



COLLEGE OF MEDICINE

QUALITY ASSURANCE MANUAL

A summarized source of information for the College's Quality Assurance System including Assessment and Program Evaluation and Review Frameworks and highlights of important CoM-QAAD policies, guidelines and procedures.

Prepared by

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INTRODUCTION

Alfaisal University states its commitment to continual improvements of its quality and performance on all fronts. Since its establishment, Alfaisal University has been adopting gradual but well-established practices university-wide with regards to planning and management of quality assurance, which mainly include inputs, structures, processes, and outcomes. The College of Medicine shares the University's vision and strategy in establishing quality practices while planning its goals and activities.

The College of Medicine Quality Assurance and Accreditation (QAA) Vice Deanship was established under the College with the aim to conduct systematic reviews of the provisions at the College, and to maintain and improve their quality, equity and efficiency. The mission of the Quality Assurance Vice Deanship is to create and cultivate a culture of excellence and continuous improvement of quality practices through the development and application of innovative quality systems, models, standards, tools, and methodologies that aid in achieving the College's strategic objectives.

The purpose of this Quality Assurance Manual is to act as a summarized source of information for the College's quality system, assessment of learning outcomes, highlight of important QA policies, guidelines and procedures which support the College in its goal to assure the quality of practices in all domains, and program accreditation. This manual does not cover every single policy in the College, rather it complements other policies and guidelines. Since the College derives all of its guidance including policies and procedures, quality practices and systems from the University, this manual has been drafted using the University's manual as a guide.

The College's quality management system is described in general terms in this main quality assurance manual, while specific and detailed policies, processes and procedures are discussed in other documents. Moreover, the University's organizational units, such as, Office of Research and Graduate Studies, Human Resources, Student Affairs, IT, etc. describe their respective quality systems through their handbooks and manuals. Such manuals include the faculty handbook, student handbook, human resources manual, IT manual, among others.

It must be noted that the manual's contents are not static documents. As a part of continuous quality management, regular reviews of the policies, guidelines and procedures are conducted, and the manual is subject to periodic revision. This QA Manual is maintained by the CoM QAA Vice Deanship and is normally reviewed on an annual basis.

QUALITY STANDARDS

The National Commission for Academic Accreditation & Assessment (NCAAA) has established required standards in six broad areas of activity and has developed the Saudi Arabian Qualification Framework (SAQF), previously National Qualification Framework (NQF), that specifies generic standards of learning outcomes for each level of qualification. The standards to be applied in judgments about accreditation are based on what are generally considered good practices in post-secondary institutions and programs. The following are the six standards that the NCAAA has identified for post-secondary programs:

- Mission and Goals
- Program Management and Quality Assurance
- Teaching and Learning
- Students
- Teaching Staff
- Learning Resources, Facilities, and Equipment

The CoM-QAAD derives guidance regarding quality standards and practices from the NCAAA. The College has adopted the six quality standards as well as the Saudi Arabian Qualification Framework (SAQF) to ensure effective quality practices at all levels and in all domains at the College. These quality standards and processes are also in place to ensure that the vision and mission of the College are aligned with that of the University, as well as the goals of the College are derived from and consistent with that of the University.

The CoM-QAA Vice Deanship works in a systematic way to ensure compliance with best practices and quality standards as stated in the NCAAA Standards for Program Accreditation.

QUALITY ASSURANCE AND MANAGEMENT AT THE COLLEGE

The College states its commitment to continual improvements of its quality and performance on all fronts. All academic and administrative units under the College participate in the processes of quality assurance and improvement. The QA system at the College is the responsibility of all. All faculty and staff participate in self-assessments and cooperate with reporting and improvement processes in their sphere of activity. In all its processes and procedures, the College is guided by its vision and mission, as well as its goals and objectives. The quality management system at the College of Medicine is dependent on two systems:

- A. Alfaisal University - Quality Assurance and Accreditation Department (AU-QAAD)
- B. College of Medicine - Vice Deanship of Quality Assurance and Accreditation (CoM-QAAD)

At the University level, the CoM-QAAD functions as a unit under the AU Quality Governance Structure (Figure 1). The CoM-QAAD works closely and cooperatively with the AU-QAAD. The AU-QAAD oversees the overall planning, implementation and evaluation of quality practices, as well as progress towards program accreditation and provides the necessary help and support to the CoM-QAAD.

The CoM-QAAD on the other hand works with the committees, departments, and other organizational units under the CoM to conduct and improve quality assurance practices. This is shown as dotted lines in Figure 1.

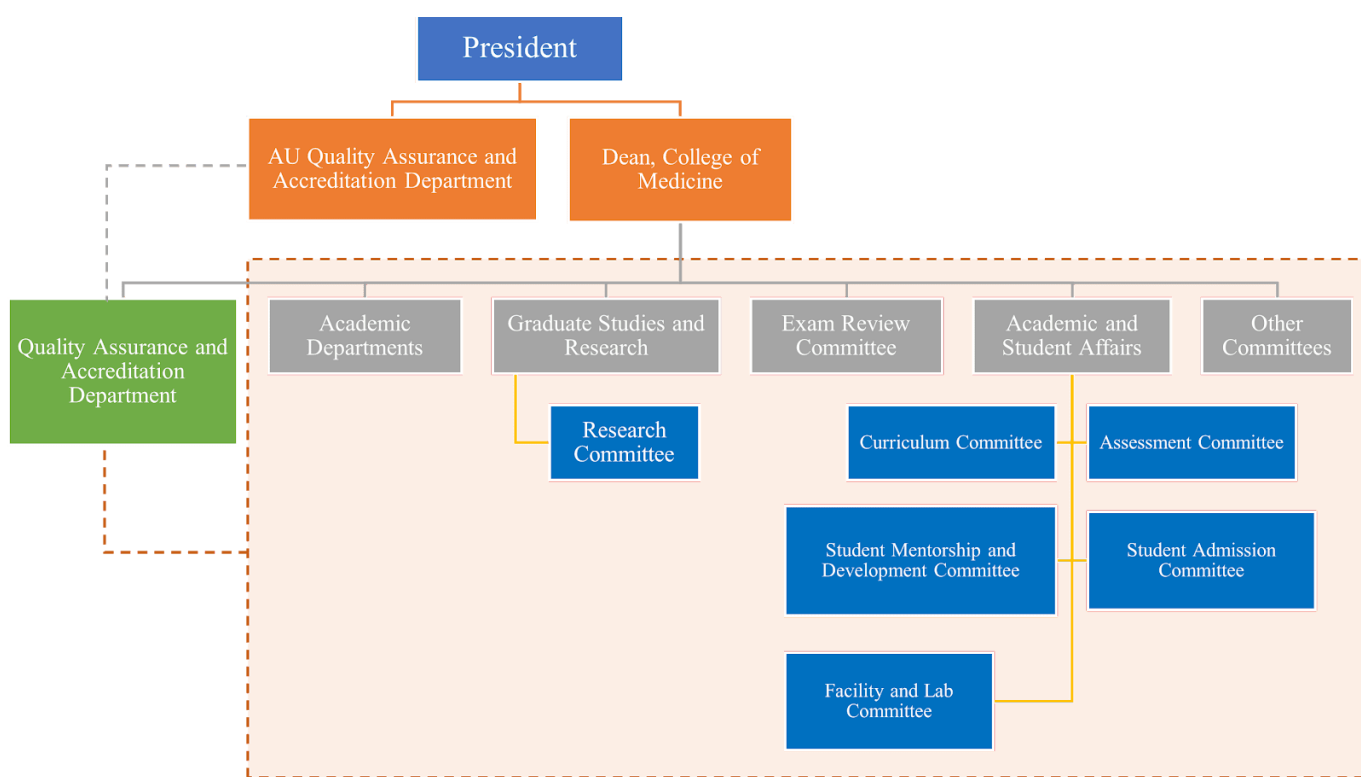


Figure 1. CoM-QAAD relationship with AU-QAAD and CoM Departments and Committees

The CoM-QAAD is also responsible for the development, monitoring and implementation of quality management procedures in the College, and for conducting periodic self-studies, as part of the requirements of NCAAA. The College follows the Plan-Do-Check-Act cycle (Figure 2), that exhibits *closing the loop*, as a tool for working towards continuous improvements. This strong drive towards quality management and improvement is fully supported by the College’s leadership.

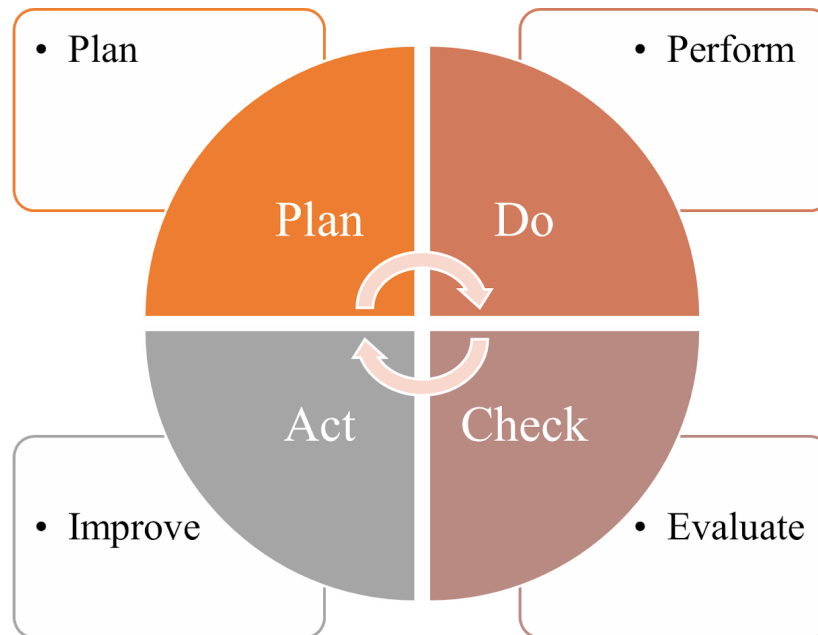


Figure 2. Plan-Do-Check-Act Cycle

GOALS OF QUALITY ASSURANCE PRACTICES

The CoM-QAAD has constructed the following goals to provide targets for quality practices at the College. These goals are reviewed regularly at least on an annual basis.

- Ensure that the program has effective well-defined goals and objectives aligned with the university and the College’s mission, vision and strategic goals and objectives.
- Ensure that the program has well-defined Program Learning Outcomes (PLOs) and Course Learning Outcomes (CLOs) that are all mapped to the SaudiMEDs Framework and the SAQF.
- Ensure that the PLOs contribute to the achievement of graduate attributes.
- Ensure that all program quality standards and aspects are well documented and reported.
- Ensure that courses are evaluated and reported on an annual basis and reports include information about the effectiveness of planned strategies and the extent to which intended learning outcomes are being achieved.
- Monitor the quality of all courses regularly through appropriate evaluation mechanisms and amended as required.

- Ensure that records of student completion rates are kept for all courses and for programs as a whole and included among quality indicators.
- Analyze course completion and program progression and completion rates and student course and program evaluations, with summaries and comparative data distributed to senior administrators at least once each year.
- Ensure that student assessment processes are appropriate for the intended learning outcomes and effectively and fairly administered with independent verification of standards achieved.
- Ensure that teaching is of high quality with appropriate strategies used for different categories of learning outcomes.
- Ensure that clinical teaching at affiliated as well as non-affiliated hospitals is appropriate for the successful achievement of learning outcomes.
- Establish a comprehensive system (including but not limited to student surveys) in place for evaluation of teaching effectiveness in all courses.
- Ensure that regular (at least annual) reports are provided to college administrators on the delivery of each course.
- Establish a system to ensure that teaching staff have appropriate qualifications and experience for the courses they teach.
- Establish a system to ensure the field experience activities are planned and administered as fully integrated components of the program, with learning outcomes specified, supervising staff considered as members of teaching teams, and appropriate evaluation and course improvement strategies are carried out.

ROLES AND RESPONSIBILITIES OF THE COM-QAAD

- Developing an overall strategy for Quality Assurance and Accreditation activities.
- Achieving the objectives of the College and the University on issues relating to quality assurance and academic accreditation.
- Strengthening efforts to place the College academically and professionally among the ranks of the best colleges at the local and regional levels.

- Assuring that curriculum is based on clear academic standards, with specific objectives and learning outcomes defined for each course
- Conducting satisfaction surveys such as evaluation of courses and faculty by students, and regular self-evaluations to determine to which extent the programs meet the set performance standards in practice, and using the results of such evaluations to improve practices
- Providing quality standards, measures, and key performance indicators for all departments
- Maintaining systematic collections of reports on performance including data on indicators and benchmarks that will be required for analysis and reporting on trends in performance and changes
- Providing benchmarking with national and international best practices and evidence-based approaches.
- Providing training for faculty and staff in the field of quality assurance
- Assisting internal academic and administrative units in the development of quality improvement strategies within their own areas.
- Coordinating regular cycles whether internal and external of academic program reviews and administrative units' reviews and monitoring the implementation of the recommendations of internal and external reviews

ASSESSMENT FRAMEWORK

Overview

Assessment methods are ways to ascertain (“measure”) student achievement levels associated with stated course learning outcomes (CLOs). Assessment in general can be regarded as a systematic ongoing process which includes the collection of information about student learning and the assessment of learning outcomes. [Figure 3](#) illustrates the overview of the assessment process and its main components.

The assessment framework utilizes various approaches of assessment which include direct and indirect assessment. The assessment planning and design is performed using a top-down approach - from the program mission level to the course level while on the operational level, data collection, and analysis are performed using a bottom-up approach from courses to the program level.

All courses/blocks must have clearly defined goals, objectives, learning outcomes, learning and assessment strategies. Therefore, all course/block manuals must have the following attributes:

1. Well defined overall goals, objectives and intended outcomes,
2. Well defined learning objectives and intended outcomes of each session,
3. Clear assessment plan to evaluate learning outcomes,
4. Independent quality assurance practices to evaluate faculty, courses and the program. CoM-QAAD must ensure that the feedback is fed into the system for improvement, and
5. Independent external reviewers who continuously monitor program delivery and outcomes.

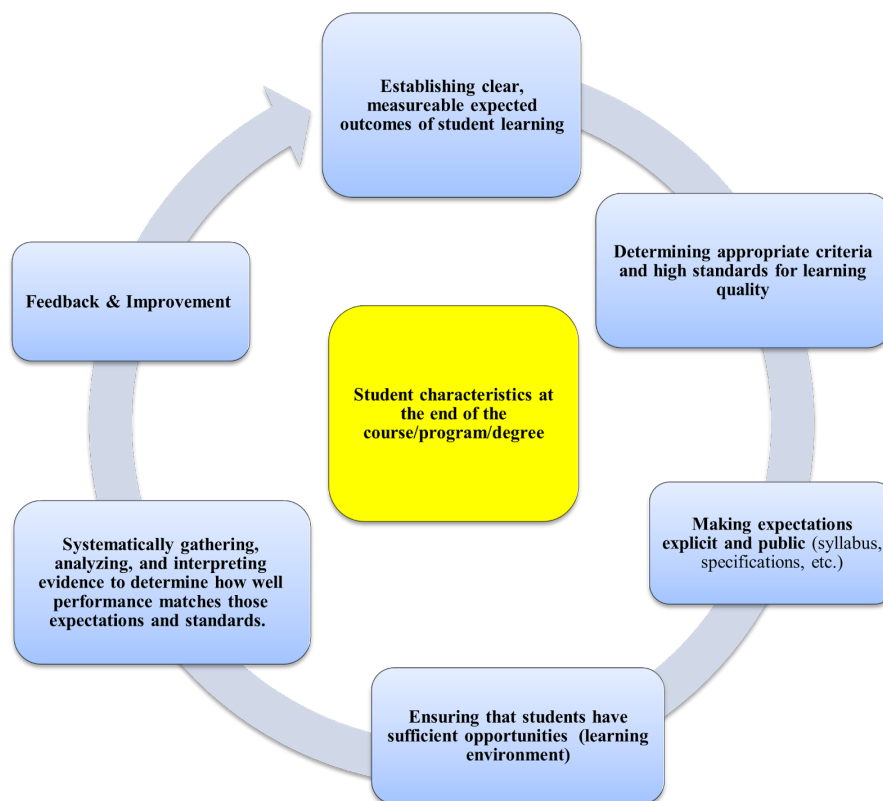


Figure 3. Overview of Assessment and its components

Quality Assurance in Assessment

Assessment at the College is viewed as a tool for educational improvement. The ultimate goal of assessment is to use the results and feedback from reports to devise plans for *closing the loop*. These plans are mainly focused on improving teaching and assessment. The Quality Assurance in Assessment Cycle (Figure 4) begins with course/block directors establishing clear learning outcomes (CLOs) while ensuring CLO - PLO alignment, followed by the development of a Blueprint for each course. A Blueprint contains Course Learning Outcome (CLO) statements with corresponding teaching and assessment

modalities for each specific CLO. Blueprinting is used in constructing exams in order to ensure alignment with course goals and objectives. An Assessment plan is designed and administered. The next step is to collect, discuss and analyze the assessment data. Out of this analysis and discussion might come suggestions for improvement. The course/block directors should then draft course/field experience reports for all courses taught. The assessment loop must be closed. If indicated, the Curriculum Committee (primarily the course/block and year directors) then needs to modify or revise teaching and/or assessment methods. Closing the loop produces immediate results particularly in courses. Methods of closing the loop may include revising/improving teaching methods by selecting alternative teaching strategies, such as, active and collaborative learning, revising course prerequisites, adding more patient interaction and hands on time when critical skills are not achieved and so on.



Figure 4. Quality Assurance Cycle in Assessment

Mechanism of Using Results of Assessment Methods in the Development Process

All assessment processes must carefully be supervised by the Assessment Office alongside the CoM-QAAD. The assessment office, upon the completion of a course/block exam, must conduct rigorous

post-exam analyses that include determining the standard setting, evaluating the discriminatory indices and psychometric analysis, and adjustment of passing mark and exam curves.

The Curriculum Committee has approved and set thresholds for average student performance and student course and faculty evaluations. These thresholds are revised on an annual basis. For courses, the average student performance on any course must be above 65%. The threshold for average student course and faculty evaluations is set at 3.5 out of 5. All courses below these thresholds must be flagged by the year committee for review and action. In cases of under-performance, the year committee along with the course/block committees shall analyze thoroughly the course objectives adjacent to teaching modalities, course evaluations, faculty evaluations, and assessment data. The thorough analysis of all data and feedback must result in an improvement plan. The improvement plan must be included in the course/field experience reports upon approval of the Curriculum Committee. If indicated, those faculty members who are determined to be performing inadequately according to the Course and Faculty Evaluations must be notified and remedial teaching workshops must be scheduled. All plans and processes must be followed up by the CoM-QAAD to ensure their implementation.

Collection of Evidence of Student Learning

The College classifies the collection of evidence of student learning into direct and indirect measures.

Direct assessment involves evaluating tangible observable products of student learning. When test questions are aligned with the learning outcomes, they can be accurate measures of whether the desired student learning has taken place. The strength of direct measures is that it is a strong evidence of student learning. Direct assessment measures provide us with documented evidence of content mastery. At the CoM, we are in the process of tagging questions in our question bank with learning outcomes and difficulty levels. An overall evaluation of an exam is conducted by a multidisciplinary course committee and exam review committee prior to the administration of the exam.

In contrast, an *indirect measure* is based upon a report of observed student learning. The reports can come from different stakeholders, including students, faculty, internship supervisors, and employers. Indirect measures are based on gathering information through means other than looking at actual samples of student work, e.g. surveys and focus groups. Also, often it requires the faculty to infer actual student abilities, knowledge and values rather than observing direct evidence of learning or achievement. Using these indirect measures, we obtain information about students' thoughts on what and how they learned and use the students' own perceptions for assessment and evaluation of the level of achievement of learning outcomes.

Because each method has its limitations, the College’s assessment approach combines direct and indirect measures from a variety of sources. This combination of assessment methods can provide converging evidence of student learning. A summary of the various direct and indirect assessment measures is given in [Table 1](#) below.

Direct Measures	Indirect Measures
<ol style="list-style-type: none"> 1. Assessment of Program Learning Outcomes 2. Assessment of Course Learning Outcomes through: <ol style="list-style-type: none"> a. Continuous Assessments <ol style="list-style-type: none"> i. Team Based Learning (TBL) ii. Problem Based Learning (PBL) iii. Case Write-ups / Logbook / Progress Notes iv. Mini-Clinical Evaluation Exercise (Mini-CEX) b. Formative Assessments <ol style="list-style-type: none"> i. Large Group Discussions (LGD) ii. Clinico-Pathology Correlation (CPC) iii. Student Presentations (SPs) iv. Bed-side Examination (BSE) c. Summative Assessments <ol style="list-style-type: none"> i. Midterm Exams (MCQs + SAQs) ii. Final Exams (MCQs + SAQs) iii. Objective Structured Practical Examination (OSPE) iv. Objective Structured Clinical Examination (OSCE) v. Projects/Presentations 3. End of Internship Rotation Evaluation 4. Nation-wide Progress Test 5. NBME Shelf Examination 6. Professional Examinations <ol style="list-style-type: none"> a. SMLE Exam b. USMLE Step 1, 2 and 3 Exams c. PLAB 1 and 2 Exams d. MCCQE/NAC Exam 	<ol style="list-style-type: none"> 1. Course and Faculty Evaluation Survey (CFES) 2. Program Evaluation Survey (PES) 3. Student Experience Survey - 2nd Year Experience (SES) 4. Employers’ Survey 5. Graduates Matching in Postgraduate Residency Programs 6. Graduation / Completion Rate 7. Alumni Survey 8. Tracking of alumni awards, achievements and reputation 9. Student research presentation awards in research days, symposiums and conferences 10. Research papers published by students 11. Student Progression rate

Table 1. Examples of Direct and Indirect Measures

Many of the assessment approaches shown in the table above are already incorporated into the assessment of learning outcomes at all levels (program and courses). Regardless of the assessment approach, grades alone do not provide adequate feedback about students' performance. However, since grading is tied to rubrics, it is a useful tool to identify the strengths and weaknesses in student performance.

Assessment of Learning Outcomes Methodology

The assessment of Course Learning Outcomes (CLOs) is the most important element in the evaluation of our MBBS program. Some of the assessment strategies (direct measures) used at the College to assess the achievement of course learning outcomes are as follows:

Continuous Assessments

- a. Team Based Learning (TBL)
- b. Problem Based Learning (PBL)
- c. Case Write-ups / Log Book / Progress Notes
- d. Mini-Clinical Evaluation Exercise (Mini-CEX)

Formative Assessments

- a. Large Group Discussions (LGD)
- b. Clinico-Pathology Correlation (CPC)
- c. Student Presentations (SPs)
- d. Bed-side Examination (BSE)

Summative Assessments

- a. Midterm Exams (MCQs + SAQs)
- b. Final Exams (MCQs + SAQs)
- c. Objective Structured Practical Examination (OSPE)
- d. Objective Structured Clinical Examination (OSCE)
- e. Projects/Presentations

End of Internship Rotation Evaluation

Interns are required to complete 12 months of rotations and achieve a minimum of 70% total score in order to pass the rotation.

The College undertook a series of steps to refine its process of analyzing students' performance of learning outcomes. These steps are outlined below with a summary of the actions taken in [Figure 5](#).

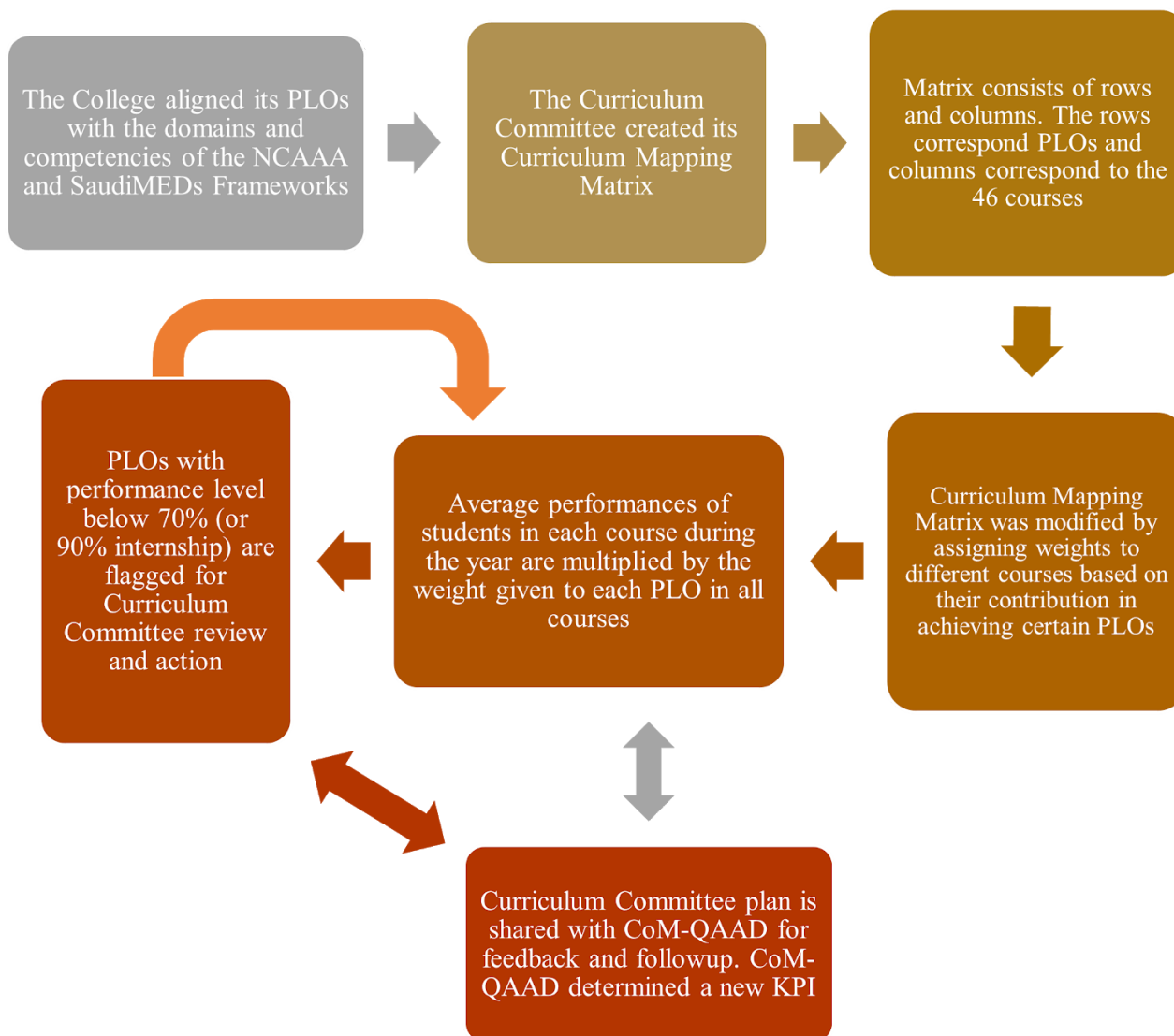


Figure 5. Process of Assessment of Program Learning Outcomes with Feedback Loop

Step 1 – Creating the CoM’s Curriculum Mapping Matrix

In 2017, the College aligned its 30 PLOs with the domains of the National Qualification Framework (NQF) - which were later updated in 2020 to the SAQF 2020 domains - (a) Knowledge and Understanding, (b) Skills, and (c) Values. The College also aligned its PLOs with the 6 major competencies and 17 sub-competencies of the SaudiMEDs Framework.

The College Curriculum Committee also approved mapping of its 46 courses with the above mentioned domains and competencies. The resultant Curriculum Mapping Matrix consists of rows and columns. The rows correspond to the various program learning outcomes. The columns correspond to the 46 courses taught at the CoM.

Step 2 – Modifying the Curriculum Mapping Matrix to Include Weights

Later in 2018, in order to determine the impact of courses/block learning outcomes (CLOs) on the achievement of program learning outcomes (PLOs), a task force consisting of 10 senior professors from all three phases of the curriculum was appointed by the Curriculum Committee. This task force assigned weights to different courses based on their effect on achieving the 30 PLOs. This modified curriculum mapping matrix with weights developed by the task force was approved by the Curriculum Committee. A graph with the distribution of PLOs according to academic years is shown in Figure 6. The alignment of CLOs to PLOs for the internship year was also done.

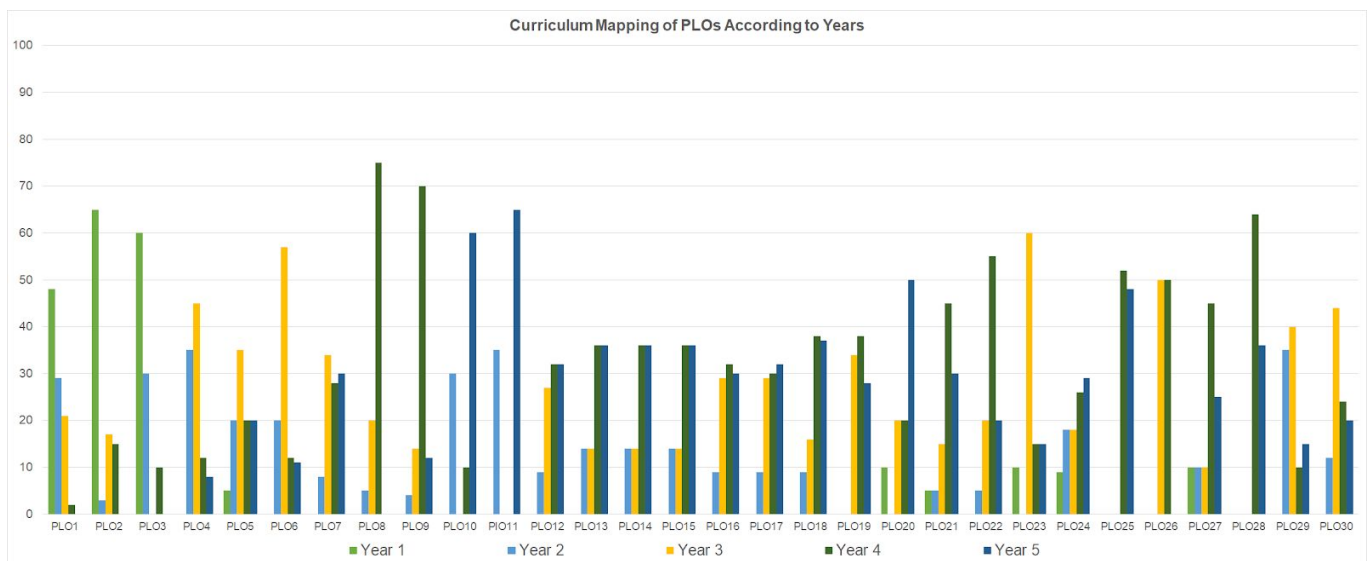


Figure 6. Curriculum Mapping of PLOs According to Academic Years

Step 3 – Assessment of PLOs Using the Modified Curriculum Mapping Matrix

Starting in 2018-2019, we began measuring the achievement of PLOs by using the modified matrix. Average performances of students in each course during the year are multiplied by the weight given to each PLO in all pre-internship courses. A total of the averages of PLO performances across all 46 pre-internship courses is reported in the Annual Program Report. A performance level of 70% per PLO for 46 pre-internship courses and 90% for internship is set as the initial goal. PLOs with performance level below 70% (or 90% internship) should be flagged for Curriculum Committee review and action. Current efforts and quality practices are aimed at increasing the 70% and 90% performance level goal to higher percentages in the coming years.

Step 4 – Determining a new KPI

The CoM-QAAD also determined a new KPI with regards to the performance analysis of program learning outcomes (pre-internship years) namely, “*Percentage of PLOs achieved above Performance Target (70%) during the year*”. This KPI was added to the CoM Master list of KPIs and the CoM Strategic Plan was also updated to include this addition. Hence, starting 2019 onwards, this KPI must be reported annually.

Step 5 – Linking Question Items with CLOs and PLOs

The CoM-QAAD along with the Curriculum Committee has planned the linking of all exam question items in all assessments to CLOs. The CLOs are already linked to PLOs. This linking of every exam question item to CLOs and hence PLOs will allow the College to realistically assess the achievement of learning outcomes for a particular cohort of students. Results from such analysis will better inform the Curriculum Committee and CoM-QAAD of the true strengths and weaknesses of the cohort as well as will help identify the exact course content (and hence CLOs and PLOs) that requires an alternative approach in teaching and/or assessment.

KEY PERFORMANCE INDICATORS AND BENCHMARKING

Key Performance Indicators

Identification of Performance Indicators

At the level of the College, through the CoM Strategic Plan, we have identified our own set of KPIs for each Strategic Direction in addition to the mandatory KPIs listed by NCAAA that are used for assessment of quality practices. Evaluations are based on a set of provisional performance indicators and benchmarks which have been put in place with careful consideration and wide consultations. They have been approved by the AU-QAAD and verified by external experts at different stages of program development and are under continuous review.

Collection of Data

The College has a comprehensive schedule for rolling out surveys, forms etc. in order to collect data to plot, interpret and analyze key performance indicators. The table below ([Table 2](#)) lists the KPIs, collection methodology, and collection time for each KPI.

Key Performance Indicator	Collection Methodology	Collection Time
<p>Students' evaluation of quality of learning experience in the program</p> <p>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</p>	Survey	End of Academic year
Proportion of courses in which student evaluations were conducted during the year*	Data from CoM-QAAD	End of Academic year
Proportion of block/parallel courses in which there was independent verification of standards of students achievements through internal processes during the year*	Data from CoM-QAAD	End of Academic year
<p>Employee Satisfaction Rate*</p> <p>Average of employees' satisfaction rate with the leadership and administration of the program on a five-point scale in an annual survey</p>	Survey	During Academic year
<p>Ratio of students to teaching staff</p> <p>Ratio of the total number of students to the total number of full-time and full-time equivalent teaching staff in the program</p>	Data from Academic Affairs Office	End of Academic year
<p>Students' evaluation of the quality of the courses</p> <p>Average students overall rating for the quality of courses on a five-point scale in an annual survey</p>	Survey	End of Block/Course
<p>Graduates' employability and enrolment in postgraduate programs</p> <p>Percentage of graduates from the program who within a year of graduation were: a: Employed b: Enrolled in postgraduate programs during the first year of their graduation to the total number of graduates in the same year</p>	Data from Internship Department and Alumni and Placement Relations Office	One year after graduation, i.e., July-August
<p>Completion rate/Graduation Rate</p> <p>Proportion of undergraduate students who completed the program in minimum time (5 years) in each cohort</p>	Data from Academic Affairs Office	End of Academic year
<p>First-year students retention rate</p> <p>Percentage of first-year undergraduate students who continue at the program the next year to the total number of first-year students in the same year</p>	Data from Academic Affairs Office	End of Academic year
Percentage of PLOs achieved above Performance Target (70%) during the year*	Data from Academic Affairs Office	End of Academic year
<p>Rate of published research per faculty member</p> <p>The average number of refereed and/or published research per each faculty member during the year (total number of refereed and/or published research to the total number of full-time or equivalent faculty members during the year)</p>	Data pooled from Scopus	End of Academic year

<p>Citations rate in refereed journals per faculty member</p> <p>The average number of citations in refereed journals from published research per faculty member in the program</p>	Data pooled from Scopus	End of Academic year
<p>Percentage of publications of faculty members</p> <p>Percentage of full-time faculty members who published at least one research during the year to total faculty members in the program</p>	Data pooled from Scopus	End of Academic year
<p>Conference presentations/attendance per non-clinical faculty member*</p> <p>Number of papers or reports presented at academic conferences or conferences attended during the past year per full-time non-clinical faculty members</p>	Survey	End of Academic year
<p>Research income from external sources in the past year in SAR*</p>	Data from Office of Research and Graduate Studies	End of Academic year
<p>Proportion of total operating funds spent on research in the last financial year (AU overall)*</p>	Data from Finance Office	End of Academic year
<p>Number of community education programs provided*</p>	Data from Department of Community Medicine and Medical Students' Association	End of Academic year
<p>Proportion of full-time teaching and other staff actively engaged in community service activities*</p>	Data from Department of Community Medicine	End of Academic year
<p>Proportion of teaching staff leaving the program</p> <p>Proportion of teaching staff leaving the program annually for reasons other than age retirement to the total number of teaching staff</p>	Data from Human Resources Department	End of Academic year
<p>Proportion of full time teaching staff participating in at least one full day or equivalent of professional development activities arranged by the department, college, or institution during the past year*</p>	Data from Department of Medical Education	End of Academic year
<p>Ratio of book titles held in the library to the number of students (per student)*</p>	Data from Library Office	End of Academic year
<p>Number of database subscriptions as a proportion of the number of programs offered*</p>	Data from Library Office	End of Academic year
<p>Number of periodical subscriptions as a proportion of the number of programs offered*</p>	Data from Library Office	End of Academic year
<p>Satisfaction of beneficiaries with the learning resources</p> <p>Average of beneficiaries' satisfaction rate with the adequacy and diversity of learning resources (references, journals, databases, etc.) on a five-point scale in an annual survey</p>	Survey	End of Academic year
<p>Annual expenditure on IT as a proportion of total operating funds*</p>	Data from Finance Office	End of Academic year
<p>Students' satisfaction with the offered services</p>	Survey	End of Academic year

Average of students' satisfaction rate with the various services offered by the program (restaurant, transportation, sports facilities, etc.) on a five-point scale in an annual survey		
Satisfaction of beneficiaries with the IT services* Stakeholder evaluation of the IT services on a five-point scale in an annual survey (AU Overall)	Survey	End of Academic year
Total operating expenditure (other than accommodation and student allowances) per student in SAR*	Data from Finance Office	End of Academic year
Proportion of total operating funds (other than accommodation and student allowances) allocated to provision of student services*	Data from Finance Office	End of Academic year
Student evaluation of academic and career counseling* Average rating on the adequacy of academic and career counseling on a five-point scale in an annual survey of final year students	Survey	End of Academic year
Number of new MoUs signed (for research, clinical training)*	Data from CoM-QAAD	End of Academic year

* KPIs determined by the College (Non-mandatory KPIs). The remaining were mandated by NCAAA. The College continues to expand its own list of KPIs.

Table 2. List of CoM KPIs along with the collection methodology and collection time

Evaluation and Implementation of Action Plan

The College must monitor the achievement of its goals through specific Key Performance Indicators. Every year, the College compares its actual KPI values to the forecasted KPIs. Comparative results from plotting (actual vs. forecast) must be shared with key personnel at the level of the College and the University to devise *closing the loop* strategies (feedback and improvement) as indicated in the AU CoM Evaluation and Review Framework. Recommendations must be summarized in the form of action plan(s).

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. The College practices internal as well as external benchmarking. Internal benchmarking is done annually with comparison of current performance of the College with its previous performance and in some cases the University's current performance. The below figure (Figure 7) summarizes the benchmarking practices adopted at the College.

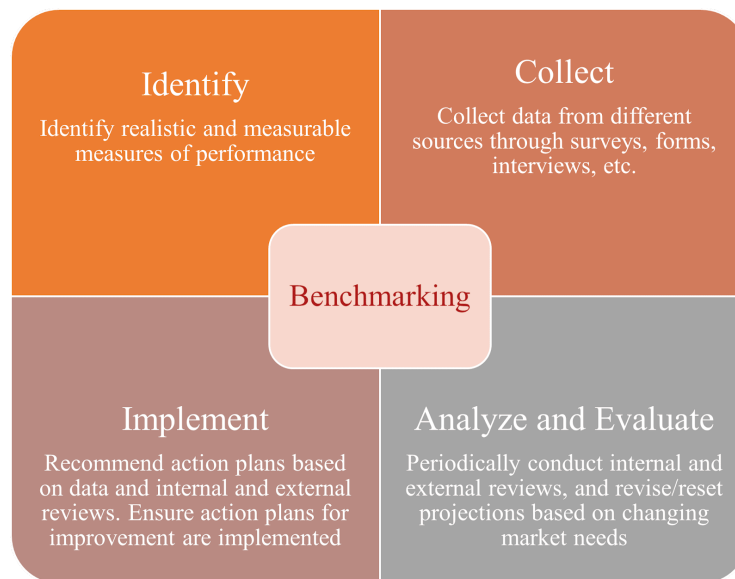


Figure 7. Benchmarking Practices at the College

The College 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. To conduct external benchmarking and comparison of performance, the College signs Memoranda of Collaboration (MoCs) with the colleges of medicine of national 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 of comparable size

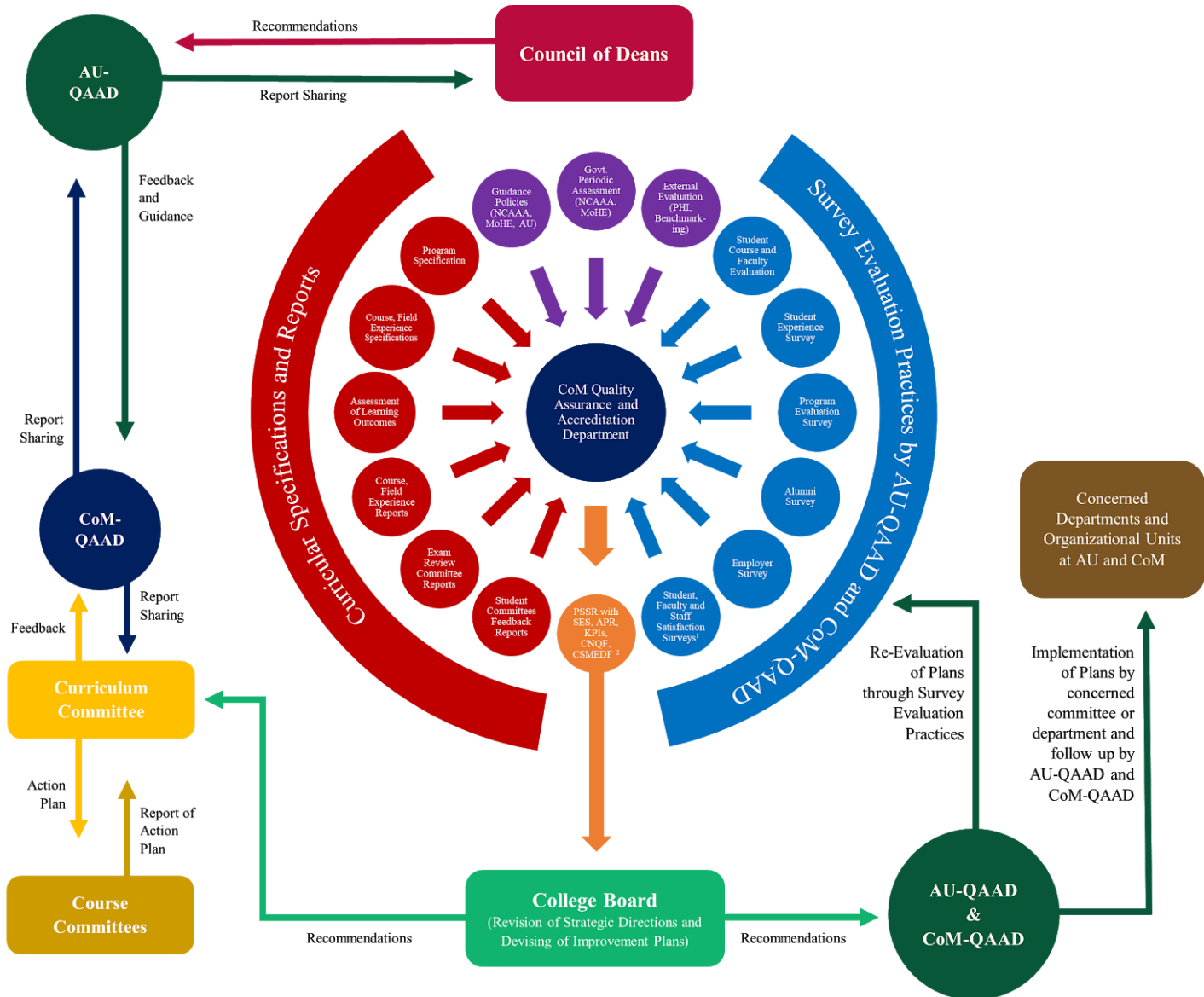
PROGRAM EVALUATION AND REVIEW FRAMEWORK

Program Evaluation

Program Evaluation is a mandatory tool to help the College learn about the quality of its program, and to learn whether it meets the needs of the students and the community at large. The College endeavors to discover whether its stakeholders are satisfied through questionnaires or surveys. Stakeholders include students, faculty members, administrative staff, alumni, employers, and other external stakeholders. The

College is mandated to follow guidelines outlined in the University Survey Manual while creating and running surveys. The process of program evaluation is a systematic approach using qualitative and quantitative methods to gain an understanding of students' opinions about the different learning and teaching strategies, assessment processes, and assessing the effectiveness and efficiency of the courses, and identifying what measures are required to improve them. It also includes the evaluation of students' satisfaction with offered services, such as learning resources, facilities, IT, Counseling Services etc.

The College of Medicine is a student-centered college and its program regards students as the principal clients of the education system, and surveys of their opinions are one of the most important sources of evidence about the quality of the programs, providing very useful suggestions for improvement. The results of these surveys are used to monitor, assess, address and improve the overall quality of the MBBS program, quality of teaching, student services, administration, and facilities. All satisfaction surveys are automated within the AU CoM Evaluation and Review Framework ([Figure 8](#)), which represents the main component of the Program Quality Assurance System.



AU-QAAD = Alfaisal University Quality Assurance and Accreditation Department (Institutional Level)
 CoM-QAAD = College of Medicine Quality Assurance and Accreditation Department (Program Level)
¹ Student and Faculty Satisfaction Surveys cover Faculty, IT, Student Affairs, Academic Counseling, Library, Employee
² PSSR = Program Self-Study Report; SES = Self-Evaluation Scales; APR = Annual Program Report; KPIs = Key Performance Indicators; CNQF = Compliance with National Qualification Framework; CSMEDE = Compliance with SaudiMEDs Framework

Figure 8. AU CoM Evaluation and Review Framework

Survey Evaluation Practices

Mechanisms exist to enable planned submission of the different types of satisfaction surveys as shown in Table 3. The submission must be planned and scheduled in advance every semester. There are also mechanisms for feedback and improvement (closing the loop) as illustrated in Figure 8 as well as in the table below.

Survey Title	Who will be surveyed?	Conducted by	Copies to close the loop (for feedback and improvement)
Course and Faculty Evaluation Survey	Students and Interns	CoM-QAAD	Dean AU-QAAD Course Directors Curriculum Committee CoM-QAAD
Student Experience Survey (SES) - 2nd Year Experience	Students	AU-QAAD	President Council of Deans Dean, CoM CoM-QAAD Course Directors Curriculum Committee AU-QAAD
Program Evaluation Survey (PES) - Final Year Experience	Students	AU-QAAD	President Council of Deans Dean, CoM CoM-QAAD AU-QAAD Course Directors Curriculum Committee
Alumni Survey	Alumni	AU-QAAD	President Council of Deans Dean, CoM CoM-QAAD AU-QAAD Alumni and Placement Relations Office
Employer Survey	Employers of our Alumni	AU-QAAD	President Council of Deans Dean, CoM CoM-QAAD AU-QAAD Alumni and Placement Relations Office
University Library Satisfaction Survey	Students	Library	President VPs Council of deans Dean, CoM AU-QAAD CoM-QAAD Library
Student Affairs Satisfaction Survey	Students	Student Affairs	President VPs Council of Deans Dean, CoM AU-QAAD CoM-QAAD Student Affairs

Employee Satisfaction Survey	Faculty and Staff	Human Resources Department	President VPs Council of Deans Dean, CoM AU-QAAD CoM-QAAD Human Resources Department
IT Services Satisfaction Survey	Students Faculty and Staff	IT Department	President VPs Council of Deans Dean, CoM AU-QAAD CoM-QAAD IT Department
Classroom: Audio Visual System Feedback (Satisfaction Survey)	Students and Faculty	IT Department	President VPs Council of Deans Dean, CoM AU-QAAD CoM-QAAD IT Department
Facility Satisfaction Survey (Facilities Restaurants Sports etc.)	Students Faculty and Staff	Facility Department	President VPs Council of Deans Dean, CoM AU-QAAD CoM-QAAD Facility Department
Feedback on the Food Service Providers (Satisfaction Survey)	Students Faculty and Staff	Facility Department	President VPs Council of Deans Dean, CoM AU-QAAD CoM-QAAD Facility Department

Table 3. Survey Evaluation Practices conducted at the CoM

Curricular Specifications and Reports

The diagram below, which is the Quality Assurance Cycle in Teaching and Learning, (Figure 9) illustrates the process flow and the relationship of important specifications and reports (i.e. program specifications, course specifications, field specifications, course reports, field experience reports, and annual program reports) to Research and Continuous Improvement (Closing the Loop). The QA Cycle in Teaching and Learning is in line with the NCAAA reporting and review scheme. The College cooperates with and participates in general institutional strategies for improvement and arranges further complementary initiatives to deal with quality issues found in its own program. The most important part in this quality cycle is the assessment of learning outcomes and the feedback obtained from each course.

Research and Continuous Improvement (Closing the Loop)

Closing the Loop is considered the most important step in the quality cycle of teaching and learning. This step is where the Curriculum Committee along with its units (year and course/block committees) get to take action by managing student learning. Based on the analysis of assessment data and feedback from students and faculty about areas where students are struggling or succeeding, the curriculum committee needs to decide how to adjust teaching at the College.

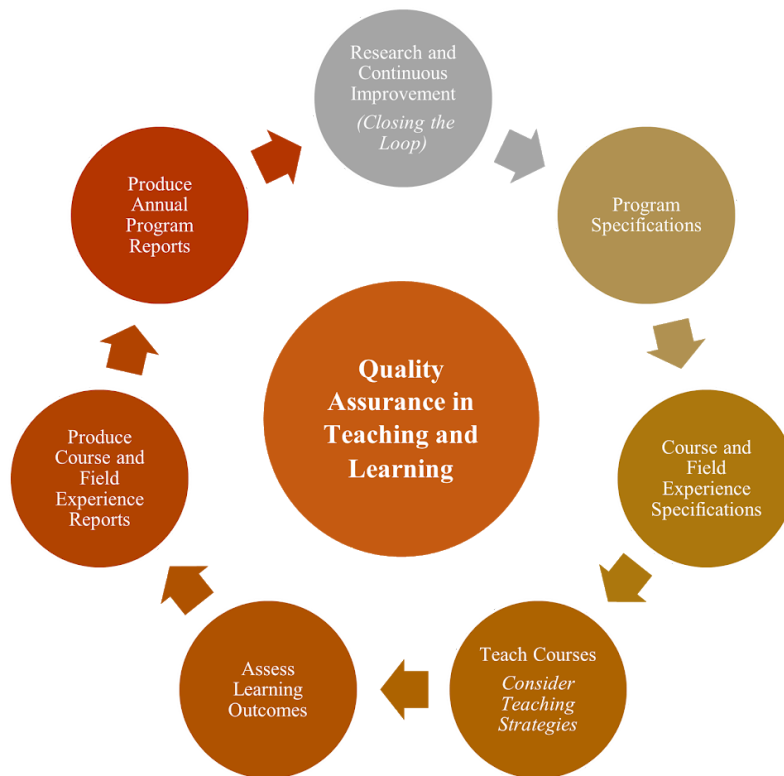


Figure 9. Quality Assurance Cycle in Teaching and Learning

The below table (Table 4) summarizes the specifications and reports mentioned in Figure 9.

Report/Form	Filled By	Approved by	Description/Distribution
Program Specification	Special committee with memberships from medical education departments and experts from other institutions Curriculum Committee and our partners (PHI)	Ministry of Education Advisory board University Council Council of Deans Dean CoM	The primary purpose of the program specification is to support the planning monitoring and improvement of the program by those responsible for its delivery. It includes sufficient information to demonstrate that the program will meet the requirements of the Standards for Quality Assurance and Accreditation of Higher Education Programs the Saudi Arabian Qualification Framework and any specific requirements relating to professional accreditation in the field of study concerned.

			<p>The program specification also includes the Course Planning Matrix.</p> <p>Copies of the program specification are provided to the Dean Curriculum Committee AU-QAAD and CoM-QAAD.</p>
<i>Course Specification</i>	Course Director/ Course Planning Committee	Curriculum Committee CoM-QAAD	<p>All course specifications are available as part of the study plan and the program curriculum.</p> <p>Individual course specifications are prepared for each course. The purpose is to make clear the details of planning for the course as part of the package of arrangements to achieve the intended learning outcomes of the program as a whole.</p> <p>Course specifications include the knowledge and skills to be developed in consideration with the Saudi Arabian Qualification Framework and the overall learning outcomes of the program the strategies for teaching and assessment in sufficient detail to guide individual instructors as well as the learning resources facilities requirements and any other special needs.</p> <p>The structure of a course specification includes the intended learning outcomes and the strategies for developing those learning outcomes for the different types of learning described in the Saudi Arabian Qualification Framework processes for course evaluation based on evidence with verification of interpretations of that evidence and planning for improvement. Copies of the course specification are provided to the Dean CoM-QAAD curriculum committee and to the AU-QAAD.</p>
<i>Course Report</i>	Course Director/ Course Planning Committee	Curriculum Committee CoM-QAAD	Completed by course directors at the end of each block/course and sent to the Dean CoM-QAAD Curriculum Committee and to the AU-QAAD.
<i>Field Experience Specification</i>	Medical Internship Director	Dean CoM Curriculum Committee CoM-QAAD	<p>Internship is considered a valuable component of the MBBS program. Although offered off campus in a hospital and supervised by physicians outside the college it should be considered as the equivalent of a course and planned and evaluated with considerable care.</p> <p>A separate specification is provided to indicate as clearly as possible what it is intended that students should learn and what should be done to ensure that learning takes place. This involves careful preparation of the students and planning in cooperation with the hospitals where the field experience occurs.</p>

			Copies of the field experience are provided to the Dean CoM-QAAD Curriculum Committee and to the AU-QAAD.
Field Experience Report	Medical Internship Director	Dean CoM Curriculum Committee CoM-QAAD	Field experience reports are to be prepared each year to document what happened, how effective the program has been and to review the outcomes and make plans for any future adjustments to improve it. The main elements of the report are like those for regular courses though necessarily different in some respects because of the nature of the activity. Copies of the field experience report are provided to the Dean CoM-QAAD Curriculum Committee and to the AU-QAAD.
Program Annual Report	Curriculum Committee in Consultation with Faculty Members and CoM-QAAD	Dean CoM CoM-QAAD	A program report is prepared at the end of each year after consideration of course reports and other information about the delivery of the program. The report is based on the course reports and specifications and describes what happened in the program compared with what was intended to happen, reports on its quality and indicates any changes that should be made for future delivery as a result of experience in the year concerned. Matters selected for continuing monitoring are included in the annual report. The report on quality in the program is based on evidence provided from a range of sources and by interpretations of that evidence. The annual report should include an action plan that indicates action to be taken in response to the evaluations undertaken and subsequent reports should consider the results of that action. Copies of the annual program report should be provided to the Dean CoM-QAAD and AU-QAAD.

Table 4. Curricular Specifications and Reports as part of the Quality Assurance Cycle in Teaching and Learning

Faculty Performance Evaluation

The University as a higher education institution as stated in its mission greatly values highly effective instructors in addition to highly active researchers and service providers. All AU's faculty members need to be evaluated and shall continue to be evaluated on their previous year's performance with the performance criteria that are clearly specified. These criteria have been published in the faculty handbook. A standard form ([Annexure 1: Faculty Activity Report Template](#)) is to be used for

performance evaluation, that is to be completed annually by every faculty member in consultation with the department head or immediate supervisor at the end of the academic year. The completed report is discussed with and signed by the head of the department or immediate supervisor and submitted to the Dean of the College. The Dean then scrutinizes this report, evaluates it, and provides feedback when indicated. This mechanism is aimed at encouraging faculty members to improve and to promote excellence in teaching, research, and community services. Further details about faculty remediation and promotion are outlined in the Human Resources and Admin. Policy and Process Manual.

Monitoring of Teaching Quality (Peer Review)

In addition to various types of evaluations and satisfaction surveys described in this Manual, The University introduced a policy on the monitoring of teaching quality - Peer Review. Please refer to the policy below as stated in the Faculty Manual. The Faculty Manual is distributed to all faculty and is made publicly available.

“The Head of a Department or Dean as appropriate should arrange for at least one colleague to attend and evaluate at least one lecture given by any new member of the academic staff and any established member of the faculty whose student evaluation for a semester is 3.75 or less. The purpose of this review is to appraise the delivery of the lectures organization and the use of lecture room hardware as a means of improving the overall quality of the educational delivery at Alfaisal University. Upon the Head of a Department or Dean’s recommendation the review may be extended to evaluate a faculty member’s professional development as well as syllabi course specifications course reports exams and other aspects of instructional design and assessment.

The reviewer(s) will prepare a written report to be submitted to the Head of Department or Dean who will in turn discuss the report with the lecturer. A record of this review will be kept in the departmental or college files for any future reference”

Program Self-Study and Review

Program Self-Study Report (PSSR)

A periodic program self-study is a thorough examination of the quality of a program taking account of the mission and objectives of the program and the extent to which they are being achieved. The standards for quality assurance and accreditation are defined by the NCAAA. Conclusions are to be supported by evidence with verification of analysis.

The Self-Study Report must be drafted by ad-hoc committees involving faculty and staff members, and the committees must be chaired by the CoM-QAAD. The Dean of the CoM, and AU-QAAD should

provide feedback regarding the PSSR. In addition, the PSSR should also be shared with external reviewers to obtain an external independent opinion on the self-study report.

Program Review

Program reviews must be based on internal and external review panels (audits) after careful analysis and consideration of NCAAA templates and reports including self-evaluation scales. The College must conduct periodically two types of program reviews/audits:

1. Internal Reviews/Audits

- a. Annual: an annual program report, program KPIs, assessment and evaluation of learning outcomes in addition to feedback from alumni and employers
- b. Every two or three years: Self-evaluation scales and self-study report, which may include the participation of external reviewers as deemed necessary

2. External Review/Audit: The College seeks external independent evaluations and verifications on its continuous quality improvement processes, verification of the standards and accreditation compliance.

- a. Government Periodic Assessments: The College undergoes periodic review and evaluation by national accrediting agencies such as the NCAAA, and the Ministry of Higher Education. The assessments from NCAAA and MoHE are pivotal to the improvement of quality assurance practices within the College. The reports from NCAAA and MoHE are carefully reviewed by the CoM-QAAD and the reports are disseminated among the concerned heads of departments and committees for implementation and follow-up of an action plan.
- b. Partners HealthCare International (PHI): The College's program is independently reviewed by Partners HealthCare International on an annual basis. PHI provides a detailed report on the evaluation of all standards along with recommendations. PHI consultants also conduct a mock accreditation exercise every 5 to 6 years using external expert opinions in a coherent, integrated approach that covers two dimensions: institutional standards and college/program standards. PHI consultants visit the College twice every year and provide consultation and advisory services to the College, as well as independently evaluate the College's performance as previously mentioned. Roles and responsibilities of PHI are as follows:

- PHI assists in the co-development and implementation of an appropriate organizational structure to align with the developing and revising the curriculum within the College of Medicine.
- PHI advises on the basic science curriculum, by providing ongoing review, revisions and evaluation.
- PHI advises on the clinical clerkship curriculum, by providing ongoing review and revisions.
- PHI advises the College on developing a core medical college curriculum that promotes the integration of the basic medical and clinical sciences with community care delivery and public health.
- PHI works with the College to design independent learning activities as a key component for Alfaisal students to become active learners.
- PHI works with Alfaisal to co-develop the approach to the assessment of student performance during the clinical experiences.
- PHI reviews and comments on plans for integration of teaching activities of the College of Medicine with other Colleges of Alfaisal to provide a comprehensive education program.
- With the active participation of Alfaisal, PHI develops and delivers two three-day faculty development programs (focused on clinical teaching and conducting tutorials) in KSA.
- PHI continues to review plans for student affairs within Alfaisal Medical College policies as they particularly impact areas specific to medical education (i.e., student clerkships) and provide comments on those plans for consideration by the College.
- Advisors from Partners HealthCare International will also regularly meet with student representatives and review the curriculum.

Faculty Activity Report

Approved by UC 6 February 2018. Modified by College of Engineering 2 May 2019

*Covers the period
(Fall 2019 - Spring 2020)*

Objective & Deadline: The information collected in this report covers teaching, research & service for the previous academic year. It will be used for faculty performance evaluation & merit increases. Please submit signed hard & soft copies of the completed Report to your College Dean & HoD by 10 May each year.

Instructions: Respond to each section of this Report as completely as possible. Add cells/rows as needed. Please discuss the completed form with your Head of Department (HoD) & if applicable the College Dean before signing it.

1. PERSONAL INFORMATION

Name (first/last) & University ID	Academic Title	College ¹
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¹Business; Engineering; Medicine; Pharmacy; Science & General Studies including University Preparatory Program (UPP)

2. WORKLOAD SUMMARY (approximate % as agreed & approved by College Dean or HoD)²

Year	Teaching (%)	Research (%)	Service (%)
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²Please discuss with Dean/HoD before completing this table. *Normally this is done at beginning of academic year.*

In the space below, comment on any mitigating circumstances that have negatively affected your ability to complete any component of workload as assigned.

3. TEACHING

(a) Teaching Load and Course Evaluation

Semester/Yr (Fall 2018, Spring 2019)	Course Code & Title	Credits	Contact Hours (lecture, lab, tutorial, studio)	Number of students enrolled	Course Evaluation (out of 5.0)

(b) New Courses Developed or Introduced

4. RESEARCH & SCHOLARSHIP

Table 4.1. Publications³ List only those publications that appeared in print or are in press (i.e. accepted) during the time covered in this review. Please give complete citation if possible (i.e. authors, yr., title, journal, vol. & pg. numbers)

- ³
- a) Published/in press (i) articles/reviews and (ii) technical papers.
 - b) Published/in press books, monographs, case, book chapter, book review, conference proceeding.
 - c) Published abstracts, including publisher, title, and author(s).
 - d) Other scholarly publications such as magazine or newspaper articles.

Table 4.2. Grants & Sponsored Projects

Date Granted & Duration (yr)	Names ⁴	Your role: PI or Co-PI	Project Title	Name of Grant Sponsor	Amount of award(SAR)
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⁴ Include names of all the investigators.

Table 4.3. Other Research/Scholarly Work

Either in tabular or narrative form, describe scholarly work in progress. This will include, but is not limited to: graduate student supervision, proposals submitted during review period & unfunded projects/activity.

Table 4.4. Conference/Workshop Participation

Date	Conference Name	Type of Presentation/Activity ⁵	Title of Presentation
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⁵ Session paper presentation, poster session, round-table, etc.

5. UNIVERSITY & COMMUNITY SERVICE

Table 5.1. University/College/Department Service⁶

Activity	Duration	Your role
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⁶ Membership in university, college or departmental committee service, as program coordinator/director; governance officer; advising duties, service on standing, permanent, or ad hoc committees.

Table 5.2. Community Service ⁷

Activity	Duration	Your Role
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⁷ Community service: on grant, journal, or accreditation review boards, or as an ad hoc reviewer; as an officer in a professional society; organizing and/or chairing conferences, symposia, seminars, etc.; teaching short courses, seminars, etc. that are not regular academic courses; editing journals, books, special volumes of papers

6. Professional Development.

Describe/list activities that contributed to your professional development (e.g., continued formal education, workshops attended, conferences attended, and fellowships undertaken).

7. Honors and Awards.

List any honors and awards received during the period under review.

8. Supporting Documents

- Course & instructor evaluation for fall and spring semesters
- Acceptance letters for papers *in press*
- Evidence for scholarly & service activities
- Evidence of external grants, if applicable

9. Comments (by faculty)

10. Overall Joint Evaluation by HoD & Dean

Please discuss with Head of Department (HoD) & if applicable the College Dean (*please check one v*)

Excellent Very Good Good Satisfactory Unsatisfactory

11. Summary of the Evaluation (by HoD)

12. Signatures

Applicant

HoD

Dean

Name

Name

Name

Date (d/m/y)

mg/mq/ao/04/04/2018