



Princess Nourah Bint
Abdulrahman University
College of Health and Rehabilitation Sciences



Quality System Manual (QSM)

Version 2
1445

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1.1 Introduction: Quality Assurance:

The quality assurance plays a vital role in academic programs, focuses on program management and delivery. The process can rule out the strengths and weaknesses of the program and assist in the design and implementation of improvement plans in order to improve quality of

academic programs. Quality assurance make sure that CHRS's mission is aligned with the university mission and is directed towards improvement of academic programs to implement KSA's 2030 Vision in preparing qualified and distinguished females' cadres in health and rehabilitation sciences.

The program's mission and goals are aligned with the college mission and goals. These goals are achieved through quality procedures. The implementation of program quality procedures is monitored through program quality assurance system under the supervision of college's learning and teaching quality administration and the Deanship of Development and Quality at Princess Nourah University.

College Mission:

Prepare competent cadres, qualified on the levels of knowledge, profession and research in accordance with the latest standards for the development of health care and community service

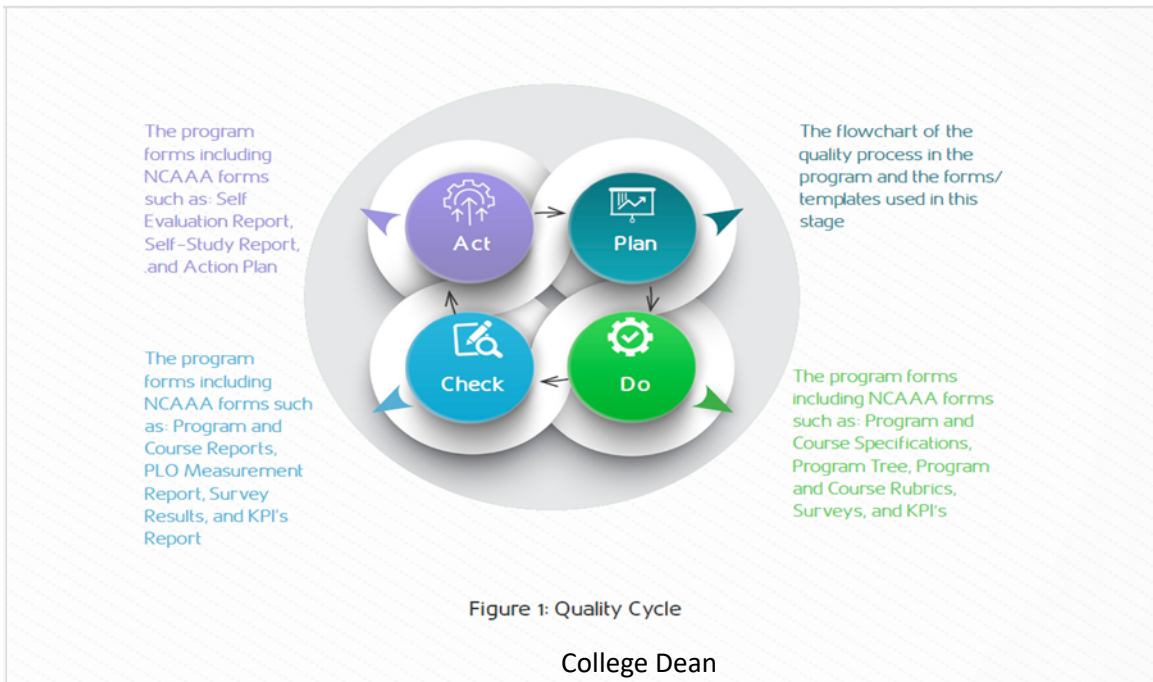
College Goals:

1. Qualify specialized cadres in the fields of health and rehabilitation sciences capable of professional practice according to the latest standards
2. Promote education, continuous learning and innovation according to modern technology
3. Produce research in the field of healthcare that contributes to the application of evidence- based practice.
4. Contribute effectively to improving community health and quality of life in collaboration with relevant sectors.

CHRS has derived its quality assurance system from the University Quality Assurance System. The program is monitored through the Academic program committees that assure the quality of the program is measured and improved. Additionally, the college staff and students are engaged in the quality process.

The program should follow the four main stages of the quality cycle to ensure closing the quality cycle of the continuous development and improvement processes, as well as the forms used in each stage, as follows:

2. Quality Assurance system follows Quality cycle of Plan, do ,check and act (PDCA)



1.2.1-Plan (Planning):

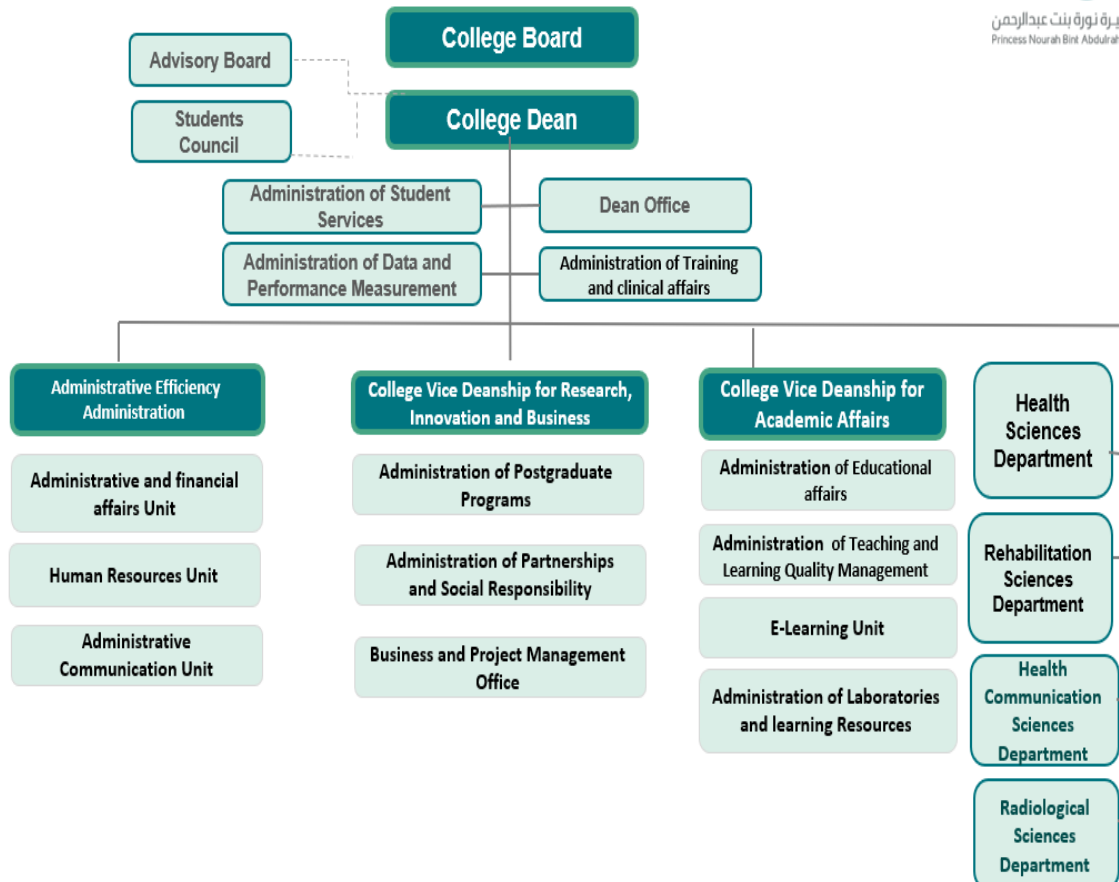
1-The Organizational Structure of Quality Management in the College.

2- The Role of the Deanship of Development and Quality in Supporting the academic program

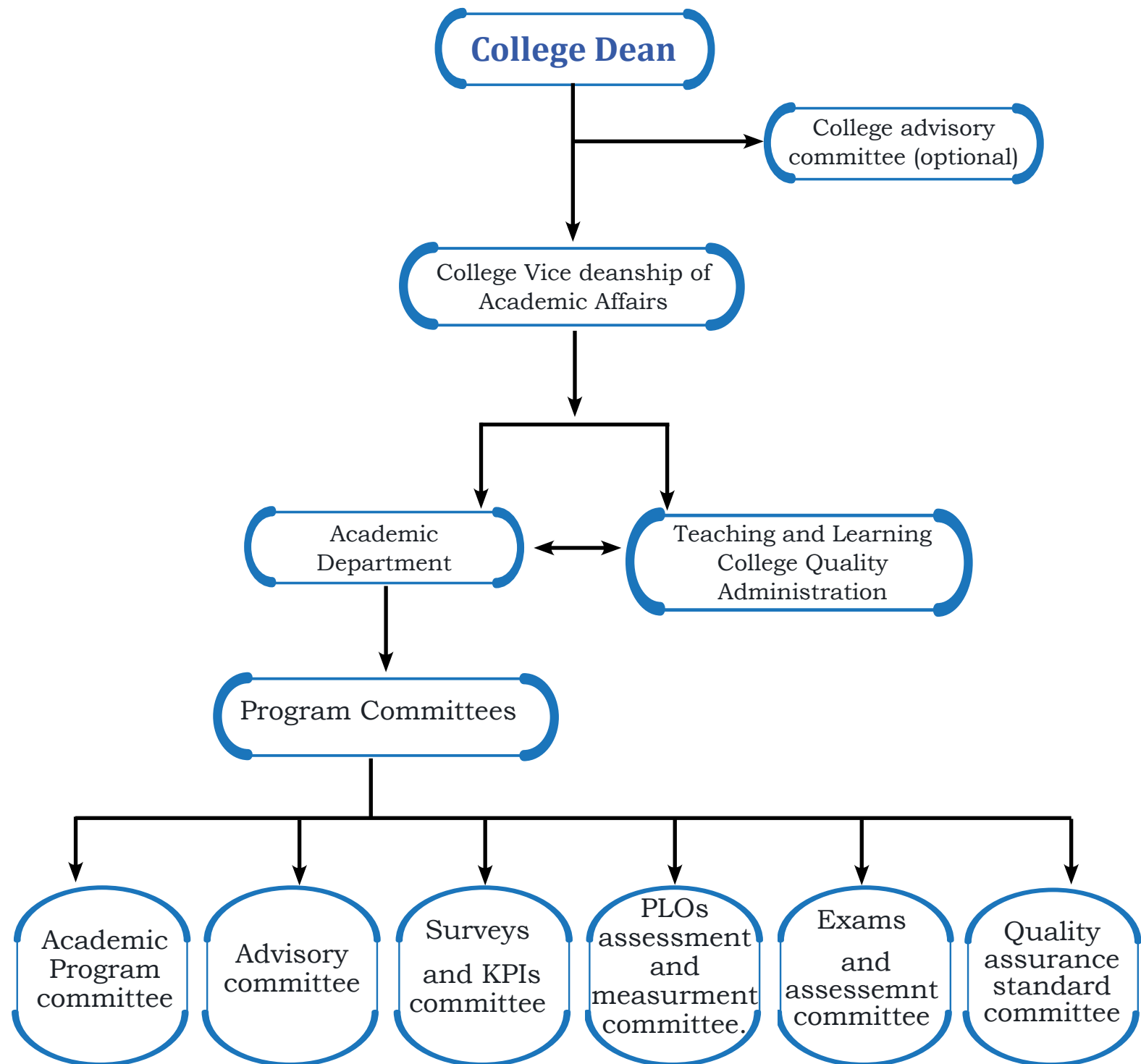
The College Organizational structure



جامعة الأميرة نورة بنت عبدالرحمن
Princess Nourah Bint Abdulrahman University



The organizational structure of the college's quality management system



The Administration of Quality of Teaching and Learning:

The Director of Administration of Quality of Teaching & Learning job description: (Teaching Staff Member)

The College Director of Administration of Quality of Teaching & Learning should be a staff member in the college of Health and Rehabilitation

Tasks

1. Preparing and monitoring the annual plan of the Quality of Teaching and Learning administration
2. Contributing to the preparation of the College's strategic plan through her membership of the Committee of the College Strategic Plan Development.
3. Contributing to the fulfillment of quality standards in developed or new programs through her membership of the Committee of the Academic Programs Development in the college.
4. Promoting the culture of quality and academic accreditation and developing the capabilities of faculty members by nominating them for internal and external training courses in the field of teaching and learning quality, in coordination with the Deanship of Development and Quality
5. Ensuring the completeness of the quality assurance and academic accreditation requirements, as well as archiving the necessary programs documents electronically.
6. Monitoring the programs academic accreditation time plans.
7. Implementing the recommendations of the College Advisory Council.
8. Monitoring the activation and analysis of the evaluation surveys.
9. Supervising (Quality Friends) and their role in educating their fellow students about the nature of studying in the college.
10. Monitoring the continuous development and improvement of all programs.
11. Any other task assigned in the field of specialization.

The College Quality Reviewer Job description :

The College Quality reviewer should be a staff member in the college of Health and Rehabilitation sciences and a certified internal reviewer from NCAAA with experience in the field of quality.

Tasks:

1. Contributing to the formulation of the college's general policies on quality assurance and academic accreditation through her participation in the «Committee for the Development of Academic Programs and Graduate Studies Programs».
2. Providing advice and recommendations regarding the implementation plans of the college through her participation in the «Committee for the Development of the College Strategic Plan».
3. Reviewing documents submitted to the «Standing Committee for Study Plans and Curricula», such as but not limited to: (programs development - creating new programs - creating an exit point - major program modifications).
4. Organizing workshops in the field of quality for the college members, as well as organizing special meetings for the program when needed.

Deanship Internal Reviewer :

The Deanship of Development and Quality selects an internal reviewer for the program when it is eligible for an international or national accreditation, in order to review the program's documents and ensure their quality and completeness.

Tasks:

1. Meeting with the Academic Program Committee to coordinate the internal review process.
2. Reviewing the program's quality management system to ensure the completion of the process and closing the quality loop.
3. Reviewing the program tree: (program mission, objectives and graduate attributes, and their alignment with the department/college/university missions).
4. Reviewing the program learning outcomes (PLOS), their performance indicators and rubrics, as well as the PLOS measurement plan, reports and development plans.
5. Reviewing the program and course specifications.
6. Reviewing the program annual report and samples of the course reports.
7. Reviewing the KPIs reports, surveys and their development plans.
8. Providing the necessary consultations for the program in the field of quality to prepare the program for any stage in the Quality and accreditation process.

9. Offering training workshops organized by the Deanship of Quality Assurance and Accreditation and transferring their expertise in the field of quality and academic accreditation.

10. Any other task assigned in the field of specialization

The Program Director Job description:

The program director should be a staff member in the college of Health and Rehabilitation

Tasks

1. Holding the Academic Program Committee meetings (a minimum of 3 sessions during the semester) to ensure the implementation of the Quality Management System (QMS) and activities related to the process of program development and improvement and closing the quality loop.

2. Monitoring the implementation of the program quality assurance procedures that are assigned to the Academic Program Committee.

3. Supervising the implementation of the Program Advisory Committee recommendations.

4. Preparing the program development plans (Action Plans) in coordination with the Academic Program Committee and monitoring the implementation.

5. Ensuring the completeness of the program's quality documents, and archiving them electronically to be approved by the Department Head, and then submitted to the Quality of Teaching and Learning Management in the College.

6. Organizing the program mock visit and external review visit, in coordination with the Academic Program Committee.

7. Supervising the students' nominations to be "Quality Friends".

8. Any other task assigned in the field of specialization.

The College Administrative Quality of teaching and learning Coordinator Job description

1. Attending the quality administration meetings and taking meeting minutes as directed by the Director of quality of teaching and learning administration

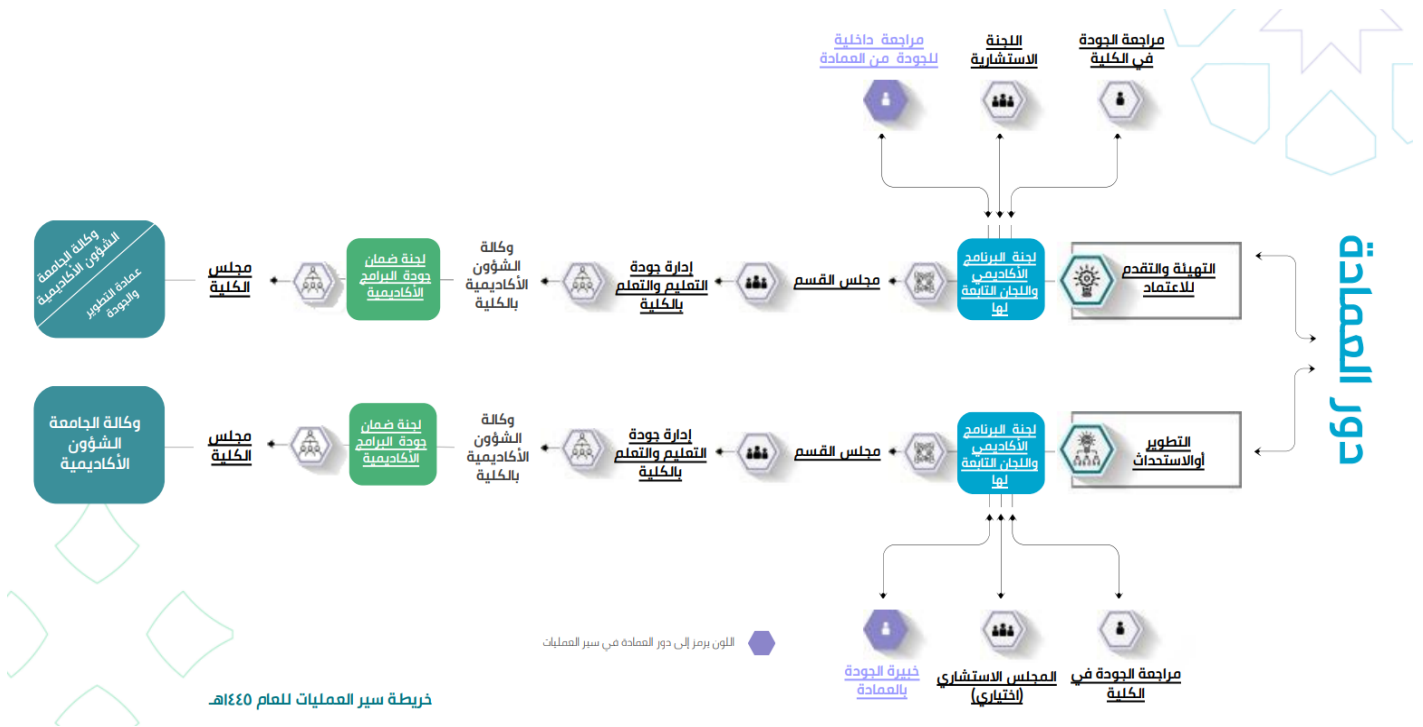
2. Monitoring administrative procedures to facilitate the work of the quality administration.

4. Reviewing the completeness of quality documents and reporting any error to the Program Director.

5. Archiving the college quality documents electronically.

6. Any other assigned task.

Role of the Deanship of Development and Quality in supporting academic programs



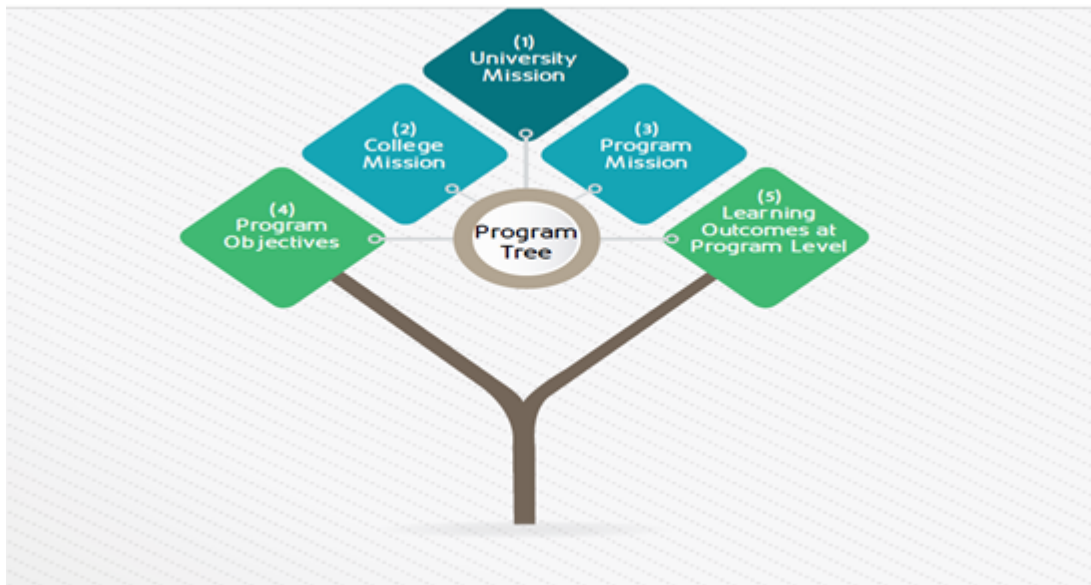
-The first track: related to preparation procedures for program accreditation and follow-up on improvement.

-The second track: related to the procedures for developing the program or creating exit points for the program.

1.2.2. Assessment (Implementation)

1.2.2.1 Program tree.

The program tree is considered one of the most important pillars in developing an academic program and achieving quality assurance standards. It clarifies the connection between the program mission, objectives and learning outcomes, which is reflected in the course learning outcomes



1.2.2.2: Graduate attributes assessment:

Each one of the graduate attributes are mapped with relevant program learning outcomes. A review of the graduate attributes is done periodically in every program cycle. The review process takes into consideration the changes in the program and the feedback from the stakeholders (alumni, academic staff, employers, and the program advisory committee). The assessment of the graduate attributes is conducted annually.

Data collection method and the timeline for the assessment process

Graduate attributes are assessed through a combination of

- **Direct method:** Program learning outcome for the concerned cohort
- **Indirect method:** Employer and graduate surveys

Program committee sets the percentage of each of direct and indirect methods in the assessment.

- **Task A:** In mid-semester 2, the employer and graduate surveys are distributed to graduates and employers.
- **Task B:** By the end of the academic year, the data of the surveys are collected and analyzed by the data management and performance measurement administration and sent to programs.
- **Task C:** By the end of the academic year and by issuing the PLOs assessment report, the graduate's attributes assessment starts by assessing the achievement of students in PLOs regarding their cohort only.
- **Task D:** The results are discussed, and improvement plans are developed and documented in an annual graduate attribute report by the program committee, including the following points in the report: (Introduction, methods, Results, Analysis, Recommendations, Actions)
- **Task E:** The follow up of the improvement plan by the program committee.

1.2.2.3: Assessment of the Program Learning Outcomes (PLOs)

- The Program learning Outcomes (PLOs) are specific statements that identify what students are expected to know, be able to do and demonstrate in their behavior in the field of learning. Learning Outcomes are the final outcome of the learning process that must be measurable through the use of the appropriate assessment tools to the associated level of qualification. (As stated in the National Qualifications Framework NQF)

- The Program Learning Outcomes Mapping Matrix links the learning outcomes of the program and the courses according to the following levels:

I = Introduction, P = Practiced, M = Mastered

Why PLOs are assessed?

- To determine how well the program as a whole prepares students to achieve the learning outcomes.
- It can also be used to identify curricular gaps.

PLOs assessment can give feedback on program adequacy as:



The PLO's are formulated with relevance to the three national qualification framework (NQF) domains:

1. Knowledge and Understanding
2. Skills
3. Values

The PLOs are assessed annually and reviewed at every program cycle according to the program decision.

Program learning outcomes are mapped with the following:

1. National Qualifications Framework.
2. Program objectives which are mapped with program mission. (program tree)
3. Graduate attributes.

Assessment of the Program Learning Outcomes (PLOs)

The program assessment plan uses multiple tools, and methods to assess the achievement of PLOs. Outcomes assessment is collaborative for measuring student learning and evaluating the quality of a student's work using different assessment methods (i.e. written exams, clinical exam, assignment, case discussion, etc.).

The quality of assessment of the course learning outcomes is directly reflected on the assessment of the program learning outcomes, so the improvement of the program and the learning process starts from the courses and the instructors.

The PLOs assessment includes a combination of both direct and indirect measurement where the percentage of contribution of each method is set by the program committee.

The process of assessment can be illustrated as follows:

Direct method:

1. Identify the courses that will be used in the assessment
2. Identify the required domain/s to be measured from each course from the mapping matrix.
3. Select the assessment methods for each PLO.
4. Put a timeline for measurement of all PLOs.
5. Measure the achievement percentage % for each domain.
6. Add recommendations for improvement and follow-up plan according to the results

Indirect method:

1. Identify the required surveys for assessment
2. Identify the required items from the survey
3. Put a timeline for dissemination and analysis of the surveys.
4. Measure the level of satisfaction of the required items from the survey
5. Add recommendations for improvement and follow-up plan according to the results

Assessment procedures and assigned tasks:

The process of the annual assessment of PLOs assessment has a clear timeline for the program to follow.

1. Program identify, review and formulate its PLOs.
2. Map the PLOs to the three NQF domains; Knowledge and understanding, skills, and values.
3. Curriculum mapping commenced to link between courses and PLOs.

Task A: (Program learning outcome Assessment & Measurement committee)

1. The program identifies the assessment courses and assessment methods for each PLO.
2. CLOs are measured every semester or annually based on the plan of teaching the course. As for the PLOs, they are measured according to a specific plan set by the Program Committee within a maximum of two years for one measurement

Task B: (Program learning outcome Assessment & Measurement committee)

Collect the results from course assessment report which includes the following points:

- Measure
- Results
- Analysis: strengths and weaknesses
- Recommendations
- Actions

Task C: (Program learning outcome Assessment & Measurement committee)

- Measure the achievement of each PLO from the courses assessment results.
- Results are analyzed to include the strengths and points of improvements.
- Program formulate the recommendations and actions to improve based on different results for each of the PLOs.
 - PLO assessment report is written at the end of the academic year and includes all of the following components:
 - Results
 - Analysis
 - Recommendations
 - Actions with a timeline and assigned responsibilities

Task D: (Program learning outcome Assessment & Measurement committee):

Follow-up of action plan implementation.

Additionally, the program conducts a comprehensive review and assessment of the PLOs as a measure of improving the quality of the program every program cycle.

1.2.2.4 The program surveys:

The program assesses its performance annually by using validated surveys, including:

1. The students' satisfaction with the quality of the courses.
2. The students' evaluation of the program (at the Middle of the Program)
3. The students' evaluation of the program (at The End of Program)
4. The graduate's evaluation of the program
5. The employers' evaluation of the program's graduates
6. The satisfaction with the services and environment of the University (Students, Faculty, and administrative staff)

The assessment process of the survey includes the following:

- **Task A:** Distribution of surveys to target population at the specific time
- **Task B:** Collection of the surveys data and analyzing the results to find the strength points and areas for improvements.
- **Task C:** The surveys reports are then submitted to the program committee to be discussed and write a complete assessment report for the surveys including the following (Results, Analysis: strengths and weaknesses, Recommendations, and Action plans)
- **Task D:** The follow up of the action plan takes place annually by the program committee.

1.2.2.5 The program surveys and Performance Indicators (KPIs)

Programs assesses its performance and achievement of the operational plan goals via number of key performance indicators (KPIs) that are linked with the program goals and objectives.

These include the 11 KPIs required by NCAAA, in addition to the program specific KPIs (operational plan). KPIs are measured using different methods based on the objective of the KPI including surveys and statistical data, etc.

- **Alignment between the academic standards and NCAA KPIs for bachelor program**

- **Alignment between the academic standards and NCAA KPIs for postgraduate program**

Each one of the KPIs includes the following benchmarks:

1. Actual performance
2. Targeted performance level
3. Internal reference (Internal benchmark)
4. External reference (External benchmark)

For internal benchmark, each year's KPIs are compared to the previous academic year. For external benchmark, the program performance is compared with another program of the same specialty at another University.

1.2.2. 6 Course portfolio

One of the ways through which the program monitors its quality is by preparing and monitoring courses portfolio. The course portfolio is a collection of important documents related to the course that document the planning, process, and outcomes of a single course. Course portfolios allow instructors to document the scope and quality of their teaching performance and to improve the course through continuous reflection. Each course has its portfolio prepared by the end of each semester. The course portfolio is reviewed and reflected on by the Quality of Teaching and Learning Administration at the end of each semester according to the process described later in this section. The minimum requirements for the course portfolio include:

1. Updated CV.
2. Course specification
3. Course syllabus (outline)
4. Course report
5. Midterm and final exams and model answers
6. Sample of students' grades in midterms and final exams.
7. Grading Rubric for Clinical/ practical and Assignments.
8. Sample of students grading rubric in practical/clinical Exams and assignments.
9. Exam peer evaluation.
10. Students' success rate in the course.

Description of the course portfolio components and how they are used to assure the quality is given in the following section.

1-Course Specifications

Course specifications detail what the program agrees to provide in the course. The course specifications is prepared by the program using the NCAAA . Before the start of the semester the department sends the course specification to the course coordinator. The course specifications guide the instructor in the course delivery. It contains basic information on the course, the overall objectives of the course, the course content, course learning outcomes, teaching and learning strategies, student assessment methods, a list of books and references, the facilities required for teaching and learning, and course evaluation and improvement processes. It is necessary for the course portfolio to include course specifications to guide the portfolio review process by the Quality of Teaching and Learning Administration. The course specifications document is used by the instructor to guide the preparation of the course outline.

2-Course syllabus (outline)

Course outline is a document containing key information about the course . It is prepared to be used by, both, the course instructors and the students. The course specifications guide the preparation of the course outline. The course outline contains important information such as instructors' names and contact details, course description and objectives, course schedule, topics to be covered, references, learning outcomes, assessment tasks and grades, and due dates and instructions for assessments.

The process of the course outline

- At the start of each semester the course coordinator is required to upload a copy of the course outline on the Blackboard (the Electronic Learning System) and discuss the course information to students at the first week. This is monitored by the college E. Learning administration.
- At the end of the course, the course outline is used to guide the preparation of the course report (this will be described later in this section).

3-Exam Peer-review

Each written exam in a course has an exam peer-review. The aim is to ensure the exam validity and reliability through a peer-review process.

The process of the exam peer-review

- Each department assigns a peer reviewer for each exam based, as much as possible, on the area of expertise (content expert).
- The list of exam instructors and their corresponding peer reviewers is sent to the faculty members through the departments.
- The exam is prepared by the course instructor/s taking into consideration the exam quality measures stated in the exam peer-review template. The course instructors also need to fill in the sections in the template assigned to her.
- The course instructor sends the exam for peer-review at least one week before the exam date.
- The peer reviewer revises the exam and writes comments about the exam, if any, for the course instructor. The peer reviewer also fills in the particular sections in the form and signs it.
- The instructor reviews the comments/edits and approves or disapproves the changes based on further discussion with the peer reviewer. The peer reviewer needs to collaborate with the course instructor on necessary revision to ensure that the exam questions are clear for assessing the intended learning outcomes and are formatted in compliance with basic standards stated in the template.
- The exam, together, with the exam peer review template are submitted to the department for final revision and approval of the exam by the head of the department.

4-Assessment of the Course Learning Outcomes

Students learning outcomes assessment at the course level is a continuous process of setting course objectives, collecting data, analysing the data, and reflecting on the results. Assessment of the course learning outcomes (CLOs) constitutes an integral part of the course portfolio.

All course instructors participate in assessing the CLOs according to the assessment methods specified in the course specifications. The CLOs are assessed by two ways; either through the Blackboard (for the activities that are conducted via the Blackboard) or by an Excel Sheet, especially designed for this purpose for the assessment tasks that are not given through the Blackboard. The sheet automatically calculates the average mark for each CLO and the grade distribution of the CLO (the percent of students achieved A, B, C, D, and F for each CLO). Besides, the sheet plots the results graphically. When using the Blackboard, a detailed report is also generated.

The process of the assessing the course learning outcomes

- At the start of the semester the course instructors agree on how to measure each CLO using the assessment methods specified in the course specifications.
- Course instructors collect the data after each assessment task and fill in the data in the CLOs assessment template (for the assessment tasks that are not given through the Blackboard).
- The instructors document the results of the CLOs assessment (obtained from the Blackboard report or from the Excel sheet) in the course report with analysis and recommendations for improvement. At the end of the semester the committee of surveys and measurement of learning outcome collects the results of the CLOs and use them to measure PLOs as described in the PLOs section.
- The recommendations presented in the course report are discussed at the department level and in the program committee to research a decision about them.
- The recommendations emerged from the program committee are translated into actions plan with follow-up by both the department and the program committee.

.5 Students Success Rate in the Course

Students' success rate (SSR) in the course reflects a quality measure of ensuring that students successfully complete their course. It describes the overall distribution of the students' grades in the course (the percent of students achieved A, B, C, D, and F in the course). The SSR report in a course represent an essential component of the course portfolio. Students' grade distribution is also recorded and reflected on in the course report.

The process of the Students Success Rate in the Course

- The SSR report in a course is prepared by the course instructors at the end of the course after completion of all assessment tasks.
- The SSR report is submitted to the program coordinator as part of the course portfolio.
- The program coordinator prepares a report that includes all courses with their grades distribution. The report includes the analysis of the grades distribution as stated by the course instructors, the reasons of grades skewness (if any), and recommendations for improvement (this is documented in the course report in the results section) then submit to the committee of surveys and measurement of learning outcomes to be discussed.
- The report of all courses' grade distribution is submitted to the Quality of Teaching and Learning Administration then to the Vice Deanship for Academic Affairs.

Timeline of program activities during the academic year

Requirements	1 st semester				2 nd semester					
	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Formation of program quality committees										
Program quality committees' reports (Program- Survey KPIs- PLOs Assessment & Measurement -Examination- (Accreditation - Advisory										
Program graduate attribute and Program learning outcomes measurement reports										
Program performance indicators reports										
Submission of the course portfolio at the end of each semester										
Annual report of academic programs										
Development plans of:										
1. Course survey										
2. General surveys										
3. Follow up the implementation of development plans										

1.2.2.7 Faculty Performance Evaluation (Job Performance Charter)

Faculty performance evaluation constitutes an integral part in assuring the quality of the program. The system for faculty performance evaluation applied by the Program, which is in line with the University system, requires an in-depth documentation and analysis of the faculty performance profile (FPP). The FPP involves three areas: teaching, research and community services. Performance evaluations for faculty members are performed annually. The head of the department evaluates the performance of each faculty.

The purpose of the annual FPP Evaluation is to provide faculty members with timely feedback on areas of strength and areas needing improvement, and encourage faculty and departmental administrators to discuss ways in which the program can better provide appropriate resources to support faculty development. The annual FPP Evaluation is intended to be a three-step process, as outlined below.

- **Step 1:** Initiate the evaluation process – by the Department head (or the dean based on the faculty member’s position) where a clear set of objectives and metrics are settled. The faculty member is provided with a copy of her annual performance objectives and metrics.

- **Step 2:** Supporting Materials by Faculty: The faculty prepares supporting materials for submission to the Department head (or Dean). This includes the evidence for meeting the objectives as per the performance metrics.

- **Step 3:** Evaluation Meeting - The Department head (or the Dean) and Faculty

- The Department head (or the Dean) reviews the items that were submitted by the faculty member.

- The Department head (or the Dean) completes the Faculty Performance Evaluation Form.

- The Department head (or the Dean) and faculty members will meet together at the scheduled evaluation meeting time to review and finalize the Performance Evaluation.

- Whenever an objective is not met, the faculty needs to put improvement plan for the next academic year.

Records of completed Performance Evaluations are maintained at the departmental level. At the end of the academic year the parties responsible for the evaluation, e.g., the academic departments, prepare a comprehensive report including analysis of the results, strengths and areas for improvements, recommendations, and actions for the next academic year. The overall results are communicated to the academic staff at the beginning of the next academic year.

1.2.3. Check (Examination):

At this stage, the program should collect and analyze the results of measuring the learning outcomes at the level of the programs in order to identify points of strengths and areas of improvement in the program.

1.2.3.1. Course Report.

The course report is an important document that represents the planning, processing, and outcomes of a single course. Course report is one of the most essential documents for the improvement of the program quality. The course report offers information on course delivery, student results, course learning outcomes results, course quality evaluation, difficulties and challenges, and course improvement plan. A very crucial part of the course report is reflection on the overall findings and recommendations for improvement documented by the course instructors.

The process of the course report

- At the end of the course, the course coordinator (in coordination with the course instructors) prepares the course report and submits it to the program coordinator as part of the course portfolio.
- The program coordinator review all course reports and prepare a comprehensive course review report that includes the challenges, recommendations, and actions plan documented in the course reports.
- The program coordinator submits the report to the program committee.
- These recommendations from the course reports are studied and discussed in the program committee. The program committee decisions and suggestions are communicated to academic departments to be discussed in the department council.
- Final recommendations are included in the annual program report and then sent back to the program committee.
- The Annual Program Report is sent to the department council and then the college council through Academic Affairs for approval.
- The actions plans are followed-up by the program committee.

1.2.3.2. Field Experience Report.

One of the key areas in assuring the quality of the program is field experience. The Program offers practice experience where students can develop the appropriate clinical skills. The overall outcomes of these practice experiences are aligned with the program outcomes. The field experience coordinator is responsible for filling the field experience report by the end of the internship year

Internship year includes rotations in different areas of clinical practice, which have fixed regulations mentioned in the internship regulations document. The Vice Deanship for Academic Affairs is responsible for managing the Clinical Practice experiences via training and internship administration. The vice deanship monitors the quality of the training using several approaches.

Tasks and timeline for the monitoring process

The students start their training within one month after completing all courses required in the study plan.

- **Task A:** Before the training starts, the training administration organize the training sites and preceptors based on previous agreements, availability and the criteria mentioned in the Internship manual & Field experience specifications and the objectives of each rotation in the Internship year.

- **Task B:** Prepare the training schedule and assign the students to different rotation sites.

- **Task C:** Send letters of training period and names of students to the training sites and provide the students and preceptors with the rotation manual that includes the objectives and assessment methods.

- **Task D:** Follow up the students' attendance at the beginning of each rotation and schedule site visits to training sites to monitor the training and get feedback from preceptors and students for continuous improvements.

- **Task E:** Send and collect students assessment data from each preceptor after each rotation.

- **Task F:** Send preceptors and training site surveys to the internship students after each rotation and another survey on the field training experience at the end of all rotations.

1.2.3.3 Annual Program Report, including: Learning Outcomes Measurement Results, Surveys Results. KPIs Results

Program monitoring is a continuous process by which a program is kept under review, via an Annual Program Report (APR). To achieve this, a program team through the Program Committee will be constantly seeking to gather evidence and feedback, be evaluating that evidence and be making subsequent changes to enhance outcomes, delivery and operation. The APR is also noting and disseminating good practice and drawing up and implementing an action plan to take forward planned improvements to the program.

The process of APR is reflective by collecting and analyzing the evidence, and comparing the program performance against the key performance indicators or benchmarks for the subject area. This aims to lead to program improvements. Hence the annual monitoring of program is the cornerstone of the quality processes.

Data collection method and the timeline for the assessment process

The program coordinator is the responsible person for arranging the data collection from different administrations. The preparation of APR includes the following:

• **Task A:** at the end of the academic year the coordinator communicates with the different committees\ faculty members to collect the required information. Each committee /responsible party fills in the required information in the specified part in the APR template.

• **Task B:** The program coordinator finalizes the APR taking into consideration the following for each section of the APR: Results, Analysis: strengths and areas for improvement, Recommendations, and Action plans.

• **Task C:** The APR is then submitted to the Program Committee for discussion and to finalize the recommendations and action plans. Afterward, The APR is sent to the department council and then the college council through College Teaching and Learning Quality Administration for approval.

• **Task D:** The follow up of the action plans takes place throughout the next academic year by the program committee.

1.2.4.Act (improvements) includes:

1.2.4.1- Development plans for the program (KPIs,PLOs,Surveys,Operational plan and periodic program review)

1-2-4-2 follow up of the development plan

1.2.4-3 Periodic Program Review

A Periodic Program Review (PPR) is a thorough examination of the quality and standards of the program. The PPR examines the program in greater depth and checks on how effectively it is achieving its mission and objectives. To coincide with the NCAAA requirements for program accreditation a PPR is undertaken every program cycle. It represents a complete self-contained report on the quality of the program. It represents comprehensive evaluation of: Mission, Goals, PLOs, KPIs, Study plan, graduate attributes within the guidelines of the university and college.

1.2-5 Program Committees

The program has at least 5 committees to follow the quality assurance system of the program.

1-The Academic Program Committee

Membership:

The committee is formed by the Head of the Academic Department to which the program is affiliated (if applicable). In the event that the Academic Program is directly affiliated with the College, the committee is formed by the College Dean, based on a proposal from the program director. The membership of the committee (in both cases) is as follows:

- | | |
|---|--------------------------|
| ➤ Department Head (if applicable) | Chairperson |
| ➤ Program Director | Deputy chair |
| ➤ At least 3 faculty members | Members |
| ➤ Administrative Quality Coordinator | Administrative Assistant |

*** The program director will be the chairperson of the committee in case the academic program is affiliated directly to the college and not to an academic department.**

Tasks:

1. Spreading the culture of quality and academic accreditation, and building the capabilities of the program members to work in favor of quality assurance and academic accreditation.

2. Planning for the program quality assurance and achieving academic accreditation.

3. Implementing the PNU-QMS.

4. Implementing the recommendations of the Program Advisory Committee.

5. Monitoring the implementation of the program quality assurance procedures that include but are not limited to: (the program & course specifications, preparing the program & course annual reports, preparing the self-study report, activating surveys, measuring KPIs, and the program operational plan (Action Plans)).

6. Organizing an external mock review visit for the program.

7. Submitting accreditation documents, preparing the program members for the external review visit, and ensuring the validity of the program's response to NCAAA recommendations, in coordination with the Deanship of Quality Assurance and Accreditation.

8. Overseeing the program continuous process of development and improvement.

Operation:

i. Meetings:

The committee holds periodic meetings upon the invitation of its chairperson, with no less than three meetings in each semester.

ii. Decision Making:

Decisions are taken unanimously. In case of disagreement, votes are taken, and the chairperson shall have the casting vote when votes are equal.

iii. Term of Membership:

The term of membership is a full academic year, and members may renew their terms according to developments.

f) Timeline for delivery of all Quality Management Requirements of Programs During the Academic Year

Quality Management Requirements of Programs During the Academic Year	Submission Time
Formulation of quality committees in programs	The beginning of every academic year
The annual program report	Maximum by Week 2 at the beginning of the academic year
Reports of the Quality Committees of the Program	The end of academic year
The course portfolio	Two weeks after the final exam
Periodic reports for the implementation of the time plan for the stages of academic accreditation	During the academic year based on the plan for the program
Approving the PLOs report	The end of academic year
Approving KPIs report	Week 2 at the beginning of the academic year Maximum by
Approving developmental plans	The end of academic year

2-The Committee of Program Learning Outcomes Assessment & Measurement

Membership:

This sub-committee is formed by the Head of the Academic Department of which the program is affiliated (if applicable). In the event that the academic program is directly affiliated with the college, the sub-committee is formed by the College Dean based on a proposal from the program director. The membership of the committee (in both cases) is as follows:

- **Program Director** Chairperson
- **Faculty Member** Deputy chair
- **Course Coordinators** Members
- **Administrative Quality Coordinator** Administrative Assistant

Tasks:

1. Reviewing the program learning outcomes and ensuring their alignment with the program objectives.
2. Developing the program rubrics to measure the learning outcomes and identify performance indicators for each outcome.
3. Developing action plans to measure the program learning outcomes and determine the courses and levels through which the learning outcomes will be measured.
4. Reviewing the course rubrics and ensuring their alignment with the program rubrics.
5. Collecting and analyzing results, then identifying points of strengths, needs and suggestions for development in order to present them to the Academic Program Committee.

Operation:

i. Meetings:

The committee holds periodic meetings upon the invitation of the chairperson, with no less than two meetings in each semester.

ii. Decision Making:

Decisions are taken unanimously. In case of disagreement, votes are taken, and the chairperson shall have the casting vote when votes are equal.

iii. Term of Membership:

The term of membership is a full academic year, and members may renew their terms according to developments

iv. Time-line for delivery of all Quality Management Requirements of Programs During the Academic Year

Quality Management Requirements of Programs During the Academic Year	Submission Time
Program Learning outcomes report	The end of academic year

Membership:

This sub-committee is formed by the Head of the Academic Department of which the program is affiliated (if applicable). In the event that the Academic Program is directly affiliated with the College, the sub-committee is formed by the College Dean based on a proposal from the program director. The membership of the committee (in both cases) is as follows:

- | | |
|-------------------------------------|--------------------------|
| •Program Director | Chairperson |
| •Faculty Member | Deputy chair |
| •At least 3 faculty members | Members |
| •Administrative Quality Coordinator | Administrative Assistant |

Tasks:

1. Monitoring surveys response rates and increasing them by publishing the surveys links among target groups.
2. Collecting the program's performance indicators values.
3. Preparing the necessary program surveys & KPIs reports and ensuring the implementation of their results.
4. Presenting the results to the Academic Program Committee, as well as providing the results to the Data Management Unit in the college.
5. Conducting a benchmark comparison at the program level.

Operation:

i. Meetings:

The committee holds periodic meetings upon the invitation of the chairperson, with no less than one meeting in each semester.

ii. Decision Making:

Decisions are taken unanimously. In case of disagreement, votes are taken, and the chairperson shall have the casting vote when votes are equal.

iii. Term of Membership:

The term of membership is a full academic year, and members may renew their terms according to developments.

iv. Time-line for delivery of all Quality Management Requirements of Programs During the Academic Year

Quality Management Requirements of Programs During the Academic Year	Submission Time
Key Performance Indicators report	At the end of the academic year - no later than the second week of the first semester of the new academic year
Dissemination of surveys	Semester 2
Course survey Developmental plans	At the end of the academic year after obtaining the results
Follow up the implementation of development plans	During the academic year

4-Exams and assessment Committee

Membership:

This sub-committee is formed by the Head of the Academic Department of which the program is affiliated (if applicable). In the event that the academic program is directly affiliated with the college, the sub-committee is formed by the College Dean based on a proposal from the program director. The membership of the committee (in both cases) is as follows:

Program Director	Chairperson
Faculty Member	Deputy chair
Staff members	at least 3 Members
Administrative Quality Coordinator	Administrative Assistant

Tasks

- 1) Prepare a plan for reviewing tests and distributing tasks to faculty members.
- 2) Matching the grade distribution table approved by the Program Learning Outcomes Measurement and Evaluation Committee with the exam questions.
- 3) Review the test questions within the educational program and verify that the questions are linked to the targeted learning outcomes.
- 4) Determine the results of the tests in each semester, analyze the results, and suggest appropriate recommendations.

- 5) Review the test results in accordance with the review plan in Paragraph (1) and match the students' grade sheets to the final course result for all courses before posting the result.
- 6) Counting the results of graduation projects, field training, and courses that do not have final exams in each semester, analyzing the results, and proposing appropriate recommendations.
- 7) Identify the courses in which there was a deviation from the standard curve, review the results of all evaluation methods for those courses, review (comment on students' results) in the course report, and then prepare a report on the reasons for the deviation in the results.
- 8) Study issues related to tests (students' excuses for absence, requests for re-correction, and grievances over grades) and submit them to the department council.
- 9) Receiving female students' complaints about tests, studying them, recommending taking legal action regarding them, and then submitting them to the department council.
- 10) Suggest the necessary training for members on assessment methods, such as a question developer course.
- 11) Prepare an annual report on the committee's activities and submit it to the program director.

Operation:

i. Meetings:

The committee holds periodic meetings upon the invitation of the chairperson, with no less than one meeting in each semester.

ii. Decision Making:

Decisions are taken unanimously. In case of disagreement, votes are taken, and the chairperson shall have the casting vote when votes are equal.

iii. Term of Membership:

The term of membership is a full academic year, and members may renew their terms according to developments.

iv. Time-line for delivery of all Quality Management Requirements of Programs During the Academic Year

Submit the committee report by the end of each semester.

Annex

All format link

<https://lifebox.pnu.edu.sa/webconsole/gtl.do?gid=c48TpfhM>

Membership

➤ The suggested number of members mentioned in the above form is not fixed, noting that the increase in the number of members may negatively affect the workflow.

- Department Head
- Program Director
- Secretary of the Committee
- 3 to 5 faculty members who are experienced in higher education, scientific research & community service
 - 3 to 5 external stakeholders of employers & local community
 - 3 to 5 professional & academic practitioners & quality experts both from public & private sectors in the field of specialization
 - 1 to 2 of the program's prominent graduates who are active in the Graduates & Community Committee & have joined labor market
 - 1 to 2 Representatives of the Student Council
 - The Program Administrative Quality Coordinator

•Operation

Tasks:

1. Identifying the needs of professional institutions, and providing advice and suggestions to assist in the development of the program and its study plan, in order to meet labor market needs.
2. Encouraging professional institutions of both public and private sectors to participate in the training and educational programs offered by the program, including short courses and workshops, as well as lectures and seminars.
3. Reviewing the program's mission, goals, objectives and performance indicators in light of new scientific and technological developments and labor market requirements, by providing an academic and professional insight regarding education, scientific research and community service.
4. Reviewing the program and course intended learning outcomes, and their compatibility with the National Qualifications Framework and labor market

needs.

5. Reviewing the program specification and annual reports and providing feedback on the study plan & courses in terms of their novelty and distinction in achieving the program objectives and outcomes, which helps in preparing the program's continuous development and improvement plans.
6. Evaluating all the program activities, both curricular and extracurricular, considering the academic accreditation standards.
7. Reviewing the results of the program performance indicators, and recommending the selection of appropriate external benchmarks.
8. Reviewing the program's graduate attributes, which should be clear in its mission statement and reflected in its intended learning outcomes.

i. Meetings

Two meetings per year

ii. Decision Making:

Decisions are taken unanimously. In case of disagreement, votes are taken, and the chairperson shall have the casting vote when votes are equal.

iii. Time-line for delivery of all Quality Management Requirements of Programs During the Academic Year

Submit the committee report by the end of each semester

Approved by: College Council	College Council meeting number: 26.1445H
Date	29 April 2024
College Dean with signature	Dr.Hadeel Alsalih

