

# Quality Assurance System Handbook



جامعة الإمام عبد الرحمن بن فيصل  
IMAM ABDULRAHMAN BIN FAISAL UNIVERSITY


كلية الصيدلة الأكاديمية | College of Clinical Pharmacy

## College of Clinical Pharmacy



2020

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## Message from the Dean

In your hands is the second edition of the quality assurance system handbook of the College of Clinical Pharmacy, Imam Abdulrahman Bin Faisal University.

The college envisions itself as a recognized institution for pharmacy practice education, pharmaceutical service and research. For that to be achieved, the college went through a major restructuring of the processes, units, and committees especially in the past year. That restructuring wasn't possible without well-defined quality measures and guidelines.

The handbook has been written to reflect the major restructuring of the college. It provides a comprehensive information on the current procedures and systems for the development, maintenance, implementation and evaluation of quality assurance and enhancement processes at COCP. The handbook also describes, in detail, the quality management process at the college. Quality is a teamwork effort. All what we achieved so far, and all the achievements to come are the fruit of a great collaboration from all members of the college at all levels. And for that, I am so grateful. Special thanks go to the Vice Deanship for Quality, Development, and Community Service for the commitment and hard work.

Dr. Asim Al-Ansari  
 Dean, College of Clinical Pharmacy

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## About the College



### Introduction

Since its formation in 1351H (1932CE), the Kingdom of Saudi Arabia has made the welfare and health care of its citizens a priority by establishing such health institutions as the medical, dental, pharmacy and applied medical sciences colleges. With the current development in the private and government hospitals, the pharmacist's work has evolved from a mere dispenser of medicines to an active participant in the total care of patients. This has led to changes in the curricula of existing pharmacy colleges to cover this new role. Most of the newly established colleges of pharmacy are designed as "colleges of clinical pharmacy" with the focus on patient care.

The College of Clinical Pharmacy (COCP) was established by the Royal Decree no. 5088/MB dated 7/8/1432H (8/7/2011CE). The College has since then strived to deliver the high-caliber PharmD program for pharmacy students in 1434/1435H (2013/14CE). The College has a six-year PharmD program. The program is structured in the semester system with the total of 177 credit hours and the medium of instruction is English.

The first cohort of pharmacy students was enrolled in the program in the academic year of 2013/2014 with 11 male and 26 female students. There are a total 196 graduates (i.e. 80 males and 116 females) from the program and most of them have been employed by academia, hospitals, community pharmacies and pharmaceutical industry. Currently the total number of students enrolled in the program is 418 students (i.e. 182 males and 236 females).



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## College Vision, Mission, Values, Goals and Objectives

### The Vision

A pre-eminent college of pharmacy recognized in pharmacy practice education, pharmaceutical services and research.

### The Mission

Providing high quality pharmaceutical education and research serving patients and community.

### The Core Values



- Equality
- Diversity
- Professional excellence
- Creativity and Innovation
- Teamwork
- Life-long learning
- Social responsibility.

### College Goals and Objectives:

**Goal 1** Enable the students to acquire the latest knowledge and skills that help them to pursue lifelong learning and meet their career goals.

### Objectives

- 1.1. Establish and maintain an up-to-date curriculum
- 1.2. Establish high quality experiential learning activities
- 1.3. Establish high quality learning resources and extracurricular activities
- 1.4. Develop postgraduate programs.

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**Goal 2:** Ensure that all graduates are committed to the Islamic values, and professional ethics.

### Objectives

- 2.1. Ensure that the college of clinical pharmacy students apply and follow the national and international laws and ethics.

**Goal 3:** Ensure conducting quality research using state-of-the-art technology and resources.



### Objectives

- 3.1. Recruit and retain highly-qualified national and international faculty members in all disciplines.
- 3.2. Establish laboratories containing all required tools to perform high quality research.
- 3.3. Provide students with a solid foundation of basic and clinical research.
- 3.4. Develop multidisciplinary research programs.

**Goal 4:** Developing and sustaining the self-income sources of the college.

### Objectives

- 4.1. Establish consultation services in pharmaceutical quality control and drug development to generate funds for the college and IAU.
- 4.2. Strengthen the consultation relationship with various beneficiaries (hospitals, ministries, etc.).

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**Goal 5:** Maintain and enhance the quality assurance management system.


### Objectives

- 5.1. Achieve national and international accreditation
- 5.2. Develop and maintain a robust quality management system.

**Goal 6:** Advance and sustain national and international college's reputation through strategic partnerships.

### Objectives

- 6.1. Develop collaboration with national and international reputable universities.
- 6.2. Develop collaboration with national and international industry partners and other affiliations.
- 6.3. Establish alumni network at college and program levels.
- 6.4. Increase faculty and students' participation in community service

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## Administrative Structure for Managing Quality at COCP

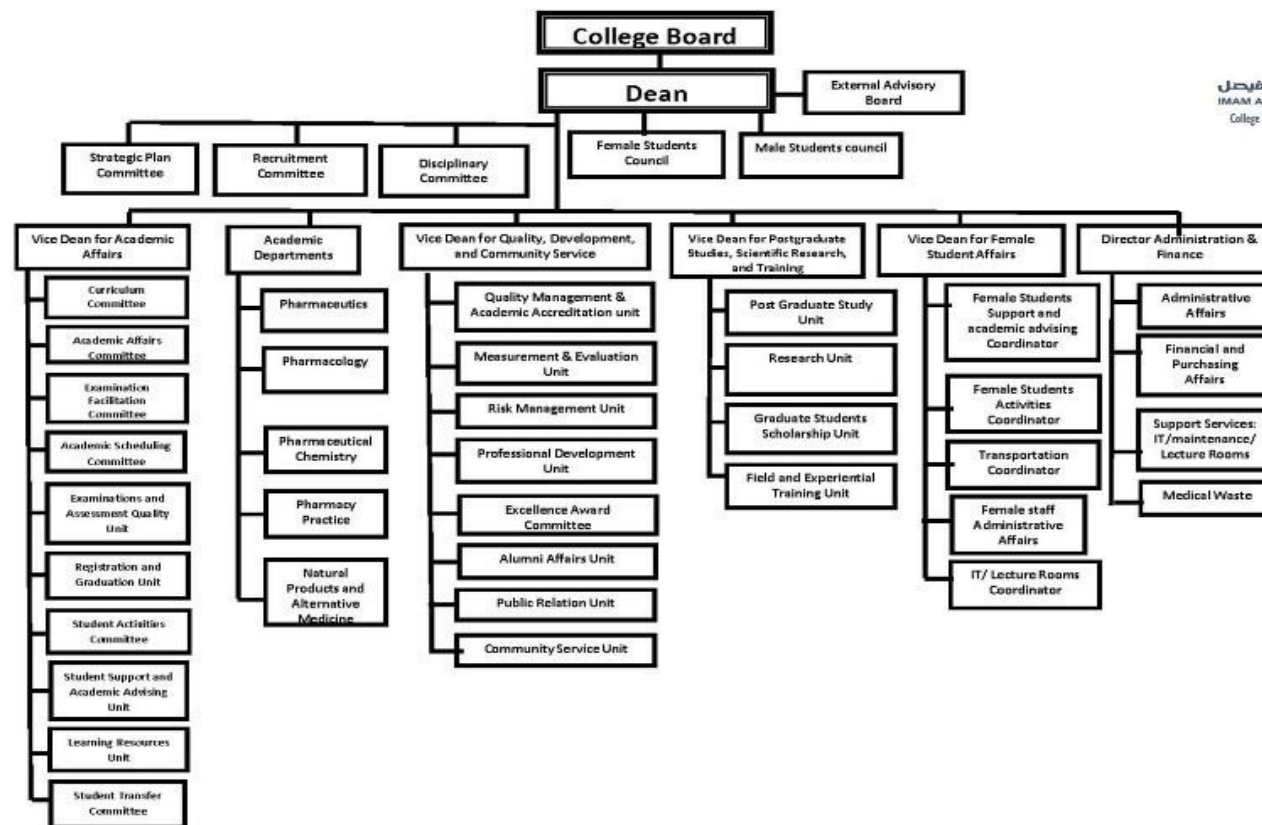



Figure 1: The Organogram of College of Clinical Pharmacy

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## Quality Assurance Management Structure

The Vice Deanship for Quality, Development and Community Service (VDQ) provides guidance and support for all departments of the college of clinical pharmacy through its various units that appear in the following organogram.

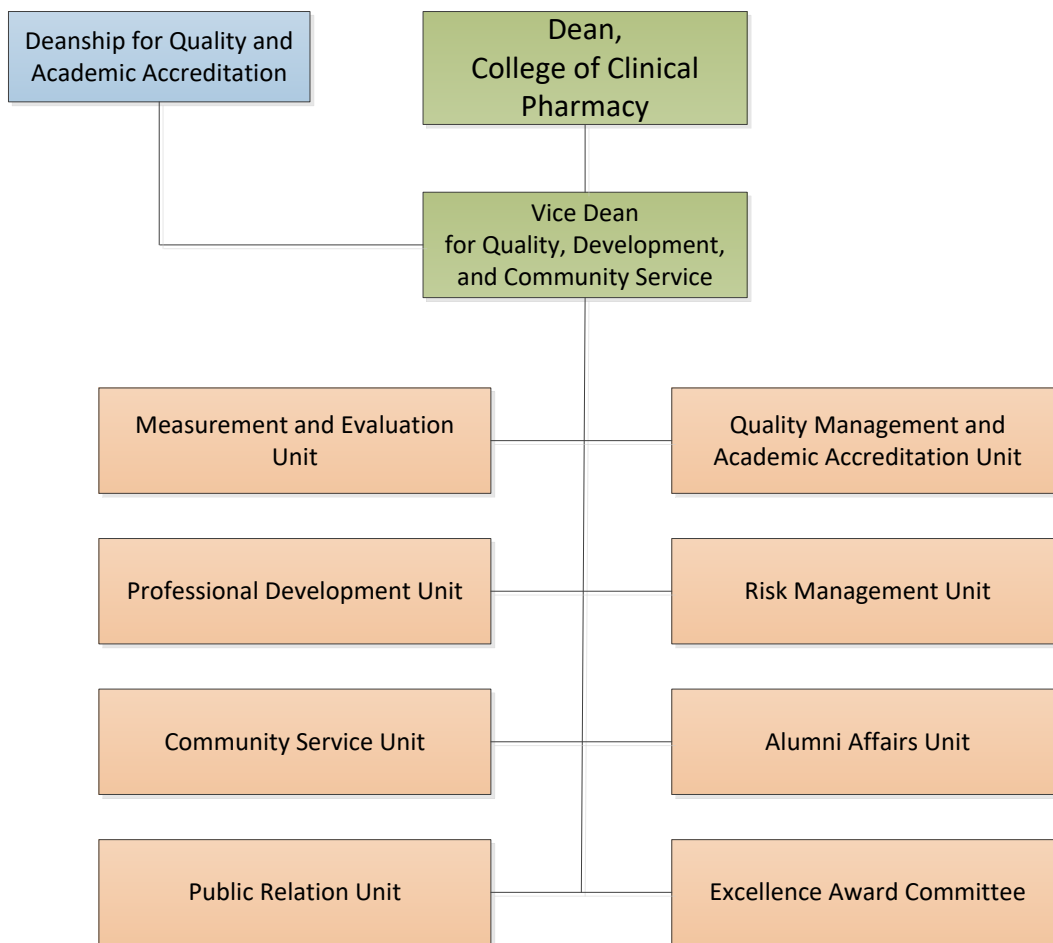




Figure 2: The Organogram of Vice Deanship for Quality, Development, and Community Service.

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### Structure and functions of VDQ units

The Vice Deanship of Quality Development and Community Service has eight units as follows:

1. Quality Management and Academic Accreditation Unit
2. Measurement and Evaluation Unit
3. Professional Development Unit
4. Risk Management Unit
5. Community Service Unit
6. Alumni Affairs Unit
7. Public Relation Unit
8. Excellence Award Committee



### Quality Management and Academic Accreditation Unit

The Quality Management and Academic Accreditation Unit is working to achieve the following objectives:


- Achieving national and international accreditation of all academic programs
- Implementing the internal quality assurance management system across the College of Clinical Pharmacy.
- Achieving Laboratory Accreditation (ISO/IEC 17025:2017)

### The Functions

1. Conduct quality orientation programs for the new faculty and staff.
2. Follow-up and review the eligibility requirements and documents for national and international accreditation and develop appropriate plans to review the program in relation to accreditation standards.
3. Liaise with Professional Development Unit and provide training/workshops according to the program requirements.

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4. Guide programs to initiate self-evaluation and supervise its implementation/action plans and review their evidences.
5. Edit, revise, and proofread all the official documents of VDQ as required.
6. Review, update and prepare Self-Study report of various programs offered at COCP in coordination with program representatives.
7. Provide staff members with information on their teaching performance and to assist further development of their teaching practices by gaining feedback from students.
8. Ensure that evaluations and surveys are aligned with the university mission, prepare and equip all the colleges for quality assessment and academic accreditation.
9. Collect data using 'UDMetrics' to maintain a database for preparing required KPIs.
10. Prepare KPI Manual for all programs and report it to the higher administration at periodic intervals.
11. Prepare action plans towards the recommendations of Program Accreditation (EEC-NCAAA).
12. Liaise with VDQ to monitor and follow-up the recommendations and action plans of the program and course reports.
13. Evaluate performance of COCP to achieve continuous quality improvements
14. Follow-up the KPIs and benchmarking reports.
15. Coordinate with Measurement and evaluation unit on the KPI results and planning for improvement.
16. Supervise, monitor and follow-up action plan implementation across programs in COCP.
17. Analyse data pertaining to students' achievement of Learning outcomes of various programs offered at IAU.
18. Collate data to benchmark teaching and learning quality with other national and international programs.

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### Measurement and Evaluation Unit

The unit of Measurement and Evaluation is concerned with collecting data for Key Performance Indicators (KPI), through the various surveys assigned to the stakeholders, benchmarks, metrics, rubrics and other statistics from different sources. The reports prepared from collected data will be utilized to develop correction action plan(s) which may be shared with stakeholders.


#### The Functions

1. Ensure regular evaluation of the students experience through a systematic framework of assessing students' perceptions of programs, courses, and quality of administrative and support services.
2. Analyze data pertaining to students' achievement of learning outcomes of various courses and programs offered at COCP.
3. Collate data to benchmark teaching and learning quality with other national and international programs.
4. Provide staff members with information on their teaching performance and to assist further development of their teaching practices by gaining feedback from students.
5. Generate inputs for academic staff promotion and performance management processes and teaching portfolios.
6. Coordinate with Quality IT Unit of DQAA and collect data using 'UDMetrics' to maintain a database for preparing required KPIs.
7. Prepare KPI Manual for both college and program and report it to the VDQDCS at periodic intervals.

### Professional Development Unit

The Professional Development Unit recognizes the COCP members in the advancement of education, research and service missions. The unit aims to promote activities and opportunities that help one grow in terms of performance, satisfaction, and status within the workplace.



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### **The Functions**


1. Perform training needs assessment of programs offered by COCP.
2. Coordinate with related deanships and prepare yearly calendar for the Training Unit
3. Plan and conduct regular training programs in the form of workshops, discussion forums and seminars for the faculty and staff on the topics related to quality, analysis, evaluation, and accreditation tools to ensure high-quality education.
4. Create opportunities to train staff members to be qualified and prepared in the above-mentioned topics.

### **Risk Management Unit**

To cater for risk management in COCP, a risk management unit was established as one of VDO units. The unit is responsible for following risk management functions:

### **The Functions**

1. Prepare a Risk Management Handbook for the college based on IAU risk management manual and university policies.
2. Identify tools, policies, and procedures needed to modify and control risks.
3. Conduct college-wide awareness training to spread the culture of risk management and communicate the risk management plan to all departments and units.
4. Help programs, departments of COCP to develop their risk management plans.
5. Conduct annual review of risk management plans, update the risk handbook, and to develop policies to deal with the risk.
6. Create a mechanism for implementation of risk management in all COCP programs and departments.
7. Coordinate with security and safety directorate on monitoring and reporting safety issues and conduct a joint root cause analysis to identify opportunities of improvement.
8. Follow up and periodically auditing and reporting the implementation of risk management plans.

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9. Prepare risk register for various risks facing COCP and update them continuously.

### Community Service Unit

The Community services unit in the COCP is to encourage and initiate active community service efforts to be undertaken by members of the faculty and the student body. In addition to this the unit is required to encourage the participating members of staff to officially document any community service activity undertaken via electronically uploading the information onto the Social Responsibility Bank of IAU. The unit is responsible for keeping college records of any activity undertaken by members of the faculty or the student body and summarizing all Community service activities in a yearly report.

### Alumni Affairs Unit



The role Alumni Affairs Unit is to communicate with the graduates of the program and has the following functions. The unit take initiative establish COCP Alumni network, set-up and update the alumni database, conduct an Alumni survey periodically in collaboration with Alumni & career development center, and organize Alumni forum/meeting periodically.

### Public Relation Unit

This unit is in charge with public relations and media to publish the college's events and activities to the university and the outside community. The unit has the following functions.

#### The Functions

1. Coordinate with the University's Public Relations Unit to disseminate the college's events and the services it offers to the community and to organize events and conferences in the college.
2. Disseminate information about the college and develop a positive image of it in its affiliates and the public.
3. Publish all the college's news and advertisements and facilitate the task of getting information about the college.

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4. Interact with the community and provide community members with accurate statistical information.
5. Develop and publish brochures of the college's events and achievements, and distribute them inside and outside the university.
6. Assist the college and departments in implementing events and conferences.

### Excellence Award Committee

The Excellence Award Committee of COCP is to advise the college administration on presentation of award of excellence in teaching, scientific research, community service and administrative creativity. The committee has the following functions.

#### The Functions

1. Plans and implements an annual program to recognize members of COCP for excellence in their service or achievement for the College and the University.
2. Solicits written nominations from COCP employees and students. Accepts and screens the names of those nominated to receive the awards and recommends prospective candidates to the college administration.

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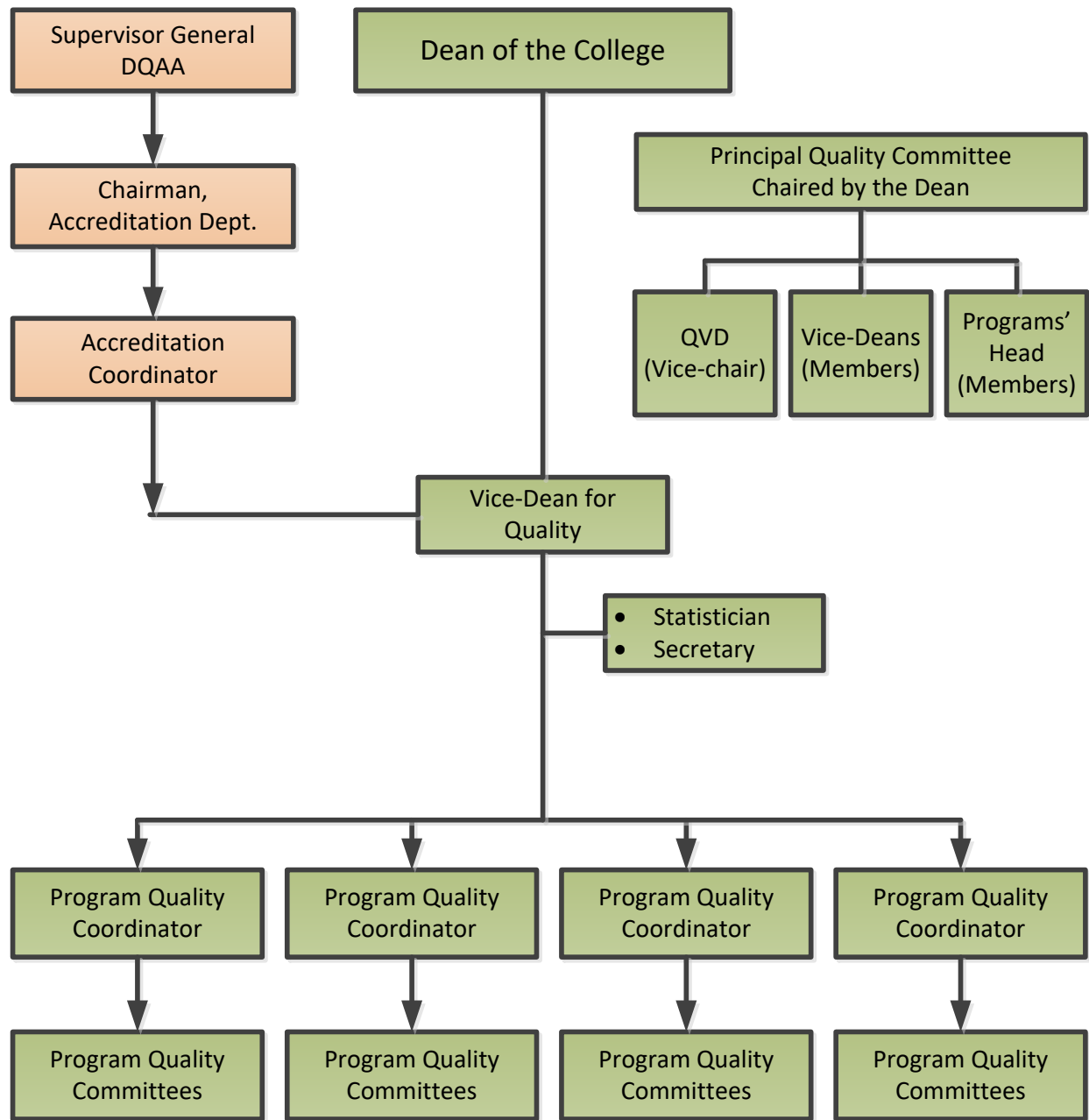




Figure 3: The Organogram of the Quality at COCP

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## Functions of various academic committees at COCP

### 1. Alumni Committee

Each Program should establish an alumni committee that work under the umbrella of the alumni unit of the college. This College level alumni unit work under the coordination of the Alumni and Career Development Center of IAU to fulfil the following objectives:

- To provide advisory guidance to students regarding their career planning and employment preparation.
- To develop and promote the theme of an alumni community and create a connection with students prior to graduation and continue their connection with the COCP post-graduation and beyond.


### 2. Community Service Committee

The Community Service committee of COCP works in collaboration with the IAU's Deanship of Community Service and Sustainable Development, with the following objectives:

- Transfer and localize knowledge according to international quality standards in order to address community issues.
- Establish social integration through performing strategic partnerships with both the public and private sectors.
- Achieve institutional sustainability by developing programs and projects and guiding them all the way into the operation stage.
- Promote the concept of volunteerism within the field of community service and sustainable development.
- Improve the perception and image of COCP with regards to community service.

### 3. Curriculum Committee

The curriculum committee of COCP is assigned to carry out the following tasks:


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- Utilize standards of good academic practices to ensure the highest possible quality for the effective curriculum.
- Plan and execute periodic curriculum review and make recommendations for improvements to achieve the goals, objectives, and the missions, of the program, College and the University, as well as the respective strategic plans
- Make recommendations for approval of new courses, major changes in an existing course, discontinuance of a course and revisions in general education criteria.
- Resolve interdepartmental curricular problems and guard against duplication of course contents.
- Carry out content or curriculum mapping, providing scope and sequence of the particular course focusing on the order in which the skills are introduced for maximum understanding of the content.
- Review current text books, teaching materials, and instructional methodologies consistent with the contemporary educational standards.
- Review the proposals received from various departments pertaining to curriculum amendments; provide support and assistance to individual faculty members making curricular changes.

#### **4. Discipline (disciplinary action) committee**

The disciplinary committee of COCP responds to student academic and disciplinary issues and makes recommendations to Standing Disciplinary Committee chaired by the Vice President for Academic Affairs. This committee serves to protect and sustain the integrity and credibility of the College. This committee is chaired by the Dean. As per IAU rules and regulations, all matters concerning disciplinary action require immediate investigation and this committee usually response to reported incidents of academic or general misconduct.

#### **5. Examinations and Assessment Quality Unit**


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This unit is concerned with the responsibilities to formulate, direct, implement, and monitor all issues related to examinations as stipulated by Office of the Vice President for Academic Affairs and IAU's Center for Quality of Assessment and Examinations. Specific duties and responsibilities include:

- Formulate standardized examination format(s) that respond to various departments' needs. Guide the development, implementation, and oversight of a standardized template for using a variety of assessments: presentations, assignments, seminars, written, oral examinations and others.
- Review written examinations in order to ensure the standardization of formatting, the richness of content, and the clarity of questions.
- Ensure that the examinations measure the achievement of the established learning outcomes.
- Obtain, analyze, and discuss, with concerned course faculty, the results of the analysis for each written examination regarding appropriateness of difficulty, discriminating ability etc. This will enable the improvement of subsequent examinations by modification, addition, or elimination, of questions and answers.
- Organize the scheduling, logistics, monitoring, efficiency, and confidentiality of generating, copying, and storage of examination and answer sheets.

## **6. Quality Assurance and Improvement Committee**

The Quality Assurance and Improvement Committee is established to monitor and evaluate the quality improvement activities for the academic and administrative programs of the College and recommend strategies for continuous quality improvement. The committee will encourage and facilitate the development of a culture of efficient delivery of the programs, policies, procedures, and practices of the college according to national and international standards. The committee will continually evaluate the academic and administrative activities of COCP and make

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recommendations for improvement. This committee is responsible to carry out following functions:


- Ensure that the programs, procedures, and policies are aligned with the vision, mission, and goals of the college.
- Ensure the adherence to quality standards by all departments, administrators, faculty, students, and personnel.
- Ensure that all required documents, reports and appropriate Key Performance Indicators (KPIs) are submitted in a timely manner.
- Facilitate the implementation and compliance with the College Quality Assurance Plan by all departments, administrators, faculty, students, and personnel.
- Formally review the policies and procedures of the College and its departments /specialties at least every three years, or more frequently, if necessary.
- Facilitate quality awareness, training and communicate the need for quality improvement initiatives to the faculty, students, and staff.
- Discuss and finalize the committee's goals and objectives that have been developed for the upcoming academic year in the annual meeting.

## 7. Research Committee

The research committee of COCP has the following tasks:

- Help achieve the vision and mission of the College by developing the strategic plan for scientific research in the college and to implement it in an effective manner.
- Develop policies related to research and research ethics, which would be in accordance with the national byelaws of research in the Kingdom of Saudi Arabia.
- Determine the priorities of scientific research in the college/program to meet the needs of the community.
- Encourage and support scientific research in the college.




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- Review and revise the research projects submitted by researchers and will improve the quality of proposals to enhance the possibility of acceptance within and outside the University.
- Initiate and develop infrastructure for research such as Laboratories and Equipment's (machines).
- Provide consultations to improve the scientific research in the Program/College.
- Encourage collaboration in research with other programs/colleges within the University and other Universities (i.e. national and international level).
- Prepare a database about scientific research in the Program/College including grants and published papers.
- Follow up the research process by doing surveys/questionnaire to get the feedback of the researchers. This will help in facilitating the job and improving the research outcome.
- Review and follow-up scientific research to confirm that this research meet the criteria of scientific research ethics and to take a decision on whether it has to be referred to scientific research ethics committee of the University
- Facilitate and organize annual research days where students and faculty would be able to present their latest research
- Set up criteria for selecting the best research prize and nominating the evaluation committee.
- Help students to establish "students research club" and supervising it


## 8. Students Activities Committee

This committee is established at each program/college to energize, rejuvenate, and motivate students with appropriate extracurricular activities to enrich their daily life, as students. A comprehensive activity plan for the academic year will be organized by the Student Activity Committee to promote camaraderie and collaboration by utilizing team sports, learning activities, and other physical and mental activities. The responsibilities of this committee include:

- Develop annual and long-range plans for appropriate student activities at the Program/College and the proposed budget needed for the plans.

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- Liaise with Deanship for Student Affairs (SAD) at the University for Approval to implement the plan.
- 
- Promote the implementation of the annual student activities plan in accordance with the Plan of Action adopted by SAD.

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## Internal Quality Assurance System at COCP

The COCP has developed a comprehensive performance measurement system aligned with IAU system, (including, but not limited to student surveys) to regularly evaluate and report on teaching effectiveness in all courses, as well as program and to support services (Figure 13). The aim of the IQA is not only to promote the introduction of an IQA system within the COCP but to promoting the harmonization of the Quality Assurance (QA) system in all programs with some generally accepted guidelines. Guiding principles for this evaluation is based on the university's quality cycle: Plan, Implement, and Evaluate (monitor, interrogate and interpret) and Improve.

### Principles of Performance Measurement System

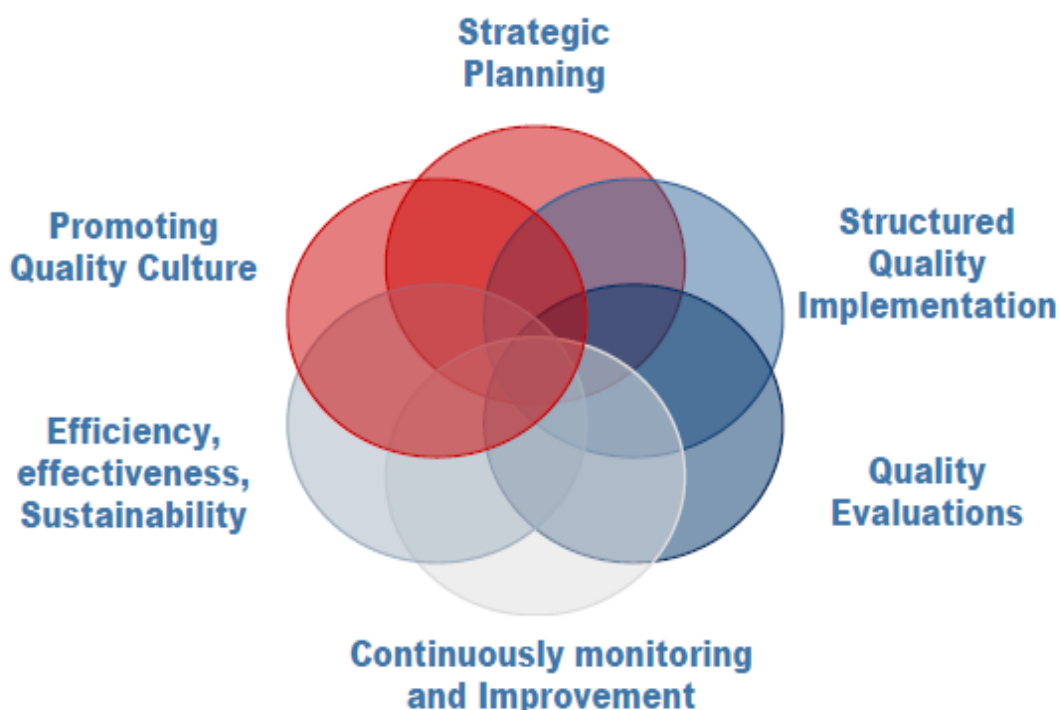




Figure 4: Principles of Performance Measurement System

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The quality assurance system of the college focuses on eight core activities:

1. Academic activities
2. Teaching and learning
3. Students assessment
4. Teaching staff
5. Administrative activities
6. Facilities and learning resources
7. Student Support services
8. Research output and Community services.



### **The QA system focusing on Academic activities**

#### **Monitoring System and Evaluation Processes**

Students' progress is systematically recorded and monitored, and timely feedback is provided to them and corrective actions are made where and whenever necessary. Monitoring system includes the feedback survey from five categories of stakeholders and it consists of:

- Students
- Academic and Administrative staff
- Employers
- Alumni
- Local Governance and Community

The COCP uses the surveys developed by IAU to capture the feedback from stakeholders' viz. Students centered surveys include:


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- (i) Course Evaluation Surveys (CES).
- (ii) Students Experience Surveys (SES).
- (iii) Program Evaluation Surveys (PES).
- (iv) Students Survey on Lecturing Skills (SSLS).

Similarly, Faculty-centered surveys include Academic Job Satisfaction Survey (AJS). Additionally, there is a separate survey tool for alumni and employers to capture their perceptions. Moreover, there are specific questionnaire tools in place to capture user satisfaction on facilities and learning resources separately. All these surveys are administered through an online application entitled ‘UDQuest’ and specific guidelines are in place to guide the implementation of these surveys (Table 1). Besides, the university has established a clear procedure to assess the students’ achievement of learning outcomes to assure the quality of programs. Learning outcomes pertaining to all the five domains of learning as stipulated by the National Qualification Framework are to be assessed both at the level program and course. All students are assessed using predefined criteria, regulations and procedures, and it is applied consistently.

#### **Stakeholders Evaluation Surveys: UDQuest**

UDQuest is a web-based application developed in-house by the Quality Systems Unit of Deanship of Quality and Academic Accreditation [DQAA] to generate feedback from the students and faculty members. It is customized to the requirements university colleges. The platform was successfully launched in November 2012. UDQuest constitutes various surveys and their responses are collected electronically. Open-ended questions of surveys and its responses are generated digitally, which facilitates qualitative analysis. When the surveys are completed, it automatically generates reports. In addition, data can be easily exported to a spreadsheet or to any other statistical application like SPSS and the results of analysis can be generated centrally in DQAA with ease. The detailed analysis, interpretations and reports are then communicated to the Deans and Vice Deans of the respective colleges. Based on the findings, colleges will take

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necessary actions to address the issues and rectify the problems through the concerned faculty members and Quality Management Officers (QMOs).

Table 1: Common Surveys administered through UDQuest

S.N.	Survey	Filled by Whom	Frequency
1	Academic Job Satisfaction Survey (AJS)	All Faculty members.	Once a year
2	Course Evaluation Survey (CES)	All Students of each Course.	Every Term, before or after the end-of-term exams
3	Final Year Students Survey (FYSS)	Final year students evaluate the services of Alumni and Career Development Centre, and/or the Alumni Unit in the college	Once a year
4	Orientation Program Survey (OPS)	First year students	Once a year
5	Program Evaluation Survey (PES)	Final year students	Once a year
6	Students' Experience Survey (SES)	Students who are half-way through their program	Once a year
7	Students' Survey on Lecturing Skills (SSLS)	All students should fill SSLS for each course for each faculty	Every Term, before or after the end
8	Student Affairs Survey (SAS)	All students	Once a year
9	Library User satisfaction Surveys (USS)	Students and Faculty members	Once a year

### Quality Assurance focusing on Learning and Teaching

Quality Assurance activities consider inputs, processes and outcomes, especially, Learning Outcomes for students. It starts from the admission of students to the college, their learning and

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teaching activities evaluated directly through continuous assessment and examinations and indirectly through surveys and continued towards their graduation. The process is described as follows:

Each teaching staff prepares course portfolio based on the Program/Course Specifications using EEC-NCAAA templates. The Course Reports, which document all steps taken in course delivery, are prepared at the end of each semester/term. These reports are approved by the Program Chair and then submitted to QA department in the College and it is reviewed to identify the issues and problems (strengths and weaknesses) needing further improvements and action plans are developed accordingly. All the above information is reflected in the Annual Program Report (APR) which is routinely prepared by the VDQDCS in collaboration with the Vice Deanship for Academic Affairs and the Vice Deanship for Postgraduate Studies and Scientific Research. The following documents are routinely included in the APR to ensure and monitor the quality of the program viz.

- Program Specifications
- Course Specifications
- Quality Assurance of Students Assessment
- Assessment of Program Learning outcomes
- Assessment of Course Learning outcomes
- Annual Program report
- Course Reports

All the required documents, except program specification, are monitored and reported annually. The program specification is usually updated when the program undergoes revision or modification. The APR will be submitted by the respective dean to the Vice President of Academic Affairs who, then forwards the progress of each program to the University Council.

### **Quality Assurance of Students Assessment**


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All colleges attached with IAU have clear procedures to assure the assessment of students. Students are assessed using predefined criteria, regulations and procedures, which are applied consistently. There are clear procedures to ensure the quality of examinations. All students' assessment is carried out professionally at all times and takes account of the extensive knowledge that exists on testing and examination processes. Student assessment procedures are to:

- Be designed to measure the achievement of the intended learning outcomes and other program objectives;
- Be fit for purpose, whether diagnostic, formative or summative;
- Have clear and published grading/marking criteria;
- Where possible, the assessment is not relying on the verdicts of single examiners;
- Take account of all the possible consequences of examinations regulations;
- Have clear regulations covering student absence, illness and other mitigating circumstances;
- Ensure that assessments are conducted securely in accordance with the institution's stated procedures;
- Be subject to administrative verification checks to ensure the accuracy of the procedures;
- Inform students clearly about the assessment strategy being used for their program, what examination regulations or other assessment methods they will be subject to, what will be expected of them, and the criteria that will be applied to the assessment of their performance.
- Examined and evaluated by external examiner
- Giving students feedback about their weaknesses in the classroom during the learning process

An Institutional Plagiarism Policy is in place at the university. Faculty have access to Turnitin tool to check for plagiarism/similarity of their manuscripts. On the other hand, students have access to a tool called SafeAssign in the BlackBoard platform which helps them check their assignments before submission.



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### **Process adopted by the program for assessing students' achievement of Program Learning Outcomes**

Imam Abdulrahman Bin Faisal University (IAU) has a clear Policy and procedures to assure the quality of assessment of its students. All students are assessed using predefined criteria, regulations and procedures, and it is applied consistently across all the programs. Students' assessment are carried out professionally at all times and takes account of the extensive knowledge that exists on testing and examination processes. The assessment process is designed in such a way that the students achievement of each program learning outcomes are measured in a quantitative manner.


Program level student-learning outcomes are measurable results-oriented statements that specify what students will be able to know and be able to do as a result of participating in an academic degree program. These outcomes are described in each program's academic learning assessment plans. While planning for assessment of PLOs at IAU, each program is asked to develop a policy to ensure that assessment tools are designed in such as way to contribute to high quality student learning and support the development, delivery and quality assurance of both department and courses. As stipulated by NCAAA, all the programs offered at IAU use two ways to assess Program Learning Outcomes (PLO) viz. direct and indirect methods of LOs assessment.

#### **Direct Assessment of Learning Outcomes**

Direct summative assessment is most often used to measure learning outcomes both at the program level (e.g., written and practical exams, oral exam, research project) and course level (e.g., written and practical exams, case studies, oral presentations). It includes the evaluation of results of the graduates at the end of each of the levels of learning process, also, the interns at the end of rotations at different training areas (if the program has internship component).

#### **Steps to be adopted in directly evaluating Program Learning Outcomes achieved by the Students.**

All the academic programs at IAU must develop an assessment plan where they need to mention the types of assessment methods and its period of conduct in each academic semester (table 6).

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Accordingly, direct assessment of students' performance is assessed through written, practical and laboratory exams. In addition, a set of continuous assessment methods are also employed to ascertain the learning outcome of NQF domains 3 and 4 (reference to Table 3: Mapping of CLOs, Teaching Strategies and Assessment methods). For written exams, either mid-term and end of term, an appropriate weightage has to be provided for each assessment method commensurate with each CLOs and PLOs and it is incorporated in the written exam blue print (tables 7 and 8). Upon completion of these assessments, each program has to report its student's achievement of program learning outcomes as per the template provided in Annual Program Report [APR] (T6 template) and course learning outcomes assessment report are presented in the course reports.

Student's achievement of Program Learning outcomes (PLO) are assessed directly by adopting the following 15 steps process. Steps from 1 to 6 focuses on Course level learning outcomes and steps 7 to 12 focuses on Program Learning outcomes. Steps 13 to 15 (i.e. action plan and follow-up) are applicable for both Course and Program Learning outcomes assessment.

Step 1: Preparation of Program Planning matrix

Step 2: Use Course specification to align each CLO with appropriate PLOs


Step 3: Use Course Specification to determine appropriate teaching strategies and assessment methods for measuring each Course Learning Outcomes (CLO)

Step 4: Devise appropriate Course Blue Print and Assessment Plan for each course offered in the Program

Step-5: Prepare Course Learning Outcomes assessment matrix for each course offered by the Program (develop this table separately for each course)

Step-6: Measure Students achievement of course learning outcomes in each respective course offered in the academic program and incorporate it in the respective course report

Step-7: Aggregate students' achievement with regard to those courses contributing to each Program Learning Outcomes (PLO) (i.e. using program planning matrix).

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Step 8: Classify students' achievement in to four categories using a predefined Grading system (i.e. A, B, C and D)

Step 9: Develop Key Performance Indicators (KPIs) for each PLO using Magar 3 parts for successful measurement of learning outcomes and these include: (i) a measurable verb; (ii) the important condition (if any) under which the performance is to occur and (iii) the criterion of acceptable performance. Accordingly, both minimum 'threshold' and the 'target' for successful accomplishment of each PLO is defined. Presently, all the undergraduate programs at IAU considering 60% and above as minimum threshold to be considered as successful accomplishment of each PLO. Thus, each KPI is defined as "the percentage of students who achieved the minimum threshold (i.e. 60%) in the respective learning outcomes of courses targeting each one of the Program learning outcomes- "higher the score, better is the performance".

Step 10: Fix target and internal benchmark for each PLO

Step 11: Obtain External benchmark with similar programs offered in other Saudi Universities

Step 12: Compare actual performance with target, internal and external benchmark.

Step 13: Develop recommendations and action plan for improvements



Step 14: Implement Action plan

Step 15: Continue the cycle every year and ascertain progress of the program towards its goals and objectives.

### **Step 1: Preparation of Program Planning matrix**

A Program planning matrix need to prepared in the form of a table as provided by NCAAA by adopting following steps (i.e. refer Program Specification template) viz.

1. Prepare a table (Table 1) by indicating the Program Learning Outcomes (PLO), according to the level of instruction in the third column and;

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- Indicate the courses that are required to teach each PLO; use appropriate program's course code numbers across the first row of the table and move horizontally.
- Indicate the contribution of courses to each PLO using following level scales viz I = Introduction by percentage of each CLO; P = Proficient/Professional by % of each CLO; A = Advanced by % of each CLO. The term 'I' indicates that these courses are offered during the initial levels of the curriculum which are prerequisite to higher levels of learning. The term 'P' indicates that those courses are required for students to get proficiency with regard to the achievement of learning outcomes. Likewise, the term 'A' denotes that those courses help students to get mastered with learning outcomes offered at the advanced level of the Program.

Table 2: Program Planning Matrix\*


S.No	Learning Domains	Learning Outcomes	Courses offered at the Program level			
			Course Code 1	Course Code 2	Course Code 3	Course Code 4
1.	Knowledge		Per % of each one of the CLOs			
2	Cognition					
3	Interpersonal Skills and Responsibility					
4	Communication, Information Technology, Numerical					
5	Psychomotor					

\*To be taken from Program Specification Template (T4)

## Step 2: Use Course specification to align each CLO with appropriate PLOs

Table 3: Mapping of CLOs with PLOs\*

Map course LOs with the program LOs. (Place course LO #s in the left column and program LO #s across the top.)									
Course LOs #	Program Learning Outcomes (Use Program LO Code #s provided in the Program Specifications)								
	1.1	1.2		2.1		3.1		4.1	

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1.1									
2.1									

\*To be taken from Course Specification Template (T6)

### **Step 3: Use Course Specification to determine appropriate teaching strategies and assessment methods for measuring each Course Learning Outcomes (CLO)**

Use the table (Table 5) for each Course indicating appropriate teaching strategies and assessment methods for each Course Learning Outcomes. This information is usually extracted from the Course Specification of each respective courses offered in the Program. Assessment methods (Table 4) utilized to evaluate students achievement varies and it depends on the nature of the course offered in the particular program. Courses which are built on theoretical module are usually assessed based on the performance of students in the end-of term examinations i.e. written exams. Likewise, courses which are having a laboratory component are, usually assessed using the performance of students in practical exams. Several rubrics are developed and are used to recorded students' performance in a quantitative manner.



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Table 4: Mapping of CLOs, Teaching Strategies and Assessment methods

Code #	NQF Learning Domains And Course Learning Outcomes	Course Teaching Strategies	Course Assessment Methods (Example provided below)
1.0	Knowledge		
1.1			Written Assessments (i.e. Midterm or End of term exams)
2.0	Cognitive Skills		
2.1			Clinical/Practical Exams
3.0	Interpersonal Skills and Responsibility		
3.1			Continuous Assessment (Observation of Class room participation)
4.0	Communication, Information Technology, Numerical		
4.1			Oral and written communication skills assessment (Portfolios)
5.0	Psychomotor		
5.1			Direct observation; Peer assessment

From the table 5; develop or choose appropriate assessment tools to measure each course learning outcomes included in each course offered in the Program (see Table 6).

Table 5: Types of assessment tools (instruments) mapped against assessment methods to measure Course level learning domains (i.e. sample) \*

Learning Domains	Assessment Methods	Representative Instruments (Examples provided below)
KNOWLEDGE	Written Assessments (i.e. Midterm or End of term exams)	Essay; Short Answer Questions (SAQ); Completion Questions; MCQs;
COGNITION	Clinical/Practical	Long Cases; Practical Examination; Spot Examination Objective Structured Clinical Examination (OSCE) (only medical programs); Quiz etc. Objective Structured Practical Examination (OSPE)

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		Objective Structured Long Examination Record (OSLER) Group Objective Structured Clinical Examination (GOSCE) (only medical programs)
INTERPERSONAL SKILLS and RESPONSIBILITY	Class room Observation	Tutor's report; Checklists; Rating scales
COMMUNICATION, IT and NUMERICAL	Portfolio and Others Seminar presentation	Logbooks; Portfolios, Procedural Logs
PSYCHOMOTOR	Practical/ Lab exams	Peer report; Check sheets, Lab assessment Rubrics

**Step 4: Devise appropriate Course Blue Print and Assessment Plan for each course offered in the Program.**

Based on the assessment tools decided for the course (Table 6); each course coordinators have to prepare a course blue print by linking each assessment tools with the Course learning outcomes (Table 7). This course blue print include percentage of marks allocated for each assessment tools and a detailed timeline for the conduct of assessment across the semester (Table 8).

Table 6: Model Course Blue Print

Course Name:	<b>AAAAAA</b>	Course Code:	AAAA-102	Course Leader (CL)	Dr. X
				Subject Matter Expert (SME)	Dr. Y
				Subject Matter Expert (SME)	Dr. G
				Course Design Facilitator (CDF)	Dr. H
				Head of Dept. (HoD)	Dr. W

#	CLOs (Course Learning Outcomes)	Assessment Tools					
		MCQ	Essay	Practical	Assignment	Observation	Portfolio
1.1.1		●					
1.1.2		●	●				
1.1.3		●					
1.2.1		●					
1.2.2			●				
2.1.1		●					
2.1.2			●				
2.2.1		●	●				
2.2.2		●	●				
2.3.1		●	●		●		
2.4.1		●	●				
3.1.3				●			●
3.1.4						●	●
3.2.1				●	●		●
4.1.2		●	●		●	●	
4.2.5			●				●
4.3.2			●			●	●
4.4.1		●		●	●	●	
5.1.1				●		●	●
5.2.4				●		●	
5.3.1				●	●	●	



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Table 7: Distribution of marks with regard to each assessment tools across 16 weeks semester

Course Name: <b>AAAAAA</b>	Course Code: <b>AAAA-102</b>	Course Leader (CL): <b>Dr. X</b>
		Subject Matter Expert (SME): <b>Dr. Y</b>
		Subject Matter Expert (SME): <b>Dr. G</b>
		Course Design Facilitator (CDF): <b>Dr. H</b>
		Head of Dept. (HoD): <b>Dr. W</b>

1 <sup>st</sup> Semester																	
Weeks	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	Marks or %
Exam Title			1 <sup>st</sup> Quiz					Mid-Term				2 <sup>nd</sup> Quiz				1 <sup>st</sup> Term	
Tools	MCQ		5					6				5				10	26
	Essay							4								8	12
	Practical							10				5				10	25
	Assignment								10						10		20
	Observation					2								9			11
	Portfolio														6		6
Marks (%)			5		2			20	10			10	9		16	28	<b>100</b>



  

2 <sup>nd</sup> Semester																	
Weeks	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	Marks or %
Exam Title			1 <sup>st</sup> Quiz					Mid-Term				2 <sup>nd</sup> Quiz				1 <sup>st</sup> Term	
Tools	MCQ		5					6				5				10	26
	Essay							4								8	12
	Practical							10				5				10	25
	Assignment								10						10		20
	Observation					2								9			11
	Portfolio														6		6
Marks (%)			5		2			20	10			10	9		16	28	<b>100</b>



Table 8: Alignment of Course LO's with Teaching methods and Assessment Strategies  
(A Sample...example given below)

S No	Program Learning Outcomes	Course Learning Outcomes	Learning Outcomes	Course Teaching Strategies	Course Assessment Methods
1	K1.1	Knowledge Mention Course code • K1.1 • K1.4 • K1.6  Mention Course code • K2.1 • K3.1 • K3.2	Write each Learning outcomes	Write teaching strategy each one of the LO.	To each one of the CLO, you must give clear link to the assessment methods. <b>For example:</b>  <b>(10% in Quiz 1: Q1 5% and Q2 5%; 30% in Midterm Exam Q1, Q2, Q7, Q12 and show how much percentage is given to each question; 60% of Final exam Q1, Q2, Q7, Q5...mention how much percentage for each question)</b>  <u>Note:</u> you can fix the weightage according to the nature of the course and it has to be included in your assessment plan.



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S No	Program Learning Outcomes	Course Learning Outcomes	Learning Outcomes	Course Teaching Strategies	Course Assessment Methods
2	C2.1	Cognitive Domain Course code • C2.1 • C2.4 • C2.6  Course code • C2.2 • C2.3 • C2.4	Write each Learning outcomes	Write teaching strategy for each one of them	To each one of the CLO, you must give clear link to the assessment methods <b>For example:</b>  (10% in Quiz 1: Q1 5% and Q2 5%; <b>30% in Midterm Exam</b> Q1, Q2, Q7, Q12 and show how much percentage is given to each question; <b>60% of Final exam</b> Q1, Q2, Q7, Q5...how much percentage for each question)  Note: you can fix the weightage according to the nature of the course and it has to be included in your assessment plan.
3	I3.1	Interpersonal Skills and Responsibility  (Note: it's a continuous assessment and if your program wants it to be measured with regard to specific course, you can specify the code numbers.)	Write each Learning outcomes	Write teaching strategy each one of them for	<ul style="list-style-type: none"> <li>• Monitoring the attendance record</li> <li>• Lab continuous assessment checklist (if applicable)</li> <li>• Peer evaluation in group discussion</li> <li>• Monitoring the submission of assignments.</li> <li>• Hospital evaluation checklist (if applicable)</li> </ul> <u>Tools to measure:</u> You must develop your own rubrics.  <u>Frequency of measurement:</u> It can be either continuous/ midterm/end of the term. End of-term exam also considered (in some cases)
4	C4.1	Communication, Information Technology, Numerical  (Note: it's a continuous assessment and if your program warrants it to be	Write each Learning outcomes	Write teaching strategy for each one of them	<ul style="list-style-type: none"> <li>• Rubric for oral and written assignments MCQs for written examination</li> <li>• Rubric are used for calculating score in case of case study.</li> <li>• Evaluation of lab reports</li> </ul> <u>Tools to measure:</u> You must develop your own rubrics <u>Frequency of measurement:</u> It can be either

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S No	Program Learning Outcomes	Course Learning Outcomes	Learning Outcomes	Course Teaching Strategies	Course Assessment Methods
		measured with regard to specific course, you can specify the code numbers.)			continuous/ midterm/end of the term also considered (in some cases)
5	P5.1	Psychomotor	Write each Learning outcomes	Write teaching strategy for each one of them	Use Rubrics for this assessment

**Step-5: Prepare Course Learning Outcomes assessment matrix for each course offered by the Program (develop this table separately for each course).**

Each course coordinator is required to prepare a Course learning outcomes assessment matrix for their respective course using the template provided below (Table 10). This table should be included in the Course assessment plan and be announced to students at the start of the course.

Table 9: Course learning outcomes assessment matrix

Domain	LO No.	Learning Outcomes (LOs)	Assessment Tools (Examples provided below)	Marks	Total
Knowledge	1.1		Mid Term Exam		
			Quiz 1		
			Quiz 2		
			Final Exam		
Cognitive	2.1		Mid Term Exam		
			Quiz 1		
			Quiz 2		
			Final Exam		
Interpersonal skills and responsibility	3.1		Class room Participations assessed through rubrics		
Communication and IT	4.1		Oral/Written communication skills-rubrics		
Psychomotor	5.1		Practice exams		
<b>Total</b>					<b>100</b>

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**Step-6: Measure Students achievement of course learning outcomes in each respective course offered in the academic program and incorporate it in the respective course report**

Table 10: Individual Course Learning Outcome assessment results (per each student)

Learning Domains		Knowledge					Cognition					Interpersonal Skills	Communication and responsibility
Learning Outcomes		1.1					2.1					3.1	4.1
#	Student Name	Assessment tools					Assessment tools					Class Participation	Observation of Oral/Written communication skills
		Quiz 1	Quiz 2	Presentations/ Seminar	Mid	Final	Quiz 1	Quiz 2	Presentations/ Seminar	Mid	Final		
		Total marks allocated for this domain (based on table 8) X total no. of student appeared					Total marks allocated for this domain (based on table 8) X total no. of student appeared						
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
<b>The total mark of each item</b>													
<b>The total marks for each LO</b>		<b>(Total marks obtained by the Students divided by total marks allocated for this domain) X 100</b>					<b>(Total marks obtained by the Students divided by total marks allocated for this domain) X 100</b>						
Percentage													



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Table 11: Overall Course Learning Outcome assessment results as per each domains of Learning (included in each course report).

Domain	CLO No.	Course Outcomes	Achievement (Expressed in % based on table 9)	Analysis	Action Plan
Knowledge					
Cognitive					
Interpersonal skills and responsibility					
Communication, Information Technology, Numerical					
Psychomotor					

**Step-7: Aggregate students' achievement with regard to those courses contributing to each Program Learning Outcomes (PLO) (i.e. using program planning matrix)**

Table 12: Aggregate students' achievement with regard to those courses contributing to each PLO

Program Learning Outcomes	Courses contributing to PLOs (Mention Course Codes)*	CLOs (Mention CLOs number contributing to the PLO)	Average marks Obtained by students related to CLO (i.e. accumulate marks obtained by the students from each methods of assessment)	Total Percentage of Marks obtained related to each Course (sum up marks scored by students on each CLO)	Overall percentage obtained by the students related to PLO (Sum up percentage of marks scored by the students related to each course to get total grade for this PLO)
K1.1	GDM 23 (Example)	CLO		CLO1 + CLO4 (Example)	Aggregation of total marks obtained by the students with regard to all the courses to obtain a value for this PLO (expressed in percentage)
		CLO			
	GDM34 (Example)	CLO		CLO7 + CLO8 (Example)	
		CLO			
	GDM45 (Example)	CLO		CLO4 + CLO5 (Example)	
CLO					
GDM 34 (Example)	CLO		CLO4 + CLO5 (Example)		
	CLO				
K1.2					


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Program Learning Outcomes	Courses contributing to PLOs (Mention Course Codes)*	CLOs (Mention CLOs number contributing to the PLO)	Average marks Obtained by students related to CLO (i.e. accumulate marks obtained by the students from each methods of assessment)	Total Percentage of Marks obtained related to each Course (sum up marks scored by students on each CLO)	Overall percentage obtained by the students related to PLO (Sum up percentage of marks scored by the students related to each course to get total grade for this PLO)
<a href="#">K1.3</a>					
<a href="#">C2.1</a>					
<a href="#">C2.2</a>					
<a href="#">I3.1</a>					
<a href="#">CN4.1</a>					
<a href="#">Py5.1</a>					

\*Include all those courses contributing to each PLO while assessing the student's achievement of their Program Learning Outcomes

Table 13: Overview of Program Learning Outcomes achieved by the Students with regard to five domains of Learning

<b>Overview of the direct PLO Assessment Method Report</b>							
Learning Outcomes Domains	Program Learning Outcomes	Contributing Courses		Assessment Results 2018-2019 (example)		Learning Outcome Analysis	Action Plans for Improvement
		Title	Code	Individual Mean	Collective Mean		
Knowledge	K1.1						


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	K1.2						
Cognition	C2.1						
	C2.2						
Interpersonal Skills and Responsibilities	I3.1						
	I3.2						
Communication and IT	CI 4.1						
	CI 4.2						

**Step 8: Classify students' achievement in to four categories using a predefined Grading system (i.e. A, B, C and D)**

Expectation level			
Exceptional Attainment (Grade-A)	Acceptable Attainment (Grade-B)	Partial Attainment (Grade-C)	Insufficient Attainment (Threshold) (Grade-D)
<b>90% -100%</b>	<b>80% - 89%</b>	<b>70% - 79</b>	<b>60% - 69%</b>

Students' performance is categorized with four expectation levels ranging from grade 'A' to 'D' in a continuum. Grades (A, B, C, D) are determined according to each learning domain based on the methods of assessments mentioned in the Table 9 and 10. As per university regulations, any performance below 60% is considered as unsuccessful and considered to be not attained by the

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students. It is a usual practice that 60% is considered as a minimum threshold for successful accomplishment of learning outcomes, both at Program as well as at the Course Level in IAU.


For each learning domain, achievements of students are calculated, and their performances are classified into four categories as mentioned in the table above (Step 8).

**Step 9: Develop Key Performance Indicators (KPIs) based on the percentage of students who achieved the minimum threshold (60%) in Courses targeting each respective Program Learning Outcomes**

Develop Key Performance Indicators (KPIs) for each PLO using Magar 3 parts for successful measurement of learning outcomes and these include: (i) a measurable verb; (ii) the important condition (if any) under which the performance is to occur and (iii) the criterion of acceptable performance. When Magar’s 3 parts of a LO are used correctly, a LO may also be a KPI and it is recommended to monitor students learning outcomes achievement using Key Performance Indicators (KPIs). Accordingly, both minimum ‘threshold’ and the ‘target’ for successful accomplishment of each PLO is defined. Presently, all the undergraduate programs at IAU considering 60% and above as minimum threshold to be considered as successful accomplishment of each PLO. Thus, each KPI is defined as “the percentage of students who achieved the minimum threshold (i.e. 60%) in the respective learning outcomes of courses targeting each one of the Program learning outcomes- “higher the score, better is the performance’. Even though the minimum threshold is 60%; each year, based on achievement of PLOs by the students, the Program administration should modify the target and link it with the development of KPI to continuous monitor performance.

**Step 10: Fix target and internal benchmark for each PLO**

Target Benchmark: The first step in fixing the target is based on the two key issues viz. (i) retrospective analysis of Program performance in the previous academic year[s] and (ii) internal benchmark (Internal Threshold). The target KPI to be achieved is set based on goals and objectives

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of the program and it is decided by the department council, taking into consideration of its previous year performance and the internal benchmark. If the previous year performance falls less than the internal benchmark, then the target benchmark is set equal to the Internal Benchmark value.

**Internal Benchmark:** It is fixed based on the previous year performance, if the data available for one year or an average value can be taken if data of the past successive years (maximum 3 years) are available.

### **Step 11: Obtain External benchmark with similar programs offered in other Saudi Universities**


With official communication from the Deanship of Quality, the college selects another college where a comparable academic program is offered for the purpose of benchmarking. In order to select external benchmarking partner, the following criteria are used:

- Comparability of infrastructural facilities required from the program.
- Similarity of Programs as defined by the Ministry of Higher Education (i.e. duration of study and course-specific comparisons including credit hours);
- Availability of data

### **Step 12: Compare actual performance with target, internal and external benchmark.**

The actual performance of the program with regard to students' achievement of Program learning outcomes are compared against viz. (i) its previous year performance; (ii) its internal benchmark and (iii) its external benchmarking partner. While fixing target for the current academic year, it is important to note that it should not be less than the internal benchmark and the previous year performance. If the actual performance is better than its previous year, it is advisable to increase the target based on the opinion of the teaching staff and other important stakeholders. On the contrary, if the actual performance falls short of the target fixed for the particular academic year,



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the current year target will be retained as new target benchmark for the next academic year after taking into consideration of the external benchmarking partner's performance.

Based on the above 12 steps process, all the academic programs at IAU are strictly adhered to and report the achievement of PLOs by its students using the KPI table given below (Table 12). This KPI table is used to document directly assessed program learning outcomes and it is appended with the Annual Program report.

Table 14: KPI table for monitoring the Performance of academic programs at IAU


KPI Code # _____ Program KPI: _____	
Assessment Year _____ Program Learning Outcome: _____	
NQF Learning Domain	
KPI Target Benchmark	
KPI Actual Benchmark	
Internal Benchmark	
External Benchmark	
Analysis: (List strengths and recommendations)	
New Target Benchmark	

### Step 13: Develop action plan for identified improvements

After thorough analysis of the performance of program with regard to the achievement of learning outcomes by the students, the stakeholders responsible for quality and improvement (mostly Academic Quality coordinator) develop a list of priorities for improvement. From the list of priorities, a set of recommendations are developed. Following template (Table 16) is used for developing action plan for enforcing improvements.

Table 15: Action Plan Template

No.	Recommendations	Actions	Assessment Criteria	Responsible Person	Start Date	Completion Date
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1						
2						
3						
4						
5						
6						
Action Plan Analysis (List the strengths and recommendations for improvement of the Program Action Plan).						

#### **Step 14: Implement Action plan**

The implementation of action plan requires a coordinated effect of faculty members, course coordinators, Vice Deanship of Quality, Vice Dean of Academic affairs, Curriculum committee members, Program chair and the Dean of the College. In some occasions, it may extend up to the Vice President for Academic Affairs of the university in which any major change need to be carried out in the curriculum based on the achievement of students learning outcomes and to fulfil the external environmental requirements (i.e. employer’s requirements, NQF and skills set required by the licensing and accreditation body). While implementing action plan, appropriate timelines are prepared for each one of the tasks using Gantt chart and designated personnel is allocated to monitor it in an effective manner. Further, it is the responsibility of the Program Chair and the Dean (at college level) to provide required resources in the form of money, manpower and materials for the smooth accomplishment of action plan.



#### **Step 15: Continue the cycle every year and ascertain progress of the program towards its goals and objectives.**

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The process of assessment of Program Learning Outcomes achieved by the students are carried out on a yearly basis. By doing so, the program can ascertain its progress towards its goals and objectives. Each Program is instructed to prepare an action plan progress report to study the improvements obtained through previous years' action plan using the table format given below:

Studying the Progress on Implementation of Previous Year's Action Plans				
Actions Planned	Planned Completion Date	Person Responsible	Completed	If Not Complete, Give Reasons
a.				
Actions Planned	Planned Completion Date	Person Responsible	Completed	If Not Complete, Give Reasons
b.				
Actions Planned	Planned Completion Date	Person Responsible	Completed	If Not Complete, Give Reasons
c.				
Actions Planned	Planned Completion Date	Person Responsible	Completed	If Not Complete, Give Reasons
d.				

\*Source: NCAAA APR Template (T3)

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### Indirect ways of assessing Students achievement of PLO's

As stipulated by NCAAA, DQAA has provided several indirect ways to assess students' achievement of Learning outcomes and it is usually carried out using stakeholders' evaluation surveys. All the programs offered at IAU are instructed to use some of these surveys to assess student's achievement of Learning outcomes (Table 14) and it include:


- Program evaluation survey (PES),
- Student Experience Survey (SES),
- Alumni, Interns satisfaction survey (for clinical rotations),
- Employers Survey to assess graduate characteristics
- Program Learning Outcomes assessment survey should be created to assess PLOs.

Beside the above surveys, the following methods can be utilized to indirectly assess the student's achievement of Program Learning Outcomes and it is given below:

- Performance of graduates in Professional exit exam or any Progress test conducted.
- Utilizing the results of Professional exams indicators: for example, the results of the Saudi Commission for Health Specialties exams, the classification of the medical education programs in the Saudi Commission for Health Specialties exams, the adequacy of teachers' exams, Saudi Council of Engineers exams and others.

Table 16: List of Surveys used to capture student's achievement of LO's at IAU

#	Survey	Filled by Whom	Frequency
1	Program Evaluation Survey	Final year students	Once a year
2	Students' Experience Survey	Students half-way through the program	Once a year
3	Alumni Survey	Graduates	Once a year
4	Interns Survey	Those students who are pursuing the Internship Program	At the end of each Internship rotation
5	Employers' Survey	Employers of the Graduates	Once a year
6	Program Learning Outcomes (PLO) assessment survey	Fresh Graduates immediately after graduation	Once a year

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Among the above surveys, Program Learning Outcome (PLO) assessment survey is a straight forward one in which fresh graduates of each program are asked to rate their opinion about their level of achievement of program learning outcomes (Table 17). This survey items are prepared based on the learning outcomes from the respective undergraduate program and it is usually measured using a five-point Likert scale where students indicate how well they think they mastered each Program Learning outcome.

Table 17: Grading of Students responses during Surveys that are used to assess their achievement of LOs


Performance Grading	Criteria			
	Mean	Median	First Quartile	Cumulative % of 4 or 5
High Quality	3.6 and above	4 and 5	4 and 5	80 and above
Acceptable	2.6 – 3.6	3	3	60 – 80
Improvement Required	Less than 2.6	1 and 2	1 and 2	Less than 60

The importance of data and the indirect assessment efforts are to:

- improve the Program, services, and curriculum
- improve planning for future assessment
- expand efforts to engage students in measuring the achievement of the PLOs
- made current system and efforts more effective

### **Closing the Loop, Results dissemination and Follow-up**


The purpose of assessment is to help determine whether or not the program is being effective, and to allow documenting and demonstrating continuous improvement based upon the use of assessment results. Therefore, "closing the loop" implies that the planning and evaluation process of the University and the individual program/College have completed a full cycle from establishing a mission to using assessment results in the next planning and assessment cycle.

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Assessment results should be disseminated widely, evaluated thoroughly, and used to improve the quality of courses, program and other academic and administrative services at the university. The results should be communicated along with the assessment plan to each program chair as well as to the university top management, because the implementation of the next step would involve the collaborative efforts of all parties. For planning purposes, it is vital to share the successes and the shortcoming in order to generate effective action plans to propose remedial measures for seeking improvements. The action plan should include specific suggestions for increasing the likelihood of success during the next assessment cycle. Moreover, an action plan might involve inter-department/program cooperation and collaboration, should include an estimated cost, if applicable, and should be listed by order of priority.

It is noteworthy to mention that closing the assessment loop may require the use of additional resources beyond current budgets. The assessment loop is only closed if actions are taken to make modifications where necessary. The implementation of the proposed action plan is a shared responsibility. Each academic program should complete an assessment report, similar in format to the assessment plan, stating expected outcomes, assessment measures used, a brief discussion of the results, and how the results are to be used to make changes to improve the quality of the program.

After securing the approval of the college council, the dean maintains a copy of the assessment report a copy of which has to be submitted to the Deanship of Quality and Academic Accreditation. The dean submits the assessment report (in the form of APR) to the Vice Presidency for Academic Affairs who then forward it to the University President. The President and the University Council will review and discuss the annual program reports and the proposed action plans and approve the same for implementation, which also include a detailed timeline and the responsibility charter to aid the implementation process. Further, the approved action plans are forwarded to the directorate of Budgeting and Planning which utilizes this as an input for next year budget planning cycle. The Dean, vice deans, department heads and DQAA should monitor this implementation process and

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review any remedial action plans.


### Quality assurance focusing on teaching staff

The university developed a system to ensure that the staff members are qualified and competent enough to conduct core activities of the institution: teaching and learning, research and community service.

All faculty need to endorse their qualification and experience certificates by the Ministry of External Affairs of the applicant's country (this is normally done after cross-verification from the issuing university and employer) before being attested by the Royal Embassy and Cultural Attaché of the Kingdom of Saudi Arabia located at the applicant's country. If the highest degree is obtained from outside the applicant's country, the certificate should be attested from the respective Ministry and Embassy at the country from which the degree is obtained. The final verification usually concluded by the Saudi cultural attaché by communicating with the educational institutions to which the candidates were affiliated, together with the university where qualifications are obtained, after taking into consideration the recognition of Qualifications stipulated by the Ministry of Higher Education, Saudi Arabia. As such, the recruitment committees verify the candidates' claims of experience and qualifications before appointment.

Deanship of Academic Development [DAD] and the Directorate of Training and Development assume the overall responsibility to continually improve and enhance the educational environment at the college by taking the talented instructors, be they faculty or staff, and through a process of extensive training and development in order to in order to empower them with the skills needed to achieve the program objectives. Besides, the Directorate of Medical Education also provides needed training to the health science faculty /academic staff on selected teaching and assessment methods. In addition, Training and Consultation unit of DQAA offer regular training programs to faculty and academic staff on twelve different topics related to quality and academic accreditation. Some of the KPIs focusing on teaching staff are:

- Proportion of teaching staff with verified doctoral qualifications.

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- Result of teaching staff found satisfied with their job (AJS) and the proportion of those who responded to the survey.
- Proportion of teaching staff exposed to faculty development programs in the last year.


The University administration has established several procedures for evaluating the performance of faculty and academic staff and all staff members are prompted to be cautious of their work-performance. These include evaluation of various aspects such as faculty portfolio, students evaluating teaching effectiveness, and contributions made by the faculty towards the University, Research and Community services. A uniform evaluation form exists at the university level to facilitate this process. Likewise, uniform regulations are in place to govern faculty promotion at IAU.

### **Quality assurance focusing on facilities and learning resources**

The university has clear procedures to ensure that the quality of facilities needed for student learning are adequate and appropriate for each program (i.e. Adequate checks on the computer facilities; Adequate checks on the library; Adequate checks on the laboratories) An exclusive policy entitled, ‘ICT Policy’ is in place which informs the faculty, support staff, students, management and other individuals authorized to use university facilities, and the regulations relating to the use of ICT systems. Also, Information Security Policy is operational at the university level, to protect and preserve computer-based information generated by, owned by, or otherwise in the possession of university, including all academic, administrative, and research data. Some of the KPIs focusing on facilities and learning resources are:

- Stakeholder evaluation of library and media center. (Average overall rating of the adequacy of the library and media center, including:
  - a) *Staff assistance,*
  - b) *Current and up-to-date*
  - c) *Copy and print facilities,*
  - d) *Functionality of equipment,*
  - e) *Atmosphere or climate for studying,*



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- f) *Availability of study sites,*
- g) *Any other quality indicators of service on a five- point scale of an annual survey*

An exclusive Policy and Procedures' manual is existing in the Deanship of Center Library to govern all the functions related to management of Learning Resources at IAU. Following KPIs are used to measure the effectiveness of learning resources and are reported to university higher administration on an annual basis.



- Number of books and periodicals in the Hospital Library per student.
- Annual expenditure on books and periodicals per student.
- Ratio of books to titles
- Number of books, journals and total publications per full time student.
- Number of on-line data bases available for students and faculty through the library.
- Average response times in obtaining materials through inter-library loans
- Annual IT expenditure per student
- Number of accessible computer terminals per student
- Usage rates for teaching spaces.

### **Quality assurance focusing on students support services**

The university has clear procedures to assure the quality of the student support and student counseling. The Counseling and Advising Center is directly working under the supervision of Vice President of Academic Affairs and it has Academic Guidance Units operating at college level that cater services to the students in each college. An approved code of behavior has been established at the university level, which identified the students' rights and responsibilities as well as actions to be taken for breaches of student discipline.

Some of the KPIs focusing on students support services are:

- Ratio of Students: Administrative Staff
- Ratio of Students: Student Support Staff.

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- The amount of faculty time scheduled for individual student consultations.
- Student assessments of availability of faculty for consultation and academic advice.

### System focusing on administrative activities

The COCP adheres to the guidelines developed by the university to monitor the quality improvements in the administrative processes.



#### a. Guidelines for monitoring Quality Improvements in the Administrative Units

The assessment process for administrative units is completed annually, and it implemented mainly to support the university's mission and to abide by the institutional commitment on institutional effectiveness and ultimately to promote an environment that fosters student learning. The process is managed by the DQAA, in cooperation with the Administrative Development Deanship. Every year, individual units in cooperation with DQAA review their mission, goals and assessment strategies; collect and analyze data, and utilize this information to make changes/updates as appropriate. To guide this process, units develop annual assessment plans and reports. These documents are submitted to the Administrative Development Deanship for review and feedback.

Administrative support services delivered at IAU include

- Information and Communication Technology (ICT) Services
- Deanship of Library Affairs
- Faculty and Personal Affairs
- Directorate of Budgeting and Planning
- Students Admission and Registration
- Students Affairs Deanship



These areas ensured that facilities, finances, and personnel support the learning environment dedicated to serving the student body and focus on the improvement of the basic operations

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necessary to the university's infrastructure.

Some of the KPIs used to monitor administrative support services at IAU are:

- Ratio of Students to Administrative Staff
- Ratio of Students to Student Support Staff.
- The amount of faculty time scheduled for individual student consultations.
- Student assessments of availability of faculty for consultation and academic advice.
- Number of books and periodicals in the Hospital Library per student.
- Annual expenditure on books and periodicals per student.
- Ratio of books to titles.
- Number of books, journals and total publications per full time student.
- Number of on-line data bases available for students and faculty through the library.
- Average response times in obtaining materials through inter-library loans.
- Annual IT expenditure per student
- Number of accessible computer terminals per student
- Usage rates for teaching spaces.
- Total operating expenditure per student (apart from accommodation and allowance)
- Proportion of funding derived from varied sources (Government, student fees, research income and other)
- Proportion of teaching staff participating in professional development activities in the past year.
- Number/proportion of faculty holding official positions international academic, research

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or professional organizations.

- Breadth and diversity of background of academic staff as measured by country where highest qualification obtained and ethnic background.
- Proportion of faculty leaving the College in past year
- Number of formal faculty and staff complaints or disputes as a proportion of total number.
- Proportions of faculty rating the institution positively on confidential opinion surveys.
- New faculty assessments of the value of orientation programs.
- Faculty assessments of the value of performance evaluation processes.


#### **b. Administrative Outcomes Assessment Process**

The administrative outcomes assessment process is a cyclic sub-process in the University Institutional Effectiveness Process. It works as follows:

1. Defining the unit goals in line with university mission and goals.
2. Driving the unit outcomes.
3. Identifying and designing the appropriate assessment tools that measure unit outcomes.
4. Establishing an achievement target for each assessment measure.
5. Collecting and analyzing the assessment data to determine major findings.
6. Developing and implementing an action plan based on assessment results to improve attainment of expected outcomes.

#### **Quality assurance focusing on research and community service**


The research unit and community service unit coordinate with the Vice Dean for Postgraduate Studies and Scientific Research and Training and the Vice Dean for Quality Development and Community

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Service to prepare the operational plans in line with the college's strategic plan, and to develop appropriate projects to implement its initiatives, which include the following:

1. Update the research priorities according to the vision (2030) and the needs of society.
2. Encouraging faculty members to increase research production capacity and publish academic research in refereed scientific journals and participation in scientific conferences and forums.
3. Activating research partnerships between disciplines and enhancing research cooperation between the educational institutions local and regional.
4. Encourage members to establish specialized scientific forums and hold specialized scientific research seminars.
5. Encouraging members to participate in the College of Clinical Pharmacy Award for Excellence in Scientific Research and Service.
6. Sensitizing faculty members, administrators, and students of the importance of their role in community service.
7. Promote community activities for faculty and students and documenting them in the responsibility bank.
8. Encouraging participation in judging competitions and research
9. Encourage community involvement in the evaluation and development of the community service provided by the college/programs.
10. Activation of development projects and initiatives by faculty members and students of the specialized department and joint with the various departments of the college.
11. Providing channels for effective communication between the college staff and the various community parties.

Reports are prepared that include performance indicators for the objectives and compared annually, to develop improvement plans to achieve quality performance, and then are approved in the boards of college.

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### Key Performance Indicators

The college adopts the procedures set by the university to ensure the quality of performance through measuring performance indicators and surveys.

#### Key Performance Indicators: UDMetrics

A well-structured methodology is in place for collecting, analyzing and reporting of KPIs in COCP. An exclusive application entitled, “UDMetrics” has been developed and it is being used both to gather and report KPIs to the stakeholders. As such, COCP on its journey towards quality, uses “Key Performance Indicators (KPIs)” to assess its current performance with regard to its core elements of mission i.e. teaching and learning, research and community services and guide action towards improvement in achieving its goals and objectives.

The format for indicators and benchmarks is consistent with that adopted for the institution as whole. To facilitate the process of collection of data for the calculation of KPIs, the COCP adopted UDMetrics. A unique user name and password is provided to the Vice Deanship for Quality at the college which hold the overall responsibility of collecting all the data and feed that information in the UDMetrics. The data is then analyzed by the Performance Measurement Unit of DQAA in such a way to prepare the final report.

#### Scope of Key Performance Indicators (KPIs) at COCP

The Key Performance Monitoring (KPI) system at COCP covers all the essential elements that are contributing to improve quality and promote excellence. It covers four major segments of the COCP academic, administrative, students support and research and community services. A set of KPIs are developed to measure, monitor and track the progress of the college. To facilitate this, a unique model entitled, DMABIC model (DEFINE-MEASURE-ANALYZE-BENCHMARK-IMPROVE-CONTROL) is in place at IAU and it is developed based on Six-sigma DMAIC model and being adopted by COCP. Presently, 25 KPIs were identified and monitored. Out of these 24 KPIs were prescribed by EEC-NCAAA and one chosen from the approved list of IAU indicators (Table 18). These KPIs are monitored at the levels viz. Program and College.



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Table 18: List of KPIs monitored at COCP.

<b>Details of KPIs addressed</b>		
<b>NCAAA Standards</b>	<b>Number of NCAAA KPIs addressed</b>	<b>Number of IAUKPIs (Additional Indicators) addressed</b>
Standard 1: Mission, Goals and Objectives	1	--
Standard 2: Program Administration	1	--
Standard 3: Management of Program Quality Assurance	2	1
Standard 4: Learning and Teaching	5	--
Standard 5: Student Administration and Support Services	1	1
Standard 6: Learning Resources	1	--
Standard 7: Facilities and Equipment	2	--
Standard 8: Financial Planning and Management	0	1
Standard 9: Faculty and Staff Employment Processes	2	1
Standard 10: Research	4	--
Standard 11: Institutional Relationships with the Community	1	1
<b>Sub Total</b>	<b>20</b>	<b>5</b>
<b>Total number of KPIs addressed</b>	<b>25</b>	

The university has adopted following mechanism to calculate both internal and external benchmarks viz.

#### **Actual Benchmark**

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It is the actual and latest reported value for each indicator. In order to measure it in a uniform manner, certain principles need to be followed to gain uniformity in getting the results. These principles include:

- Data requirements and mode of collection should be unique
- Uniform template or data collection instrument should be in place for collecting data
- A standard numerator and denominator data source is required, and all the data need to be collected from that source across all the academic years
- The availability of data varies across time (i.e. readiness for collection) and it should be properly defined with regard to its collection.
- A uniform methodology should be adopted for calculating each benchmark
- The mode of reporting results should be unique and standardized for each Indicator
- Each KPI is presented in terms of overall value and values for males and females


### **Internal Benchmark**

It can be carried out in two ways viz.

**Option 1:** It is either the value measured in the previous year in case of only one-year data or an average value based on data of the past successive years (maximum 3 years). The internal benchmark is to be presented as ‘overall value’ followed by separate values for males and females. It is paramount, and it is recommended to mention all the past two- or three-years data in the internal benchmark space of the KPI template along with the average score.

**Option 2:** It involves comparing practices and processes with other homogenous program within the University. This option can be chosen only if there is a similar program offered within the same university. This can be justified with regard to similarity of those program in terms of credit hours, course-wise comparisons, goals and objectives etc. The advantage of internal benchmarking is that access to sensitive data and information is easier; standardized data is often readily available; and usually less time and resources are needed. There may be relatively few barriers to implementation as practices may be relatively easy to transfer across the same organization.



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This is the value of the KPI to be achieved as per program goals and objectives and it is decided by the steering committee based on its previous year performance and the internal benchmark. If the previous year performance falls less than the internal benchmark, then the target benchmark is set equal to the Internal Benchmark value.


The college adopt the following criteria established by DQAA while fixing and revising targets and the all the programs offered at COCP are strictly adheres to it viz.

(i) Based on the data trend which depicts the level of performance of the program in the last three academic years. This will help the program administration to understand the threshold (limits) of the program’s performance. Following steps are to be followed to set target(s) while using ‘retrospective data-trend analysis’ methods viz.

- Collect data for the previous two or three years (there is no upper threshold)
- Plot the data using either bar graph or control chart
- Study the trend of the data (either increase or decrease) in the bar graph or control chart
- Calculate the average score (internal benchmark)
- Set the target either ‘higher’ or ‘lower’ than the last year score, depending on the type of the KPIs (Note: either lower or higher the better). It is important to note that the target benchmark cannot be less the internal benchmark. If the target is found to be less than the internal, set the ‘target’ equal to the internal threshold.

(ii) Keeping in view of College strategic target.

The strategic plan of both university and the college will be used as guide in fixing target. There are a set of performance indicators used by the university/college to study its progress towards the achievement of strategic plan and the program administration use this as a base while fixing its target. Upon completion of each academic year, the strategic planning committee, both at the institution and college review the ‘targets’ achieved by the university and the program and devise a new target based on the strategic priorities of the university/program and taking into

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consideration of the prevailing environment. Through this approach, targets are set based on thorough exploration of the various factors influencing the institution or program, not only by arithmetic calculation.

(iii) Based on the consensus of the steering committee. In the absence of previous year data and if any KPIs to be measured for the first time, the program administration uses ‘Consensus’ methodology while fixing the target. A ‘SWOT’ analysis will be carried out by the team members. Under SWOT analysis, team members will study the strength(s), opportunity, weakness and threats of achieving the desired target level. Accordingly, members of the steering committee will discuss and explore the ‘pros’ and ‘cons’ of achieving the required target level of each key performance indicators and then fix the final target.

(iv) Based on the Performance of the external benchmark. The performance of the external benchmarking partner is also a driving force while fixing the target. During the benchmarking process, programs exchange some of its good practices and adopt some of them from its partner. By means of doing so, the program aiming to reach the performance ‘targets’ of its partner institution within certain stipulated period. Several factors need to be considered while setting target using this method and it include:

- Amount of time taken by the partner institution to reach the current level of performance target and it will give an indication for COCP to set its target. Based on that, COCP and its program will decide that time required to accomplish the target (i.e. whether the set target can be achieved within the benchmarking period)
- Financial commitment required to set-up the infrastructure required to achieve the target
- Logistics and Human resources required achieving the target.
- Adoption of good practice from the partner institution, including the constraints involved in this process.

(v) Implications of external environment to the program. Any implications for changes that may be required in the mission and goals, content, or methods of delivery of the program. This will

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warrant the program to fix the target to fulfil the mission/goals of the program within stipulated period.

The Deanship of Quality and Academic Accreditation (DQAA) provided the above five criteria and advice all the programs offered at IAU to choose a suitable criterion while fixing target for the KPIs. Based on the above criteria, the program set its ‘target’ and the selection criterion varies for each KPI, depending on the type and purpose of measurement. Arithmetically, the program keeps the target between 5% – 20% increase or decrease based on the performance levels and nature of the KPIs.

Above criteria should be considered according to the National Standards, Accreditors Standards, Scientific studies and Benchmarking.


### **External Benchmark**

To facilitate that, a benchmarking contract has been prepared at the institutional level. In order to initiate this process, the colleges can contact a comparable college/program for exchange of data and it is to be included in the analysis. The College can also initiate and suggest the process of making administrative arrangements to sign a memorandum with a comparable institution to secure an external benchmark. Three specific criteria have been fixed while choosing external benchmark viz.

- (i) Comparability of infrastructural facilities required for programs across KSA
- (ii) Availability of data as required by the NCAAA.
- (iii) Adoption of good practice to seek continuous quality improvements.

### **Analysis of KPIs**

In the analysis section, a comparison of actual benchmark with the target and internal benchmarks was made to address the strengths and weaknesses of the KPI and to make strategies and action plan for the forthcoming years. The analysis is made with respect to two variables viz. (i) Gender

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specific comparison and (ii) Time trend analysis of data. If the external benchmarking partner data is available, then a comparison is made to gather good practice to improve the quality.

### **New Target Benchmark**

This is the anticipated target to be set by the program for the forthcoming academic year. It is determined on the basis of any differences observed between the actual, target and internal benchmarks of the current year data (from KPI analysis). If the target fixed for the current year is achieved, then the new target is fixed by adding 5 to 10% increase or decrease based on the KPI and in accordance with any one of the criteria fixed by the DQAA for revising the target.


### **Development of Standard Corrective Action Plan to improve Quality**

Based on the current performance level and keeping in view of the target set for the next academic year, the University/Program administration will establish action plan(s) for addressing the weakness identified from the benchmarking analysis. This will be carried by establishing committee(s) to implement or monitor action plan. For each action plan, responsible personnel will be allocated, required resources will be provided; timelines are set and appropriate support is offered to accomplish it on time.

### **Closing the Loop: Results dissemination and Follow up**

The purpose of assessment is to help determine whether or not the unit is being effective, and to allow documenting and demonstrating continuous improvement based upon the use of assessment results. Therefore, "closing the loop" implied that the planning and evaluation process of the university and the individual administrative units have completed a full cycle from establishing a mission to using assessment results in the next planning and assessment cycle.

Assessment results should be disseminated widely, evaluated thoroughly, and used to improve the services and processes at the university. The results should be communicated along with the assessment plan to unit staff and university management, because the implementation of the next


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step would involve the collaborative efforts of all parties. For planning purposes, it is vital to share the successes and the shortcoming as well in order to generate effective action plans supporting the program strengths and proposing remedial measures for the areas in which improvement is needed. The action plan should include specific suggestions for increasing the likelihood of success during the next assessment cycle. Moreover, an action plan might involve inter-unit cooperation and collaboration, should include an estimated cost, if applicable, and should be listed by order of priority. At administrative unit level, unmet goals may indicate a need for changes in services, policies and procedures.

It is noteworthy that closing the assessment loop may require the use of additional resources beyond current budgets. The assessment loop is only closed if actions are taken to make modifications where necessary. The implementation of the proposed action plans is a shared responsibility. Each unit should complete an assessment report, similar in format to the assessment plan, stating expected outcomes, assessment measures used, a brief discussion of the results, and how the results were used to make changes to improve services and processes. The unit's assessment coordinator should submit the assessment report to the Administrative Development Deanship and DQAA, which will provide timely feedback and comments. Upon approval, DQAA should compile all reports in the administrative annual report and forward it to the President of University. The President and the University Council will review and discuss the annual report and the proposed action plans and produce Approved Action Plans.

The approved action plans should include a detailed timeline and the responsible party for the implementation. The approved action plans should be forwarded to the Directorate of Budgeting and planning to be used as an input in the budgeting planning. The Administrative Development Deanship and DQAA Administrative should monitor the implementation and review any remedial action plans.

### **Self-Evaluation and Program Accreditation**

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Academic Accreditation is a process in which an efficient, reliable, and credible certificate is awarded, and it is a certification with reference. It is a process of evaluating and recognizing the educational institution and its academic program, and the academic certificate obtained by individuals, in light of specific standards set in advance, through specialized academic institutions or commissions that have formal authority in their judgment.

Academic programs conduct a self-evaluation of their main activities at least once every two to three years, to ensure their strengths and weaknesses. This self-evaluation leads to the formulation of a plan to improve performance and quality. This self-evaluation can be part of the external evaluation of quality and the accreditation process.

With regard to national accreditation, the process begins with the formation of a principal committee, followed by the formation of steering committees for eleven criteria set by the National Center for Academic Accreditation and evaluation. The Self-Evaluation and Academic Accreditation Committee undertake the self-evaluation of the college's programs. After the self-evaluation is completed, the steering committees will submit a draft self-study report to the principal committee.


### **Program Review Process**

- i. The process starts with establishment of a Principal Committee, which is followed by the formation Steering Committees for the eleven NCAAA Standards to carry out the self-evaluation of the program. When the self-evaluation is completed, the committee submits the draft self-study report to the Principal Committee.
- ii. The Principal committee submits the report and self-evaluation scales to an Independent Evaluator/s for the independent opinion. Taking into consideration of the independent opinion the steering committee prepares the second draft of Self- Study Report-Program (SSRP).
- iii. The second draft will be then submitted to the Mock Review (optional), organized by the college/program in concurrence with NCAAA. The recommendations from the mock

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review panel will be addressed in the SSRP by the committees and the revised SSRP is then submit it to the NCAAA.

- iv. The final SSRP will be re-submitted to NCAAA at least two months before the external review.
- v. The selected review panel list will be sent to the college/program by NCAAA with a conflict of interest form.
- vi. A letter specifying the dates of final onsite review will be sent by NCAAA followed by approval of site visit schedule by NCAAA.
- vii. The accreditation consultant of NCAAA will visit the college to conduct a preparatory workshop for the site visit and he/she verifies the eligibility documents and sent an accreditation consultant report on eligibility.
- viii. Finally, the onsite visit by the external reviewers and will have meetings with stakeholders, inspects relevant document and evidence and tours the facilities that support the academic activities. The panel observes and verifies the activities and the evidence that cannot be assessed from the SSRI, like the facilities, assess educational experience of the students, faculty members and other stakeholders.
- ix. After a successful onsite visit and review the external review panel prepares an initial unedited Review Panel Report (RPR), which they present to the stakeholders of the college/program and later the chair of panel will send an edited RPR to the NCAAA.
- x. Subsequently the NCAAA will send the RPR to the Dean without accreditation decision for the review of the University for Factual Errors. The factual error report will be sent back to NCAAA and it will be address by the review panel and NCAAA.
- xi. The final report of the external review will be received by the Dean for the response of the program to the recommendations of review panel.
- xii. An action plan will be submitted to NCAAA in response to the recommendations.
- xiii. NCAAA will finally make a decision on accreditation based on the report of the review panel and action plans submitted by the college/program to the recommendations.

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xiv. NCAAA may award full accreditation recognition, conditional accreditation or deny accreditation. Full accreditation is for seven years and conditional accreditation for a limited period.



The Vice Deanship for Development, Studies, and Community Service, in coordination with the DQAA, the main responsibility with regard to following up and completing work plans in implementation of the recommendations of the NCAAA at the program level. The department prepares a periodic report on the follow-up and the achieved work plans.

Based on the self-study report of the program (SSRP) and as per the report provided by the external review panel (ERP), NCAAA will make its decision. NCAAA decision may fall under any one of the following alternatives:

- a. That full accreditation should be granted (For full seven years)
- b. That conditional accreditation should be granted for a specified period of time, up to a maximum of three years, to allow the program to remedy specific conditions that have been identified.
- c. That accreditation will not be granted or be withdrawn in cases of re-accreditation.

If conditional accreditation is granted, a further review will be conducted to determine whether the conditions have been resolved. If they have been resolved, full accreditation will be given. After programs have been earned full accreditation, they are expected to complete a new self-study within seven years, and participate in an external peer review conducted by the NCAAA for re-accreditation. The NCAAA may require earlier reviews of programs if it believes they are needed.



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## Glossary and Definitions

**Quality:** The value, worth, or standard of an institution or program in relation to generally accepted standards for an institution or program of its type.

**Quality Assurance:** Processes of assessment, evaluation and follow-up relating to quality of performance, which serve two distinct purposes:

- To ensure that desired levels of quality are maintained and improved; and
- To assure stakeholders that quality is being maintained at levels comparable to good practice in highly regarded institutions elsewhere in the world.

**Internal Quality Assurance:** Processes of quality assurance carried out within and by or for a higher education institution.

**Higher Education:** education at universities or similar educational establishments, especially to a degree level.

**Accreditation:** Formal certification by a recognized authority that an institution/program meets required standards

**Stakeholders:** Refers to anyone who is invested in the welfare and success of an educational institution and its students, including administrators, teachers, staff members, students, parents, families, community members, local leaders and state representatives.

**Assessment:** A process of measuring performance in relation to established standards or criteria

**Audit:** An independent review to verify that reports represent a true and correct record of activity, and that recognized standards have been met.



**Benchmark:** Points of comparison or levels of performance used for establishing objectives and evaluating performance.

**Credits:** Points or hours allocated by an institution to specify the work requirements, or the volume or amount of learning expected for a unit, subject or program of study.

**Domains of Learning:** Broad categories of types of learning expected in a program of study.

**Evaluation:** The process of assessing and assigning value to a facility or activity.

**Inputs:** The resources available to and used by an institution to provide its programs.

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**Institutional Approval:** The approval of an institution based on recognition that its resources, processes and learning outcomes meet required standards for an institution of its type and the level of its programs.

**International Accreditation:** Accreditation of an institution or of its programs by an accreditation agency established in another country.

**Key Performance Indicators:** Selected performance indicators regarded as particularly important for the purpose of assessing performance.

**Learning Outcome:** The learning that results from participation in a course or program.

**Level:** The intellectual standard and complexity of learning expected as students' progress through a program of study

**License:** Formal approval, normally by a government or a government agency, to operate or carry out certain activities.

**Mission:** A brief general statement setting out the principal policy objectives for development of an institution.

**Objectives:** Specific statements that apply the mission and goals to particular areas of activity and indicate intended results.

**Outcomes:** The results of teaching, learning and research processes of an institution.

**Outputs:** The products of an institution's activities, normally expressed in quantitative terms.



**Peer review:** Evaluation and report on a program, institution or part of an institution by expert evaluators from similar institutions or professions who are specialists in the field concerned or with the organization and management of higher education institutions.

**Performance Indicators:** Specific (and normally pre-selected) forms of evidence used by an institution or other agency to provide evidence about quality of performance.

**Processes:** The administrative arrangements, policies, and organizational procedures carried out by an institution in planning, reviewing and delivering its programs.

**Program:** A coherent program of study followed by students in an academic field or leading to a professional qualification, the successful completion of which qualifies them for an academic award.

**Program Accreditation:** Accreditation of a program of study certifying that it meets standards required for the delivery of a program in that field at the level concerned.

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**Qualifications Framework:** A document setting out the nature, amount, and levels or standards of learning required for academic or technical awards.

**Teaching Strategies:** The strategies used by an instructor to develop student learning.

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