# Quality Management System

## Applied Medical Sciences College

Ver. 21.1

One of the parts of this booklet includes the unified list of development and quality units, which was prepared by the University Agency for Development and Quality. Thanks to all colleagues in the College of Applied Medical Sciences who participated in translating these regulations.

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**KINGDOM OF SAUDI ARABIA**
Ministry of Higher Education
**NAJRAN UNIVERSITY**
*Office of Vice President for Development & Quality*

بسم الله الرحمن الرحيم

المملكة العربية السعودية
وزارة التعليم العالي
جامعة نجران
وكالة الجامعة للتطوير والجودة

Subject : ————— الموضوع

قرار إداري

— مكتب الوكيل —

رقم ( ١٤٣٧/٦٧ ) وتاريخ ٢٤ / ٨ / ١٤٣٧ هـ

الحمد لله والصلاة والسلام على رسول الله وبعد :
- فإن وكيل الجامعة للتطوير والجودة
- وبناءً على الصلاحيات الممنوحة له نظاماً
- وبناءً على ما تقتضيه مصلحة العمل

يقرر ما يلي :

أولاً اعتماد اللائحة الموحدة لوحدات التطوير والجودة بكليات الجامعة المرفقة بالقرار .

ثانياً ) يبلغ هذا القرار لمن يلزم لتنفيذه .

وبالله العون والتوفيق ،،،

وكيل الجامعة للتطوير والجودة

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## Introduction

This booklet contains the quality management policies of the programs in College of Applied Medical Sciences. In addition to the introduction of the organizational structure, work functions and duties. The powers and tasks in this booklet are based on the unified list of development and quality units at the University of Najran. The handbook also includes program policies for measuring Program Learning Outcomes (PLOs) and closing quality loops. In addition, the policy in this booklet ensures that the program management approves key performance indicators that accurately measure the program performance and coordinates to provide regular data on them. Furthermore, the booklet show how the programs analyze the evaluation data annually (selecting performance indicators and benchmarking data, student progress, program completion rates, student evaluations of the program, courses and services, views of graduates and employers); and results are used in planning, development, and decision-making processes.

## Unit Vision

Achieving excellence and leadership among quality assurance units similar to the local and regional levels in the application development and quality systems to reach the Faculty of Applied Medical Sciences to an outstanding level between likes at regional

## Unit Mission

Unit is committed to ensuring the quality of the Faculty of Applied Medical Sciences activating and improving business development and overall quality faculty in accordance with the standards in educational and research aspects and Community Service in collaboration with the beneficiaries of all classes and including ultimately leads to achieving the mission and vision college.

## Objectives of the unit

- Promote a culture of quality have beneficiaries in the vicinity of the total of all classes.
- Definition requirements to obtain academic accreditation and quality assurance by the National Commission for the adoption and the academic calendar.
- Building cadres trained and able to apply the quality system of qualification for academic accreditation.
- Gain the confidence of the community in the output of the educational process.
- The provision of advisory services and guides for scientific departments and various college departments with regard to quality assurance and accreditation.
- Adopt a self-evaluation approach as an input to the ongoing internal review and application of the quality system and access to credit.
- Develop the skills of faculty members with regard to education and learning.
- Develop students' skills associated with learning.
- Develop a system to ensure the continuity of quality.

## College Quality System Framework

Figure 1 illustrates the framework that manages quality assurance activities at the college of Applied Medical Sciences. It is clear from the figure that the inputs, processes, outputs and outcomes are assessed and evaluated regularly in order to improve the quality of the programs.
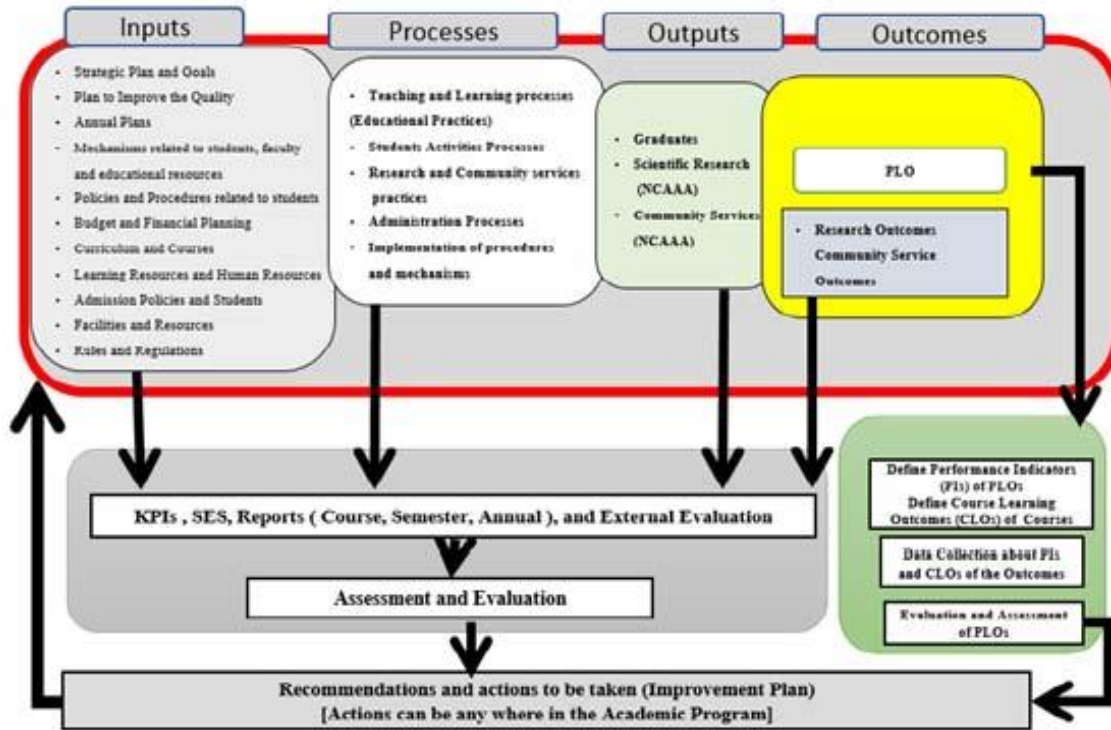


Fig. 1. Quality System Framework

**Regulations governing the development and quality unit**
**Article 1: Unit establishment**

Najran University has established its agency for development and quality at the university with the approval of the Higher Education Council on 1430/5/14, and it culminated with the approval of the Custodian of the Two Holy Mosques, the Prime Minister, and the President of the Higher Education Council, may God bless him, on 29/5/1430.

The agency took care of establishing systems to confirm the internal quality standards of the university's college supplant, which ensure a high level of quality to meet its first and second strategic plan and to meet the requirements of institutional and programmable academic accreditation.

**Article 2: Vision, Mission and Goals of the unit**

*The vision of the Development and Quality Unit:*

A model unit in ensuring the applied the overall quality and continuous improvement between the corresponding units at the national level.

*The mission of the Development and Quality Unit:*

Achieving academic, research and administrative excellence and serving the community by the college through strengthening the internal quality system and supporting academic programs to award the national and international accreditations.

*The objectives of the Development and Quality Unit::*
- Establishing a culture of quality within the framework of academic and administrative work among the faculty members.
- Upgrading the quality of academic programs in the college to meet the mission of the college and the university.
- Enhancing internal monitoring and evaluation systems in the teaching and learning process within the unified system of the university.
- Managing data and information that meets the requirements of continuous evaluation and improvement.
- Supporting the college's programs to obtain specialized academic accreditation, whether locally or internationally.
- Upgrading the training system for academic and administrative cadres to enhance the quality management system in the college.
- Support the college in performing its social responsibility.

**Article 3:**

The unit achieves its objectives and competencies by all possible means, provided that it does not violate the provisions of Islamic Sharia and the regulations in force after this is approved by the unit board.

**Article 4:**

The unit is concerned with developing academic and research performance and community participation within the scope of the college and achieving quality in that in accordance with the standards approved by the National Center for Academic Accreditation and Evaluation (NCAAA). In order to achieve this, the unit provides the necessary technical support to the scientific departments and various units of the college.

**Article 5: The unit's organizational structure**
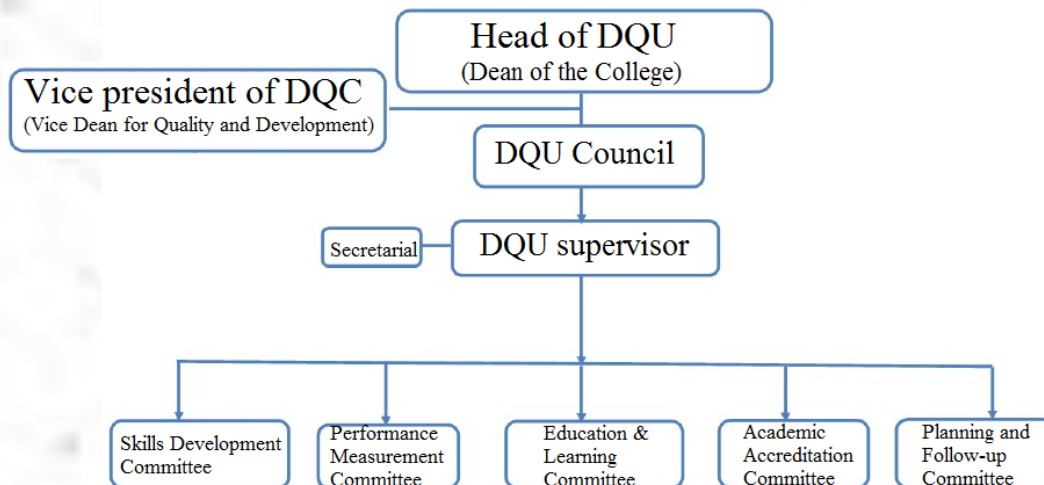


Fig. 2. Organizational structure

**Article 6: Unit functions**

- Spreading awareness and promoting a culture of quality among all faculty employees.
- Follow up the implementation of the college's development plans and strategic plan.
- Follow up the implementation of the university's strategic plan activities and projects.
- Follow up the creation of integrated databases to evaluate performance and ensure quality in the college.
- Following up the performance evaluation and development activities in the various scientific and administrative departments of the college.
- Continuous communication with the Deanship of Development and Quality and its various units to coordinate the implementation of development and quality activities.
- Providing technical support to the scientific departments and various departments of the

college with regard to development, quality and accreditation requirements.

## Article 7: Formation of the Unit Council

*The Unit Council consists of*:
- Dean of the faculty - as president
- Vice Dean for Development and Quality - Deputy
- Agents / Agents of the College - a member
- Supervisor / Supervisor of the unit - Secretary
- Heads of the academic departments of the faculty - members
- Chairs of the Development and Quality Unit Committees - Members

➢ The council is headed by the faculty dean (unit head).
➢ In the event that there is a Vice Dean for Development and Quality in the college, he will be nominated automatically as a coordinator of the DQU, and he must commit to performing his duties as a supervisor of the unit.

## Article 8: Competences of the Unit Council

*The council shall perform the following tasks:*
- Recommendation to the College Board to approve the annual plan for the DQU.
- Follow up the implementation of the university's strategic plan projects, which the college implements.
- Discussing the reports received from the heads of the committees at the DQU and approving the minutes of its meetings.
- Following up the implementation of the executive plan of the strategic plan of the University Agency for Development and Quality.
- Following up the implementation of the annual plan of the faculty DQU.
- Approving the quarterly report on the work of the college's development and quality plans and submitting it to the Deanship of Development and Quality.
- Approving the formation of sub-committee teams in the DQU.
- Discussing the performance reports of members of the subcommittees according to forms approved by the Faculty Board.
- Approving follow-up and evaluation forms for all development and quality activities in the unit.
- Raise the recommendations of the continuous development and improvement of the scientific departments and academic programs and follow up on the implementation of the recommendations in accordance with the internal system of quality in the college.
- Review all reports of performance indicators in the college, programs and improvement plans in accordance with the desired strategic goals and recommend to the College Board what is appropriate.
- Overcoming obstacles to the work of the unit.

## Article 9: The head of the unit and his duties

The head of the unit is the dean of the college. The duties of the unit head are as follows:
- Communicate with the University Agency for Development and Quality and its support deanship for follow-up.
- Ensure that the general policy set for achieving the unit's goals is implemented in accordance with the policy and objectives of the University's Development and Quality Agency.
- Calling for meet periodically "at least once a month" with the Unity Council.
- Representing the college in committees and meetings related to development and quality
- The unit head has the right to propose administrative penalties in the event of irregularities or delays in completing tasks, and to propose the disbursement of rewards and incentives for excellence in accomplishing tasks.
- The annual nomination in the name of the unit supervisor and submitting it to the university vice-president for development and quality or his representative, taking into account what is stated in the annual evaluation of the unit supervisor's performance.
- Evaluate the performance of the coordinator of the Development and Quality Unit according to the form approved by the Deanship of Development and Quality.

## Article 10: Vice President of the Unit

The vice president of the unit is the college's vice president for development and quality. The duties of the deputy head of the unit are as follows:
- Assist the unit head in all his duties.
- Carry out the duties of the unit head in case he is absent.
- Coordination between the two parts of the college (male and female) and the distribution of burdens when implementing plans.
- Evaluating the performance of the Supervisor of the DQU in the college and raising it to the Dean of the College, Head of the Development and Quality Unit.
- Evaluate the performance of the coordinators of the committees of the DQU and raise them to the Dean of the College, Head of the DQU.

## Article 11: Criteria for selecting and appointing the unit supervisor

- To be one of the faculty members in the college and his degree is not less than an assistant professor.
- Experience working in development and quality in the college and university.
- To have training certificates in the field of development and quality from accredited bodies (bodies/universities).

**Article 12: Terms of reference of the unit coordinator**

- Supervising the work of the committees of the development and quality unit in the college in line with the objectives of the strategic plan of the university and the university vice presidency for development and quality.
- Preparing the annual plan for the faculty development and quality unit in partnership with the employees/coordinators of the development and quality unit committees in the college or what is added to them by the dean of the college (head of the development and quality unit).
- Following up on the completion of the academic accreditation standards requirements from the college/program accreditation bodies, in coordination with the Academic Accreditation Unit and other units related to the Deanship of Development and Quality.
- Recommending to the unit head to form the workgroups required by the procedures and processes of quality assurance and continuous improvement in the college.
- Work on developing the capabilities and skills of members of workgroups required by procedures and processes of quality assurance and continuous improvement in coordination with the Skills Development Unit at the Deanship of Development and Quality.
- Contribute to the localization of expertise for male and female Saudis to play their role in the processes of development, quality and continuous improvement.
- Supervising the design and implementation of continuous improvement plans for the mechanisms of implementing comprehensive quality systems in the college in coordination with the Deanship of Development and Quality.
- Follow up the work of the sub-committees of the faculty development and quality unit.
- Preparing the quarterly report on the work of the college's development and quality plans.
- Preparing the annual report of the faculty development and quality unit.
- Communicate with the Deanship of Development and Quality and its units in all development and quality work.
- The unit supervisor may when necessary, assign the most appropriate committee to important and urgent work, even if it is outside its field of competence.

**Article 13: Criteria for selecting and appointing the main committee coordinators**

- To be one of the faculty members in the college.
- The academic degree is not less than an assistant professor, and in case an exception is desired from this, the consultation is made with the Deanship of Development and Quality.
- Experience working in development and quality in the college and university.
- To have training certificates in the field of development and quality from accredited bodies (bodies/universities).

**Article 14: Terms of reference of the main committees' coordinators**

- Selecting the members of the committee in consultation with the supervisor of the faculty development and quality unit.
- Distribution of tasks among the committee members according to the executive plans within the scope of competence.
- Work to raise the efficiency of committee members through advice and review of reports.
- Presiding over the committee's meetings and calling them to convene.
- Periodic follow-up of the implementation of the committee's tasks in accordance with the time frame specified in all plans in the college that fall within the jurisdiction
- Following up on the achievement of approved performance indicators and striving to raise them within the jurisdiction.
- Evaluate the performance of the committee members according to the forms approved by the Development and Quality Unit.
- Submit a monthly report to the unit supervisor on the progress of the executive plans, obstacles and development proposals in accordance with the annual plan of the Development and Quality Unit.

**Article 15: Criteria for selecting members of the main committees**

The committees are formed from the college's employees and employees according to the following criteria:
- The formation ensures that all departments and programs of the college are represented equally.
- Members' experience in the field of development and quality in higher education.
- Attending training workshops held by the Skills Unit related to the nature of the committee.
- The committees are allowed to include members of students/administrators/representatives of the external community and the labour market in accordance with the regulations and systems.

**Article 16: Terms of reference of the main committees**

- Executing all tasks assigned to them according to the announced schedule.
- Delivering tasks and outputs with required specifications and quality.
- Attending committee meetings and adhering to the directives of the committee coordinator.

**Article 17: Terms of reference of the main committees**
*==Planning and Follow-up Committee==*

- Participate in preparing the annual plan for the faculty development and quality unit according to the scope of specialization.

- Promote the concept of strategic planning among college employees.
- Follow up on updating the faculty mission and programs according to the followed systems and mechanism
- Follow up the achievement of the strategic goals of the programs and the college according to the approved models and provide feedback.
- Follow up the implementation of the college's strategic plan.
- Follow up the implementation of the development projects of the university's strategic plan.
- Follow up the performance of the internal quality systems in the programs and provide the necessary advice.
- Qualifying the internal auditors in the college to conduct internal reviews on quality systems.
- The internal review of the quality systems in the academic programs of the college and the provision of feedback.
- Coordination with the Performance Measurement Committee in developing performance indicators.
- Designing follow-up forms for all approved plans that the college units implement.
- Follow up improvement plans for all academic and administrative units of the college based on performance indicators.
- Executing the work, tasks, terms of reference and plans, and achieving the objectives of the committee.
- Preparing a monthly report on the committee's work and submitting it to the Supervisor of the Development and Quality Unit.

## *Academic Accreditation Committee*

- Drawing up plans and policies for academic accreditation in the college in light of the university's academic accreditation plans and policies.
- Establishing a culture of accreditation and spreading it in the college community.
- Communicate with the Academic Accreditation Unit at the Deanship of Development and Quality within the jurisdiction.
- Follow up on the completion of academic accreditation files for all programs and provide technical support.
- Preparing a monthly report on the committee's work and submitting it to the Supervisor of the Development and Quality Unit.

## *Teaching and Learning Committee*

- Follow up and coordinate with the quality coordinators in the various programs in the college regarding the fulfilment of the requirements of the teaching and learning standard.
- Following up on the development and improvement of teaching and learning

requirements and equipment such as libraries, laboratories, classrooms and Internet halls in various programs.

- Following up on the development and improvement of academic support and counselling and student services, and preparing annual reports for them.
- Review study plans, program and course descriptions and reports, and comprehensive reports on course reports for academic programs to ensure that they fulfil the terms of the standard forms for the Teaching and Learning Unit of the Deanship of Development and Quality.

*Performance Measurement Committee*

- Preparing measurement tools (scales, questionnaires, and note cards) required for the internal evaluation processes in the college.
- Evaluate the examination paper for the semester and final courses, and write reports on the quality of the tests according to the evaluation form.
- Follow up the entry of faculty members, students, and college administrators on the university's website to complete standard questionnaires to assess performance indicators.
- Preparing a monthly report on the committee's work and submitting it to the Supervisor of the Development and Quality Unit

*Skills Development Committee*

- Preparing the annual plan for internal training in the college according to the study of training needs.
- Establishing a database related to the training plans and services it provides in the areas of total quality in the college, and others related to trainers, their CVs, and areas of excellence.
- Measuring the training impact and making feedback reports according to the form prepared by the Skills Development Unit at the Deanship of Development and Quality.
- Communicate with the Skills Development Unit at the Deanship of Development and Quality for coordination and follow-up.
- Preparing a monthly report on the committee's work and submitting it to the Supervisor of the Development and Quality Unit.

**Article 18: Criteria for selecting the unit secretariat**

- To be a member of the college's administrative staff.
- He shall be distinguished with confidentiality and secrecy, and to preserve the work privacy of the unit/college.
- Familiarity with the concepts and terms of development and quality.
- Proficiency in the use of computer programs (PowerPoint, PDF, Excel, Word) and office machines, and maintenance and follow-up.

- Desire for continuous self-development and attending relevant courses that are nominated and presented by the University's Capacity Development Unit or the meetings held at the unit.
- Proficiency in the use of administrative communications, the use of telephone and the etiquette of speaking.
- Team spirit and respect for superiors and colleagues.
- Familiarity with the work regulations and the internal quality system.
- The ability to save, archive and refer to information.

**Article 19: Terms of reference for the Unit Secretariat**

- Carrying out all the unit's secretarial work, including:
- Receiving transactions and circulars and submitting them to the unit supervisor.
- Recording and saving a copy of the issued transactions or circulars.
- Sending the transactions and passing the circulars issued to the college departments.
- Receive phone calls and record caller information.
- Photocopying papers and documents whenever necessary.
- Organizing meetings and what is required of: preparing the meeting room, inviting employees, taking notes at the meeting and writing minutes of the meeting.
- Preparing the appropriate place for storing files, classifying and indexing files.
- Save topics in their files.
- Request materials and supplies, submit maintenance and malfunctions reports, prepare purchase order for devices and tools not available in the unit, and receive the required materials and supplies.
- Legal work of editing and data and text processing.
- Carry out the tasks assigned to it related to the nature of the work.

**Article 20: Rewards and Incentives**

By a decision of the Council, one or more of the following incentives are entitled: -
- Reducing the teaching burden by reducing the teaching quorum for those who are required.
- The administrative play, in exchange for participation in the development and quality work, is estimated (4) hours of a quorum for the unit's staff, and (6) hours for the unit supervisor.
- A proposal to raise the percentage of the exceptional increase for contractors.
- It is proposed to disburse the Achievement Excellence Reward for the members of the Development and Quality Unit for the tasks they have completed or successfully participated in, according to the mechanism approved by the University Agency for Development and Quality.
- Any other incentives approved by the Board.

**Article 21: General regulations**

- The board of directors of the unit meets at least once a month upon the invitation of the unit president, and the minutes of the meeting are recorded and submitted for presentation and discussion to the college council.
- The meeting will be chaired by the faculty dean, unit head - or whoever acts on his behalf.
- Unit decisions are issued by the majority of the attending members, and if the votes are equal, the side to which the unit head belongs shall prevail.
- The Supervisor of the Development Unit meets with the committees' coordinators at least once a month in order to follow up on the progress of the committees in the implementation of their tasks and to identify obstacles to achievement. The minutes of the meeting shall be recorded and submitted for presentation to the head of the unit and kept in the unit files.
- The committee coordinators meet with the committee's work team to qualify the members. The meeting minutes are recorded and submitted
- Supervisor of the Development and Quality Unit.
- The facts of the sessions and meetings of the Unit and its various committees must be proven by filing and approving minutes of each session.
- The head of the unit (mayor of the college) is the supreme authority of the unit, and none of the decisions is final except after his approval.
- The provisions of this bylaw shall be effective from the date of its approval.
- It is not permissible for the coordinators of the committees or any of the members of the unit to relinquish his responsibility except for a reasoned and acceptable request submitted to the dean of the college.
- Members of the executive committees may be reconfigured or the committee coordinator may be changed according to the results of periodic performance reports, in a manner that serves the interest of the unit and the college.
- All that is stated in this regulation is binding on the team of the faculty development and quality unit.
- A decision to form the Council of the Development and Quality Unit is issued annually by a decision of the Dean of the College, taking into account what was mentioned in the annual performance reports.

**Executive plan of the DQU**

| Unit activities | ٩ | ١٠ | ١١ | ١٢ | ١ | ٢ | ٣ | ٤ | ٥ | ٦ | ٧ | ٨ |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Planning and Monitoring Committee\*** | | | | | | | | | | | | |
| Enhance the concept of strategic planning and follow-up implementation of the strategic plan and achieve the strategic objectives of the College | ■ | | ■ | ■ | ■ | ■ | ■ | ■ | ■ | | | |
| Updating the college Mission and programs | ■ | | ■ | | | | | | | | | |
| Follow up the implementation of the development projects of the strategic plan of the University | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | | |
| Internal audit of quality systems and rehabilitation of internal auditors in the college and follow-up performance of internal quality systems programs and provide consultations | | | | | | | ■ | | ■ | | | |
| Follow up the improvement plans for all academic and administrative units based on the performance indicators. | ■ | | | | | | | | | | | |
| **Academic Accreditation Committee\*** | | | | | | | | | | | | |
| Spread the culture of accreditation in the community of the college. | ■ | | | | | | | | | | | |
| Follow-up of the academic accreditation standards for all programs and technical support | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | | |
| **Learning and Teaching Committee\*** | | | | | | | | | | | | |
| Follow up the development and improvement teaching and learning requirements. | ■ | | | | | | | | | | | |
| Follow up the development and improvement of academic support and guidance and student services and prepare annual reports. | ■ | | | | | ■ | | | | ■ | | |
| Review study plans, descriptions and reports of programs, comprehensive reports on course reports for academic programs.\*\* | ■ | ■ | | | | ■ | | | | ■ | | |
| Follow up the implementation of plans to improve the performance quality of the programs and college periodic evaluation | ■ | | | | | | | | | | | |
| Follow-up the preparation of reports of program quality indicators and program learning outcome indicators | | | | | | | | | | ■ | | |
| Follow-up the annual reports for rates of student progress | | | | | | | | | | | ■ | |
| **Performance Measurement Committee\*** | | | | | | | | | | | | |
| Prepare questionnaires for internal assessments and measure performance indicators | ■ | | | | | | | | | ■ | | |
| Evaluation of the examination paper and writing reports on the quality of tests | | | | | | ■ | | | | ■ | | |
| **Skill's Development Committee\*** | | | | | | | | | | | | |
| Establishing a database, preparing the annual training plan, measuring the training impact and producing feedback reports | ■ | | | | | | | | | ■ | | |

\*Prepare a monthly report from each committee and submit it to the supervisor of the Development and Quality Unit.
\*\*Review the program description every five years.

**Program Evaluation and Review Process**

- Evaluation and review of programs is a trend that NU always maintains in all its programs in order to check the points of strength and weaknesses in those programs and whether they meet students' needs, society requirements, and be in compliance with state of the art in scientific disciplines. Accordingly, each program should establish six committees under the supervision of the quality officer (program quality coordinator). These committees are distributed as shown in Table 1.

*Table 1. Standards committees.*

| No | Responsible committee | NCAAA standard |
|---|---|---|
| Standard 1 | Mission and goals | Mission and goals committee |
| Standard 2 | Program management and quality assurance | Program management and quality assurance committee |
| Standard 3 | Teaching and learning | Teaching and learning committee |
| Standard 4 | Students | Students affairs committee |
| Standard 5 | Faculty members e | Faculty members affairs committee |
| Standard 6 | Learning resources, facilities, and equipment | Learning resources, facilities, and equipment committee |

- Advisory committees are established for professional programs to monitor and advise on content and quality of programs.

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

Programs and courses are evaluated, and reports are submitted at the end of each term. Programs evaluation at NU includes the following:
- Semester course reports and comprehensive reports for the entire course reports.
- Annual evaluation of programs (Program Reports).
- Students' evaluation of courses and teaching performance.
- Review of advisory committees (The opinion of academic experts and professionals)
- Survey of students' opinion on program evaluation for final levels
- Survey of student experience for final levels.
- Survey of Alumni's opinion.
- Survey of employers.

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

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

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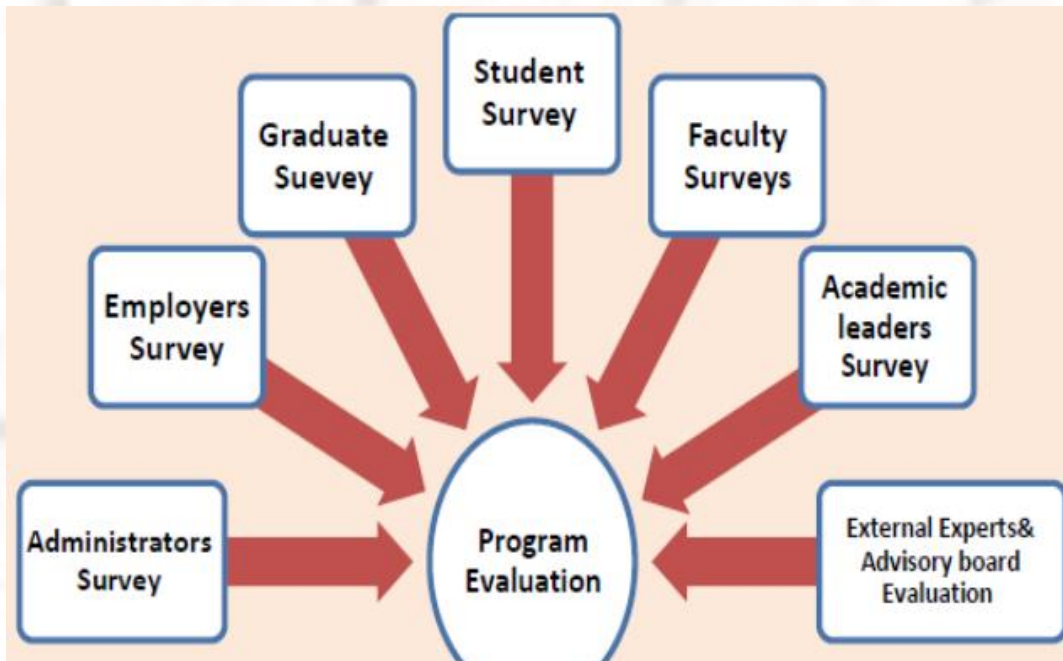
## Mechanisms of Program Learning Outcomes (PLOs)

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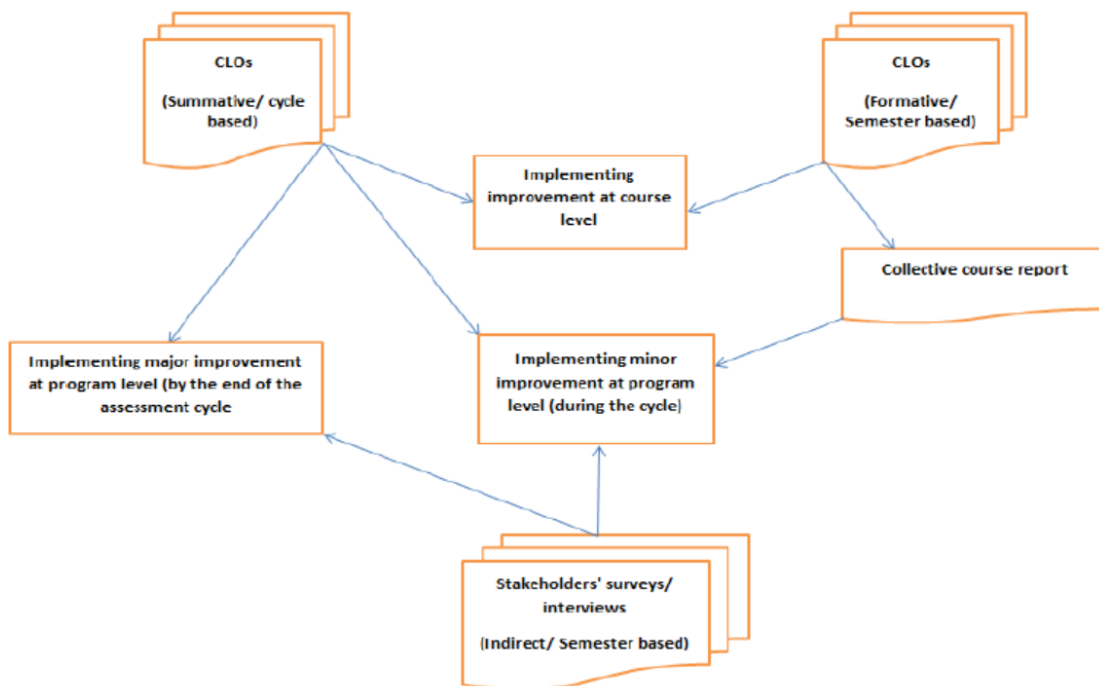


Fig. 3. Mechanisms of major changes at the level of the program.

Table 2 provides more details about the assessment methods used for the assessment of PLOs and the uses of their results in the improvement process. The assessment cycle of program learning outcomes extends for 3 academic years during which all the PLOs will be assessed and continuous improvement actions and minor changes are implemented while plans for implementing the required major changes "if any" will be designed by the end of the assessment cycle. Table 3 shows the timeline for the collection of data and evaluation of the results and time for implementing the required improvement for each PLO. All programs expect to set the learning target (the percentage of learning outcomes achieved by students) between 75-85%.

*Table 2. . Assessment methods used for assessment of PLOs and uses of their results in the improvement process.*

| PLOs | Assessment method | | |
|---|---|---|---|
| | *Direct (using course learning outcomes) | | Indirect (using surveys and interviews) Semester based |
| Code | Formative (semester based) | Summative (cycle based) | |
| K1 K2 S1 S2 S3 S4 C1 C2 C3 C4 C5 | Related learning outcomes of the courses contributing to the achievement of this PLO (at level I and P) as mentioned in Program learning Outcomes Mapping Matrix. | Average students' achievement of related learning outcomes of the **Advanced** courses (level M) contributing to the achievement of this PLO as mentioned in Program learning Outcomes Mapping Matrix. | Student exit survey. Students exit survey. In depth interviews/ Focus group discussion with health team members in hospitals. |
| Uses of the results | - Corrective and improvement measures at the course level. <br><br> - Monitor progress in PLOs achievement and making continuous corrective and improvement actions at the program level (minor) to assure achievement of PLOs by the end of the program. <br><br> - Monitor individual student achievement of CLOs/PLOs to provide suitable academic support for the students at risk to improve and assure their achievement for PLOs by the end of the program. | During the cycle: <br> - Corrective and improvement measures at the course level. <br> - Continuous corrective and improvement actions at the program level (minor). <br><br> By the end of the cycle: <br> - Major corrective and improvement actions at the program level. | - Accentuate the results of both formative and summative direct assessment. <br><br> - Highlight the possible reasons for weak achievement, from the perspective of the stakeholders, which help in setting priorities and taking better informed corrective actions and improvement plans. |

Table 3. The timeline for the collection of data and evaluation of the results and time for implementing the required improvement for each PLO.

| PLOs | 1st year of assessment cycle | | 2nd year of assessment cycle | | 3rd year of assessment cycle | |
|---|---|---|---|---|---|---|
| | 1st semester | 2nd semester | 1st semester | 2nd semester | 1st semester | 2nd semester |
| Knowledge | | | | | | |
| K1 | C/E | I | | | | |
| K2 | | C/E | I | | | |
| Skills | | | | | | |
| S1 | | C/E | I | | | |
| S2 | | | C/E | I | | |
| S3 | | | | C/E | I | |
| S4 | | | | | C/E | I |
| Competences | | | | | | |
| C1 | | | | | C/E | I |
| C2 | | | | | C/E | I |
| C3 | | | | C/E | I | |
| C4 | | | | C/E | I | |
| C5 | | | | | C/E | I |

C: collection of data, E: evaluation of results, I: implementing improvement

**Closing the loop of quality**

Communicating the results of assessed PLOs to all the associated parties is assured by discussing the assessment reports at the level of the program council to define possible root causes for less than expected achievement and set the program priorities for improvement and possible strategies and actions for improvement.

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

**Key Performance Indicators (KPIs):**

**What are the Key Performance Indicators?**
Performance indicators are just tools or measurements that the college/program uses to measure its performance towards achieving its goals and reaching the expected or desired results.
**Performance measurement ethics:** precision, honesty, confidentiality and transparency.

*Table 4. List of the 17 KPIs provided by NCAAA.*

| KPI code | Description |
|---|---|
| KPI-P-01 | Percentage of achieved indicators of the program operational plan objectives |
| KPI-P-02 | Students' Evaluation of quality of learning experience in the program |
| KPI-P-03 | Students' evaluation of the quality of the courses |
| KPI-P-04 | Completion rate |
| KPI-P-05 | First-year students retention rate |
| KPI-P-06 | Students' performance in the professional and/or national examinations |
| KPI-P-07-a. | Graduates' employability in postgraduate programs |
| KPI-P-07-b. | Graduates' enrolment in postgraduate programs |
| KPI-P-08 | The average number of students in the class |
| KPI-P-09 | Employers' evaluation of the program graduates proficiency |
| KPI-P-10 | Students' satisfaction with the offered services |
| KPI-P-11 | The ratio of students to teaching staff |
| KPI-P-12-a. | Percentage of teaching staff distribution, Gender |
| KPI-P-12-b. | Percentage of teaching staff distribution, Branches |
| KPI-P-12-c. | Percentage of teaching staff distribution, Academic Ranking |
| KPI-P-13 | The proportion of teaching staff leaving the program |
| KPI-P-14 | Percentage of publications of faculty members |
| KPI-P-15 | Rate of published research per faculty member |
| KPI-P-16 | Citations rate in refereed journals per faculty member |
| KPI-P-17 | The satisfaction of beneficiaries with the learning resources |

Performance indicators are important tools for assessing the quality of Academic Programs and monitoring their performance. They contribute to continuous development processes and decision-

making support. Annually, the Applied Medical Sciences College (AMSC) requested all program to complete the Annual report of the performance indicators and close the quality circle. Any program required to use the 17 KPIs announced by National Center for Academic Accreditation and Evaluation (NCAAA). Besides these KPIs, the program expects to define its own KPIs after approval by the department and college console. The 17 indicators are the minimum to be periodically measured.

All academic programs in AMSC should measure the KPIs with benchmarking using the appropriate tools, such as (Surveys, Statistical data) according to the nature and objective of each indicator, as well as determining the following levels for each indicator:
- Actual performance
- Targeted performance level
- Internal reference (Internal benchmark)
- External reference (External benchmark)
- New target performance level

A list of the 17 KPIs is shown in Table 4, whereas, Table 5 descried each of these KPIs.

The management of these indicators depends on sharing the KPIs data using Google Sheets with the Quality and Development Unit in the College or with any other suitable method provided by the program. The college can review the results of KPs directly and discuss these indicators. As a result of discussions, sometimes these indicators show a lot of errors, and the values of these indicators are corrected accordingly. The final report of the indicators and the closing of the quality cycle includes an explanation of the indicators that have been closed and that have not been closed, in addition to the indicators whose circuit is closing. Where the process of closing the quality cycle depends on ensuring the stability of the performance indicator and achieving the target value.


Fig. 4. SMART components of KPIs.

**Methodology for selecting performance indicators**

To ensure the effectiveness of performance indicators, it is required that they coincide with the goals of the strategic plan, whether they are strategic goals or an operational plan for the college or program. As well as related procedures, processes and initiatives to ensure the effectiveness of these indicators. In addition, to ensure that all KPIs include the SMART components as shown in

*Table 5. Description of the 17 KPIs provided by NCAAA*

| KPI code | Description |
|---|---|
| KPI-P-01 | Percentage of performance indicators of the operational plan objectives of the program that achieved the targeted annual level to the total number of indicators targeted for these objectives in the same year |
| KPI-P-02 | Average of the overall rating of final year students for the quality of learning experience in the program on a five-point scale in an annual survey |
| KPI-P-03 | Average students overall rating for the quality of courses on a five-point scale in an annual survey |
| KPI-P-04 | The proportion of undergraduate students who completed the program in minimum time in each cohort |
| KPI-P-05 | Percentage of first-year undergraduate students who continue at the program the next year to the total number of first-year students in the same year |
| KPI-P-06 | Percentage of students or graduates who were successful in the professional and/or national examinations, or their score average and median (if any) |
| KPI-P-07-a. KPI-P-07-b. | Percentage of graduates from the program who within a year of graduation were: a. employed b. enrolled in postgraduate programs during the first year of their graduation to the total number of graduates in the same year |
| KPI-P-08 | The average number of students per class (in each teaching session/activity: lecture, small group, tutorial, laboratory or clinical session) |
| KPI-P-09 | Average of the overall rating of employers for the proficiency of the program graduates on a five-point scale in an annual survey |
| KPI-P-10 | Average of students' satisfaction rate with the various services offered by the program (restaurants, transportation, sports facilities, academic advising, ...) on a five-point scale in an annual survey |
| KPI-P-11 | The ratio of the total number of students to the total number of full-time and full-time equivalent teaching staff in the program |
| KPI-P-12-a. KPI-P-12-b. KPI-P-12-c. | Percentage of teaching staff distribution based on: a. Gender b. Branches c. Academic Ranking |
| KPI-P-13 | The proportion of teaching staff leaving the program annually for reasons other than age retirement to the total number of teaching staff. |
| KPI-P-14 | Percentage of full-time faculty members who published at least one research during the year to total faculty members in the program |
| KPI-P-15 | The average number of refereed and/or published research per each faculty member during the year (total number of refereed and/or published research to the total number of full-time or equivalent faculty members during the year) |
| KPI-P-16 | The average number of citations in refereed journals from published research per faculty member in the program (total number of citations in refereed journals from published research for full-time or equivalent faculty members to the total research published) |
| KPI-P-17 | Average of beneficiaries' satisfaction rate with the adequacy and diversity of learning resources (references, journals, databases… etc.) on a five-point scale in an annual survey. |

Fig. 4. If the KPIs include the SMART components, this means it will be:
- Specific
- Measurable
- Achievable
- Realistic
- Timely

Necessarily, the programs of AMSC (represented by the quality committees in the programs) adopt a scientific methodology in selecting performance indicators based on identifying the college and university's directions and their strategic or operational goals to ensure the existence of consistency, harmony and congruence between the college's directions and its strategic goals and with what we have created from indicators.

***Measurement process steps (see Fig. 5)***

1. *Identification and determination*: identifying and determining the performance to be measure.
2. *Measure*: Measure the performance using a measurement tool, and then obtain data.
3. Analysis: Analyze the data collected from the measuring tool application that relates to the indicator.
4. Improvement: In light of the statistical analysis of the data, a report is written that includes strengths to enhance it, and weaknesses, to develop plans for improvement or correction to improve it and address this weakness.
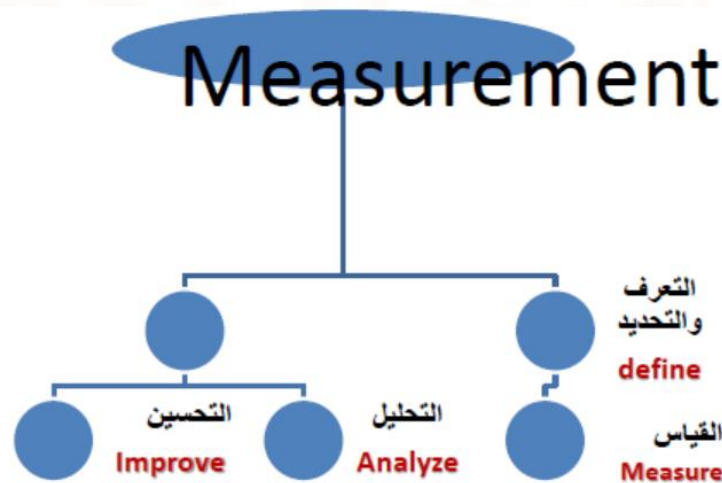


Fig. 5. Measurement process steps.

Reports on performance indicators should not contain numbers **only**, but also an explanation, and identification of strengths to enhance, and weaknesses points for improvement, in addition to the recommendations.

**Types of performance indicators**

All types of performance indicators shown in Fig. 6 either are quantitative (various statistics and numerical data such as student-faculty ratio) or qualitative indicators. The qualitative indicators are related to answering the questions of how and why, such as measuring the satisfaction of the beneficiaries, what is the degree of satisfaction? and why is it low? In addition, the qualitative indicators are related to efficiency, effectiveness and what is related to what is called leading-lagging.
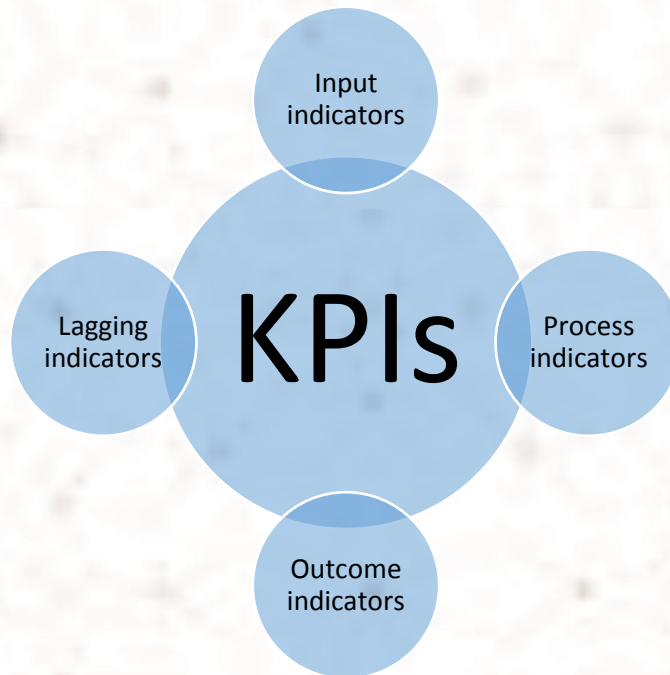
Fig. 6. Types of performance indicators.

**The importance of performance indicators**
*At the national level*
- Keeping up with global developments and leading experiences
- Ensure transparency and accountability
- Monitoring the quality of educational programs
- Stirring up local competition between educational programs
- Stirring up regional and international rivalries
- Planning, monitoring and correcting the course of action

### *At the program level*

- Assists in the process of evaluating program performance in the sense of measuring what has been achieved in terms of results during a certain period compared to what has been planned in terms of strategic or operational - implementation goals.
- It helps to monitor and follow up performance, and monitor the change in performance, by identifying performance deviations, which enables decision-makers, head of department and deans of faculties, to develop corrective or improvement plans to address these deviations and deal with them.
- Performance indicators provide us with information obtained either through a data form or through a questionnaire of what is applied, interviews or field visits about the performance of the program.
- Facilitating the programmatic evaluation processes and levels of improvement.
- Assist in ensuring program quality and academic accreditation for academic programs in the college.
- Assist in providing information related to academic programs to accrediting bodies.
- Stirring up competition between programs in the event of an exchange of the results of indicators measurements, which helps in creating a competitive environment conducive to effective performance.
- Ensuring transparency, accountability and issue in light of the achievements monitored or measured and activities and projects.
- Provide information to the state (Ministry of Education) for transparency and accountability.

### *At the individual level*

- Focusing on the professional level of individuals (faculty or administrators and students).
- Determine the roles of individuals in the strategic plan in the college.
- Promote successful practices and treatment failures.
- Motivating individuals and working to satisfy them, which will positively affect the overall performance.
- Determining the necessary procedures for development and change, and assigning tasks.
- Encouraging innovation, innovation and performance excellence for individuals.
- Measuring and diagnosing the activation of modern educational and technical aids in a manner that benefits students.
- Diagnosis of the student behaviour (academic advising)
- Measuring the level of achievement of learning outcomes.
- Measuring the effectiveness of educational activities.
- Notify individuals of the accurate development of the tasks assigned to them.

### Benchmarking

It is one of the tools for continuous improvement and development, and it includes making comparisons between our programs and those in other similar universities, to answer several questions:

- Where are we in relation to other program universities?

- What are the areas of improvement desired and required for making comparisons between us and the other?
- In what field can we achieve distinction compared to other programs? Or, more precisely, in any field, we are already outperforming compared to other programs, and we need strengthening that area and maintaining the continuity of its improvement?
- In what fields do other programs excel us?

**Types of Benchmarking**
1. Internal Benchmarking

Based on NCAAA definition, internal benchmark refer to benchmarks that are based on information from inside the program or institution. Internal benchmarks include target or finding benchmark data results from previous years. For example, a previous year's benchmark for "student to teacher ratio" could have been 15 students to 1 teacher and the finding benchmark for that year might have been 28 students per 1 teacher.

Or internal benchmarking is a process in which an educational program makes a comparison with a similar academic program within the university in light of certain criteria in an attempt to identify best practices. The required information is collected by measuring tools specified by the program (quantitative, qualitative) under the guidelines previously mentioned in this booklet.

2. External Benchmarking

It is a process in which the program compares its performance with a similar program in another university in light of certain criteria, and the required information is collected with specific measuring tools (quantitative, qualitative).

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

**How to set KPI Targets**
Without targets, the KPIs are worthless. To set the right targets for program KPIs remember the following tips:
- Targets can be set as absolute: "Increase of seven", or proportional or percentage: "Increase of 4%".
- Targets should be defined relative to internal and external benchmarks.
- Targets should have a clear time frame.
- Targets should be realistic and achievable, Here are a few more tips to help set the right targets:

- o Detect trends and patterns: A look at the existing data you have that gives you performance history is a good place to spot trends and patterns that can be extrapolated and used to define a target.
- o Account for seasonal variations: In some cases, seasons will impact performance. If you create a target that's only ever possible for three months of the year, your team will not take it seriously.
- o Take national targets, best practice benchmarks into account: National targets or the best practices of other programs in and outside your university can help you determine a stretch target that is achievable but that pushes your team.
- o Take time lags into account: It will sometimes take time for leading indicators to translate into lagging indicators.

*Follow these six steps to ensure the program KPIs will actually drive real results.*
- Review program objectives
- Analyze current performance
- Identify the strengths and weaknesses of the program
- Set short and long term KPI targets
- Review targets with your team
- Review progress and readjust

**Managing performance indicators**

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

**Performance indicators and data collection mechanisms**

1. Defining and formulating performance indicators.

2. Description of the performance indicator

3. Define the target group

4. Determine the source of the necessary data

5. Determine the target value

6. Determine the measurement method

7. Applied the indicator measurement tool

8. Analyze the benchmark results

9. Writing the report

10. Submit monitoring reports to the concerned authorities to the faculty development and quality unit for study

11. Submit monitoring reports to the department council to study them and build appropriate improvement plans.

12. Keep reports in paper and electronic form and archive them for easy access to information.

**KPIs quality cycle**

**The input**

- Paper forms (measurementtool) in its final form after being judged and approved by the University Agency for Development and Quality.
- Electronic forms in coordination with the faculty measurement committee.
- The approved timeline for submitting electronic questionnaires
- Links to questionnaires on the unit's website in the program
- The procedures for advertising and communicating with the target groups to access the links and respond to them electronically (electronic transactions, mobile messages, phone calls).

**The process**

- Receiving the responses of the target groups.
- Conduct the necessary statistical analyzes using the statistical software package (SPSS).
- Discussing results, making comparisons, and preparing reports.

**Planning and Follow-up Committee**

- Follow up on implemented improvement plans

**Academic and administrative units and committees**

- Forming committees to study the measurement results to find out the strengths and weaknesses.
- Setting the necessary improvement plans based on the reports sent.

**The outputs**

- Annual reports for monitoring approved performance indicators for the program, which are sent to His Excellency the Dean of the College and the competent authorities, whether they are academic or administrative units.

**Writing the KPIs report**

The report should not include only figures, statistics or tables that the others may not understand and not help them make decisions. However, it must include a presentation of the results, a discussion of data, a statement of points of strength and weakness, and a statement of the causes of weakness or defect, which helps in make decisions and develop improvement plans.

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

**Common mistakes when choosing indicators**

Most of these errors result in the case of relying on two methods of selecting performance indicators, namely Off-The-Shelf or Brain Storming. These errors can be summarized in the following points:

- Coming up with indicators that are not commensurate with the operational goals and objectives of the program
- Coming up with indicators that are not related to the procedures, practices and projects of the college's strategic plan.

**What happens if these errors are not avoided?**

- A temporary, misleading, false or no improvement in performance.
- A waste of resources and a waste of time and effort.

**Common mistakes when using performance indicators**
- Reliance on unevaluated questionnaires.
- Failure to standardize the source of the data.
- Relying on inappropriate mathematical formulas.
- A large number of indicators, and lack of focus on what is important indicators that have to do with the success factors of the program.
- Determine inflated target values.
- Writing reports that only include numbers and statistics without explaining these numbers, and without specifying the strengths that need strengthening, and the weaknesses that need improvement.

Factors ensuring the success of the performance indicators system in light of a clear methodology and an integrated operational framework including the following:
1) Having clear and specific goals, which is called SMART,
2) Linking objectives to procedures, practices and projects,

3) Presence of a trained team, aware of the strategic objectives and the procedures associated with achieving those goals, and based on the following tasks:

- works to define the important performance indicators through which we can monitor and follow up the achievement of goals and the associated operational procedures and initiatives related to the main factors for the success of the program.
- providing opportunities for program members to participate in all units, whether academic or administrative units, through achieving good communication with them.

4) Using indicators, applying them and analyzing them, and then obtaining reports that help in making decisions so that the report includes not only numbers and statistics but also results, discussion and coming up with recommendations on strengths and weaknesses,
5) Create improvement plans that address weaknesses and any deviations in performance or from the target,
6) Work as much as possible to automate all procedures for achieving goals and (7) documentation of all measures or procedures that have been taken.

**How KPI can be used to measure objectives?**

A KPI is a type of measure that is used to evaluate the performance of a college/program against its strategic objectives. KPIs help to cut the complexity associated with performance tracking by reducing a large amount of measures into a practical number of 'key' indicators.

Initially, using the KPI to measure goals requires the creation of a matrix between program goals and performance indicators (see Fig. 7). The percentage of goals achieved are calculated using Eq. (1).

$$\% \text{ of goals achieved} = \left( \frac{\sum KPI_{c1} + KPI_{c2} + KPI_{c3} + \cdots + KPI_{oper}}{\overline{KPIs}} \right) x\ 100 \quad (1)$$

where $KPI_{c1} + KPI_{c2} + KPI_{c3}$ is the percentage of achieved indicators, closed the quality cycle and linked with all program goals. The $KPI_{oper}$ is the percentage of achieved indicators of the program operational plan objectives (KPI-P-1). The $KPI_g$ is the total number of KPIs (achieved or unachieved the target) and linked with all program goals.

| | KPIs (an indicator that is directly related to the target) |
|---|---|
| **FIRST PROGRAM GOAL** | |
| **SECOND PROGRAM GOAL** | |
| . | |
| . | |
| . | |

Fig. 7. Matrix template for KPIs and program goals.

**Closed-loop quality management**

To identify the causes of the problems, and work that need correction, the college uses the Deming Cycle. The loop of quality based in Deming cycle consists of four basic stages (see Fig. 8):

*Plan*: In order to improve operations, the problems facing them must be identified, and creative ideas come out to solve these problems and get rid of their root causes.
*Do:* In the bringing, trying the proposed changes, to solve problems on a small scale.
*Check*: Check and confirm whether small experimental changes have achieved the desired result or not.
Act: If the experiment is successful, the changes are implemented on a larger scale. Others who are affected by new changes and need their cooperation with the program to implement them on a larger scale should be involved, or those who may benefit from what you have learned.



Fig.8. Deming cycle

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

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

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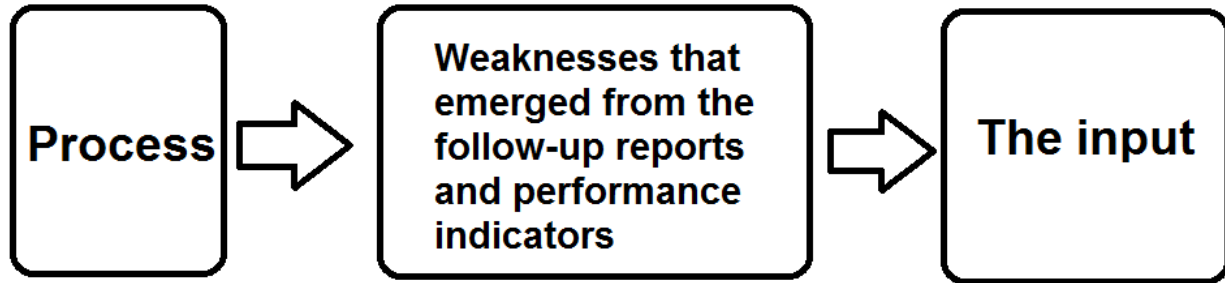


Fig. 9. Finding the weaknesses in the quality cycle.

**Procedures for measuring the effectiveness of the quality assurance system**

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

- Polling the opinion of the program's employees on the performance of the quality system
- Measuring performance indicators
- Preparing the program's performance indicators report
- Preparing a quarterly and annual report on the quality plan, including aspects of closing the quality department.
- Preparing the annual improvement plan for the program.

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

- Preparing a comprehensive annual plan to meet the quality requirements, including the 6 standards.
- Include all requirements of the Deanship of Development and Quality units within the annual plans.
- Granting authority to all development and quality supervisors on the website to upload documents for review and approval by Deanship officials according to the system and authority on the website

**The benefits of the implementation of Quality cycles:**

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

**The process for quality cycle closure in the program**

The process for closing the quality cycle is concerned with all the elements of the quality, including inputs and processes, but mainly with the elements of outputs, and in the event that one of the program's outputs did not achieve the expected performance indicator, an analytical study is conducted to determine the cause of the deficiency(root cause analysis); then developing operational plans to improve the performance of the targeted component, and following up the impact of implementing the improvement plan on the component by measuring the performance indicator.

**Quality management process**

*A. Evaluation of input elements*
*A.1.Evaluation of the quality of the courses' content*

Students are surveyed in assessing the quality of the courses at the end of each course, and before the announcement of the grades, there is an electronic questionnaire appears to the student on his page in the portal of the academic system; this questionnaire includes items related to the evaluation of the student to the quality of the course content. And in the event of a poor rating, the course coordinator should conduct a thorough review of the course and develop an improvement plan.

*A.2. Teaching staff*

An annual inventory of the efficiency and adequacy of faculty members is carried out within the program, to determine their distribution in the program according to the a. qualification ranking, b. gender, c. departments, which helps to identify the department's requirements, for new faculty members accordingly.

*A.3. Learning resources*
*A.3.1. Survey of beneficiaries (students and faculty) of their satisfaction with the library*

The satisfaction of students and faculty members regarding the library and the electronic library is investigated annually by a survey designed for this purpose.

*A.3.2. Survey of beneficiaries (students and faculty) of their satisfaction with laboratories*
The satisfaction of students and faculty members regarding laboratories is investigated annually by a survey designed for this purpose.

*A.3.3. Survey of beneficiaries (students and teaching staff) of their satisfaction with the classrooms.*
The satisfaction of students and faculty members regarding classrooms is investigated annually by a survey designed for this purpose.

*A.4. Services provided by the college (play yard, accommodation, health services, etc.)*
The satisfaction of students and faculty members regarding services provided by the college is investigated annually by a survey designed for this purpose.

*A.5. Scientific research plan*
The program adopts an annual plan for scientific research that identifies the different directions and research activities within the scientific departments and by the end of the academic year, this plan is evaluated and dyeing a report on the level of completion of the plan and identifying the obstacles faced researchers, to avoid them and to develop solutions in the following year.

*A.6. Community services plan*

The program adopts an annual plan for community service activities that identify the community services priorities to be provided by the staff members and students. And by the end of the academic year, this plan is evaluated and dyeing a report on the level of completion of the plan and identifying the obstacles are identified, to avoid them and to develop solutions in the following year.

*B. Evaluation of process elements*

These include various activities and practices within the program in which inputs are invested to get the best possible outcomes, including educational processes and the implementation of various operational plans.

*B.1. Evaluation of the quality of the courses delivery processes*

Students are surveyed in assessing the quality of the courses at the end of each course, and before the announcement of the grades, there is an electronic questionnaire appears to the student on his page in the portal of the academic system; this questionnaire includes items related to the evaluation of the processes that took place during course delivery including, orientation with the course contents, teaching strategies, and assessment and evaluation strategies. And in the event of a poor rating, the course coordinator should conduct a thorough review of the course and develop an improvement plan.

*B.2. Teaching staff training*

The program conducts annual through training and development committee to determine the training needs priorities according to the teaching staff opinion, and a training plan is formulated according to these needs and by the end of the academic year, the inventory of teaching staff participate in this training plan is determined.

*B.3. Student evaluation for academic guidance.*

There is an annual survey for student satisfaction with academic guidance services is carried out with a questionnaire designed for this purpose.

*B.4. Evaluation of extracurricular activities*

The student satisfaction of extracurricular activities supervised by the student activity unit is investigated annually with a questionnaire designed for this purpose.

*B.5. Evaluation of Learning experience provided in the program*

There is an annual survey for the graduate's satisfaction with the learning experience they gain

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

*C. Evaluation of output elements*
*C.1. Evaluation of the students*
*C.1.1. Student's completion of the courses*

A report in the most recent NCAAA course report template is fulfilled, which contains items related to student's grades achievement and completion rate of the course.

*C.1.2. First-year retention rate*
This is an annual calculation of the percentage of first-year undergraduate students who continue at the program the next year to the total number of first-year students in the same year.

*C.1.3. Completion rate (graduation rate)*
This is an annual calculation of the Proportion of undergraduate students who completed the program in minimum time in each cohort

*C.2. Evaluation of the graduates*
*C.2.1. Students' performance in the professional and/or national examinations.*

This is an annual calculation of the Percentage of graduates who were successful in the national examinations.

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

This is an annual calculation of the percentage of graduates from the program who within a year of graduation were: a. employed, b. enrolled in postgraduate programs during the first year of their graduation to the total number of graduates in the same year.

*C.3.Evaluation of the scientific researches*
*C.3.1. An annual report regarding the conducted and published scientific researches is prepared by the conferences and scientific researches committee.*
*C.3.2. Percentage of publications of faculty members*

This is an annual calculation of the Percentage of full-time faculty members who published at least one research during the year to the total faculty members in the program.

*C.3.3. Rate of published research per faculty member*
This is an annual calculation of the average number of refereed and/or published research per each faculty member during the year (total number of refereed and/or published research to the total number of full-time or equivalent faculty members during the year)

*C.3.4. Citations rate in refereed journals per faculty member*
This is an annual calculation of the average number of citations in refereed journals from published research per faculty member in the program (total number of citations in refereed journals from published research for full-time or equivalent faculty members to the total research published).

*C.3.5. The number of papers (researches) or reports presented at academic conferences for all faculty members*

C.4. Evaluation of the community services
C.4.1. The community service committee prepares an annual report regarding the conducted community service activities.
C.4.2. This is an annual calculation of the Percentage of full-time faculty members who participate in community service activities.

**Templates provided by Deanship of Development and Quality:**

**Templates of Planning and Follow-up Committee**

| | |
|---|---|
| 1 | **Technical support visit Agenda** |
| 2 | **Strategic plan from** |
| 3 | **Strategic Plan Evaluation Report** |
| 4 | **Standardized template for quality technical support in colleges** |
| 5 | **Monthly Electronic Evaluation Template** |
| 6 | **Annual Evaluation Template for Colleges and Programs Quality Assurance Plan** |
| 7 | **Annual Field Visit Report Template** |
| 8 | **Template of technical support quarterly, annually evaluation report** |
| 9 | **Addressing the Academic Risks Report** |
| 10 | **The standardized template for counting academic risks** |

**Templates of Academic Accreditation Committee**

| | |
|---|---|
| 1 | **Application form to apply for academic accreditation** |
| 2 | **A form for reviewing and evaluating the extent to which the criteria for obtaining program accreditation are met** |
| 3 | **A form for reviewing and evaluating the basic requirements for academic accreditation** |
| 4 | **A review form for meeting the requirements for qualifying programs** |

**Templates of Skill Development Committee**

| | |
|---|---|
| 1 | **Activity Registration** |
| 2 | **Training Course Registration** |
| 3 | **Trainee Assessment** |
| 4 | **The Standardized Template of Writing the Academic Content** |
| 5 | **Trainee Nomination** |
| 6 | **Apology for not attending a Training Course** |
| 7 | **Assessment of Skills and Capabilities Acquired from a training course** |
| 8 | **Training Course Assessment** |
| 9 | **Inventory of a Training Course's Candidates** |
| 10 | **Checking the Equipment of the Computer Laboratory Used for Training** |
| 11 | **Attendance Sheet** |
| 12 | **Following up Holding a Training Course** |
| 13 | **Template of a Certificate of Attendance** |

**Trainer's Guide**

**Trainee Guide**

**Referee's Guide**

**Supervisor's Guide**

**Templates of Learning and Teaching Committee**

| 1 | **Template for New or modified study Plan** |
|---|---|
| 2 | **Template for Evaluation of Study Plan** |
| 3 | **Template for Evaluation of Program Specification** |
| 4 | **Template for Evaluation of Course Specification** |
| 5 | **Overall report on course reports** |
| 6 | **Template for Program External Evaluator** |
| 7 | **Follow-Up Report on the Annual Plan for Program** |
| 8 | **Monitoring Report on the Program Performance Indicators-ST4** |
| 9 | **Template for Evaluation of Annual Program Report** |
| 10 | **Template for the requirements of new or modified study plans** |
| 11 | **Template of Review of Documents by Technical support staff** |
| 12 | **Report on the improving the 4th standard** |
| 13 | **Template for Evaluating Test Paper Form and Content** |

**Polices of Learning and Teaching Committee**

| A | **Teaching and Learning System** |
|---|---|
| 1 | **Mechanism of Nu Programs' Specifications** |
| 2 | **Approval System and Programs Evaluation of NU** |
| 3 | **Mechanism of Assessing the Courses and Teaching Performance** |
| 5 | **Rules and Reg. of undergraduate study** |
| 6 | **NU System for preparing and approving the study plans** |
| 7 | **NU System for Exam moderation and Student Assessment** |
| 8 | **Manual of Using Learning outcomes Assessment Electronic Program** |
| 9 | **Manual of Using Rubrics** |

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