

**Kingdom of Saudi Arabia**

**Ministry of Education**



**Unaizah College of Medicine and  
Medical Sciences (UCM)**

**Quality and Accreditation Unit**

**UCM Quality Manual  
2021**

## Table of Contents

<b>1. Introduction .....</b>	<b>3</b>
<b>2. UCM Organizational Hierarchy .....</b>	<b>4</b>
<b>3. Quality Assurance Policies .....</b>	<b>9</b>
<b>4. Quality Assurance Management .....</b>	<b>6</b>
<b>5. Quality Organizational Structure at UCM .....</b>	<b>9</b>
5.1. College Quality Council .....	9
5.2. Quality Assurance Accreditation Unit.....	14
5.3. Director of Quality and Accreditation Unit .....	14
5.4. Director of MD Program.....	15
<b>6. MD Program Quality Committees .....</b>	<b>17</b>
<b>7. Cycle of Quality Assurance at the College Level .....</b>	<b>20</b>
<b>8. Cycle of Quality Assurance at the MD Program Level .....</b>	<b>21</b>
<b>9. Quality Assurance of the Course .....</b>	<b>22</b>
<b>10. Quality Assurance of the Educational Process.....</b>	<b>23</b>
<b>11. Planning and Review Cycle.....</b>	<b>28</b>
<b>12. PLOs and CLOs Assessment Cycle .....</b>	<b>30</b>
<b>13. MD program Key Performance Indicators (KPIs) and Benchmarking .....</b>	<b>39</b>
<b>14. Stakeholders' Evaluation .....</b>	<b>55</b>
<b>15. References .....</b>	<b>56</b>
<b>16. Appendix .....</b>	<b>57</b>

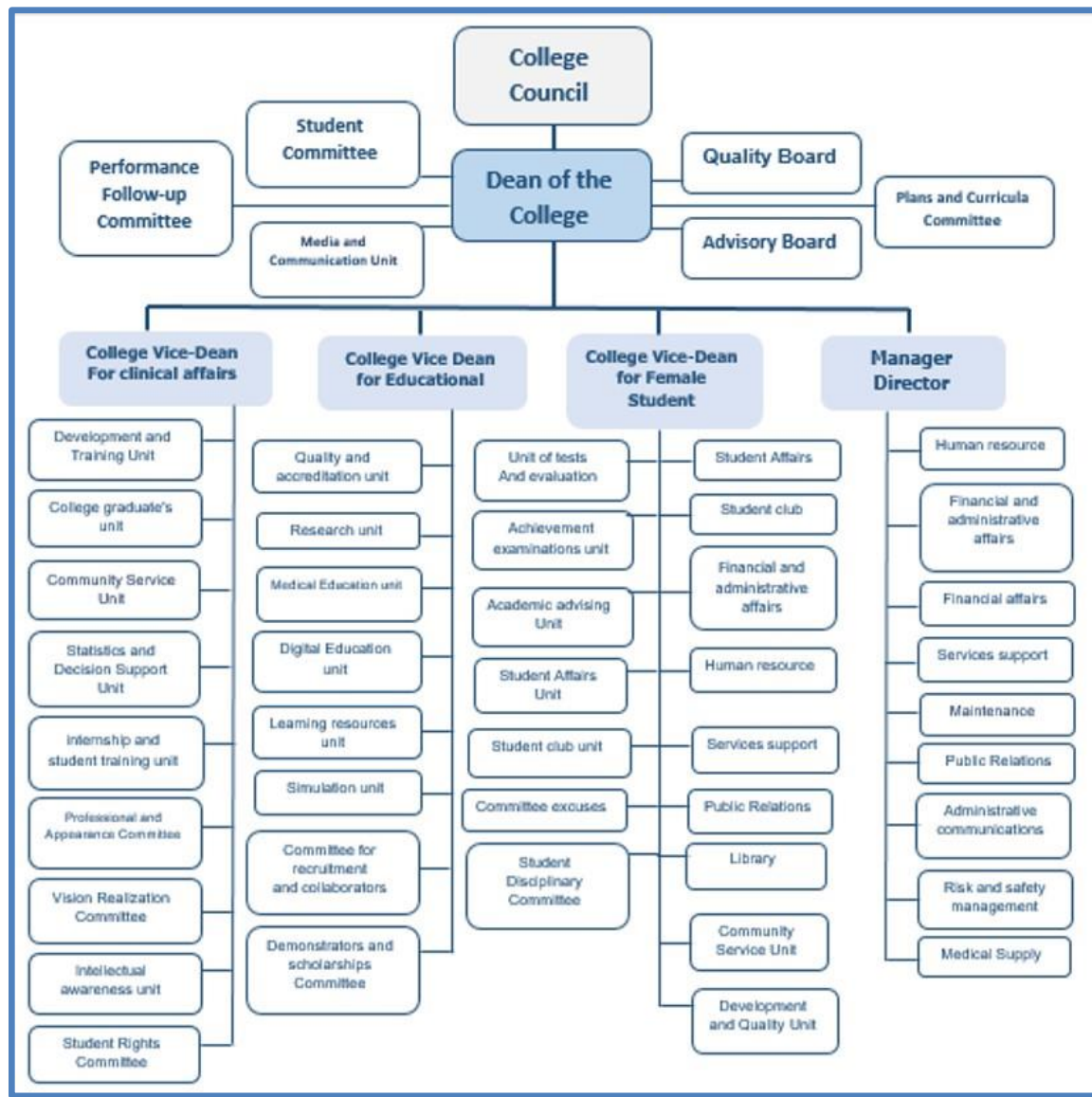
## **1. Introduction**

Unaizah College of Medicine and Medical Sciences (UCM) at Qassim University 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. Since its inception, the college has been keen to establish a quality unit and has begun to work diligently in preparation for obtaining academic accreditation.

One of the main responsibilities of the Quality and Accreditation Unit at UCM is preparing quality manual including the organizational and functional structure of the college, quality council and quality unit structure and responsibilities, relationship of quality council and unit to all college units and councils and finally how the college achieved quality in all aspects.

This guide is prepared after the constructive and effective review and participation of the quality unit members then approved by quality council and college council.

## 2. UCM Organizational Hierarchy



### **3. Quality Assurance Policies**

*(Reference;<https://qa.qu.edu.sa/files/shares/handbooks/Policy%20and%20System%20of%20Quality.pdf>)*

Unaizah College of medicine and medical sciences follows quality policies that are consistent with the quality standards specified by the National Center for Academic Accreditation and Assessment (NCAAA).

The college is fully committed to ensure that its academic program and administrative units comply with NCAAA quality standards. The MD program has its mission that is consistent with the Qassim University's mission and applies procedures ensuring quality achievement in all its aspects.

## 4. Quality Assurance Management

Quality assurance processes involve participation of all college Departments, Units and committees. It is subjected to proper planning and continuous evaluation. where the performance metrics focus particularly on outcomes. Stakeholders (faculty, administration, students and employment institution) participation in planning and evaluation is a corner stone in the college development. Quality is assessed based on Key performance indication and internal and external benchmark ensure the continuous improvement and quality of educational and administration system in college.

The College's quality process is primarily based on the following rules and considerations:

1. The existence of an effective quality assurance and management system in the Quality unit and the quality council, linked to senior management, includes all its activities and units.
2. The program provides material, financial and human support appropriate to the requirements of quality assurance.
3. The college is committed to maintaining and developing quality through effective leadership and active participation of faculty and staff. In order to achieve this, the program included the strategic quality and academic accreditation projects in its execution plan (2010-2020), and quality objectives will be a key part in its second strategic plan (2020-2025).
4. The program supported the quality unit including the Quality Committees in the form of financial help and technical resources.
5. Participation of all beneficiaries (e.g. faculty, staff and students) in quality assurance processes; the quality assurance activities necessary to ensure a high level of quality are applied to all tasks and functions of the MD program, and faculty and staff in various activities, departments and units are involved in performance evaluation and improvement planning through the quality committees mentioned in this handbook, in addition to the participation in preparing the periodical reports.

- Staff members participation in quality improvement and self- assessment process and decision making through:
    - Preparing course portfolios which include – course specification, syllabus, report, student course evaluation survey, response to survey, grade report, sample of exams and sample of student activity.
    - College Board Meeting
    - Participating in program self-evaluation activities.
    - Participating in different program and college committees.
    - Participating in all annual surveys distributed by quality unit which include program evaluation, evaluation of program administration, teaching and learning resources, IT, maintenance and job satisfaction survey.
  
  - Student participation in quality assurance and program decision making is encouraged by program administration through:
    - Student committee (selected group of students of all year and levels) meet the Dean and Vice Dean for Academic Affair at least once per semester to discuss problems encountered during their academic education.
    - Student leaders are invited to share in the college board meeting and the collage council when issues regarding students’ needs are discussed.
    - Organization group on blackboard for communication between Collage administration and students.
    - Participating in quality unit annual surveys (Program evaluation, student experience, course evaluation, academic advising, teaching and learning resources, IT and maintenance surveys, etc...).
  
  - Employee share in quality assurance and decision making through sharing in different committee such as library, Internship committee, student affairs and alumni units. In-addition sharing in the annual surveys, which include IT, maintenance and job satisfaction survey.
6. The college has a central system (quality unit and higher quality council) for collecting and documenting data, analysis, management and reporting.

7. UCM uses various mechanisms and tools to track performance and measure progress at all levels. Specific performance monitoring indicators were identified and appropriate benchmarks were selected to assess the extent to which goals and objectives were achieved and to evaluate the quality of the program's goals.
8. The Strategic Planning: Higher quality council measures and follows up periodically the performance indicators of the strategic plan. The quality unit measure annually the key performance indicators and prepare detailed reports concerning the quality achievements according to the results. More details about the key performance indicators, their measuring cycle and utilization mechanism are available in "Key Performance indicators report of the MD program".
9. The college makes benchmarks against its institutional and academic and administrative performance according to key performance indicators. The college is committed to perform benchmarking of its performance at the level of its units and academic program.
10. The quality assurance system is subjected to continuous evaluation and improvement.



## 5. Quality Organizational Structure at UCM

### 5.1. College Quality Council

#### 5.1.1. Organizational Relationship:

The Quality Council is affiliated with the Dean.

#### 5.1.2. The Overall Objective of the Council:

The College Quality Council works on planning and following up the performance of the College's Quality Unit and the Quality Committees in the Departments and on providing appropriate advice and recommendations on various topics and issues related to quality assurance in the College, in addition to taking the leading role in the adoption of quality assurance initiatives and academic accreditation programs at the College.

#### 5.1.3. UCM Quality Council Membership:

Administrative Position	Memberships
Dean of the College	Chairman
Vice Dean for Academic Affairs	Deputy of the Chairman
Vice Dean for Clinical Affairs	Member
Vice Dean for Female Section	Member
Head of Basic Medical Sciences Department	Member
Quality Unit Director	Member
Coordinator of planning and Curriculum Committee	Member
MD Program Coordinator	Member
Quality Coordinator of Female Section	Member
Academic Coordinator of Female Section	Member
Two (2) faculty members selected by the Dean	Member
Secretary of the Vice Dean for Academic Affairs	Secretary

#### **5.1.4. UCM Quality Council Tasks:**

1. Shaping the quality and accreditation policy in the college and adopting the strategic plan of the quality assurance unit in the college.
2. Adoption of a plan to spread the culture of quality and academic accreditation in the College and follow-up activities supporting it.
3. Adopting the executive plans for the quality unit in the faculty and the quality committees in the departments and supporting them in all aspects.
4. Adoption of development and training plans for faculty members that contribute to the application of internal quality mechanisms in order to achieve the professional growth of the faculty.
5. Discuss periodical reports submitted by the Quality Unit on the stages of its work.
6. Review and approve quality plans for departments and administrative units, and find solutions to the problems and constraints they face.
7. Provide the necessary recommendations and proposals to assure the overall quality and accreditation of the departments and units of the college.
8. Follow up the quality representatives in the academic departments and help them to carry out their tasks.
9. Effective communication with the bodies concerned with quality, evaluation and academic accreditation at the national and international levels to exchange experiences.
10. Planning to visit internal and external auditors.
11. Approval of quality reports issued by the Quality Unit and submitted to both the Deanship of Quality Assurance and Accreditation and the Vice President for Development, Planning and Quality.
12. Perform any other tasks within the scope of work.

## 5.2. Quality and Accreditation Unit

### 5.2.1. Organizational Relationship:

The Quality Assurance and Academic Accreditation Unit is affiliated with the Dean of the College or one of the Vice Deans.

### 5.2.2. The Overall Objective of the Unit:

Contributing in enabling the college to achieve its mission and objectives through quality assurance and provide the elements and requirements for obtaining academic accreditation for its various academic programs and maintain it to the highest local and international quality standards in the educational, administrative, organizational and technical fields in order to enhance the capabilities of the college to achieve sustainable competitive advantages in accordance with its vision, mission and strategic objectives.

### 5.2.3. UCM Quality and Accreditation Unit Membership:

Name	Memberships
Dr. Ahmed Alantary	Supervisor
Dr. Salman Al-Mansour	Member
Dr. Alaa Ferjani	Member
Prof. Manal Al-Batanoni	Member
Dr. Mohamed Yousif	Member
Dr. Khaled Suleiman	Member
Dr. Ahmed Al Shafei	Member
Mrs. Asma ALShamsma	Member

#### **5.2.4. Tasks of the Unit:**

1. Participation in providing data and information required to prepare, develop and evaluate plans and programs in the college.
2. Participation in the preparation and implementation of the strategic plan of the College.
3. Application of systems, controls, procedures and standards to obtain academic accreditation and follow-up continuity of implementation in the college.
4. Verifying the application of systems, controls and standards of quality assurance in the educational, administrative, organizational and technical fields and follow up the continuity of implementation in the college.
5. Preparing an integrated manual for quality assurance and academic accreditation at the college in the light of leading local and international experiences to ensure that the college obtains and maintain academic accreditation and applying quality standards and requirements in the educational, administrative, organizational and technical fields.
6. Monitor and continuously track outstanding experiences in the field of quality assurance and academic accreditation, including policies, regulations, controls, standards, tools and techniques used, and prepare reports with their incorporation of development proposals at the College.
7. Proposing the names of institutions, universities and colleges that can cooperate, alliance and partnership with them in the field of quality assurance and academic accreditation.
8. Proposing the names of the specialized centers in the field of quality assurance and academic accreditation that can benefit from their expertise and services to obtain the academic accreditation.
9. Proposing appropriate academic accreditation bodies for the college after extensive study and balance all available alternatives in the light of the college vision, mission and strategic objectives.
10. Proposing standards, tools and mechanisms for evaluating and measuring the performance of the educational and administrative units in the faculty in the field of quality assurance and academic accreditation and follow up their accreditation.

11. Continuous following-up of the performance of educational and administrative units in the field of quality assurance and academic accreditation and the preparation of reports and include development proposals.
12. Building an integrated database to ensure quality and academic accreditation and enter the necessary data and processed and updated continuously.
13. Preparation and implementation of programs to spread the quality culture in the college.
14. Submitting semi-annual reports to the Deanship of Quality Assurance and Accreditation on all activities and achievements of the College in the field of quality assurance and academic accreditation.
15. Performing any other tasks that fall within the scope of work.

#### **5.2.5. Criteria for Measuring and Evaluating the Performance of the Unit:**

1. Effectiveness in the implementation of the strategic plan of the college: the program has 2 strategic plans and operational plans implementing these strategic plans.
2. The quality and degree of benefit from the distinctive experiences in the field of quality assurance and academic accreditation; the program assigned a specific qualified committee for this issue as well as sent the quality documents to external auditor for evaluation.
3. Obtain and maintain academic accreditation locally and internationally; the college administration signed the contract with the accreditation body at 12/9/2021.
4. Quality and completeness of the manual on quality assurance and academic accreditation; the program has its own quality manual prepared by quality unit.
5. The quality of accreditation bodies proposed to obtain academic accreditation from them.
6. Quality of consulting and services obtained by the College in the field of quality assurance and academic accreditation.
7. Quality standards and tools for evaluating and measuring the performance of educational and administrative units in the College in the field of quality assurance and academic accreditation; each department, unit and committee has its KPIs and updated annually.

8. Quality and regularity of the evaluation of the performance of educational and administrative units in the field of quality assurance and academic accreditation.
9. The quality of the proposals submitted to computerize the work of quality assurance and academic accreditation.
10. Quality and completeness of databases of quality assurance and academic accreditation.
11. Effectiveness in developing standards, tools and mechanisms for evaluating performance and measuring achievements for the educational and administrative units in the college.
12. Effectiveness in spreading the culture of quality in the college.
13. Quality of coordination and interaction with the Deanship of Quality Assurance and Accreditation at the University.
14. Quality and periodicity of reports.
15. Accuracy and completeness of information about the unit in the college site.

### **5.3. Director of Quality and Accreditation Unit**

#### **5.3.1. Organizational Relationship:**

The Director of the Quality and Accreditation Unit is associated with the Dean of the College or one of the Vice Deans.

#### **5.3.2. Tasks of the Quality and Accreditation Unit Director:**

The Director of the Quality Assurance and Academic Accreditation Unit supervises all administrative work of the Unit and follows up the implementation of the decisions of the College Quality Committee. Its functions are detailed as follows:

1. Ensure that quality assurance system policies and procedures are applied and portfolios are standards, effective and complete.
2. Follow up the implementation of the decisions of the Quality Committee in the College with program managers on the application of quality and quality assurance system for academic programs at the University.

3. Develop the administrative organization of the Quality Assurance Unit and the academic accreditation specified for its terms of reference and the distribution of tasks and responsibilities to members.
4. Representation of quality committees in the departments in the Quality Council in the College.
5. General supervision of the work of the Quality Assurance and Academic Accreditation Unit.
6. Coordination between the various departments of the College and management in all matters relating to quality work.
7. Coordination through the Dean with the Deanship of Quality Assurance and Accreditation in all that would enable the college to achieve high standards in the field of quality assurance and academic accreditation.
8. Perform any other tasks within the scope of work.

#### **5.4. Director of MD program**

##### **5.4.1. Organizational Relationship:**

The program Director at UCM is the College Dean.

##### **5.4.2. Tasks of Program Director:**

1. Participate in the preparation of program descriptions and courses in accordance with the forms of the National Commission for Academic Accreditation and Accreditation and submit these descriptions to the (Council of the Department / Reference Committee) for review and accreditation. And distribute the standardized and approved by the (Department Council / Reference Committee) to the faculty members of the department.
2. Review the performance indicators (KPIs) of the program and make sure that they are approved by the department council / reference committee and work on collecting them annually and prepare the performance indicators report and recommendations for improvement.
3. Participate in the preparation of the program benchmark comparisons report and recommendations for improvement.

4. Ensure the preparation of reports analysis of the questionnaires for the program and recommendations for improvement, and distribution to faculty members.
5. Work on the compilation of reports of the decisions of the program and follow-up review with the relevant committees of the section and approved and submitted to the higher quality council and follow-up the preparation of the consolidated report for each decision.
6. Keeping all developments and improvements resulting from the periodic review and decision reports in the program developments model (kept as evidence of the continued development of the program).
7. Ensure follow-up of implementation of recommendations for improvement of decisions and program.
8. Participate in the preparation of the self-study report of the program.
9. Perform any other tasks within the scope of work.



## **6. MD Program Quality Committees**

The Program Quality Committees are comprised of some faculty members. These committees work to control the learning outcomes of the program and ensure the implementation of the quality standards issued by the National Commission for Academic Accreditation and Assessment and the program quality assurance system issued by the University.

### **6.1.The Overall Tasks of the Program Quality Committees:**

1. Reviewing the educational objectives and learning outcomes of the program in the light of the requirements of the benchmarking report of the plan, the labor market, the professional bodies, and what the University and the National Commission for Academic Accreditation and Assessment issued in coordination with the (council section / program reference committee) and the plans committee in the program.
2. Adopting the means and tools of direct and indirect evaluation of decisions and programs.
3. Participate in the preparation of the scale of the evaluation of student work (Rubrics) for various decisions of the program and presented to the quality unit for review and accreditation and distribution to faculty members.
4. Participation in the preparation of the program description in accordance with the forms of the National Commission for Academic Accreditation and Assessment and submitted to the (Council of the Section / Reference Committee) for review and accreditation.
5. Participate in the preparation and review of the annual program report and its adoption by the quality unit and follow-up on the preparation of the consolidated report of the program and the process of obtaining it.
6. Participate in the preparation and review of the program performance indicators (KPIs) and their approval by the college council and the preparation of the report of performance indicators and recommendations for improvement.

7. Participation in the preparation and review of benchmarking comparisons (Benchmarking) for the program and approved by the college Council.
8. Prepare a list of recommendations for improvement from the reports of the decisions and the program and submit them to the quality unit and quality council and follow up the adoption of these recommendations and notify the unit of those recommendations.
9. Participation in the preparation of self-study of the program (SSR) according to the models of the National Commission for Academic Accreditation and Assessment.
10. Perform any other tasks within the scope of work.
11. Ensure the involvement of all stakeholders in achieving the quality standards required by the university.
12. Ensure that faculty members play an active role in quality management at the college and program level, especially with regard to improvement plan.<sup>3</sup>
13. Receiving teams of different academic accreditation bodies from outside the university and quality committees from within the university.

#### **6.2. Performance Measurement and Evaluation Criteria:**

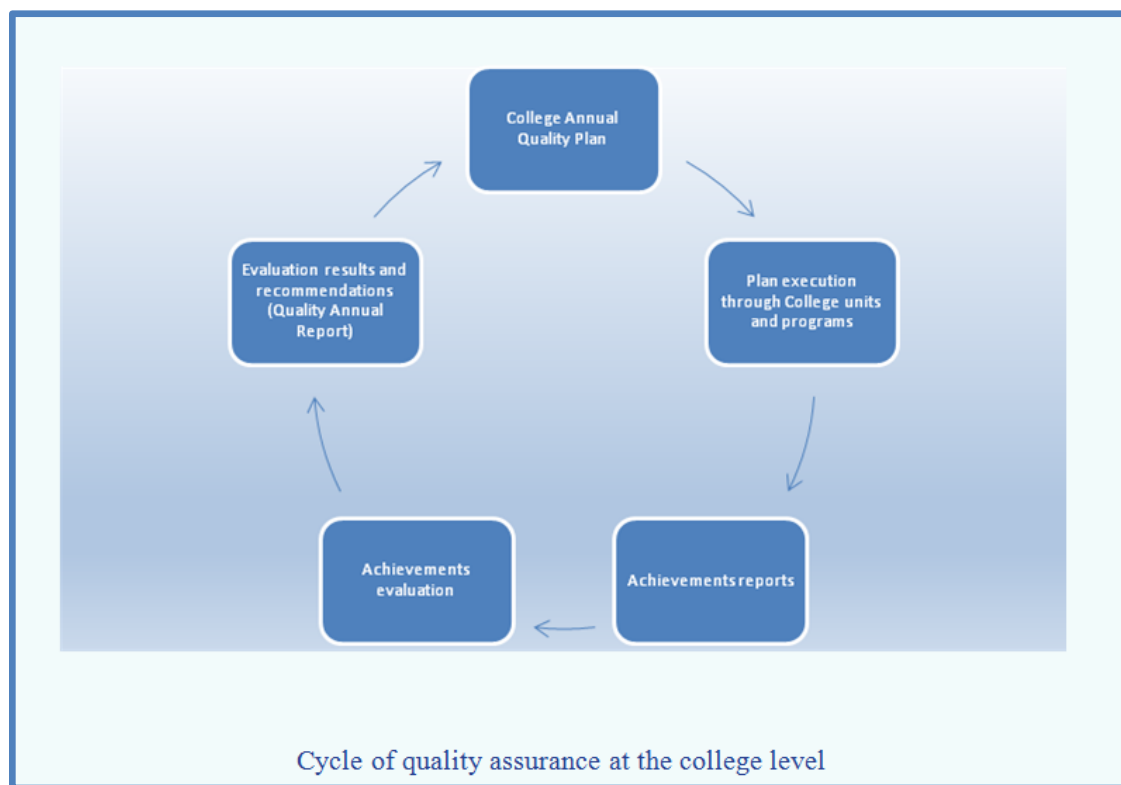
1. Accurate reviewing of the quality of program objectives and learning outcomes, their suitability and relevance to the program's mission and goals in light of the requirements of the labor market and professional bodies and what is issued by the university and NCAAA.
2. Effective follow-up of implementation of both direct and indirect evaluation measures.
3. Accuracy of reviewing the quality and effectiveness of the student assessment (RUBRICS) for various courses and follow the results of those tools.
4. Accuracy of reviewing program specification according to NCAAA templates.
5. Accuracy in reviewing and approving the annual program reports of the department and submitting to the Accreditation Council

6. Accuracy in preparing a list of improvement recommendations presented in course and program reports and submitting them to Department Council Department for accreditation and follow-up of its implementation.
7. Effectiveness of improvement recommendations follow-up and notify the department of these recommendations.
8. Effective participation in preparing self-study (SSR) according to the models of the NCAAA
9. The effectiveness of participation in preparing and reviewing the performance indicators of the program (KPIS) and the speed of its submission to Department council for Accreditation.
10. The effectiveness of participation in preparing and reviewing the benchmarking comparisons (BENCHMARKING) of the program and the speed of submitting them to the department council for approval.
11. The quality, completeness and accuracy of the SSR review report.

## 7. Cycle of Quality Assurance at the College Level

(Reference; <https://qa.qu.edu.sa/files/shares/handbooks/Policy%20and%20System%20of%20Quality.pdf>)

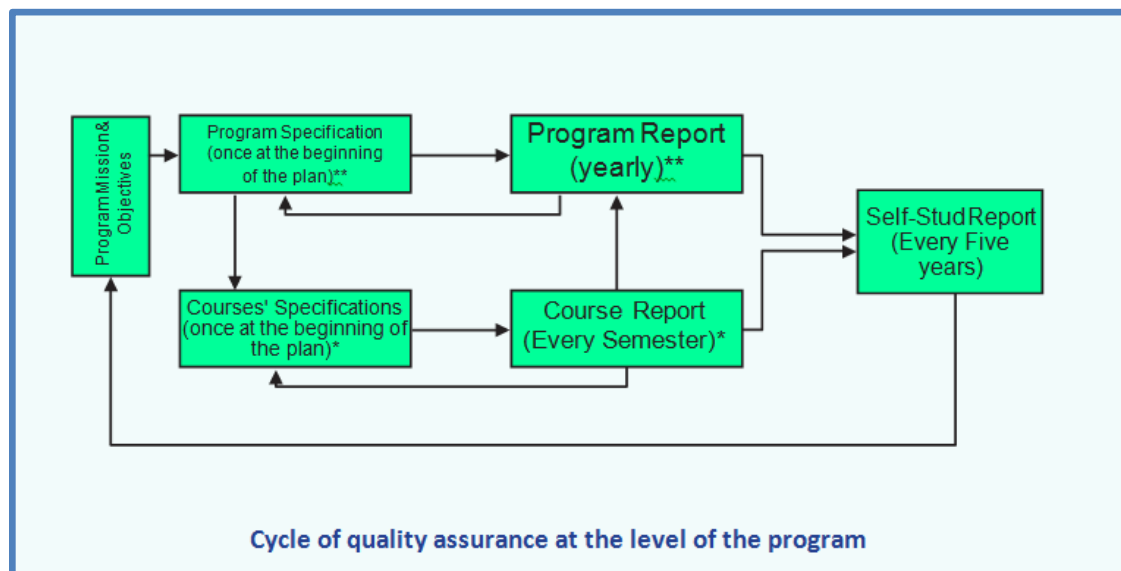
The director of quality unit develops an annual plan for quality in which the outputs of the previous plan will act as inputs for the present one. The plan is evaluated through the Quality Unit that follows up the performance through assessment of the quality levels in the program, measuring the key performance indicators and carrying out the stakeholders' surveys. Then, annual reports are prepared including the strengths and improvement chances. These reports form the basis of complete action plan.



## 8. Cycle of Quality Assurance at the MD Program Level

(Reference; <https://qa.qu.edu.sa/files/shares/handbooks/Policy%20and%20System%20of%20Quality.pdf>)

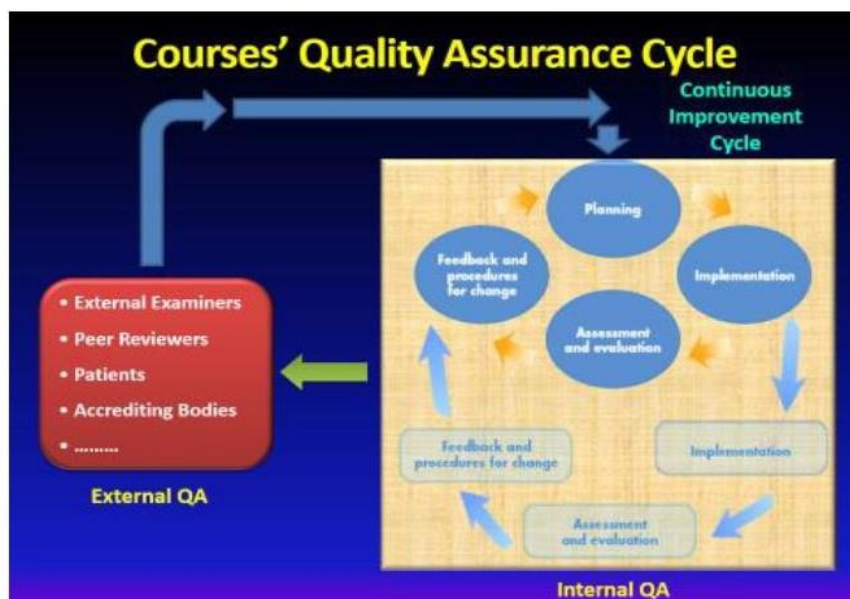
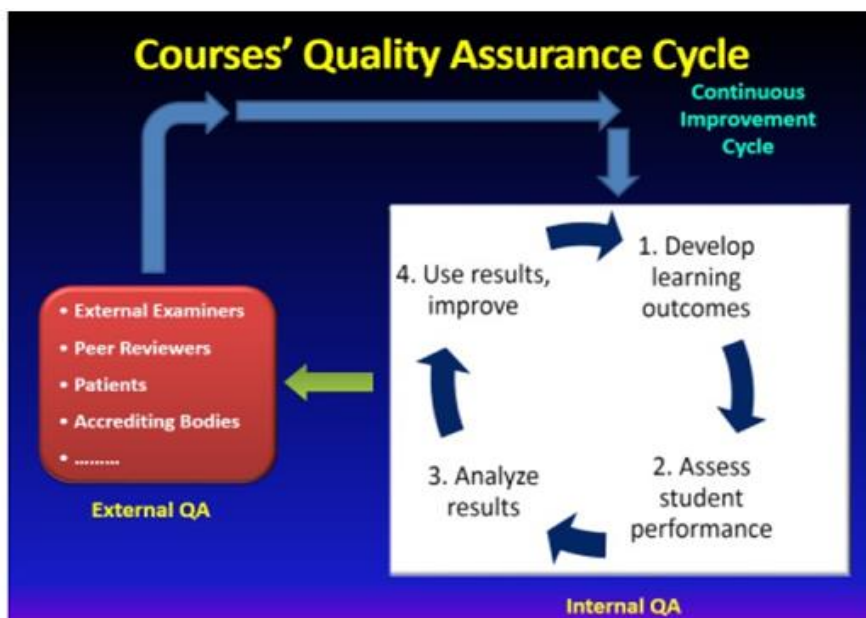
The MD program carries out a continuous evaluation process for the courses, annual assessments of the learning outcomes and key performance indicators, in addition to stakeholders' surveys. Then annual reports are prepared including the point of strengths and improvement opportunities, from which improving plans are established. Thereafter, at the end of the cycle the program prepares the self-study report.



## 9. Quality Assurance of the Courses

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 the figures 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.



## **10. Quality Assurance of the Educational Process**

Quality assurance is defined as the set of activities that should lead to the identification of sources that cause problems or defects in the educational process, and to deal with these sources to avoid problems or defects in the educational process before they actually occur. This is in contrast to the monitoring of the educational process, which tests the outputs of the educational process to determine its shortcomings after problems and defects have already occurred.

In this regard, UCM emphasizes the quality of the educational process in all aspects, activities and steps of the process and achieving quality in each. This is achieved in the following:

- Clarity of the MD program and providing clear and accurate information to internal and external stakeholders.
- Clear and precise objectives for the MD program offered by the College, which is consistent with the program mission and College's mission.
- The necessary conditions are met to achieve the objectives of the program effectively and continue to maintain them.
- The program learning outcomes are consistent with labor market requirements and meet community needs.
- The program met the requirements of academic accreditation that are required by the National Center for Academic Accreditation and Assessment (NCAAA).
- The program strengthened the bridge of cooperation with the community and improved the quality of services provided by the college to the community through community services unit and student club.
- All faculty members are committed and involved in quality assurance processes, and they are actively participated in all activities.

### **10.1. Teaching and Learning Activities Adopted at UCM:**

UCM stress upon active learning, and student-centered education, and promote self-directed, life-long learning among our students. Thus, UCM adopt a number of

interactive and innovative instructional activities in order to achieve the Program Learning Outcomes.

In addition to the Conventional Lectures, the following instructional activities are adopted for knowledge acquisition and knowledge application to problem solving:

- **Team-Based Learning Sessions (TBLs):** This is a collaborative learning using a specific sequence of individual work, group work and immediate feedback in which students increasingly hold each other accountable for coming to class prepared and contributing to discussion.
- **Peer Instruction Sessions (PI):** This is an innovative and interactive learning strategy, in which the learners learn from each other, and thus, motivate their own active learning and promote self-directed, life-long learning.

The first step in Peer Instruction is a mandatory pre-class reading assignment. Therefore, the students are exposed to the new contents before the Peer Instruction session. Then, the Peer Instruction session itself, is divided into a series of short presentations; each focuses on a central point, and followed by a related conceptual question(s), and this is called a Concept Test. The students are given one or two minutes to answer each conceptual question individually. Then, they will discuss their answers with their peers who others sitting around them, and the Faculty member would urge them, to try to convince each other of the correctness of their own answer, by explaining the underlying reasoning.

- **Case-discussion sessions:** In these sessions, realistic narratives, or case scenarios, are used as triggers to explain the concepts through discussions. Students comprehend the concepts taught and apply to find solutions, draw conclusions, and reach to decisions.

The following instructional activities are adopted for learning the practical aspects and acquiring the skills and values of the Program Learning Outcomes:

- **Laboratory practical sessions:** During these sessions, students have a “hands on” practice and learn to perform a wide range of techniques and analyze, interpret, and present the findings. These practical sessions thus start initially



with demonstration sessions which provide an in-depth insight into a complete set of skills to be learned. The tutor demonstrates the skill before the session.

- **Clinical simulation sessions:** Skills training is an educational intervention that assists students to become experts in performing clinical skills in a clinical context before being exposed to real-life settings. It enhances their critical thinking when they provide patient care.
- **Outpatient teaching sessions:** In this sessions, the student's role is to examine patients presenting as new and old cases under supervision and independently and then discuss them with the faculty. Emphasis is placed on the acquisition of clinical knowledge and skills such as performing a history and focused physical examination, diagnostic reasoning, synthesis of this information into a concise presentation and planning a complete workup to close the loop.
- **Inpatient bed-side teaching:** Teaching is imparted in presence of patients in different wards. Students hone the skills of communication, psychomotor and professionalism by taking patients' history, performing physical examination and bedside procedures which aid in diagnosing and planning therapeutic managements.
- **Primary health care:** This represents the first point of entry into the healthcare system for most patients. Students learn to provide comprehensive care to patients of all ages develop clinical reasoning and decision analysis in an outpatient context.
- **Emergency care:** Students are exposed to patients requiring emergency and critical care to able to recognize common emergencies and initiate treatment.

## **10.2. Assessment Methods Adopted in MD Program at UCM:**

Performance of the students in the courses of the Program and hence achievement of the Program Learning Outcomes is assessed using appropriate assessment tools and tasks, which assure the quality criteria for student assessment including validity, reliability, authenticity, cognitive complexity, educational impact, etc.

Teaching and the learning activities, and the assessment tasks are clearly related to the intended learning outcomes. Thus, the assessment tasks are aligned with the level of learning. UCM emphasize that the assessment tasks reflect the core intended learning outcomes and core contents, so that the students learn the core intended learning outcomes and the core contents.

UCM thus use a variety of assessment tools for the *direct measurement of the achievement of the different learning domains of the Program learning outcomes.*

These include:

- Multiple choice questions (MCQs).
- Extending matching questions (EMQs).
- Short answer questions (SAQs).
- Modified essay questions (MEQs).
- Seminar Evaluation Using Rubric.
- Slide show questions.
- Spotter exam (spot stations).
- Objective structured practical examination (OSPE).
- Objective structured clinical examination (OSCE).
- Mini-clinical Evaluation Exercise (Mini-CEX).
- Logbooks

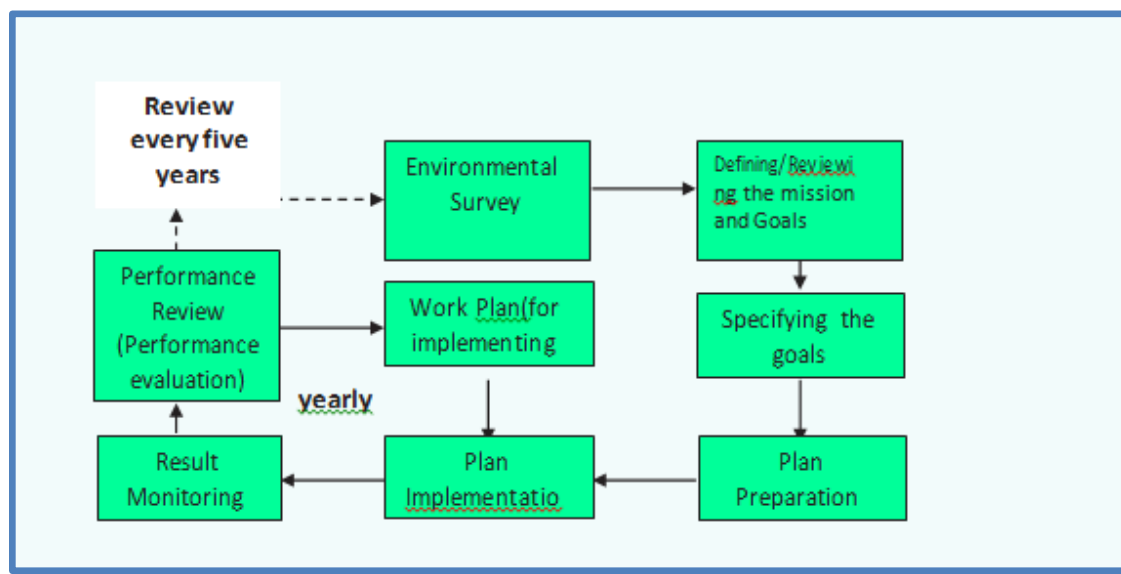
All assessment activities are planned according to well-designed blueprints, where the topics of the courses of the Program are given appropriate weight based on an educational prioritization system and all assessment items are tagged with the specific Intended Learning Outcomes (ILOs) of the topics of each course in order to ensure content validity of the assessment. In addition, the items are aligned with the Course's Learning Outcome (CLOs), which are themselves aligned with the Program Learning Outcomes. For minimizing subjectivity in the grading, model answers are provided to concerned faculty members and examiners, and well-constructed check lists and a five-point Likert scale are used in the marking process. Furthermore, each assessment

activity is followed by thorough item analysis in order to determine the direct achievement of each Program Learning Outcome.

## 11.Planning and Review Cycle

(Reference;<https://qa.qu.edu.sa/files/shares/handbooks/Quality%20System%20of%20Academic%20Programs.pdf>)

The quality assurance process is applied at the level of all courses of the MD program, and managed at the level of academic departments. Quality assurance and improvement is integrated into an ongoing cycle of strategic planning, following-up, evaluation and review. Following-up is continuous as well as periodic where two periods for more formal calendars: an annual period where performance is monitored and adjusted where necessary, and a longer cycle where major adjustments are made periodically. These periodic evaluations are planned to conform to the internal audits from Qassim University and external audit performed by the program leaders by contracting with quality expert.



When applied to quality improvement planning, some of these steps have a special meaning. The initial environmental survey includes a comprehensive assessment of the current quality of performance, and analysis of constraints and opportunities for development. We used SWOT analysis as a useful planning tool following the initial evaluation.

### **11.1. Annual Planning and Review:**

The main development strategy is usually divided over a five-year period with implementation, following-up and adjustments during the annual work plan. The following procedures are applied to both near-term plans and stages in the long-term strategy.

### **11.2. Implementation:**

Notes were taken on implementation to ensure that planning steps are carried out according to schedule and to note any discrepancies. Any unforeseen events or problems are taken into account in interpreting the results and recorded.

### **11.3. Monitoring results:**

Results are monitored when plans are implemented on an ongoing basis and adjustments were made to strategies where necessary if circumstances change, or if desired results are not achieved. Any modifications to the strategy and its reasons were kept in a special file for use in reviews and further analysis and planning.

## **12.PLOs and CLOs Assessment Cycle**

Unaizah College of Medicine and Medical Sciences adopts the outcome-based educational system (OBE) in planning, running and management of the MD Program. OBE is an approach to student learning that specifies what the student should be able to do in order to demonstrate that the intended learning has taken place. Thus, OBE differs from the 'traditional' educational model, which focuses on the material which will be provided by the teacher.

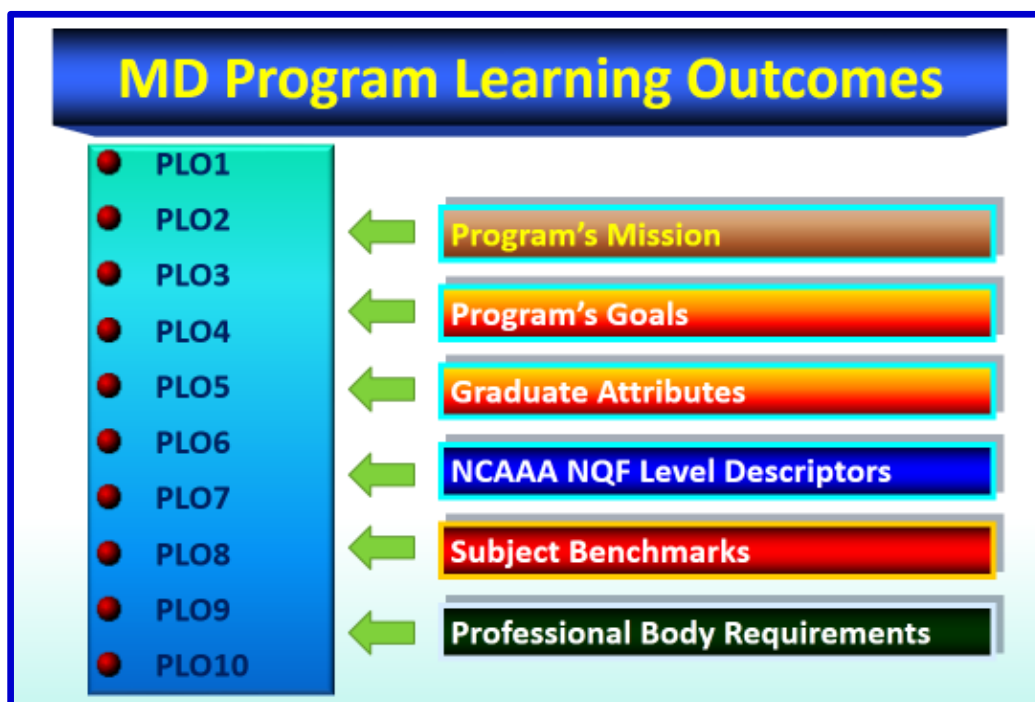
Intended Learning Outcomes (ILOs) are well defined statements which describe what a student should have learned (and also the level of the learning which the student should have acquired) as a result of a period of specified and supported study. ILOs are thus related to the achievements of the learner rather than the intentions of the instructor (teacher). In OBE, therefore, the focus is directly on student performance and achievement. Furthermore, in the OBE, the teaching and the learning activities, and the assessment tasks are clearly related to the ILOs. Equally important is that the assessment tasks reflect the core ILOs and core contents, so that the students learn the core ILOs and the core contents.

ILOs are of several levels based on the period of the specified and supported study. Thus, ILOs can be Program Learning Outcomes (PLOs) for the entire Program, which involves several years of study, allowing time and opportunities for the learners to develop the essential Knowledge & Understanding, Skills, and Values of the Program, which are defined at the planning and design phase of the Program. The PLOs are achieved through the courses of the Program. Therefore, each course should have well-defined Course Learning Outcomes (CLOs). Similarly, the CLOs are acquired through the various teaching & learning activities (instructional activities) in the course. Thus, each teaching & learning activity should have well-defined specific ILOs (ILOs).

Therefore, PLOs are stated by specific sentences showing what the student can demonstrate at the end of the program.

The goal is to make graduates be able to keep up with the rapid developments of knowledge in their fields, personality traits such as honesty and reliability, and competencies such as proficiency in specific areas.

Several factors were taken into consideration while defining the PLOs of the MD Program at UCM. These are shown in the figure below.



While defining SMART PLOs for the Program is an important step in the planning and designing of any program, measurements of achievement of PLOs are of equal importance to make sure that students/graduates have acquired the PLOs.

### 12.1. MD Program Learning Outcomes (PLOs):

- **Knowledge and Understanding**
  - **K&U1:** Describe normal and diseased states of body structure and functions.
  - **K&U2:** Explain cellular, tissue, and organ changes that lead to pathophysiological consequences and clinical manifestations.
  - **K&U3:** Characterize the epidemiology, pathogenesis, clinical presentation, psychosocial impact and prognosis of diseases.

- **K&U4:** Describe and use the healthcare system in Saudi Arabia, and support health promotion and disease prevention.
- **Skills**
  - **S1:** Obtain comprehensive history, perform complete clinical examination and demonstrate the communication skills.
  - **S2:** Integrate evidence-based scientific approach to practice with clinical reasoning, and decision-making.
  - **S3:** Manage common diseases and emergency conditions by conventional and alternative approaches, and diagnose and confirm natural and suspected death.
  - **S4:** Demonstrate basic research skills and scholarly behaviors.
- **Values**
  - **V1:** Counsel and educate the patient effectively and prioritize the patient's needs and safety in the care process.
  - **V2:** Demonstrate interpersonal skills, behavior, ethical principles, and self-awareness of strengths and weaknesses as a health professional.

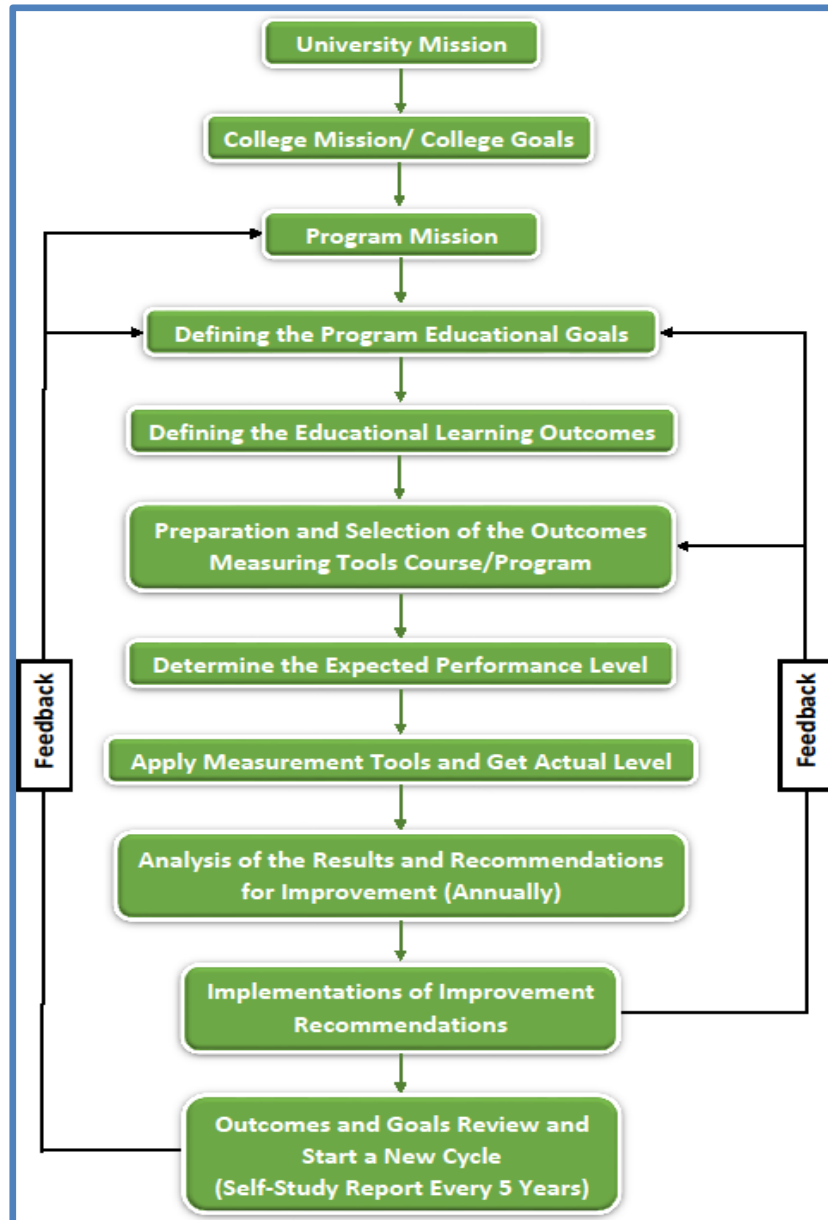
The National Center for Academic Accreditation and Assessment (NCAAA) has proposed a continuous quality assurance cycle for assessment of learning outcomes. Thus, assessment of learning outcomes is an ongoing process, and does not end with the end of the cycle. At the end of the session, an evaluation shall be made to make any amendments to it by examining its previous session. Thereafter, a new cycle shall commence including the suggested modifications.

Furthermore, assessment of PLOs and (CLOs should be aligned with assessment of graduate attributes. In other words, results of PLOs & CLOs assessment should be used as indicators of the extent to which program's graduate attributes are achieved. According to the general guidelines provided by the National Center for Academic Accreditation and Assessment (NCAAA), PLOs and CLOs assessment cycle is proposed to achieve the following objectives:



1. To obtain sufficient and accurate information about the performance of each program in the college to help make decisions and make the right recommendations that support student learning and improve the effectiveness of programs and faculty.
2. To make measurement and evaluation of results an organized process that follows the stages of well-defined knowledge according to a clear timetable.
3. To ensure that all stakeholders involved in the learning and teaching process (students, faculty, administrators and faculty) participate in all activities and phases of evaluation of program outcomes.
4. To emphasize that the active participation of faculty members in the process of evaluating the program outcomes as an important responsibility/task of faculty members.
5. To help department heads and college deans focus on supervising the core activities of students' academic experience.
6. To integrate all courses (CLOs) in one learning experience under the umbrella of the whole program (PLOs)

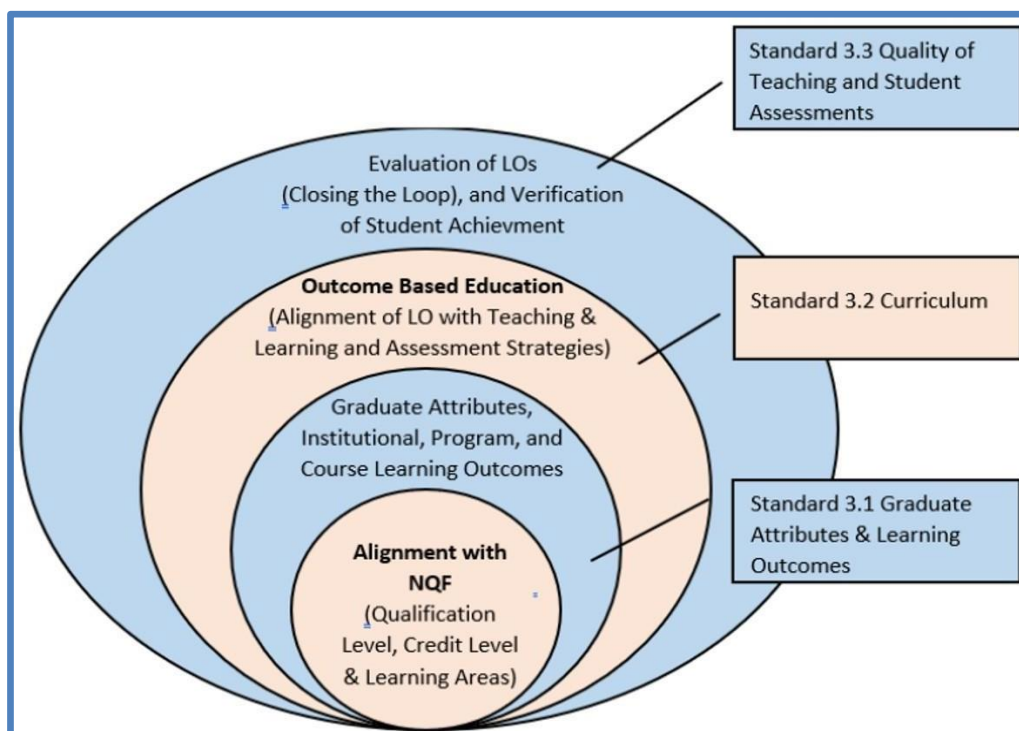
This figure below shows learning Outcomes measurement and evaluation cycle proposed by NCAAA:



## 12.2. Compliance of PLOs Assessment Process with NCAAA Program Standards

MD Program assessment process follows the NCAAA Standards. The best practices relevant are 3.1, 3.2, & 3.3 (shown in figure below). It is important to highlight that the quality management system (QMS) at Unaizah College of Medicine and Medical

Sciences (UCM) is aligned with the National Qualifications Framework (NQF) as well as NCAAA's standards. The below diagram portrays this connection. The NQF is the guide for aligning our educational practices in line with the job market needs by ensuring the quality practices across the educational sectors. UCM, has adopted the NQF as its framework for the quality management system.



### 12.3. Benefits of Learning Outcomes Assessment:

The assessment of learning outcomes is beneficial when conducted properly. The benefits are for three levels, the students and the faculty members and the program leaders. For the students, it ensures they master the content and skills of their academic program and provides academic and professional programs that are essential to both their and society's needs. For the faculty members, it benefits them by providing the tools necessary to continuously improve the curriculum including content, teaching strategies, and assessment strategies. Lastly, program leaders benefit by providing documented evidence of student learning and achievement, thereby validating that the program is meeting its mission and goals.

## 12.4. Process of measurement of The Program Learning Outcomes

### Achievement:

1. The key to measurement of PLOs was measurements of the CLOs.
2. CLOs of each course have been categorized according the learning domains of NQF into Knowledge and Understanding (KU), Skills (S) and Values (V) and are aligned with the PLOs.
3. For each course, CLOs achievements have been measured for boys and girls sections as well as overall.
4. CLOs achievements have been measured using direct and indirect assessment methods:
  - a) Direct methods: Course continuous assessments and exams.
  - b) Indirect methods: Student course evaluation survey, and focus group discussions with faculty members course committee that are conducted by the end of each course.
5. Each PLO has been measured by tacking the average of achievement of CLOs aligned with that specific PLO for boys and girls sections as well as overall.
6. In addition to that, PLOs (K&U 1, K&U 2, K&U 3, S 1, S 2, S 4 and V 2) are also indirectly assessed using a group of questionnaires completed by students, graduates and employers, including:
  - Student experience survey
  - Program Evaluation survey
  - Alumni survey
  - Employers survey
7. Furthermore, PLOs (K&U 1, K&U 2, K&U 3 and K&U 4) are indirectly assessed using average achievements of graduates in Saudi Medical License Exam (SMLE).

The table below shows how each PLO has been measured, and the weight given to each measurement tool.

		Measurements tools					
		Measurements Of Clos Aligned With The PLO			Group Of Questionnaires Completed By Students, Graduates And Employers About The Program	Achievements Of Graduates In Saudi Medical License Exam (SMLE)	Total
		Direct Measurements of the CLO	Indirect Measurements of the CLO				
			Student Course Evaluation Survey	Faculty Members Course Committee Focus Group Discussions			
1	K&U 1	70%	10%	5%	5%	10%	100%
2	K&U 2	70%	10%	5%	5%	10%	100%
3	K&U 1	70%	10%	5%	5%	10%	100%
4	K&U 2	70%	15%	5%	-	10%	100%
5	S 1	70%	15%	10%	5%	-	100%
6	S 2	70%	15%	10%	5%	-	100%
7	S 3	70%	20%	10%	-	-	100%
8	S 4	70%	15%	10%	5%	-	100%
9	V 1	70%	20%	10%	-	-	100%
10	V 2	70%	15%	10%	5%	-	100%

### 12.5. Calculation of Each Part of Assessment Methods:

- Direct Measurements of the CLO: Overall percentage of achievement of different courses exams questions that aligned with the different CLOs that aligned specific PLO out of 100%, which converted into 70%
- Student Course Evaluation Survey: Average overall evaluation of student for all courses on a five-level scale, which converted into 10%, 15% or 20% according to the PLO assessed.

- Faculty Members Course Committee Focus Group Discussions: Average overall evaluation of achievement of the different CLOs that aligned specific PLO by faculty members' course committee for all courses out of 100%, which converted into 5% or 10% according to the PLO assessed.
- Group of Questionnaires Completed by Students, Graduates and Employers about the Program: Average overall evaluation students, graduates and employers about the program on a five-level scale, which converted into 5%.
- Achievements of Graduates In Saudi Medical License Exam (SMLE): The percentage of graduates who passed the SMLE, out of 100%, which converted into 10%.

## 13.MD Program Key Performance indicators (KPIs) and Benchmarking

### 13.1. Key Performance indicators:

They are specific forms of evidence used by the college and to provide evidence of quality performance. The basic performance indicators are one of the most important tools for assessing the quality of academic programs according to the criteria and rules of the National Center for Academic Assessment and Accreditation (NCAAA), and are among the most prominent practices that contribute to decision-making and follow-up processes and continuous development and improvement.

The table below shows the 27 KPIs for the MD Program; 17 of which were chosen from the NCAAA's (Education and Training Evaluation Commission). These KPIs are represented by e.g., KPI-P-01, where 1 represents the serial number of the KPI. The remaining 10 KPIs are specific to the MD program and generated by the College. These KPIs referred to as, e.g., KPI-MDP-2.1, where the first digit represents the standard's number and the second digit represents the serial number of the College's KPI in a particular standard.

List of KPIs Addressed		
NCAAA standards	NCAAA KPIs	Additional UCM KPIs
<b>Standard 1:</b> <b>Mission and Goals</b>  <b>1 KPI ( NCAAA KPI)</b>	<b>KPI-P-01</b> Percentage of achieved indicators of the program operational plan objectives	
<b>Standard 2:</b> <b>Program Administration and Quality Assurance</b>  <b>4 KPIs (All are Additional UCM KPIs)</b>		<b>KPI-MDP-2.1</b> Stakeholder evaluation of the Policy Handbook, including administrative flow chart and job responsibilities
		<b>KPI-MDP-2.2</b> Proportion of courses in which student evaluations were conducted during

		the year.
		<b>KPI-MDP-2.3</b> Proportion of courses in which quality criteria for student's assessment were assured.
		<b>KPI-MDP-2.4</b> Proportion of courses in which Recommendations: indicated in courses' reports and other evaluation data were implemented
<b>Standard 3:</b> <b>Teaching and Learning</b>  <b>10 KPIs (7 NCAAA KPIs + 3 Additional UCM KPIs)</b>	<b>KPI-P-02</b> Students' Evaluation of quality of learning experience in the program	
	<b>KPI-P-03</b> Students' evaluation of the quality of the courses	
	<b>KPI-P-04</b> Completion rate	
	<b>KPI-P-05</b> First year student's retention rate	
	<b>KPI-P-06</b> Students' performance in the professional and/or national examinations.	
	<b>KPI-P-07</b> Graduates employability and enrolment in postgraduate programs	
	<b>KPI-P-08</b> Average number of students in the class	
		<b>KPI-MDP-3.1</b> Proportion of courses in which there were active learning sessions.
		<b>KPI-MDP-3.2</b> Percentage of courses using different methods of assessment to evaluate achievement of the learning outcomes
		<b>KPI-MDP-3.3</b> Number of faculty



		development activities/workshops per year on the different aspects of teaching & learning, and assessment & evaluation
<b>Standard 4:</b> <b>Students</b>  <b>2 KPIs ( NCAAA KPIs)</b>	<b>KPI-P-09</b> Employers evaluation of the program graduate’s proficiency	
	<b>KPI-P-10</b> Students satisfaction with the offered services	
<b>Standard 5</b> <b>Teaching Staff</b>  <b>8 KPIs (6 NCAAA KPIs + 2 Additional UCM KPIs)</b>	<b>KPI-P-11</b> Ratio of students to teaching staff	
	<b>KPI-P-12</b> Percentage of teaching staff distribution	
	<b>KPI-P-13</b> Proportion of teaching staff leaving the program	
	<b>KPI-P-14</b> Percentage of publications of faculty members	
	<b>KPI-P-15</b> Rate of published research per faculty member	
	<b>KPI-P-16</b> Citations rate in refereed Journals per faculty member.	
		<b>KPI-MDP-5.1</b> Proportion of teaching staff participating in professional development activities during the past year.
		<b>KPI-MDP-5.2</b> Proportion of full-time teaching and other staff actively engaged in community service activities.
<b>Standard 6</b> <b>Learning Resources, Facilities, and Equipment</b>	<b>KPI-P-17</b> Satisfaction of beneficiaries with the learning resources.	

2 KPIs (1 NCAAA KPIs + 1 Additional UCM KPIs)		<b>KPI-MDP-6.1</b> Average overall rating of the adequacy of facilities, equipment, laboratories and IT Services
---	--	---

### 13.2. Criteria Associated with each MD Program KPI:

KPI #	Code	Indicators	Criteria Associated with The Indicator
1	<b>KPI-P-01</b>	Percentage of achieved indicators of the program operational plan objectives	The curriculum considers the achievement of the objectives of the program operational plan, and reviews it periodically.
2	<b>KPI-MDP-2.1</b>	Stakeholder evaluation of the Policy Handbook, including administrative flow chart and job responsibilities	The curriculum considers the evaluation of the Policy Handbook by different stakeholders, and reviews it periodically.
3	<b>KPI-MDP-2.2</b>	Proportion of courses in which student evaluations were conducted during the year.	The curriculum considers the achievement of the objectives of the program, its educational outputs, scientific, technical and professional developments in the field of specialization, and reviews it periodically. Teaching and learning strategies and assessment methods used are consistent with targeted learning outcomes of the program at curricular and program levels.
4	<b>KPI-MDP-2.3</b>	Proportion of courses in which quality criteria for student's assessment were assured.	The curriculum considers the achievement of the objectives of the program, its educational outputs, scientific, technical and professional developments in the field of specialization, and reviews it periodically. Teaching and learning strategies and assessment methods used are consistent with targeted learning outcomes of the program at curricular and program levels.
5	<b>KPI-MDP-2.4</b>	Proportion of courses in which Recommendations: indicated in courses' reports and other evaluation data were implemented	The curriculum considers the achievement of the objectives of the program, its educational outputs, scientific, technical and professional developments in the field of specialization, and reviews it periodically. Teaching and learning strategies and assessment methods used are consistent with targeted learning outcomes of the program at curricular and program levels.
6	<b>KPI-P-02</b>	Students' Evaluation of quality of learning experience in the program	The curriculum takes into account the achievement of the objectives of the program, its educational outputs, scientific, technical and professional developments in the field of specialization, and reviews it periodically. Teaching and learning strategies and assessment methods used are consistent with targeted learning outcomes of the program at curricular and program levels.

7	<b>KPI-P-03</b>	Students' evaluation of the quality of the courses	The learning outcomes in the courses are related to the program learning outcomes (Matrix for mapping/distributing the program learning outcomes to the courses.
8	<b>KPI-P-04</b>	Completion rate	The curriculum considers the achievement of the objectives of the program, its educational outputs, scientific, technical and professional developments in the field of specialization, and reviews it periodically. Teaching and learning strategies and assessment methods used are consistent with targeted learning outcomes of the program at curricular and program levels.
9	<b>KPI-P-05</b>	First year student's retention rate.	The curriculum considers the achievement of the objectives of the program, its educational outputs, scientific, technical and professional developments in the field of specialization, and reviews it periodically. Teaching and learning strategies and evaluation methods in the program vary in proportion to its nature and level, it enhances the ability to conduct scientific research, and ensures that students acquire higher-order thinking and self-learning skills.
10	<b>KPI-P-06</b>	Students' performance in the professional and/or national examinations.	The curriculum considers the achievement of the objectives of the program, its educational outputs, scientific, technical and professional developments in the field of specialization, and reviews it periodically. Teaching and learning strategies and evaluation methods in the program vary in proportion to its nature and level, it enhances the ability to conduct scientific research, and ensures that students acquire higher-order thinking and self-learning skills.
11	<b>KPI-P-07</b>	Graduates employability and enrolment in postgraduate programs	The curriculum considers the achievement of the objectives of the program, its educational outputs, scientific, technical and professional developments in the field of specialization, and reviews it periodically. Teaching and learning strategies and evaluation methods in the program vary in proportion to its nature and level, it enhances the ability to conduct scientific research, and ensures that students acquire higher-order thinking and self-learning skills.
12	<b>KPI-P-08</b>	Average number of students in the class	The numbers of students admitted to the program are compatible with the resources available to it (such as: the educational staff - classrooms - laboratories – equipment).
13	<b>KPI-MDP-3.1</b>	Proportion of courses in which there were active learning sessions.	The curriculum considers the achievement of the objectives of the program, its educational outputs, scientific, technical and professional developments in the field of specialization, and reviews it periodically. Teaching and learning strategies and assessment methods used are consistent with targeted learning outcomes of the program at curricular and program levels.
14	<b>KPI-MDP-3.2</b>	Percentage of courses using different methods of assessment to evaluate	The curriculum considers the achievement of the objectives of the program, its educational outputs, scientific, technical and professional developments in the field of specialization, and reviews it periodically. Teaching and learning strategies and assessment methods

		achievement of the learning outcomes	used are consistent with targeted learning outcomes of the program at curricular and program levels.
15	KPI-MDP-3.3	Number of faculty development activities/workshops per year on the different aspects of teaching & learning, and assessment & evaluation	The curriculum considers the achievement of the objectives of the program, its educational outputs, scientific, technical and professional developments in the field of specialization, and reviews it periodically. Teaching and learning strategies and assessment methods used are consistent with targeted learning outcomes of the program at curricular and program levels.
16	KPI-P-09	Employers evaluation of the program graduate's proficiency	Program students and alumni have additional activities to develop them professionally, in line with targeted learning outcomes and labor market developments. The program applies effective procedures to track student progress and ensure that they meet graduation requirements.
17	KPI-P-10	Students satisfaction with the offered services	The program offers a comprehensive configuration for new students, ensuring their full understanding of the types of services and capabilities available to them. The program introduces students to their rights, duties, codes of conduct, complaints and disciplinary procedures, in a variety of ways, and applies them fairly. Students in the program are provided with effective services for academic, professional, psychological and social counseling and guidance, through qualified and sufficient cadres. Students of the program have extracurricular activities in many fields to develop their abilities and skills, and the program takes appropriate measures to support and stimulate their participation. The program considers the special needs of its students.
18	KPI-P-11	Ratio of students to teaching staff	The number of students admitted to the program are compatible/commensurate with the resources available to it (such as: the educational staff - classrooms – laboratories- equipment).
19	KPI-P-12	Percentage of teaching staff distribution	The program applies appropriate policies and procedures for selecting faculty members in the program and retaining the distinguished ones. The program has a sufficient number of faculty members, in all locations where it is offered (such as: male and female halves, branches). The faculty members have the necessary competence such as: (qualifications, certificates, professional licenses and experience required), teaching effectiveness, and appropriate mechanisms are applied to verify them.
20	KPI-P-13	Proportion of teaching staff leaving the program	The program applies appropriate policies and procedures for selecting faculty members in the program and retaining the distinguished ones. The program has a sufficient number of faculty members, in all locations where it is offered (such as: male and female halves, branches). The faculty members have the necessary competence such as: (qualifications, certificates, professional licenses and

			experience required), teaching effectiveness, and appropriate mechanisms are applied to verify them.
21	<b>KPI-P-14</b>	Percentage of publications of faculty members.	The faculty members participate efficiently in research and scientific production activities, and their participation in these activities is one of the criteria for their evaluation and promotion.
22	<b>KPI-P-15</b>	Rate of published research per faculty member	The faculty members participate efficiently in research and scientific production activities, and their participation in these activities is one of the criteria for their evaluation and promotion.
23	<b>KPI-P-16</b>	Citations rate in refereed Journals per faculty member.	The faculty members participate efficiently in research and scientific production activities, and their participation in these activities is one of the criteria for their evaluation and promotion.
24	<b>KPI-MDP-5.1</b>	Proportion of teaching staff participating in professional development activities during the past year.	The curriculum considers the achievement of the objectives of the program, its educational outputs, scientific, technical and professional developments in the field of specialization, and reviews it periodically. Teaching and learning strategies and assessment methods used are consistent with targeted learning outcomes of the program at curricular and program levels.
25	<b>KPI-MDP-5.2</b>	Proportion of full-time teaching and other staff actively engaged in community service activities.	The faculty members and other staff participate efficiently in community services activities, and their participation in these activities is one of the criteria for their evaluation.
26	<b>KPI-P-17</b>	Satisfaction of beneficiaries with the learning resources.	The library has a sufficient number of diverse resources that are easily accessible, commensurate with the needs of the program and the numbers of students, and are available to both male and female students at sufficient and appropriate times, and are updated periodically. The program has specialized electronic sources (such as: digital references, multimedia, software), and appropriate databases and electronic systems that allow beneficiaries to access information, research materials and scientific journals from within or outside the organization. The program is provided with laboratories, computer and technical equipment, and appropriate materials for specialization and sufficient to conduct scientific research and studies in accordance with its objectives, and appropriate mechanisms are in place to maintain and update them. The faculty, students, and staff of the program have the appropriate preparation and technical support for the efficient use of learning resources and means.
27	<b>KPI-MDP-6.1</b>	Average overall rating of the adequacy of facilities, equipment, laboratories and IT	The library has a sufficient number of diverse resources that are easily accessible, commensurate with the needs of the program and the numbers of students, and are available to both male and female students at sufficient and appropriate times, and are updated periodically. The program has specialized electronic sources (such as:

		Services	<p>digital references, multimedia, software), and appropriate databases and electronic systems that allow beneficiaries to access information, research materials and scientific journals from within or outside the organization.</p> <p>The program is provided with laboratories, computer and technical equipment, and appropriate materials for specialization and sufficient to conduct scientific research and studies in accordance with its objectives, and appropriate mechanisms are in place to maintain and update them.</p> <p>The faculty, students, and staff of the program have the appropriate preparation and technical support for the efficient use of learning resources and means.</p>
--	--	----------	--

### 13.3. MD Program KPIs Goals, Polarity, Measurement time and tools Method:

KPI #	Code	Indicator	Goal	Polarity	Measurement time	Measurement tool
1	KPI-P-01	Percentage of achieved indicators of the program operational plan objectives	Measuring the quality of program performance in all axes	Positive	Annually (end of academic year)	Statistical data and analysis Questionnaires
2	KPI-MDP-2.1	Stakeholder evaluation of the Policy Handbook, including administrative flow chart and job responsibilities	Measuring the quality of roles, regulation and policy of the program	positive	Annually (end of academic year)	Questionnaires
3	KPI-MDP-2.2	Proportion of courses in which student evaluations were conducted during the year.	Measuring the educational quality of the program	Positive	Annually (end of academic year)	Statistical data and analysis
4	KPI-MDP-2.3	Proportion of courses in which quality criteria for student's	Measuring the educational quality of the program	Positive	Annually (end of academic year)	Statistical data and analysis

		assessment were assured.				
5	<b>KPI-MDP-2.4</b>	Proportion of courses in which Recommendations: indicated in courses' reports and other evaluation data were implemented	Measuring the educational quality of the program	Positive	Annually (end of academic year)	Statistical data and analysis
6	<b>KPI-P-02</b>	Students' Evaluation of quality of learning experience in the program	Measuring the educational quality of the program	Positive	Annually (end of academic year)	Questionnaires: - Program evaluation questionnaire A questionnaire - evaluating the student's experience
7	<b>KPI-P-03</b>	Students evaluation of the quality of the courses	Measuring the educational quality of the courses	Positive	End of each course	Questionnaires
8	<b>KPI-P-04</b>	Completion rate	Measuring the educational quality of the program	Positive	Annually (end of academic year)	Statistical data and analysis
9	<b>KPI-P-05</b>	First year student's retention rate.	Measuring the educational quality of the program	Positive	Annually (end of academic year)	Statistical data and analysis
10	<b>KPI-P-06</b>	Students' performance in the professional and/or national examinations.	Measuring the educational quality of the program	Positive	Annually (end of academic year)	Statistical data and analysis
11	<b>KPI-P-07</b>	Graduates employability and enrolment in postgraduate programs	Measuring the quality of graduates characteristics, and the extent of	positive	Annually (beginning of academic year)	Statistical data and analysis

			employers' satisfaction, and the labor market's need for them			
12	KPI-P-08	Average number of students in the class	Measuring the quality of educational facilities	Negative	Annually (beginning of academic year)	Statistical data and analysis
13	KPI-MDP-3.1	Proportion of courses in which there were active learning sessions.	Measuring the educational quality of the program	Positive	Annually (end of academic year)	Statistical data and analysis
14	KPI-MDP-3.2	Percentage of courses using different methods of assessment to evaluate achievement of the learning outcomes	Measuring the educational quality of the program	Positive	Annually (end of academic year)	Statistical data and analysis
15	KPI-MDP-3.3	Number of faculty development activities/workshops per year on the different aspects of teaching & learning, and assessment & evaluation	Measuring the educational quality of the program	Positive	Annually (end of academic year)	Statistical data and analysis
16	KPI-P-09	Employers evaluation of the program graduate's proficiency	Measuring the quality of graduates' characteristics and employers' satisfaction with them	Positive	Annually (end of academic year)	Questionnaires
17	KPI-P-10	Students	Measuring	Positive	Annually (end	Questionnaires:



		satisfaction with the offered services	the quality of support for students		of academic year)	Alumni questionnaire Program evaluation questionnaire
18	KPI-P-11	Ratio of students to teaching staff	Measuring the quality of education elements	Negative	Annually (beginning of academic year)	Statistical data and analysis
19	KPI-P-12	Percentage of teaching staff distribution	Measuring the quality of education elements	Even	Annually (beginning of academic year)	Statistical data and analysis
20	KPI-P-13	Proportion of teaching staff leaving the program	Measuring faculty's satisfaction with the educational environment	Negative	Annually (beginning of academic year)	Statistical data and analysis
21	KPI-P-14	Percentage of publications of faculty members.	Measuring the quality of the axis of scientific research	Positive	Annually (end of academic year)	Statistical data and analysis
22	KPI-P-15	Rate of published research per faculty member	Measuring the quality of the axis of scientific research	Positive	Annually (end of academic year)	Statistical data and analysis
23	KPI-P-16	Citations rate in refereed Journals per faculty member.	Measuring the quality of the axis of scientific research	Positive	Annually (end of academic year)	Statistical data Google Scholar and similar
24	KPI-MDP-5.1	Proportion of teaching staff participating in professional development activities during the past year.	Measuring quality of faculty's educational development	Positive	Annually (end of academic year)	Statistical data and analysis
25	KPI-MDP-5.2	Proportion of full-time teaching and other staff actively engaged in	Measuring the quality of community service activities	Positive	Annually (end of academic year)	Statistical data and analysis

		community service activities.				
26	KPI-P-17	Satisfaction of beneficiaries with the learning resources.	Measuring the quality of learning resources	Positive	Annually (end of academic year)	Questionnaires: Alumni questionnaire Program evaluation questionnaire Library – services resolution and others
27	KPI-MDP-6.1	Average overall rating of the adequacy of facilities, equipment, laboratories and IT Services	Measuring the quality of learning resources	Positive	Annually (end of academic year)	Questionnaires: Alumni questionnaire Program evaluation questionnaire Library – services resolution and others

#### 13.4. KPIs Methods of Calculation of the Indicators:

KPI #	Code	Indicators	Method of calculation
1	KPI-P-01	Percentage of achieved indicators of the program operational plan objectives	The percentage of performance indicators for the objectives of the operational plan of the program that achieved the annual target level to the total number of indicators targeted for these objectives in the same year.
2	KPI-MDP-2.1	Stakeholder evaluation of the Policy Handbook, including administrative flow chart and job responsibilities	Average overall evaluation of Stakeholder of the Policy Handbook on a five-level scale in an annual survey.
3	KPI-MDP-2.2	Proportion of courses in which student evaluations were conducted during the year.	The percentage of courses in which student evaluations were conducted during the year to the total number of courses in the same year.
4	KPI-MDP-2.3	Proportion of courses in which quality criteria for student's assessment were assured	The percentage of courses in which quality criteria for student's assessment were assured during the year to the total number of courses in the same year
5	KPI-	Proportion of	The percentage of courses in which

	<b>MDP-2.4</b>	courses in which Recommendations: indicated in courses' reports and other evaluation data were implemented	Recommendations: indicated in courses' reports and other evaluation data were implemented during the year to the total number of courses in the same year.
6	<b>KPI-P-02</b>	Students' Evaluation of quality of learning experience in the program	Average of overall rating of final year students for the quality of learning experience in the program on a five-point scale in an annual survey
7	<b>KPI-P-03</b>	Students evaluation of the quality of the courses	Average overall evaluation of students of course quality on a five-point scale in an annual survey.
8	<b>KPI-P-04</b>	Completion rate	The percentage of undergraduate students who completed the program in the minimum prescribed period for the program from each batch.
9	<b>KPI-P-05</b>	First year student's retention rate.	The percentage of first year students in the program who continue in the program for the following year to the total number of first year students in the same year.
10	<b>KPI-P-06</b>	Students' performance in the professional and/or national examinations.	The percentage of students or graduates who passed the professional and/or national exams, or their average and median scores.
11	<b>KPI-P-07</b>	Graduates employability and enrolment in postgraduate programs	The percentage of graduates of the program who got Employed and/or got enrolled in graduate studies programs during the first year of their graduation to the total number of graduates in the same year.
12	<b>KPI-P-08</b>	Average number of students in the class	Average number of students in the class (in each meeting / teaching activity: lecture - TBL - seminars - laboratory or clinical lessons)
13	<b>KPI-MDP-3.1</b>	Proportion of courses in which there were active learning sessions.	The percentage of courses in which there were active learning sessions during the year to the total number of courses in the same year.
14	<b>KPI-MDP-3.2</b>	Percentage of courses using different methods of assessment to evaluate achievement of the learning outcomes	The percentage of courses using different methods of assessment to evaluate achievement of the learning outcomes during the year to the total number of courses in the same year.
15	<b>KPI-MDP-3.3</b>	Number of faculty development activities/workshops per year on the different aspects of teaching & learning, and assessment &	Number of faculty development activities/workshops at the end of academic year.

		evaluation	
16	KPI-P-09	Employers evaluation of the program graduate's proficiency	Average overall estimate by employers of the program's graduate competence, on a five-level scale, in an annual survey.
17	KPI-P-10	Students' satisfaction with the offered services.	The average estimate of student satisfaction with the various services provided by the program (restaurants - transportation - sports facilities - restaurants - academic guidance ....) on a five-level scale in an annual survey.
18	KPI-P-11	Ratio of students to teaching staff	The ratio of the total number of students to the total number of full-time faculty or its equivalent in the program.
19	KPI-P-12	Percentage of teaching staff distribution	Percentage distribution of teaching staff categories in terms of: <b>A- Gender:</b> Percentage of the male faculty = Percentage of the female faculty = <b>B- Academic rank:</b> % of full-professor faculty = % of the associate-professor faculty = % of the assistant-professor faculty = % of the lecturer's faculty = % of the demonstrator's faculty =
20	KPI-P-13	Proportion of teaching staff leaving the program	Annual ratio of faculty members who leave the program for reasons other than reaching retirement age to the total number of faculty.
21	KPI-P-14	Percentage of publications of faculty members.	The percentage of full-time faculty who published at least one research during the academic year to the total faculty members in the program.
22	KPI-P-15	Rate of published research per faculty member	The average number of refereed and/or published research papers per faculty member during the academic year (total number of refereed and/or published research to total number of full-time faculty members or equivalent during the year).
23	KPI-P-16	Citations rate in refereed Journals per faculty member.	The average number of citations or quotes in the refereed journals from the published scientific research for each faculty member in the program (the total number of quotations in the refereed journals from published scientific research for the full-time faculty receptor or its equivalent to the total published research).
24	KPI-MDP-5.1	Proportion of teaching staff participating in professional development activities during the past year.	Annual ratio of faculty members who participating in professional development activities during the academic year to the total faculty members in the program.

25	<b>KPI-MDP-5.2</b>	Proportion of full-time teaching and other staff actively engaged in community service activities.	Annual ratio of faculty members who engaged in community service activities during the academic year to the total faculty members in the program.
26	<b>KPI-P-17</b>	Satisfaction of beneficiaries with the learning resources.	The average estimate of beneficiaries' satisfaction with the adequacy and diversity of learning resources (references - periodicals - databases ..... etc.) on a scale of five levels in an annual survey.
27	<b>KPI-MDP-6.1</b>	Average overall rating of the adequacy of facilities, equipment, laboratories and IT Services	The average estimate of beneficiaries' satisfaction with the adequacy and diversity of facilities, equipment, laboratories and IT Services on a scale of five levels in an annual survey.

### 13.5. Benchmarking

Benchmarking is the practice of comparing processes and performance metrics to best practices from the same institution or other institutions. The College views benchmarking as a tool that not only informs it of where it stands, but most importantly guides it in its improvement plans. It ensures comparing the performance of various aspects of the program with respect to the good practices recommended by the NCAAA.

UCM practices internal as well as external benchmarking. Internal benchmarking is done annually with comparison of current performance of the College with its previous performance

UCM considers external benchmarking as an important evaluation tool for improving its administrative procedures and instructional models by examining processes and models at other colleges or universities.

By expanding the assessment beyond internal performance metrics the College better evaluates its performance with regards to quality standards including, but not limited to, learning and teaching, education environment, research, and community service, and hence identifies and implements improvements in accordance with current best

practices. A benchmarking partner is selected based on a set of criteria which include the following:

- Being of the same discipline (Medical School)
- Having compatible mission values and objectives
- Being accredited or in the process of accreditation

### **13.6. Analysis of KPIs**

Performance indicators are analyzed by determining the values of the indicators with respect to the different elements, such as the values for male students and those for female students and the average, as well as for faculty members of both genders, then comparing the indicators if they apply to students and faculty. In addition, the trend of the indicator from one year to the other (internal benchmarking), and external benchmarks are included.

Furthermore, the analysis includes linking and comparing the values of the indicator to the target, and then judging the quality of performance according to this indicator, and linking this to the performance by considering the criteria and objectives related to that indicator or a set of indicators.

Based on the current indicator's value and the trend of the indicator over the years, new target values are identified or the existing values are kept the same.

## **14.Stakeholders' evaluation**

MD program annually conduct the five surveys (mandated by NCAAA) on NCAAA and analyze these surveys and prepare detailed reports on these surveys. These five surveys are:

1. Course Evaluation Survey (CES)
2. Program Evaluation Survey (PES)
3. Student Experience Survey (SES)
4. Employers Evaluation Survey (EES)
5. Alumni Evaluation Survey (AES)

Each report includes the followings:

1. Analysis of each item of the survey as regarding the stakeholder categories (e.g. male/ female, or faculty/student/employer).
2. Strengths and opportunities of improvement.
3. Improvement (action) recommendations.
4. Action plan to implement the recommendations.

Then, statistical reports for all surveys (including the 5 NCAAA surveys) are prepared and supported with strengths, improvement opportunities and improvement recommendations, in addition to procedures (or methods) to verify the implementation of these recommendations. The full reports are then sent to higher quality council and college council for approval. Then, the related departments, committees and units are informed about the results and the improvement recommendations, which, in turn, develop action plans in response to the recommendations, and send them back to the quality unit.

## 15. References

1. Qu policy and system of quality in Qassim university;  
<https://qa.qu.edu.sa/files/shares/handbooks/Policy%20and%20System%20of%20Quality.pdf>
2. Quality System of Academic Programs at Qassim University:  
<https://qa.qu.edu.sa/files/shares/handbooks/Quality%20System%20of%20Academic%20Programs.pdf>
3. Handbook of QU organizational structure, tasks and terms of reference:  
<https://qa.qu.edu.sa/files/shares/handbooks/Summary%20of%20Organizational%20Structure%20Guidebook.pdf>
4. Employee handbook:  
<https://qa.qu.edu.sa/files/shares/handbooks/Employee%20Handbook.pdf>
5. The National Commission for Academic Accreditation and Assessment
6. A guide for organizational tasks and powers for colleges and institutes of King Saud University
7. UCM Policy Handbook.



## 16. Appendix

### NCAA Mandatory Program Surveys

#### Course Evaluation Survey

Measures	Statements	Strongly agree	Agree	Not Sure	Disagree	Strongly Disagree
<b>Questions about the start of the course</b>	The course outline (including the knowledge and skills the course was designed to develop) was made clear to me.					
	The things I had to do to succeed in the course, including assessment tasks and criteria for assessment, were made clear to me.					
	Sources of help for me during the course including faculty office hours and reference material, were made clear to me.					
<b>Questions about what happened during the course</b>	The conduct of the course and the things I was asked to do were consistent with the course outline.					
	My instructor(s) were fully committed to the delivery of the course. (Eg. classes started on time, instructor always present, material well prepared, etc)					
	My instructor(s) had thorough knowledge of the content of the course.					
	My instructor(s) were available during office hours to help me.					

My instructor(s) were enthusiastic about what they were teaching					
My instructor(s) cared about my progress and were helpful to me.					
Course materials were of up to date and useful. (texts, handouts, references etc.)					
The resources I needed in this course (textbooks, library, computers etc.) were available when I needed them.					
In this course effective use was made of technology to support my learning.					
In this course I was encouraged to ask questions and develop my own ideas					
In this course I was inspired to do my best work.					
The things I had to do in this course (class activities, assignments, laboratories etc) were helpful for developing the knowledge and skills the course was intended to teach.					
The amount of work I had to do in this course was reasonable for the credit hours allocated.					
Marks for assignments and tests in this course were given to me within reasonable time.					
Grading of my tests and assignments in this course was fair and reasonable.					
The links between this course and other courses in my total program were made clear to me.					

<b>Evaluation of the Course</b>	What I learned in this course is important and will be useful to me.					
	This course helped me to improve my ability to think and solve problems rather than just memorize information.					
	This course helped me to develop my skills in working as a member of a team.					
	This course improved my ability to communicate effectively.					
<b>Overall Evaluation</b>	Overall, I was satisfied with the quality of this course.					

## Program Evaluation Survey

Measures	Statements	Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree
<b>Help and Support for my Learning</b>	Adequate academic and career counselling was available for me throughout the program.					
	The instructors were available for consultation and advice when I needed to speak with them.					
	The instructors in the program inspired me to do my best.					
	The instructors in the program gave me helpful feedback on my work.					
	The instructors in the program had thorough knowledge of the content of the courses they taught.					
	The instructors were enthusiastic about the program.					
	The instructors cared about the progress of their students.					
<b>Resources to Support my Learning</b>	Study materials in courses were up to date and useful					
	Library resources were adequate and available when I needed them.					
	Classroom facilities (for lectures, laboratories, tutorials etc) were of good quality.					

	Student computing facilities were sufficient for my needs.					
	Adequate facilities were available for extra curricular activities (including sporting and recreational activities).					
	Adequate facilities were available for religious observances.					
	Field experience programs (internship, practicum, cooperative training) were effective in developing my skills. (Omit this item if not applicable to your program)					
<b>Evaluation of my Learning</b>	What I have learned in this program will be valuable for my future.					
	The program has helped me to develop sufficient interest to want to continue to keep up to date with new developments in my field of study.					
	The program has developed my ability to investigate and solve new problems					
	The program has improved my ability to work effectively in groups.					
	The program has improved my skills in communication.					
	The program has helped me to develop good basic skills in using technology to investigate issues and communicate results.					

	have developed the knowledge and skills required for my chosen career.					
<b>Overall Evaluation</b>	Overall I was satisfied with the quality of my learning experiences at this institution.					

## Student Experience Survey

Measures	Statements	Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree
<b>Advice and Support</b>	It was easy to find information about the institution and its programs before I enrolled at this institution for the first time.					
	When I first started at this institution the orientation program for new students was helpful for me					
	There is sufficient opportunity at this institution to obtain advice on my studies and my future career.					
	Procedures for enrolling in courses are simple and efficient.					
<b>Learning Resources and Facilities</b>	Classrooms (including lecture rooms, laboratories etc.) are attractive and comfortable.					
	Student computing facilities are sufficient for my needs.					
	The library staff are helpful to me when I need assistance.					
	am satisfied with the quality and extent of materials available for me in the library.					
	The library is open at convenient times.					
	Adequate facilities are available for					

	extra curricular activities (including sporting and recreational activities)					
	Adequate facilities are available at this institution for religious observances.					
<b>Learning and Teaching</b>	Most of the faculty with whom I work at this institution are genuinely interested in my progress					
	Faculty at this institution are fair in their treatment of students					
	My courses and assignments encourage me to investigate new ideas and express my own opinions.					
	As a result of my studies my ability to investigate and solve new and unusual problems is increasing					
	My ability to effectively communicate the results of investigations I undertake is improving as a result of my studies.					
	My program of studies is stimulating my interest in further learning.					
	The knowledge and skills I am learning will be valuable for my future career.					
	I am learning to work effectively in group activities.					
<b>Overall Evaluation</b>	Overall I am satisfied with my life as a student at this institution.					



## Alumni Evaluation Survey

Measures	Statements	Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree
<b>Program Mission</b>	Students were briefed about the program mission which is consistent with institution mission					
<b>Program management and quality assurance</b>	Students are aware of the program policies					
	information about the program and its courses were provided for the students					
	program provides academic advising to the students before registration					
	The program takes the graduates feedback regarding program future plans					
<b>Teaching and Learning</b>	Field training programs for students and/or internships are consistent with the student major					
	The program emphasized the importance of continuous long-life learning					
	The program has helped me in developing the knowledge and skills necessary for my profession					
	The program has prepared me ethically for the job market					
<b>Students</b>	program provided all students with a manual containing all conduct codes					

	that determines the student rights and liabilities					
	Complaining students are not subject to punishment or injustice or discrimination against them because of their grievance					
	Evaluation of the student by the staff members is fairly done					
	Staff members allowed the students to discuss their exam performance					
	Guidance were available for me (if needed)					
<b>Faculty</b>	Staff members manifested enthusiasm and interest in what they teach					
<b>Learning Resources And facilities</b>	Appropriate facilities were available for extra-curricular activities (religious-cultural, social and sporting).					
	Computer labs are up to date and appropriate for students					
	Classrooms were fit for learning					
	Available health services were meeting my needs					
	Appropriate restaurants were available					
	Facilities for special needs students were available					
<b>Overall Evaluation</b>	In general, what is your overall evaluation for the program					

## Employer Evaluation Survey

Measures	Statements	Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree
<b>Knowledge</b>	Graduate has high technical education level in the area of work					
	Graduate understands the ethical and professional liabilities in the major					
	Graduate comprehends the role and the impact of the discipline in the national context					
	Graduate has good English language skills (if demanded by employment)					
<b>Perceptual Skills</b>	Graduate can identify and describe the problems and recommend appropriate solutions to them					
	Graduate can gather and analyze information and give alternatives solutions to solve the problems					
	Graduate have the ability to relate theory with application in the domain of work					
<b>Communication Skills</b>	Graduate is able to orally communicate and converse in the field of work					
	Graduate is able to prepare reports in the field of work					
	Graduate is able participate in group discussions and work in a team					
	Students were briefed about the university mission which goes well with the nature of its					

	activities					
	Students services and university resources are consistent with the university mission					
<b>Personal Proficiencies- Competencies</b>	Graduate has leadership skills					
	Graduate has loyalty to the institution					
	Graduate has the skills of understanding and grasping					
	Graduate enjoys the capacity of independent thinking					
	Graduate enjoys the capacity of critical thinking					
	Graduate has the drive to work and develop continuous learning in the domain of work					
	Graduate can adapt to modern technology					
	Students are aware of the university policies					
	Institution provides information about the programs, offered courses and its services to the students before registration					
	Institution provides academic advising to the students before registration					
	The institution takes the graduates feedback regarding university future plans					
<b>Employment Skills - Competences</b>	Graduate has the capacity to grasp the nature of the institution work					
	Graduate can undertake efficiently the tasks assigned to him/her					

	Graduate provide creative ideas that enhance the work					
	Graduate accepts the duty for overtimes					
	Graduate respects the due dates and job discipline					
	Graduate is able to manage time efficiently					
	Graduate has adequate knowledge of safety and security fundamentals in the area of work					
	Graduate has creativity skills and innovative thinking in the domain of work					
	Field training programs for students and/or internships are consistent with the student major					
	The institution emphasized the importance of continuous long life learning					
	The institution has helped me in developing the knowledge and skills necessary for my profession					
	The institution has prepared me ethically for the job market					
<b>Overall Evaluation</b>	Would you employ graduates from this institution again?					
	Institution provided all students with a manual containing all conduct codes that determines the student rights and liabilities					
	Complaining students are not subject to punishment or injustice or discrimination					

	against them because of their grievance					
	Evaluation of the student by the staff members is fairly done					
	Staff members allowed the students to discuss their exam performance					
	Guidance were available for me (if needed)					