attributes which are approved by the Standing Committee of Study Plans and consistent with the Saudi Qualification Framework, (SAQF).

Furthermore, MD Program at UCM uses a development framework for demonstrating the links between program graduate attributes, in relation to program learning outcomes, as well as courses learning outcomes. Course curriculum, including course objectives and assessment criteria, is consistent

with graduate profiles, to ensure there is a strong link between the attributes of graduates and actual intended learning outcomes of the program.

2.10.2. Importance of Identifying Graduates Attributes

- Contribution to the achievement of Saudi Vision 2030, particularly concerning education development, high-quality university achievement, and the qualification of human capital and knowledge.
- Realization of UCM's vision and missions, and the consolidation of college values.
- Fulfillment of the institutional accreditation requirements and the provisions of the National Center for Academic Accreditation and Assessment.
- Alignment of program learning outcomes with local, national, and global labor market requirements and needs.
- Alignment and enhancement of MD curriculum to meet development and labor market requirements.
- Strengthening the quality practices of faculty members to achieve the intended outcomes relevant to the graduates' attributes.
- Providing students with indicators of their progress in acquiring the graduate's attributes to qualify for their future career.

2.10.3. Policy for Identification and Reviewing of Program's Graduates' Attributes

The following Policy and Procedures/Phases are adopted by UCM for Identifying and Reviewing of Program's Graduates' Attributes:

1. Analysing the current situation of labor market and higher education to develop a roadmap for the project.
2. Identifying the main attributes suggested by different primary sources:
 - Saudi Vision 2030
 - UCM strategic plan

- Related sources including literature, national and international best practices
 - 21st century skills and competences
 - The graduate attributes, according to the National Institutional Accreditation and Evaluation Centre's recommendations
 - Reports and studies on the labor market
 - Graduates' attributes according to the Ministry of Education
3. Engaging the stakeholders in determining the relevance and significance of the graduate attributes at UCM:
 - Academic leadership
 - College Heads of Department
 - Faculty members
 - Students
 - Alumni
 - Stakeholders
 4. Analysing outcomes and focusing the UCM graduate attributes according to significant and appropriate parameters
 5. Forming and facilitating focus groups on the final graduates' attributes with the input of the stakeholders.
 6. Approval of the graduates' attributes by the College Council.

2.11. Blended learning Plan During COVID-19 Pandemic

2.11.1. Introduction:

In response to the current challenge of the ongoing COVID-19 Pandemic, the Curriculum Committee, Medical Education Unit, and E-Learning Unit at Unaizah College of Medicine and Medical Sciences (UCM) at Qassim University (QU) propose adopting a blended learning environment, which comprises of a proper mix of both face-to-face (on campus) and online teaching & learning, and assessment and evaluation activities in parallel with the world-wide trend of giving more room to the online educational system in the light of COVID-19 Pandemic.

2.11.2. Adopting a Blended Learning Environment:

Recently, “blended” learning has been introduced as an innovative method to integrate e-Learning with face-to-face instruction, to provide meaningful student learning experiences. Blended learning is defined as a learning environment composed of appropriate mix and use of face-to-face instructional and assessment methods, along with various online learning and assessment technologies to support planned learning and foster learning outcomes.

1. Aims for Adopting a Blended Learning Environment:

The main aim of this plan is to ensure effective and efficient delivery of the blocks/clerkships of the Pre-Clerkship and Clerkship Phases of the MD Program, while keeping appropriate social distancing between students and also between faculty members, at the same time.

2. Basic Elements of the Suggested Blended Learning Environment (Teaching & Learning, and Assessment & Evaluation):

Each batch of students in both the male and female sections and in both the Pre-Clerkship and Clerkship Phases of the MD Program will have 1-2 days/week as face-to-face (on campus) teaching & learning for

practical/clinical, interactive learning sessions (TBLs and PIs) and ICM I and ICM II Courses, and 3-4 days/week as online learning using the Blackboard platform (for the theoretical parts, case discussions, etc.).

• **TBLs and PIs:**

TBLs and PIs will be run on campus provided that appropriate social distancing is maintained with the students seated more than 1.5 meters away from each other in all directions, and that students wear protective masks. In addition, sanitizers will be provided in all rooms, and pencils/papers will not be used. In these face-to-face sessions, students may interact and discuss issues among themselves in the usual way if appropriate social-distancing can be maintained. Discussions and interactions can also be achieved electronically/digitally.

- Some TBLs and PIs can be delivered online, using available software (Open TBL and e-learning tool box). These online sessions will be used as learning and not as assessment methods.
- In order to ensure active participation of students in these sessions, topics and Intended Learning Outcomes (ILOs) that will be delivered as TBLs will not be covered in the lectures or other teaching & learning activities.
- The face-to-face TBLs and PIs may contribute 5 % of the total block/clerkship grade and can be then used as both learning and assessment tool.

• **Practical Sessions and Clinical Teaching:**

- Clinical and practical sessions will be delivered face-to-face, as mentioned above. This necessitates:
 - Dividing the students into small groups in order to keep appropriate social distancing
 - All students should wear masks
 - Students with any COVID-19 symptoms, or who were in contact with confirmed cases, should not be allowed to

attend any on-campus activities, and should be guided to follow MOH instructions.

- The total weight of the continuous assessment activities should be ranged between 40-50% of the total block/clerkship grade. The 5% allocated to the face to-face TBLs and PIs will be considered under the category of continuous assessment.
- The total weight of the End-of-Block/Clerkship assessment activities should be ranged between 50-60% of the total block/clerkship grade.
- No grades should be allocated for attendance.

2.11.3. Faculty Members:

- Faculty Members will have fair distribution of the online and face-to-face teaching & learning, and assessment and evaluation activities. This will be managed by the Heads of the Departments and the Coordinators of the Units.
- In order to maintain appropriate social distancing in the offices, only 2 faculty members are allowed to be in the office at the same time.
- Faculty Members should come on campus at least 2 days/week. This should be managed by the relevant Heads of Departments, and office hours should be posted on the door of each office.
- In order to ensure effectiveness of the online teaching and learning activities, Faculty Members will be asked to provide students with Online Office Hours.
- Students can interact with the Faculty Members during the Online Office Hours either individually or in groups. This can be done through Blackboard platform, Zoom, or perhaps WhatsApp groups. These interactions will then serve as additional tutorials to foster students' learning.

2.11.4. Steps for implementing the suggested blended learning environment:

1. The Directors of the Blocks and Clerkships shall prepare time tables of their respective Blocks and Clerkship using the above mentioned distribution and allocate online and face-to-face activities.
2. Integration and logical sequencing of the teaching and learning activities should be ensured by the Directors especially in the multidisciplinary Blocks of the Pre-Clerkship Phase.
3. Time tables of the Blocks and Clerkships should be approved by the respective Departmental Head and the Medical Education Unit.
4. The entire plan should be approved by the Vice-Dean for Academic Affairs. For details of distribution click the link;

[Updated Policies\Blended Learning Plan \(1441-1442\).pdf](#)

2.12. Educational Staff's Dress Code

2.12.1. Introduction.

Educational staff at UCM are expected to adhere to professional attire at all times including hospital based educational activities. Failure to comply with the dress code will result in disciplinary actions as outlined in Article 4 subject to the discretion of the authorities in charge of UCM-DCP policy enforcement as outlined in article 1.

2.12.2. Male Educators

- Male educators may elect to wear the national Saudi outfit; they may also elect to wear scrubs only, scrubs and lab coats or professional suits.
- Footwear of appropriate appearance is mandated.

2.12.3. Female Educators

- Female educators may elect to wear wide non transparent long skirts of any color with blouses of their choosing but a lab coat with UCM or QU logo is mandated in clinical and laboratory sessions.
- Abbaya of appropriate appearance (entirely black with no embroidery) as well as a cover of the head and the entire face should be worn during entry and exit from the female buildings.
- Footwear of appropriate appearance is mandated.
- Hand jewelry and light makeup is permitted if the staff is not expected to be seen by males; if exposure is expected then hand jewelry should be kept to minimum and makeup should not be used.
- Full dresses of any kind are not allowed in the campus including but not limited to JALLABIAH.

Reference: [Updated Policies\Unaizah College of Medicine and applied medical sciences dress code policy.pdf](#)

2.13. Motivation and Award Policy

Unaizah College of medicine and medical sciences has established the motivation and award committee to honor distinguished faculty members, researchers, employees, and students within a spirit of a dedicated better teaching outcomes, higher scientific research standers, and hard work. The award is annually presented to effectively create an encouraging environment for distinguished individuals, researchers, and students along with paving the way and motivating others to have a strong initiative of promoting higher standers.

Committee board members

1. The dean of UCM (The head and director of the committee)
 2. College vice dean of the female students affairs
 3. The committee liaison officer
 4. Head of research unit
 5. Head of community service
 6. Head of the media committee
 7. The committee secretary
- The committee will plan and implement this annual award program to recognize members of classified staff and/or administrative personnel (AP), and students for excellence in their service or achievement for the college.
 - Solicits written nominations from UCM employees and students. Accepts and screens the names of those nominated to receive the awards and recommends prospective candidates to the president.
 - The award committee, entrusted to consider nominations, will not display the names of nominees or the results of selecting nominees.

General rules

- Any faculty members, students, or administrative staff has the right to nominate him/ herself.
- Nomination for one award branch is allowed but not a simultaneous nomination to more than one branch in an academic year
- Faculty members and administrative staff should have at least two years of experience of working at the college.
- Nominee should submit their nomination request prior to the deadline, delayed applications will be disqualified
- Anyone who previously awarded an excellence award of a certain branch may re-nominate for the same excellence award branch after 3 academic years
- The excellence award committee members are not allowed to enter however can be nominated for the award programs.
- If a committee member was nominated for the award, he/she is not permitted to attend the awards meetings during that year.

Motivational and Excellence awards

- **Researcher Quality award (Excellence)**
 - Granted to the best researcher whose works fulfills the best quality and excellence
 - **The criteria based on which the nominees will be evaluated:**
 1. Number of published articles
 2. **Research Impact:** total citations of published researches in the last 2 years
 3. **Research Quality and excellence:** Number of articles published in an ISI and/or Scopus journals
 4. **Research Leadership:** Number of articles in which the applicant is a first or corresponding author.

5. Research encouragement: Number of articles in which the applicant has engaged his fellow colleagues and/or undergraduates/post-graduates

- **Elite Journal publishing award (Motivational)**

- Granted to three researchers who publish in an elite journal
- The criteria based on which the nominees will be evaluated:
 1. Number of published articles in an elite journal in the last year
 2. Whether the articles published in a Q1 or Q2 ISI or Scopus journals
 3. Number of papers in which the applicant is a corresponding/first author or a coauthor including the submitted article for the award
 4. Type of the article published
 5. Students participations
 6. Whether the article was granted by the university or any other governmental institution (Publication funds are excluded).

- **Department of the year award (Excellence or motivational)**

- Granted to one Department whose work on improving the course outcomes, and running of the course efficiently noticeable
- The criteria based on which the nominees will be evaluated:
 1. Planning and organizing the course units effectively and logically with an accurate description of the objectives and educational outcomes.
 2. Involving colleagues into course planning prior to the beginning of the course and taking their feedback at the end of the course.
 3. How effective their response to quality team requirements.
 4. Effectively utilizing blackboard in announcements, course content discussions and students-faculty members interactions.
 5. Faculty member of the department participation in community service and students club activity
 6. Number of publications made by the department

7. The end of the year department report
8. The faculty members' feedback on the department
9. The administrative feedback on the department

- **Teaching faculty of the year award (Motivational)**

- Granted to the faculty member whose teaching methods, efforts, and motivational impact on the students to be a more independent learners prove to be of high quality.
- Will be granted to:
 - a) One faculty member of the basic science years
 - b) One faculty member of MD3
 - c) One faculty member of MD4
- The Criteria based on which the nominees will be evaluated:
 1. Effectiveness in encouraging students to participate and interact
 2. Following the ILOs and frequently mentioning the references to cover that ILOs.
 3. The ability to gain the students interest and attention along with using positive statements to encourage students
 4. The effectiveness in participating with building the course assessment structures
 5. The effectiveness in carrying out the academic advising

- **Community Service award (Excellence)**

- Granted to one faculty member who has fulfilled the community service target specified by the motivation and award committee board members.
- The Criteria based on which the nominees will be evaluated:
 1. Organizing a public oriented activities with coordination of the
 2. community service department at the level of college and university
 3. Achieving a minimum of 40 hours of community service in total.

4. Organizing a public oriented activities with coordination with a health oriented local organization or charity.
5. A summary that demonstrate the nominee contributions to community service, the number of contributions, the titles, and dates.

- **Employee of the year award (motivational)**

Granted to the employees whose hard work and punctuality is of high standers and a good team member.

- **Student of the year award (Excellence)**

Excellence award: Granted to one student from the basic science years, and one student from the clinical years whose praised by the faculty members as a distinguished student throughout his college years for his hard work, research contributions, and community volunteer work.

Motivational award: a 2nd and 3rd place to be granted to students from the basic science years, and as well for the clinical years

- The Criteria based on which the nominees will be evaluated:
 1. GPA
 2. Research activity
 3. Community Service
 4. Faculty members evaluation
 5. Peer evaluation
 6. Students' affairs evaluation
 7. Extra 3 points granted to an applicant who is the leader of the batch

Requirements and Procedures of nomination

- Nominees' CV
- A copy of:

1. A full course portfolio taught by a nominee for those applying for teaching award
2. A file containing scientific researches for nominees applying for any of the scientific research award or elite publisher award with the prove of meeting each criteria mentioned
3. A file contains the nominee community service for those applying for community service award.
4. A copy of the functional performance evaluation report for the last year

Award time line

- Submission and receiving nominations starts with first day of the academic year.
- The last working day of the 31st academic week “6 weeks prior to the end of the academic year” is the deadline, and no submissions or nominations will be accepted at that point and beyond.
- The award committee will conduct its meeting to review the candidate applications.
- The committee will present the winner of each category for the director of the committee for the approval
- Announcement of the winners and award delivery will take place at the end of the academic year.

For further details follow this link; [Updated Policies\Motivation and award policy ENGLISH.pdf](#)

Chapter 3

Learning Resources

Regulations

3.1. Library General Rules

- Please, do not return materials (books, theses, and publications, and manuscripts) on the shelves after use, but put it on the table.
- Everyone should remain calm inside the library, and not raise voices.
- Please, close your cell phone, or put it silent.
- Please, avoid bringing food or drinks to the library.
- Please, maintain the library property (books, tables, chairs, computers, shelves, cameras ..) etc.
- The library-goers have to cooperate with the library staff and leave at least ten minutes before closing (2:00 pm).
- Please, do not leave personal items without censorship otherwise library staff does not bear any responsibility for any lost items.
- Please, return the chair to the former place after using it to show the library looks decent and honorable.
- Visitors must highlight the university card / ID card at all times

3.2. Use of the Internet and computers:

UCM Library aims to provide internet service to get the information that supports scientific research, educational curricula and through digital devices available in the hall and wireless network in the library halls.

3.3.Devoted to the use of online classes

- College staff.
- College students.
- Visitors and researchers from outside the college.

3.4. Internet use laws:

- All the university laws regarding the use of the World Wide Web and Internet surfing on internet users in the college library are applicable, and must be restricted to the use of the internet to get information and to conduct scientific research which is the main purpose of use
- Do not tamper with computers.
- User bears full responsibility for keeping and copying files, and its own stored data in the library computers.
- You are personally liable for all transactions on the network issued from your account, all illegal transactions are monitored.
- Each user bears the full responsibility on the private security in his account (username and password) and all the resulting ill-uses.
- It is strictly forbidden to use and access sites that are inconsistent with the laws of the Kingdom and normal values of the internet resources.
- Do not use the unauthorized local resources or external information.
- Each user abuses the use of the internet or violates the peculiarities of others will be held liable for the legal and disciplinary procedures stipulated in the University Act.
- If you encounter a problem in the use of computers and the internet you should communicate with the library staff

3.5. Libraries' Lending Regulations

Beneficiaries

- All UCM faculty members including lecturers and demonstrators or assistant lecturers.
- Graduate students.
- QU students of both sexes.
- QU staff.

- Non-QU individuals.
- QU libraries.
- Other KSA libraries pending agreement upon lending procedures with Deanship of Library Affairs.

Non-lendable Materials

- References such as encyclopedias, dictionaries and manuals.
- Periodicals and scientific serials.
- Government prints, documents, maps, and files.
- University dissertations and theses.
- Original and Xerox manuscripts.
- Rare books.
- Non-paper documents such as CDs, tapes, computer softwares.
- QU faculty teaching-related, reserved books.
- Restricted books.
- Private library books.
- Single copy books.
- Restricted or reserved books as in above.

Number of Books to lend and lending duration

Class	Books	Duration
Staff	15	120 days
Postgraduates	15	120 days
Graduate students	6	30 days
QU staff	6	30 days
Non QU individuals	3	30 days

Penalties and Fines

- Overdue fine of a half SR per day per book to a maximum of 90 days.
- In excess of 90 days of being overdue, an additional fine of 15 SR per month for one year shall be incurred.
- In excess of a year being overdue, the book is deemed missing.
- No books shall be lent unless overdue books are returned.
- In case of overdue recursions, the Vice Dean for Academic affairs may deprive the beneficiary from borrowing for at least a semester or as he deems fit.
- Two SR fine per day of delay within a week of demanding a book to be returned prior to the expiry of its due date.

Reserving Books

- The course director may reserve a book for student use within the library.
- The Lending Department Head or Library Secretary may reserve a book if he deems necessary.
- The reserved books under a & b above can be lent out in two cases:
 - For internal library use for a maximum of two hours per student.
 - The head of the lending division or the library secretary may allow lending a reserved book overnight one hour before the library closes down provided it is returned the next morning before 9am.

Fines for Book Loss and Damage

- Should a beneficiary loses or damages a book, he should arrange for a new copy of the same or a newer edition within a month; otherwise, he should pay the full price of the book as determine by the Supply Division according to rules and regulations approved by the Dean of

Library Affairs. In case of rare books or book presents, the borrower should pay the price to be determined by the technical committee according to the value of such books and its rarity in the market which should be approved by the Dean of Library Affairs. There is a fine in both cases.

- Should the borrower default on the above payments amicably, the Deanship of Library Affairs shall deduct the full amount from his financial dues at QU or QU library deposit if sufficient.

Financial Guarantee

- During the summer break, a full time student may borrow up to three books against a SR 200 deposit returnable in the second week of the next academic year.
- Graduate students and non-QU persons should pay a deposit of SR1000 during loan service.
- Fines for delay, loss and damage shall be deducted from such a deposit and if not sufficient, the borrower shall pay the balance.
- The borrower should arrange for his QU Borrower Library Card to be renewed within a month prior to expiry. If he fails to do that within a year of its expiry, he cannot ask for a deposit refund.
- Delay in claiming and receiving the deposit after one year of the end of the borrowing period results in the borrower forfeiting his right to do so.

Second Party Release

Upon graduation, study leave, semester deletion and financial guarantee reclamation, the student should obtain a second party release from the library and its subsidiaries. The same rules apply for QU staff upon resignation, retirement or transfer to another agency.

Responsibilities

A- Vice dean of Academic affairs

- Facilitates the continuing transformation of the college Libraries into a knowledge common that integrates diverse resources, seeks new opportunities, engages with the community, collaborates with university units, and sustains a vibrant research and learning community.
- Creates an environment that facilitates research and scholarly activity with an understanding of innovative and traditional methods of information dissemination.
- Establishes a shared vision that promotes the College's and the College Libraries' missions.
- Implements a clear and concise strategic plan to advance that vision.
- Communicates internally and externally regarding the college's Libraries.
- Promotes and advocates for library programs that address the needs of students, staff, faculty, and the community.

B- Supervisor

- The library supervisor spends much of his/her time developing library policies along with library administrators.
- The supervisor selects the books, periodicals and other media to add to the collection.
- The supervisor anticipates the needs of library patrons so the necessary information is available in a timely manner and maintaining technology, such as computers with internet connections, for patrons to use.
- The library supervisor is in charge of the library's staff. He may direct numerous departments, such as reference, acquisitions and cataloging.

C- Librarian

- Receives custody of the Library of furniture and equipment, books, periodicals and references.
- Regulates the contents of the library and categorizes and arranges them so as to facilitate the students addressed and returned to their places through the provision of cards and banners.
- Regulates lending operations for students, faculty and the community through special records.

For further details follow this link (left click + Control)

[Policies and Regulations\UCM Learning Resources Regulations.pdf](#)

References

1. [Policies and Regulations\1- Academic system of students.pdf](#)
2. [Policies and Regulations\11- Academic Advising and Support Manual.pdf](#)
3. [Policies and Regulations\13 A- Student Grievances.pdf](#)
4. [Policies and Regulations\13 B- Appeal policy at UCM.pdf](#)
5. [Policies and Regulations\14- Recruitment policy at UCM.pdf](#)
6. [Policies and Regulations\5- UCM Assessment Policy.pdf](#)
7. [Policies and Regulations\Process of Exam Regrading Appeal at UCM.pdf](#)
8. [Policies and Regulations\Professional Ethics Manual.pdf](#)
9. [Policies and Regulations\Regulations of Student Disciplinary in Qassim University.pdf](#)
10. [Policies and Regulations\Scientific Research.pdf](#)
11. [Policies and Regulations\UCM Learning Resources Regulations.pdf](#)
12. [Updated Policies\Blended Learning Plan \(1441-1442\).pdf](#)
13. [Updated Policies\Exam policy.pdf](#)
14. [Updated Policies\Internship policy.pdf](#)
15. [Updated Policies\Mechanism of changes in MD courses.pdf](#)
16. [Updated Policies\Regulations for Students Participation in Scientific Activities.pdf](#)
17. [Updated Policies\UCM Student Progression Policy.docx](#)
18. [Updated Policies\UCM Team Based Learning IRAT Process.pdf](#)
19. [Updated Policies\Anatomy Policy .. paraphrased.pdf](#)
20. [Updated Policies\CSL policy, UCM.pdf](#)
21. [Updated Policies\Exams Policies in Qassim university.pdf](#)
22. [Updated Policies\Microbiology Policy .. paraphrased.pdf](#)
23. [Updated Policies\Motivation and award policy ENGLISH.pdf](#)
24. College web site, <https://mduc.qu.edu.sa/content/pages/154>
25. Assessment policy <https://mduc.qu.edu.sa/content/pages/154>

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