

جامعة الأميرة  
نورة بنت عبدالرحمن  
كلية الصيدلة



## COLLEGE OF PHARMACY

### PharmD Program Quality System Manual

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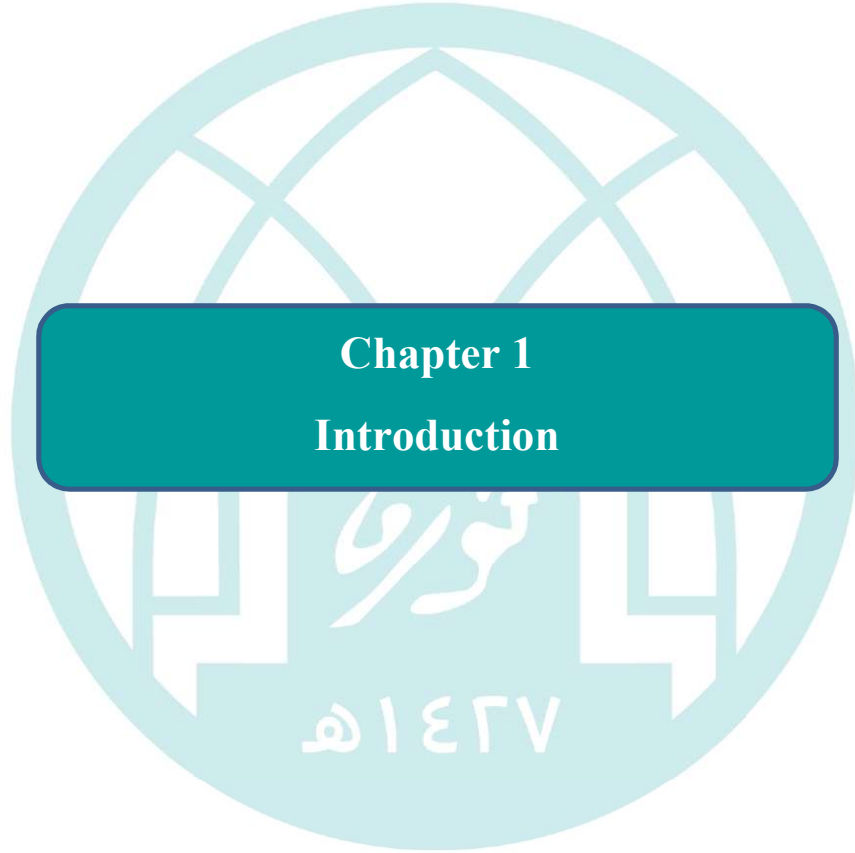
## Preface

Quality is a crucial part in any educational institution. The educational sector has always been working towards improving the overall quality of education. Having high quality education will ultimately lead to the production of skilled and qualified graduates, and thus will reflect directly on the community and insure its prosperity.

Educational institutions follow different methodologies to maintain and improve the quality of teaching and learning with the aim of achieving high quality education. This could be achieved by following a methodology that insures a positive activation of continuous improvement processes in the institution.

College of Pharmacy at Princess Nourah bint Abdulrahman University (PNU), in its continuous processes for quality improvement, has developed the Doctor of Pharmacy (PharmD) quality system manual (QSM) to be compatible with the university quality management system. This is intended to develop a mechanism that maintains continuous enhancement of teaching and learning processes and other issues related to the academic environment.

This document presents a description of PharmD program quality system that could be used as a guide for overall quality improvement of the program.



**Chapter 1**  
**Introduction**

# Chapter 1 Introduction

## 1.1 Background

The College of Pharmacy at Princess Nourah bint Abdulrahman University (PNU) was established in the year 1428 H. It offers PharmD program through two departments; Pharmacy Practice and Pharmaceutical Sciences, which work collaboratively to run the Program. The program is of six years' duration in total (five years of study and one internship year).

The College operates an integrated system of quality management which is designed to contribute to the achievement of its mission statement. The quality assurance procedures comply with the university quality assurance system, taking into consideration the quality requirements of National Commission for Academic Accreditation and Assessment (NCAAA).

In accordance with the university policy, the program now utilizes the electronic quality management system (Jadeer). In Jadeer system, the user performs several procedures and fills in the data related to the program and its courses. This leads to the generation of a set of reports that serve as a base for maintaining and improving the quality of the program. Jadeer aims to automate the quality processes and govern them electronically, manage the requirements and standards of national and international accreditation electronically, and enable faculty and staff to use the electronic quality system, and provide quality reports at various levels.

## 1.2 Purpose of the Quality System Manual

This manual was prepared to work as guideline with the aim of communicating information, and serving as a roadmap for meeting quality requirements. The Quality Manual brings together the College's quality related procedures in one coherent document that provides a comprehensive overview of the processes that will support the program in providing quality education and training. The quality manual will continue to be monitored and reviewed annually by the Quality Administration.

## 1.3 College of Pharmacy Vision and Mission

The College of Pharmacy operates with the following vision and mission:

*College of Pharmacy Vision*

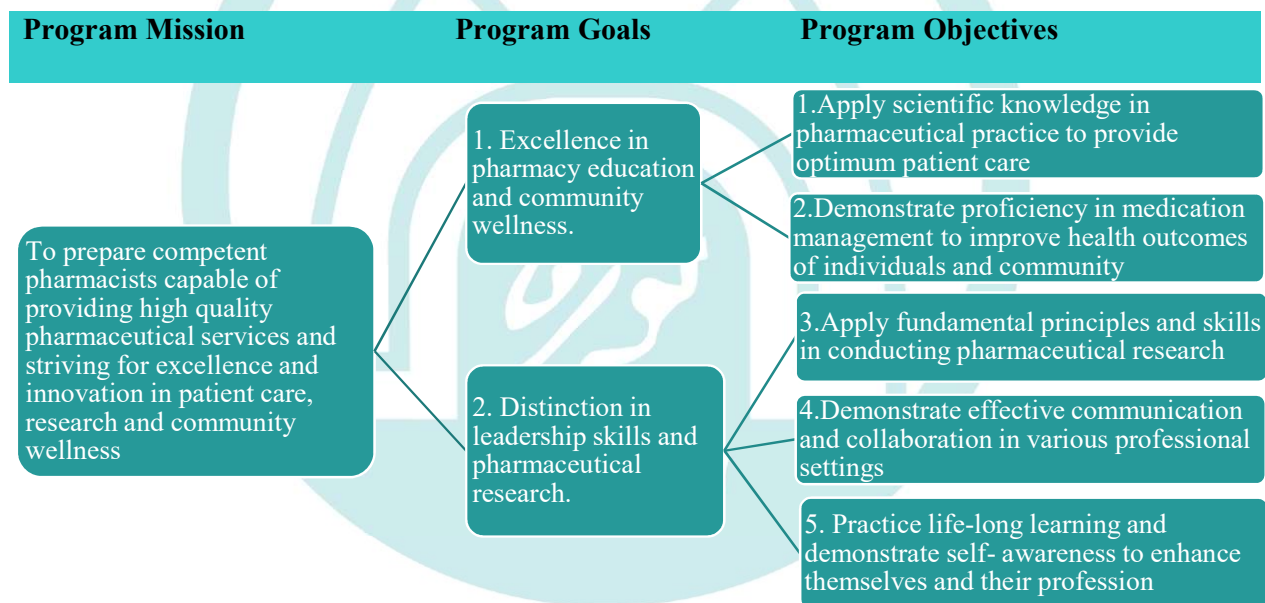
To be a pioneer in pharmacy education and research to improve healthcare practice in Saudi Arabia and the world.

**College of Pharmacy Mission**

To develop distinguished pharmacists who lead the profession and improve the health of the community.

**1.4 PharmD Mission, Goals and Objectives**

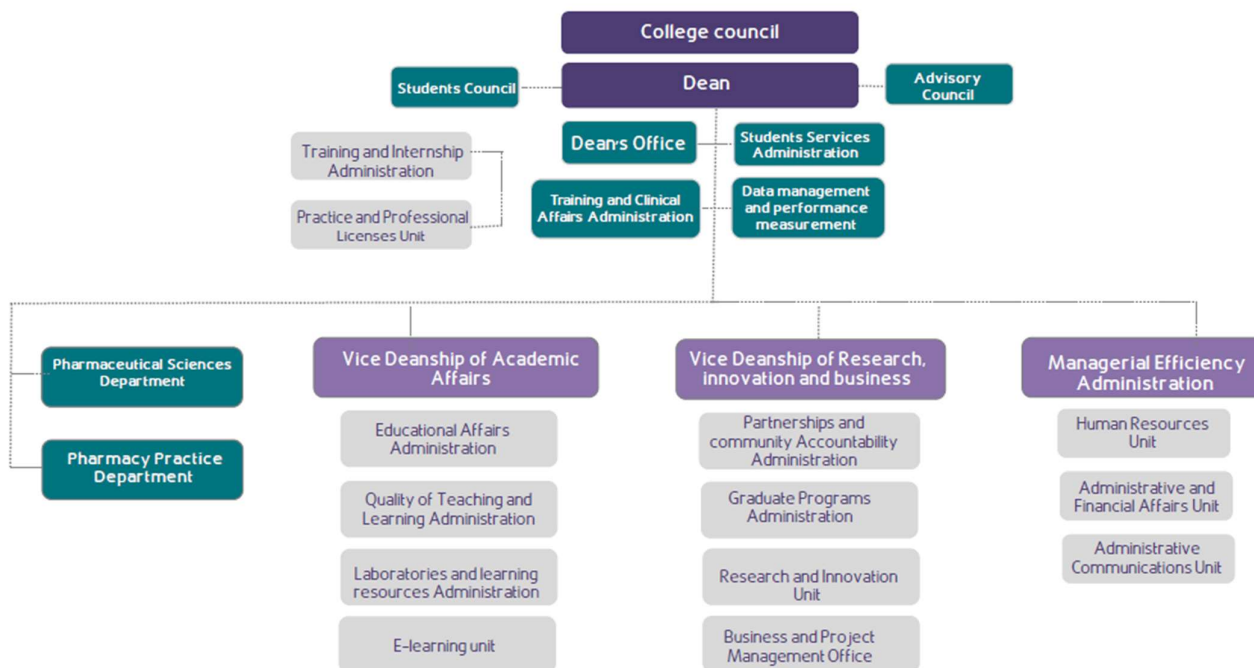
The PharmD program serves its mission through two goals and five objectives. The program’s mission, goals, and objectives are presented in Figure 1.1. The program mission and objectives are revised every graduation cycle (6 years).



**Figure 1.1: PharmD Mission, Goals and Objectives**

## 1.5 College of Pharmacy Organizational Structure

The organizational structure of the College of Pharmacy is presented in Figure 1.2.



**Figure 1.2: Organizational Structure of the College of Pharmacy**

The program is managed by multiple administrative levels with clear hierarchy and specified Tasks. The Organizational chart shows the following bodies at different levels:

### Level 1: College Council

#### Tasks

1. Proposing the appointment, secondment, assignment and promotion of faculty members, teaching assistants, and lecturers.
2. Suggesting or modifying study plans in coordination with academic departments.
3. Suggesting curricula, textbooks and references by referring to the academic departments of the college.
4. Encouraging the preparation and coordination of scientific research between academic departments and working on its publication.
5. Suggesting the dates of exams and setting the regulations for conducting them.



6. Suggesting the internal regulations of the college.
7. Suggesting the necessary training and scholarship plans for the college.
8. Suggesting a plan for extracurricular activities for the college.
9. Deciding on student matters that fall within its competence and otherwise directing the University Council
10. Considering what is referred to it by the university council, its president or vice president for study and expressing its opinion.

## **Level 2: College Dean**

### **Tasks**

1. Preparing the five-year and annual strategic plan for the college and following up on its implementation after its approval.
2. Supervising the preparation of academic plans and programs in the college and following up their implementation after approval.
3. Supervising the preparation of plans, projects and programs for graduate studies and scientific research in the college and following up on their implementation after approval.
4. Supervising the academic and administrative development processes, applying quality standards and academic accreditation in the college, and following up on their implementation and accreditation.
5. Supervising the progress of the educational process in the college from its inception until the adoption of the results and the solution of all problems that may arise during the implementation process.
6. Supervising the identification of the college's needs of faculty members, professors - lecturers - teaching assistants, in coordination with the academic departments.
7. Coordinating with the General Administration of Human Resources to attract the college's needs from the members of the educational and administrative staff.
8. Supervising the services provided to college students and ensuring the quality of their provision.

The following bodies are under the College Dean

### ***Advisory Council***

#### ***Tasks***

1. Submitting proposals for research that serve the future of disciplines.
  2. Strengthening the partnership between the college and the local and international community to serve the educational process and support students.
  3. Contributing to improving the quality of academic programs and their consistency with the requirements of the labour market.
  4. Submitting proposals that would provide funding sources for the college's development projects.
  5. Contributing to the development of a coordination mechanism to establish joint projects between the college and community sectors in order to find solutions to community problems in an integrated manner.

### ***Student Advisory Committee***

#### ***Tasks***

1. Transferring the students' suggestions and their views to the Dean of the College.
2. Representing college students in meetings and related events.
3. Providing academic support and assistance to students in the college and contributing to enriching the student experience.
4. Contributing to the development of programs and curricula according to the requirements of the labour market.
5. Submitting proposals on everything that serves to foresee the future of the college.

### ***Students Services Administration***

#### ***Tasks***

1. Supervising the activities of student clubs, student events, competitions and theater in the college in coordination with the Deanship of Student Affairs.
2. Providing support services (subsidies and advances - housing - transportation - nutrition).
3. Providing comprehensive student support (psychological and social counselling - services provided to students with disabilities).
4. Providing services to graduates and enhancing the continuation of the positive relationship with the college in coordination with the graduate's department at the university.
5. Providing skill support and career guidance for students and graduates in coordination with the Vocational Counselling Centre.

### ***Data Management and Performance Measurement Administration***

#### ***Tasks***

1. Collecting, reviewing and analysing information, statistics and performance indicators for the college.
2. Preparing performance reports for the college and presenting them to the academic departments periodically.
3. Providing the necessary data to the competent authorities.
4. Building questionnaires, following up on achieving the required responses inside and outside the college, and making questionnaire reports (in coordination with the Opinion Polls Office)
5. Coordinating with the Data Decision Support Department.

### ***Training and Clinical Affairs Administration***

#### ***Tasks***

1. Supervising the affairs of training students for internships and postgraduate programs according to the axes of the training program.
2. Supervising scientific activities related to the development of training and ongoing partnerships.
3. Supervising the affairs of college practitioners in hospitals and obtaining professional licenses.
4. Supervising the issuance of franchise completion certificates after completion of the training period and completion of training requirements.
5. Supervising the annual honouring of training bodies and external supervisors.
6. Supervising the performance of the Academic Titles Committee and submitting its reports to the Dean of the College.
7. Implementing educational programs that contribute to educating internship students and providing them with the necessary skills to practice and pass the professional licensing test.
8. Following up on the performance of and graduate students in the profession practice test and provide the necessary support for improvement.

There are two administrations/units under the Vice Deanship for Training and Clinical Affairs. The tasks for these administrations are as follows:

### **1. Training and Internship Administration**

1. Ensuring suitable training seats for training and internship students with hospitals, companies, pharmacies and other training bodies (and coordinating with the University's Clinical Training Unit).
2. Making administrative arrangements related to training courses, including training schedules, follow-up, and collecting grades from course supervisors.
3. Supervising the evaluation of students and monitoring grades.
4. Defining standardized evaluation standards, models and tools.
5. Following up and solving any problems faced by the internship students during the training period.
6. Preparing a proof of the internship applicant to register for the Medical Specialties Exam after fulfilling the requirements.
7. Sending and following up on financial claims to external parties.
8. Registering students in cooperative training outside the study plan circle.

### **2. Practice and Professional Licenses Unit**

1. Coordinating the practice of members in hospitals.
2. Following up on obtaining and renewing members of professional practice licenses and addressing interruptions.
3. Following up on the classification of certificates of members in the Saudi Commission for Health Specialties.
4. Following up on the performance of health services provided by the college in hospitals and medical clinics.
5. Organizing the provision of continuing medical education courses, including accredited hours from the Saudi Commission for Health Specialties.

**Level 3: includes the followings:**

#### ***Academic departments***

##### ***Tasks***

1. Following up the department's educational, research, administrative and financial affairs, provide its requirements and raise the need.

2. Teaching courses that fall within his specialization and following up the progress of the educational process.
3. Managing the affairs of the faculty members in the department from distributing burdens, evaluating job performance and raising needs for appointment, promotions, renewal of contracts and scholarships, and others.
4. Supervising the recruitment of faculty members. Participation is the selection of teaching assistants, lecturers, Saudi faculty members, and contractors nominated in the department.
5. Preparing the topics of the department council, applying the regulations and regulations of the Higher Education Council and the executive rules of the university, implementing and following up on the decisions of the council.
6. Coordinating the academic advising process for students in coordination with the Department of Educational Affairs.
7. Holding a periodic meeting with the college students to listen to their suggestions and submit the report to the Dean.
8. Coordinating with the Department of Educational Affairs in organizing the study schedule to match the courses offered.
9. Coordinating with the Department of Educational Affairs in organizing the schedules of exams and observations. Reviewing and approving department course exams, monitoring the performance of exams, reviewing and approving course grades, and posting them.
10. Forming department committees and following up their work.
11. Forming an advisory committee for each academic program.
12. Preparing periodic reports and development plans for the department and following up on their implementation.
13. Applying the standards of the quality management system in the college, develop a plan for it, and follow up its implementation and control.
14. Following up on the fulfilment of accreditation requirements and related documents.
15. Following up of the department's scholarships.

### ***Vice Deanship for Academic Affairs***

#### ***Tasks***

1. Preparing the annual plan of the Vice-Deanship of Academic Affairs at the college and following up on its implementation after its approval.

2. Implementing the regulations and rules regulating the study and examination regulations for the university level and ensuring their application by its affiliated units.
3. Supervising the PharmD program at the college level.
4. Supervising the progress of the academic process in the college and creating the possible educational environment for distinguished education.
5. Suggesting new interface programs in the college or developing existing programs in coordination with academic departments and following up on their implementation after approval.
6. Supervising the work of the quality assurance committees (program, examination, evaluation, quality assurance, plans and curricula).
7. Supervising the follow-up of the implementation of the quality management system in the college and adherence to academic accreditation standards.



There are four administrations/units under the Vice Deanship for Academic Affairs. The tasks for these administrations are as follows:

### **1. Educational Affairs Administration**

1. Following up of registration and students' schedules and submit their reports.
2. Monitoring the progress of exams and submit their reports.
3. Monitoring the progress of the educational process and submit reports.
4. Preparing a plan for academic advising in cooperation with academic departments and following up on its implementation.
5. Overseeing the update program.
6. Activating the work of the educational process committees (stumbling, equations, dean's list).

### **2. Laboratories and Learning Resources Administration**

1. Supervising the college laboratories and inventorying the laboratories and their contents on a continuous basis, evaluating the state of the equipment and providing maintenance for it periodically (in coordination with the laboratories unit at the university).
2. Preparing schedules and organizing internal and external reservations for laboratories and devices.
3. Organizing the necessary training process before using the laboratories and equipment.
4. Providing the laboratories' needs of consumables and chemicals by submitting a request for educational needs to the concerned authorities and following up on the requests.
5. Supervising the implementation of safety procedures in laboratories (in coordination with the Safety Department and the Radiation Control Department).
6. Providing multiple sources of information related to educational needs.
7. Supervising the college library and providing and updating references as needed by the college (and coordinating with the central library).

### **3. E-Learning unit**

1. Following up on the inventory of electronic programs and courses within the college.
2. Providing contact information with members and coordinators of electronic courses.
3. Supporting course coordinators in case of technical problems.
4. Working to spread awareness of e-learning for all faculty members and students.

5. Handling initial inquiries from members and students and directing them to communicate with the technical support in the administration through the available channels to solve problems.
6. Communicating continuously with the representative of the E-Learning Department and report any problems or difficulties they have in the college.
7. Submitting periodic reports on course development and activation to the e-learning department.
8. Coordinating to hold introductory and induction meetings for college students.

#### **4. Quality of Teaching and Learning Administration**

1. Applying the academic accreditation standards.
2. Continually evaluating the curricula and seeking the opinions of specialists from the labour market.
3. Monitor the program committees and sub-committees and collects the program reports.
4. Supporting the qualification of faculty members with regard to the educational process in coordination with the Centre for Excellence in Teaching and Learning.
5. Evaluating the inventory of the best and latest educational practices in teaching specialization and developing plans to adopt them in coordination with the Centre for Excellence in Teaching and Learning.
6. Following up on the process of evaluating learning outcomes, identifying aspects of development in them, and supporting members in the evaluation process in coordination with the departments.

#### ***Vice Deanship for Research, Innovation and Business***

##### ***Tasks***

1. Supervising the annual scientific research plan for the college.
2. Supervising the college's graduate programs, exams, and committees.
3. Suggesting new postgraduate programs in the college or developing existing programs in coordination with academic departments and following up on their implementation after approval.
4. Creating a supportive environment for innovation and entrepreneurship.
5. Supervising the development of partnerships and college relations with external sectors.
6. Partnering with relevant community and service sectors and constructively interacting on the basis of partnership and social responsibility.



7. Supervising the college's investments and its developmental and specialized works.

There are four administrations/units under the Vice Deanship for Research, Innovation and Business. The tasks for these administrations are as follows:

### **1. Research and Innovation Centre**

1. Preparing the annual plan for scientific research and the college's research priorities in cooperation with the departments and following up on its implementation after its approval.
2. Supervising scientific societies and scientific journals in the college.
3. Liaising with academic departments and motivate faculty members to research and follow up the progress of research work for faculty members and the like.
4. Communicating and coordinating with other research centres inside and outside the university in everything related to the nature of research and its marketing.
5. Developing a culture of innovation in the college and providing logistical and technical support for innovations in coordination with the Innovation Centre at the university.

### **2. Postgraduate Program Management**

1. implementing and following-up of the university and college policy for postgraduate studies.
2. Following up on the affairs of graduate studies and verifying that the conditions and controls of the unified regulation for graduate studies in universities and its executive rules at the university are met.
3. Coordinating with academic departments in all matters relating to postgraduate studies.
4. Following up on student cases, commitment and verification of the implementation of academic procedures within the periods specified in the regulations according to the university academic calendar announced annually.
5. Following up on the progress of the work of the graduate studies committees in the college.

### **3. Partnerships and Social Responsibility Department**

1. Activating partnerships with the public, private and third sectors and enhancing cooperation to achieve the college's goals and enhance the future of its specializations. (In coordination with the Strategic Partnerships Department).

2. Investing partnerships to serve the college plan and enhancing the opportunities for specialized community partnership for students and staff in coordination with the student departments and clubs in the college.
3. Creating training opportunities for students by communicating with external parties, benefiting from partnerships, and providing job opportunities in coordination with the academic departments and the Department of Educational Affairs at the college.
4. Preparing the skills development and continuing education program, supervising the preparation of its session and following it up with faculty members (health colleges).

#### **4. Business / Investment / Business and Project Management Office**

1. Developing self-resources, enhancing sources of income, and following up on the college's investment account through the Institute of Development and Consulting Services.
2. Benefitting from the specialized expertise in the college and establish houses of expertise (in coordination with the Institute of Development).
3. Investing the assets of the college in coordination with the competent authorities (establishments and investment management).
4. Reviewing the proposed future projects in the college's sites and studying the economic feasibility of the college according to the college's strategic plan.
5. Following up on the performance of the college's existing projects with project managers and ensure their progress within the approved plan and coordinate with the Project Management Office.

#### ***Administrative Efficiency Management***

##### **Tasks**

1. Administrative supervising of administrative affairs, finance, administrative communications, human resources.
2. Supervising the application of all administrative and financial systems and regulations and ensuring their efficient and effective performance.
3. Reviewing and updating the administrative tasks and college forms in coordination with the competent authorities.

This administration has three units. The tasks of these units are as follows:

## **1. Administrative Communications Unit**

1. Receiving incoming correspondence and completing the procedures for its registration and transmission.
2. Receiving outgoing correspondence and completing the procedures for registering and exporting them.
3. Communicating with internal and external departments regarding receiving and exporting transactions.
4. Documenting the college documents, classifying them and keeping them according to the systems used in the Documents Center, while providing the conditions of confidentiality and security and the possibility of retrieval when needed using technology.
5. Any other tasks related to the nature of the unit's work or assigned to it.

## **2. Human Resources Unit**

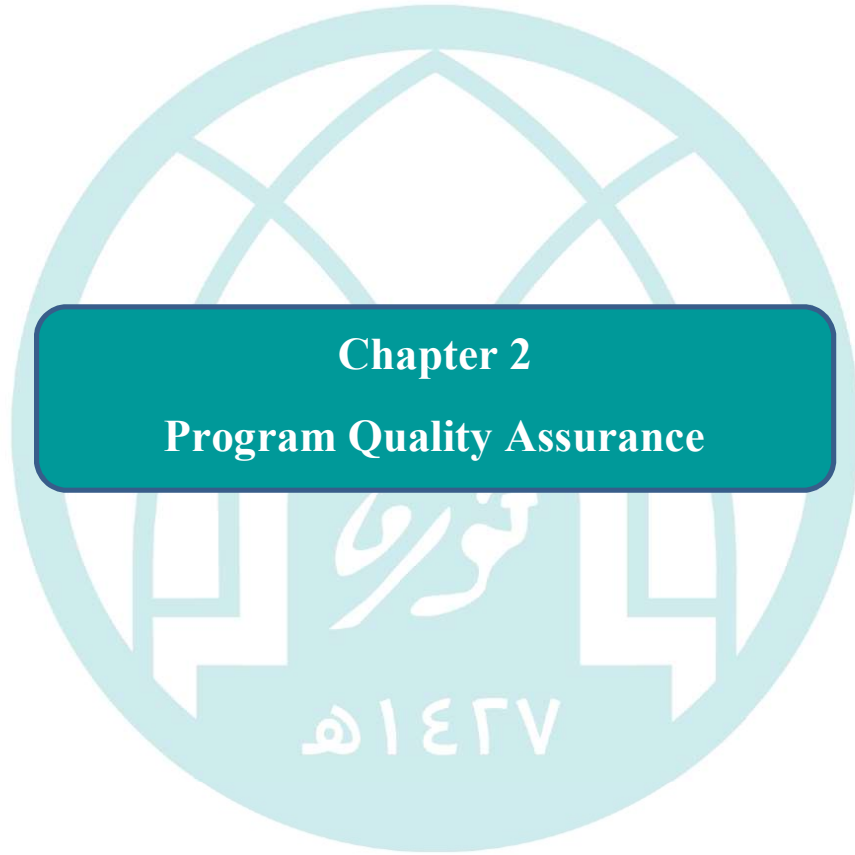
1. Applying the regulations and circulars received from the General Administration of Human Resources.
2. Planning human resources and attracting distinguished and qualified competencies to work in the college.
3. Following up on performance evaluations and contributing to raising productivity through training and professional qualification, building job competencies and meeting the needs of academic departments and administrative units.
4. Providing services that secure integrated care for employees by focusing on building the beneficiary's experience.
5. Following up on all tasks related to human resources for employees in the college, including promotions, salaries, extension and contracting.
6. Providing services and support to faculty members regarding scholarships and training.
7. Following up on all tasks related to human resources and coordinate with the relevant authorities, committees and councils.
8. Any other tasks related to the nature of the unit's work or assigned to it.

## **3. Administrative and Financial Affairs Unit**

1. Implementing the approved policies, systems, and procedures in finance and procurement.
2. Allocating financial resources in accordance with the approved budget of the college and coordinating with the financial department and the budget department.

3. Providing the needs of all organizational units and academic departments in the college in coordination with the central departments, procurement, warehouses, inventory control at the university.
4. Providing administrative and logistical support and assistance to all organizational units and academic departments in the college.
5. Maintaining the integrity of the college's assets and following up the application of systems and standards related to maintenance, services, security and safety in coordination with the establishments.
6. Any other tasks related to the nature of the department's work or assigned to it.





## Chapter 2 Program Quality Assurance

### 2.1 Introduction

The PharmD program operates in a climate which seeks continuous improvement, and has a system that responds to the annual assessment, and adapts to external changes. The PharmD program's approach to quality assurance is based on its mission which is aligned to that of the college.

### 2.2 Assessment of Program Quality

The PharmD Program has derived its quality assurance system from that of the [University Quality Assurance System](#). The program is monitored through the program committee that assures the quality of the program is measured and improved as detailed in chapter 3. Additionally, all college staff and students are engaged in the quality process.

The program is assessed annually through direct and indirect methods as following:

**Direct methods:** Program learning outcomes (PLOs), national standardized exams (ex. SPLE, Progress Test)

**Indirect methods:** Key Performance Indicators (KPI), program surveys and Graduates' Attributes (GA).

A comprehensive assessment report is annually prepared over several reports. The report discusses many aspects of the program quality assurance including the improvement action plan of the program. The comprehensive assessment report includes the following:

- Graduate attributes assessment
- PLOs assessment
- Program Key Performance Indicators (KPIs)
- Program surveys
- Students performance in the national standardized exams (SPLE, Progress Test)

An annual program report is prepared which details the program performance during the academic year together with a follow up from previous academic year and action plans for the next academic year.

Course Portfolio also represents a fundamental step in assuring the quality of the program. Hence information gathered from the course portfolio are also analysed and built on in improving the quality of the program.

Overall, the program quality assurance processes focus on closing the assessment loop for all aspects of program quality. The following sections address the program quality areas mentioned above.

### **2.2.1 Assessment of Graduate Attributes (GAs)**

The PharmD program has eight GAs that are aligned with the university graduate attributes and with the program learning outcomes (PLOs; section 2.2.2), as displayed in Figure 2.1 and Table 2.1 in the below section. The PharmD program's GAs are:

GA-1: Comprehensive pharmacy knowledge and skills

GA-2: Critical thinking and creative problem solving

GA-3: Effective communication and team engagement

GA-4: Application of information technology

GA-5: Leadership and decision making

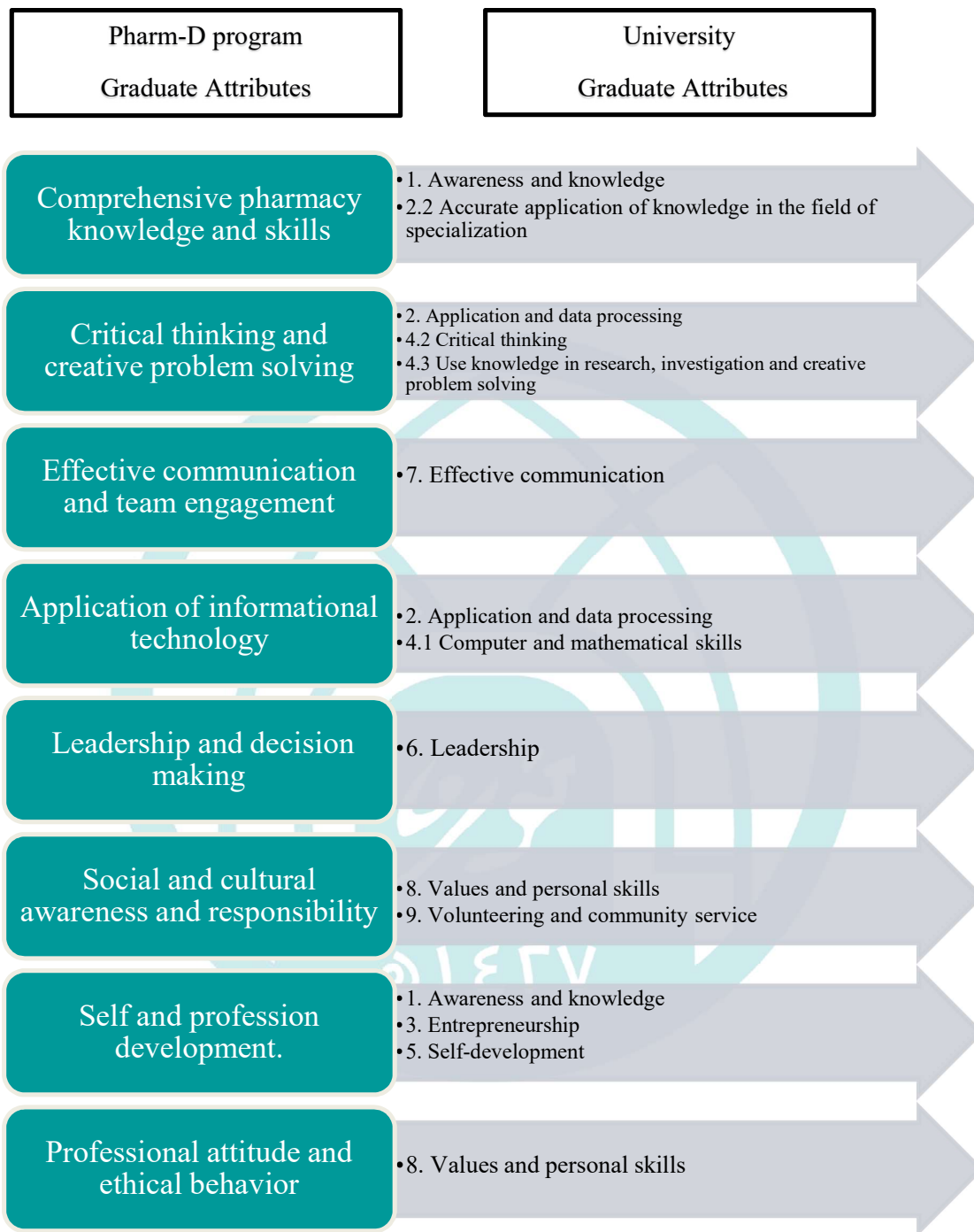
GA-6: Social and cultural awareness and responsibility

GA-7: Self and profession development

GA-8: Professional attitude and ethical behaviour

Each one of the eight graduate attributes are mapped with relevant program learning outcomes. This step is important to know where to reflect actions and specify courses that need to be improved. The assessment of the graduate attributes is conducted annually as detailed below.

Review of the graduate attributes is done periodically every five years as part of the periodic program review. The review process takes into consideration the graduates attributes assessment results through the past years, changes in the program and the feedback from the stakeholders (alumni, academic staff, employers, and the college external advisory council).



**Figure 2.1: Alignment between the program’s graduate’s attributes and the University graduate attributes**



**Table 2.1: Alignment between the graduate attributes and program learning outcomes<sup>1</sup>**

Program Learning outcomes <sup>1</sup>	Knowledge			Cognitive Skills			Practical and Physical (Psychomotor) skills		Communication and ICT skills		Values, autonomy and responsibility		
	1.1	1.2	1.3	2.1.1	2.1.2	2.1.3	2.2.1	2.2.2	2.3.1	2.3.2	3.1	3.2	3.3
1.Comprehensive pharmacy knowledge and skills	*	*	*	*	*	*	*	*					
2.Critical thinking and creative problem solving				*	*	*				*			
3.Effective communication and team engagement									*		*		
4.Application of informational technology					*					*			
5 Leadership and decision making									*		*	*	
6.Social and cultural awareness and responsibility			*								*		*
7. Self and profession development.			*								*		
8. Professional attitude and ethical behaviour									*				*

<sup>1</sup> The Program Learning Outcomes are defined and discussed in greater detail in section 2.2.2 and Table 2.3.

**Key to the PLOs**

- 1.1 Describe essential knowledge related to the development and use of medications, natural remedies, and other therapies for disease/s prevention and treatment.
- 1.2 Describe the concepts and principles related to various pharmacy practice settings
- 1.3 Recognize the role of pharmacist according to legal, ethical and professional standards in promoting health and the prevention and treatment of disease/s.
- 2.1.1 Integrate pharmaceutical sciences with pharmacy applications.
- 2.1.2 Appraise scientific literature to be utilized in evidence-based practice, conducting research and problem solving.
- 2.1.3 Interpret information obtained from different resources to provide creative solutions for complex problems.
- 2.2.1 Perform various clinical assessments and medication use procedures effectively.
- 2.2.2 Apply effective pharmaceutical laboratory skills.
- 2.3: Communication and informational technology
- 2.3.1 Communicate clearly and collaborate effectively within a team in various settings.
- 2.3.2 Utilize appropriate information technologies, pharmaceutical calculation and analyses to optimize medication use and patient care.
- 3.1 Demonstrate leadership skills, entrepreneurship, self-awareness, accountability and acceptance of responsibility, reflective and independent thinking to effectively manage and respond to routine or unanticipated circumstances.
- 3.2 Contribute to decision-making processes by providing proper recommendations in various settings.
- 3.3 Demonstrate empathy, professional attitude, ethical, behaviour, social and cultural awareness to provide safe and effective patient care.

***Data collection method and the timeline for the assessment process***

Graduate attributes are assessed through surveys to employers and graduates. The process of graduate attributes’ assessment has a clear timeline for the program to follow (Table 2.2). The employers survey distributed to employers for the previous year graduates one year after graduation (The end of the academic year, i.e. June every year) whereas graduates survey distributed to all previous year graduates one year after graduation (The end of the academic year, i.e. June every year).

**Task A:** The two surveys are distributed by the graduate unit to graduates and employers.

**Task B:** The data of the surveys are collected and analysed by the data management and performance measurement administration submitted to the vice deanship of academic affairs (quality of teaching and learning administration)

**Task C:** The results are discussed and improvement plans are developed and documented in an annual graduate attributes report by the program committee, including the following points in the report: (Results, Analysis, Recommendations, Actions)

**Task D:** The follow up of the improvement plan take place twice per year by the program committee.

**Table 2.2: Timeline for the assessment of the graduates attributes**

year	Month	Academic year									
		Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
First year	Task A										
	Task B										
	Task C										
Second year	Task D										

## 2.2.2 Assessment of the Program Learning Outcomes (PLOs)

The PLO's are formulated with relevance to the three national qualification frame work (NQF) domains.

1. Knowledge and Understanding
2. Skills
3. Values, autonomy and responsibility

The PLOs are assessed annually and reviewed every year based on a set plan.

The PharmD program has 13 learning outcomes; three under the 'Knowledge and Understanding' domain, seven under the 'Skills' domain, and three under the 'Values, autonomy and responsibility' domain (Table 2.3).

Once every 5 years the program conducts a comprehensive review of the PLOs as part of the program periodic review to improve the quality of the program assessment.

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.

**Table 2.3: Program learning outcomes**

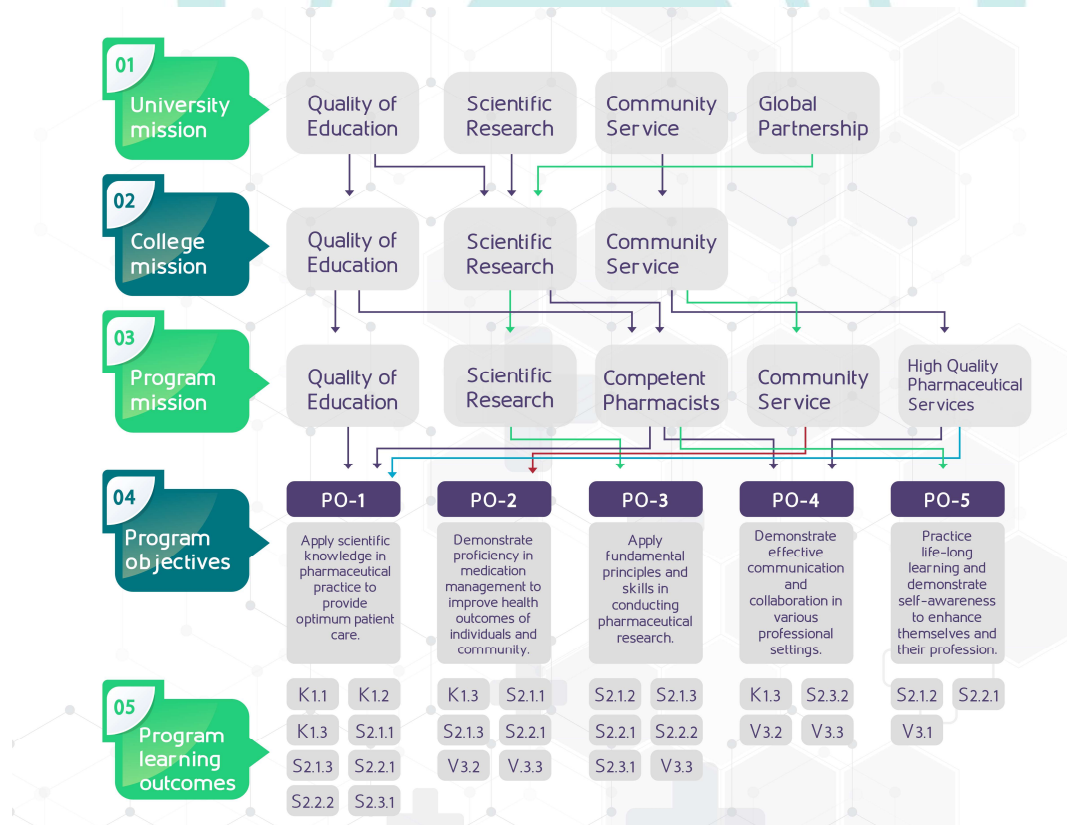
<b>1. Knowledge and Understanding</b>	
K1.1	Describe essential knowledge related to the development and use of medications, natural remedies, and other therapies for disease/s prevention and treatment.
K1.2	Describe the concepts and principles related to various pharmacy practice settings
K1.3	Recognize the role of the pharmacist according to legal, ethical and professional standards in promoting health and the prevention and treatment of disease/s.
<b>2. Skills</b>	
<b>2.1: Cognitive skills</b>	
S2.1.1	Integrate pharmaceutical sciences with pharmacy applications.
S2.1.2	Appraise scientific literature to be utilized in evidence-based practice, conducting research and problem solving.
S2.1.3	Interpret information obtained from different resources to provide creative solutions for complex problems.
<b>2.2: Practical and Physical (Psychomotor) skills</b>	
S2.2.1	Perform various clinical assessments and medication use procedures effectively.
S2.2.2	Apply effective pharmaceutical laboratory skills.
<b>2.3: Communication and ICT skills</b>	
S2.3.1	Communicate clearly and collaborate effectively within a team in various settings.

S2.3.2	Utilize appropriate information technologies, pharmaceutical calculation and analyses to optimize medication use and patient care.
<b>3.Values, autonomy and respon</b>	
V3.1	Demonstrate leadership skills, entrepreneurship, self-awareness, accountability and acceptance of responsibility, reflective and independent thinking to effectively manage and respond to routine or unanticipated circumstances.
V3.2	Contribute to decision-making processes by providing proper recommendations in various settings.
V3.3	Demonstrate empathy, professional attitude, ethical behaviour, social and cultural awareness to provide safe and effective patient care.

**PharmD Program learning outcomes are mapped with the following:**

1. National Qualifications Framework (NQF; as per Table 2.3)
2. Program objectives which are mapped with program mission. (program tree; Figure 2.2)
3. Graduate attributes (Table 2.1)
4. AACP Curriculum Outcomes and Entrustable Professional Activities (COEPA) 2022

The alignment between the university mission and the college mission to that of the program mission, objectives, and learning outcomes is presented in Figure 2.2.

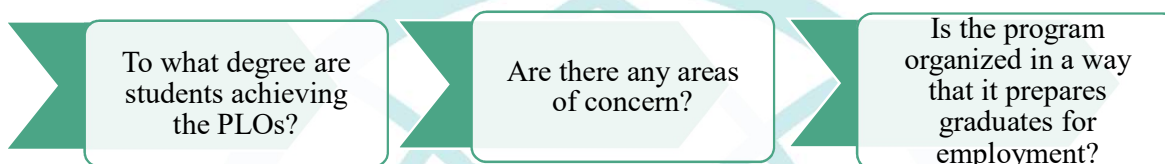


**Figure 2.2: PharmD Program Tree**

## 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 and monitor the college meeting of the established Program Objectives.

PLOs assessment can give feedback on program adequacy as:



## Assessment of the PLOs:

The program assessment plan uses multiple tools, and methods to assess the progress and 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, objective structured clinical exam (OSCE), assignment, case discussion, journal club discussion, etc..) as illustrated in Table 2.4. 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.

**Table 2.4: Program Learning Outcomes, their teaching strategies and assessment methods.**

NQF Learning Domains and Learning Outcomes		Teaching Strategies	Assessment methods
PLO code	PLO statement		
<b>1. Knowledge and Understanding</b>			
<b>K1 (1.1)</b>	Describe essential knowledge related to the development and use of medications, natural remedies, and other therapies for	Lecture, Small group discussions, Pre-readings, Laboratory sessions, Flipped learning, Essay writing	Exams (Quizzes, mid and final exams, IRAT/TRAT) Report/essay Assessment Rubrics Laboratory exams

	disease/s prevention and treatment.	Oral presentation	
<b>K2 (1.2)</b>	Describe the concepts and principles related to various pharmacy practice settings	Lecture Small group discussions Pre-readings Laboratory sessions Flipped learning Essay writing Oral presentation	Exams (Quizzes, mid and final exams, IRAT/TRAT) Report/essay Assessment Rubrics
<b>K3 (1.3)</b>	Recognize the role of pharmacist according to legal, ethical and professional standards in promoting health and the prevention and treatment of disease/s.	Lecture Small group discussions Pre-readings Laboratory sessions Flipped learning Essay writing Oral presentation	Exams (Quizzes, mid and final exams, IRAT/TRAT) Patient interview, counselling and reconciliation rubrics
<b>2. Skills</b>			
<b>2.1. Cognition</b>			
<b>S1 (2.1.1)</b>	Integrate pharmaceutical sciences with pharmacy applications.	Lecture Small group discussions, Case study Literature evaluation Journal club, Field training Conducting research Self-directed learning Brainstorming and critical thinking, Problem based learning, Simulation	Exams (Quizzes, mid and final exams, IRAT/TRAT) Lab rubric Summative OSCE Case study rubric
<b>S2 (2.1.2)</b>	Appraise scientific literature to be utilized in evidence-based practice, conducting research and problem solving.	Lecture Small group discussions Case study Literature evaluation Journal club Field training Conducting research Self-directed learning Brainstorming and critical thinking	Exams (Quizzes, mid and final exams, IRAT/TRAT) Case study rubric Journal club rubric

		Problem based learning Simulation	
<b>S3 (2.1.3)</b>	Interpret information obtained from different resources to provide creative solutions for complex problems.	Lecture Small group discussions, Case study Literature evaluation Journal club, Field training Conducting research Self-directed learning Brainstorming and critical thinking, Problem based learning, Simulation	Exams (Quizzes, mid and final exams, IRAT/TRAT) Patient interview rubric Case study rubric Summative OSCE
<b>2.2. Psychomotor</b>			
<b>S4 (2.2.1)</b>	Perform various clinical assessments and medication use procedures effectively.	Laboratory Demonstration Workshops Simulation Role playing Shadowing Hands-on learning Team-based learning Simulation	Exams (OSCE) Laboratory Activity Assessment Rubrics
<b>S5 (2.2.2)</b>	Apply effective pharmaceutical laboratory skills.	Laboratory Demonstration Workshops Simulation Role playing Shadowing Hands-on learning Team-based learning Simulation	Laboratory exams Laboratory Activity Assessment Rubrics
<b>2.3. Communication and informational technology</b>			
<b>S6 (2.3.1)</b>	Communicate clearly and collaborate effectively within a team in various settings.	Small group discussions Team-based learning Role playing, Tutorials Field training, Case study Oral presentation Problem solving Awareness campaign Brainstorming and critical	Activity Assessment Rubrics: Lab Rubric Rx evaluation rubric Journal club rubric Patient counselling and reconciliation rubrics

		Thinking, Simulation	
<b>S7 (2.3.2)</b>	Utilize appropriate information technologies, pharmaceutical calculation and analyses to optimize medication use and patient care.	Small group discussions Team-based learning Role playing, Tutorials Field training, Case study Oral presentation Problem solving Awareness campaign Brainstorming and critical Thinking, Simulation	Exams (Quizzes, mid and final exams, IRAT/TRAT) Calculations assignments Laboratory activities Rubrics Case study rubric Journal club rubric Report/essay Assessment Rubrics
<b>3. Values</b>			
<b>V1 (3.1)</b>	Demonstrate leadership skills, entrepreneurship, self-awareness, accountability and acceptance of responsibility, reflective and independent thinking to effectively manage and respond to routine or unanticipated circumstances.	Small group discussions Team-based learning Case study, Problem based learning, Field training Role playing, Debating Simulation, Awareness campaign	Laboratory activities Rubrics Summative OSCE Patient interview and counselling rubric
<b>V2 (3.2)</b>	Contribute to decision-making processes by providing proper recommendations in various settings.	Small group discussions Team-based learning Case study, Problem based learning, Field training Role playing, Debating Simulation, Awareness campaign	Journal club rubric Case study rubric Laboratory activities Rubrics Summative OSCE Patient interview rubric Awareness Campaign rubric
<b>V3 (3.3)</b>	Demonstrate empathy, professional attitude, ethical behaviour, social and cultural awareness to provide safe and effective patient care.	Small group discussions Team-based learning Case study, Problem based learning, Field training Role playing, Debating Simulation, Awareness campaign	Laboratory activities Rubrics Summative OSCE Self and peer evaluation rubric Patient interview and counselling rubric



**The process of assessment can be illustrated as follows:**

1. Identify the required domain/s to be measured from each course from the mapping matrix.
2. Select the assessment methods for each PLO.
3. Put a timeline for measurement of all PLOs (each semester) in the plan.
4. Calculate the average mark as achievement percentage % for each domain.
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 (Table 2.5).

**Task A: (program committee)**

1. The program identifies the assessment courses and assessment methods for each PLO.
2. Set a plan to measure all PLO during the academic year.

**Task B: (quality assurance -course coordinators)**

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

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

**Task C: (program committee)**

- Measure the achievement of each PLO from the courses assessment results.
- Results are analyzed to include the strengths and points of improvements.
- Program formulates 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 committee):**

Follow-up of action plan implementation twice annually

**Table 2.5: Timeline for the assessment of the PLOs**

year	Month	Academic year									
		Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
First year	Task A										
	Task B										
Second year	Task C										
	Task D										

### 2.2.3 The program surveys

The PharmD program assesses its performance annually by using validated surveys. These include:

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. Students' satisfaction with the field training
5. Students' evaluation of the academic advising
6. Satisfaction of beneficiaries (faculty and students) with the learning resources
7. Students' evaluation of simulation activities in courses
8. The Graduate's evaluation of the program
9. The Employers' evaluation of the program's graduates
10. The satisfaction with the services and environment of the University (Students, Faculty, and Administrative staff)

#### ***Data collection method and the timeline for the assessment process***

The table below contains information about each survey (Table 2.6).

**Table 2.6: Surveys, their target population, time of distribution, and the responsible party**

<b>Survey</b>	<b>Target population</b>	<b>Time of distribution</b>	<b>Distribution responsibility</b>
The students' satisfaction with the quality of the courses	Students at all levels	At the end of each semester	Through Banner system
The students' evaluation of the Program (at the Middle of the Program)	Year 3 students	Before the end of the year (May)	Data Management and Performance Measurement Administration
The students' evaluation of the Program (at The End of Program)	Internship students	Before the end of the year (May)	Data Management and Performance Measurement Administration
Students' satisfaction with the field training/site and preceptors	Internship students	After each rotation and at the end of the internship year	Training and internship administration
Students' evaluation of the academic advising	Students at all levels	The week after early registration process in every semester	Educational affairs administration
Satisfaction of beneficiaries with the learning resources	All students and faculty	Before the end of the year (May)	Data Management and Performance Measurement Administration
Students' evaluation of simulation activities in courses	Students attended simulation activity	At the end of each simulation activity	Simulation application committee
The graduate's evaluation of the Program	Graduates	After one year from graduation (June)	Graduates unit
The employers' evaluation	Employers	After one year from	Graduates Unit

of the Program's Graduates		graduation (June)	
The satisfaction with the services and environment of the university	Students, Faculty, and Administrative staff	Before the end of the year (May)	Data Management and Performance Measurement Administration

The program has a clear timeline for the survey assessment illustrated in Table 2.7. The Data Management and Performance Measurement Administration is the responsible party of the program electronic surveys. The assessment process of the survey includes the following:

**Task A:** Distribution of surveys to target population at the specific time by Data Management and Performance Measurement Administration.

**Task B:** Collection of the surveys data and analysing 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 twice per year by the program committee.

**Table 2.7: Timeline for the assessment of the program surveys**

year	Month	Academic year									
		Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
First year	Task A										
Second year	Task B										
	Task C										
	Task D										

#### 2.2.4 Key Performance Indicators (KPIs)

The PharmD program assesses its performance via a number of key performance indicators (KPIs) that are linked with the program goals and objectives (Table 2.8). These include the 17 KPIs required

by NCAAA, in addition to 10 program-specific KPIs. KPIs are measured using different methods based on the objective of the KPI including surveys, statistical data, etc.

**Table 2.8: Alignment between the program goals and objectives and the KPIs**

Goal	Objective	KPIs	
<b>1. Excellence in pharmacy education and community wellness</b>	1. Apply scientific knowledge in pharmaceutical practice to provide optimum patient care.	PharmD 3.1	Students' Evaluation of quality of learning experience in the program
		PharmD 3.2	Students' evaluation of the quality of the courses
		PharmD 3.5	Students' performance in the professional and/or national examinations
		PharmD 3.7	Average number of students in the class
		PharmD 3.8	Students evaluation of simulation activities in courses
		PharmD 4.2	Students' satisfaction with the offered services
		PharmD 4.3	Student evaluation of academic counselling
		PharmD 4.4	Percentage of under-achieving students who benefited from the Follow-up program)
		PharmD 5.1	Ratio of students to teaching staff
	2. Demonstrate proficiency in medication management to improve health outcomes of individuals and community	PharmD 3.5	Students' performance in the professional and/or national examinations
		PharmD 3.6	Graduates' employability and enrolment in post graduate studies
		PharmD 3.8	Students evaluation of simulation activities in courses
		PharmD 4.1	Employers' evaluation of the program graduate's proficiency
		PharmD 5.7	Ratio of clinical preceptors to students
<b>2. Distinction in leadership skills and pharmaceutical research.</b>	3. Apply fundamental principles and skills in conducting pharmaceutical research.	PharmD 4.5	Number of patents, innovation and awards for excellence
		PharmD 4.7	The number of faculty members and students participating in national and international conferences and meetings
		PharmD 5.2	Percentage of teaching staff distribution
		PharmD 5.4	Percentage of publications of faculty members
		PharmD 5.5	Rate of published research per faculty member
		PharmD 5.6	Citations rate in refereed journals per faculty member

	4. Demonstrate effective communication and collaboration in various professional settings.	PharmD 4.7	The number of faculty members and students participating in national and international conferences and meetings
		PharmD 4.8	Number of courses or workshops presented for students and faculty development
		PharmD 4.10	Students' evaluation of the quality of field training/site and preceptors
		PharmD 5.3	Proportion of teaching staff leaving the program
	5. Practice life-long learning and demonstrate self-awareness to enhance themselves and their profession	PharmD 3.3	Completion rate
		PharmD 3.4	First-year students retention rate
		PharmD 4.6	The percentage of faculties, staff and students who contributed to community service
		PharmD 4.7	The number of faculty members and students participating in national and international conferences and meetings
		PharmD 4.9	The number of graduates participating in the college activities and events
		PharmD 5.3	Proportion of teaching staff leaving the 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 College of pharmacy that offers a similar program.

**Table 2.9: Key Performance Indicators and their targets**

NCAAA Standard	KPI Code	KPI	Target Benchmark	Data responsibility
1.Mission and Goals	PharmD 1.1	Percentage of achieved indicators of the program operational plan objectives	70%	Data management admin + Program committee
3. Teaching and Learning	PharmD 3.1	Students' Evaluation of quality of learning experience in the program	4	Data management admin + Program committee

	PharmD 3.2	Students' evaluation of the quality of the courses	4	Data management admin + Program committee
	PharmD 3.3	Completion rate	80%	Educational affairs admin
	PharmD 3.4	First-year students retention rate	95%	Educational affairs admin
	PharmD 3.5	Students' performance in the professional and/or national examinations	95%	Vice- dean of academic affairs
	PharmD 3.6	Graduates' employability and enrolment in post graduate studies	50%	Program committee
	PharmD 3.7	Average number of students in the class	25	Educational affairs admin
	PharmD 3.8	Students evaluation of simulation activities in courses	4	Simulation application committee
4. Students	PharmD 4.1	Employers' evaluation of the program graduate's proficiency	4	Data management admin + Program committee
	PharmD 4.2	Students' satisfaction with the offered services	4	Data management admin + Program committee
	PharmD 4.3	Student evaluation of academic counselling	4	Educational affairs admin
	PharmD 4.4	Percentage of under-achieving students who benefited from the Follow-up program (Showed 10% improvement of cGPA per year)	50%	Educational affairs admin
	PharmD 4.5	Number of patents, innovation and awards for excellence	10	Students services admin
	PharmD 4.6	The percentage of faculties, staff and students who contributed to community service	25%	Students services + Partnerships and Social Responsibility admin
	PharmD 4.7	The number of faculty members and students participating in national and international conferences and meetings	Students: 30 Staff: 25	Students services + College Council
	PharmD 4.8	Number of courses or workshops presented for students and faculty development	Student: 12 Staff: 12	Students services + Partnerships and Social Responsibility admin
	PharmD 4.9	The number of graduates participating in the college activities and events	10	Graduates Unit

	PharmD 4.10	Students' evaluation of the quality of field training/site and preceptors	4	Training and internship administration	
5. Teaching Staff	PharmD 5.1	Ratio of students to teaching staff	10:1	Educational affairs administration	
	PharmD 5.2	Percentage of teaching staff distribution	TA	10%	HR + Vice- dean of academic affairs
			L	20%	
			AP	50%	
			ASP	10%	
			P	10%	
	PharmD 5.3	Proportion of teaching staff leaving the program	0.5%	HR + Vice- dean of academic affairs	
	PharmD 5.4	Percentage of publications of faculty members	70%	Vice Deanship for Research, Innovation and Business	
PharmD 5.5	Rate of published research per faculty member	1:1	Vice Deanship for Research, Innovation and Business		
PharmD 5.6	Citations rate in refereed journals per faculty member	100:1	Vice Deanship for Research, Innovation and Business		
PharmD 5.7	Ratio of clinical preceptors to students	3:1	Vice Deanship for Research, Innovation and Business		
6. Learning Resources, Facilities and Equipment's	PharmD 6.1	Satisfaction of beneficiaries with the learning resources	4	Data management admin + Program committee	

### ***Data collection method and the timeline for the assessment process***

KPIs are assessed throughout the academic year (Data collected after each semester) and a report is prepared annually at the end of the year (Timeline shown in Table 2.10)

**Task A:** The Data Management and Performance Measurement Administration prepares a folder to collect the KPIs results and their evidences and share them with responsible parties shown in Table 2.9.

**Task B:** Each KPI data is collected after each semester and measured at the end of the year by the responsible party during the academic year.



**Task C:** The data are checked and analysed by Data Management and Performance Measurement Administration and a report is prepared including complete assessment of the KPIs with the benchmark information.

**Task D:** The KPI report is sent to the responsible parties to write the analysis and add improvement plans.

**Task E:** The Data Management and Performance Measurement Administration reviews the report information (the measurement procedure, Results, Analysis: Including strengths and points of improvements, Change in performance (Positive or Negative), Recommendations, Action plans) for each KPI.

**Task F:** The program committee add the follow up information of the previous year’s recommendations in the report and start to follow up the new recommendations.

**Table 2.10: Timeline for the assessment of the program KPIs**

year	Month	Academic year + Summer											
		Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
First year	Task A												
	Task B												
Second year	Task C												
	Task D												
	Task E												
	Task F												

### 2.2.5 Course portfolio

One of the ways through which the program monitors its quality is by preparing and monitoring course portfolios. 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 components of the course portfolio include:

1. Course specification
2. Course syllabus (outline)
3. Exam report
4. Assessment of the course learning outcomes
5. Peer observation of teaching
6. Students success rate in the course
7. Course report

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

#### ***2.2.5.1 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 template. 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, student academic counselling and support, 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.

#### ***2.2.5.2 Course Outlines***

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 outline is submitted to the department and to the Quality of Teaching and Learning Administration after it is being signed by all course instructors.
- The department, together with the quality administration, review the course outline and then approved by the department.
- The course coordinator is also 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 unit.
- 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).

### ***2.2.5.3 Exam Report***

Exam reports are essential part of the course portfolio. Combined with the exam peer-review (discussed in Courses assessments and grades evaluation in section 2.2.8), they are used as a measure to monitor the quality of the exams. The exam report is an invaluable tool when preparing for an upcoming exam or monitoring students' progress in the course.

### ***The process of exam report***

- Each exam has its report prepared by the course instructor immediately after the exam is completed. A copy of the exam report is submitted into the course portfolio folder.
- At the end of the semester, the Quality of Teaching and Learning Administration prepare a combined report for the exam report and the exam peer-review. The report identifies strengths and areas for improvement.
- The report is discussed at the level of Vice Deanship for Academic Affairs. Recommendations and action plans are agreed on and followed-up by the Quality of Teaching and Learning Administration.
- The analysis, recommendations, and the action plans are also communicated to the departments to participate in the implementation and follow-up process.

#### ***2.2.5.4 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 ExamSoft or Blackboard (for the exams and activities that are conducted via the Blackboard or ExamSoft) or by an Excel Sheet ([CLOs assessment template](#)) 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 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 Quality of Teaching and Learning Administration 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.

#### ***2.2.5.5 Peer Observation of Teaching***

Peer observation of teaching (POT) is a formative process where two peers work together and observe each other's teaching ([Template of the POT](#)) annually. The POT form has three interconnected forms (Pre-observation - Form A, Observation: Form B part 1 and Part 2, and Post-observation: Form C Part 1 and Part 2). The POT template is built on the quality measures of

effective undergraduate teaching that promote student learning. Examples of the quality measures are: clarity, structure, and the format of the topic presented; student engagement and participation; accessibility to learning resources; achievement of the session's objectives; and overall successes and areas for improvement.

The POT is used as a quality measure by gathering evidence of teaching quality with the aim of enhancing students' learning through reflective practice. It also aims to support the sharing of best practice and build awareness about the impact of one's own teaching.

### ***The process of the peer observation of teaching***

- At the start of the semester the Quality of Teaching and Learning Administration prepares a list of peer- observers and the list is sent to faculty members through their departments (each instructor has at least one observation per the academic year).
- The course instructors contacted the peer-observer to arrange a date for observation. The process of conducting the peer observation of teaching has four phases as follows:
- Phase 1: the lecturer's first part (Pre-observation - Form A: the lecturer completes form 'A' prior to the observed session. It is given/sent to the observer before the session accompanied by any supporting documentation such as the lesson plan and/or hand-outs to be used in the class.
- Phase 2: the observer's part (Observation: Form B part 1 and Part 2): the observer completes Part 1 and part 2. Part 2 is completed using notes taken during the observation.
- Phase 3: Post-observation: (Form C Part 1 and Part 2): after completing phase 2, the observer sends the form to the lecturer. The lecturer completes part 1 of form C.
- Phase 4: (filling the data in the provided link): this phase is carried out by both the lecturer and the observer in one session. The observer offers feedback to the lecturer who is doing the teaching. The data collected in the POT template is filled in a link provided by the quality administration, with the signature of both the instructor and the peer observer.
- At the end of the academic year the Quality of Teaching and Learning Administration prepare a report about the POT. The report is discussed at the level of Vice Deanship for Academic Affairs. Recommendations and action plans are agreed on and followed-up by the Quality of Teaching and Learning Administration.
- The analysis, recommendations, and the action plans are also communicated to the departments to participate in the implementation process. Additionally, the results are communicated to the faculty members through the annual lecture of the quality requirements

of the course portfolio.

#### ***2.2.5.6 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 ([SSR template](#)) 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 Quality of Teaching and Learning Administration as part of the course portfolio.
- The Quality of Teaching and Learning Administration 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).
- The report of all courses' grade distribution is submitted by the Quality of Teaching and Learning Administration to the Vice Deanship for Academic Affairs to be discussed at the Examination and Evaluation Committee meeting.
- Recommendations of the Examination and Evaluation Committee with the actions plan are communicated to departments for implementation and follow-up.

#### ***2.2.5.7 Course Report***

The course report ([NCAAA course report template](#)) 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 Quality of Teaching and Learning Administration as part of the course portfolio.
- The Quality of Teaching and Learning Administration, through the department quality coordinators, 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 Quality of Teaching and Learning Administration submits the report to the program committee.
- These recommendations from the course reports are studied and discussed in the program committee. The decisions of the program committee are then communicated to academic departments to be discussed in the department council.
- The final recommendations are sent back to the program committee. Actions plans are set accordingly and sent to college council, through the Academic Affairs, for approval.
- The actions plans are followed-up by the program committee in collaboration with the academic departments and the Quality of Teaching and Learning Administration.

#### **2.2.6 Field Experience Report**

One of the key areas in assuring the quality of the program is the field experience. The Program offers practice experience where students can develop the appropriate clinical skills. The practice experience is divided into introductory and advanced practice experience. The overall outcomes of these practice experiences are aligned with the program outcomes.

The introductory pharmacy practice experience (IPPE), includes three courses with increasing levels of scope. The IPPE which is completed through the 4<sup>th</sup> and 5<sup>th</sup> professional years, introduces students to inter-professional activities, patient care encounters, community-based health and wellness activities, and documentation of practices focusing on the professional roles and responsibilities expected from a pharmacist.

In addition to the IPPEs, the PharmD program also offers an advanced pharmacy practice experience (APPE) that includes nine rotations in different areas of pharmacy practice during the internship year, which have fixed regulations mentioned in the ([Internship regulations document](#)). The Vice

Deanship for Training and Clinical Affairs is responsible for managing the Pharmacy 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 from level 1 to level 10.

**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 ([field experience specification](#)) and the objectives of each rotation in the Internship year ([Internship rotations manuals](#)).

**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 and record the grades after revision in Banner system.

**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. Results from these surveys are analysed and improvement plans are added in the field experience annual report and followed up as described in the surveys section above.

### **2.2.7 National exams**

One of the ways in which the program assesses its quality is the students' performance in the national exams. This include Saudi Pharmacist Licensure Examination (SPLE).

#### ***Saudi Pharmacist Licensure Examination (SPLE)***

SPLE is an exam offered by the Saudi Commission for Health Specialties (SCFHS) that is implemented as mandatory requirement for all pharmacist to pass before starting practice. It assesses the readiness to practice and proceed to postgraduate training. Every year the SCFHS announce the



performance of each college graduates in addition to the overall performance. The performance of the students in the SPLE is analysed by the SPLE Committee, strengths and areas for improvements are documented in a detailed report and send the recommendations and action plans to the college training and clinical affairs for review and approval. The report is discussed by the program committee to start the follow up process.

## **2.2.8 Courses assessments and grades evaluation**

### **2.2.8.1 Introduction**

All courses assessments follow clear policies and procedures to verify their quality and validity and ensure the ability of the assessments to discriminate students' performance and that the grades do accurately reflect student achievement.

### **2.2.8.2 Courses activities assessments**

Assessment tools for the courses activities (Rubrics) were reviewed and aligned with the CLOs to be used in assessing the students' performance in each type of activity. The assessments tools include:

- Case Study Assessment Rubric
- Essay and Report Evaluation Rubric
- Journal Club Assessment Rubric
- Oral Presentation Evaluation Rubric
- Self and Peer Evaluation Rubric
- Awareness Campaign Assessment Rubric
- Simulation activity assessment Rubrics (Full simulation, Medication Counselling, Medication Reconciliation, and computer-based simulation)
- Laboratory activities rubrics + OSCE check lists

### **2.2.8.3 Examinations**

#### **Before the exam:**

Each exam within a course goes through the exam peer-review process every semester. The aim of the exam peer-review process is to ensure the quality of the exam. A particular tool is developed by the program ([Exam Peer-Review Template](#)) to help guide the process of consistently improving the quality of exams. The tool represents a blueprint that aims at aligning the review assessment with the CLOs. It also guides the exam structure to include, as appropriate, varied learning levels (e.g.

remembering, understanding, analysing, etc..) while balancing the exam questions' suitability with the set time. The peer reviewer who is assigned by the department revises the exam and fills in the required sections in the exam peer-review template. Both the exam and the exam peer review template are submitted to the department for final review and approval of the exam by the head of the department. The process of the exam peer-review has the following stages:

- 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 prepared by the department and sent to the faculty members.
- 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 instructor also fills in the sections in the template assigned to him/her.
- The course instructor sends the exam to the peer-reviewer 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 template 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 quality 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.
- The department submits the exam peer review template to the Quality of Teaching and Learning Administration.

**After the exam (results monitoring and releasing):**

After conducting the exams, the following steps are applied for students' results monitoring and releasing:

- Students' answers and marks in exams paper are peer-reviewed and rechecked by another faculty member who is assigned by the department to ensure the accuracy of marking and make sure that the assessment criteria are applied consistently by the examiner.
- The instructors download the full grades of the course including all exams and activities (out

of 100) from the Blackboard Grade Center. The instructor fills in the grades distribution form and enters the course grades in the faculty academic electronic system (Banner).

- The grade distribution forms and the course result printed from the Banner are rechecked, by the peer-reviewer, against the file downloaded from the Blackboard to ensure that marks are accurately transferred to the Banner.
- The grade distribution forms and the course result printed from the Banner are reviewed once more, by the examination committee.
- The final revision and approval of the students' marks are done by the head of the department before the marks are announced in Banner system.
- After announcement of grades, a student who is not satisfied with her grade has two weeks after receiving the final grade to appeal for grade review. This can be done by filling a request form (Review request Form 9) and sending it to the department responsible for the course.
- After receiving the request form, the department forms a committee (Head of the department, Course instructor, additional instructor from the same specialty, and a member of the examination committee) to review the student grades and give a decision.
- If the decision was no change to the grade, the form is sent to the examination committee to be saved. If there is a change in the student's grade after review, another form is filled by the department (Grade amendment form 10), approved by the college dean and sent to deanship of registration to change the grade.
- Students should be notified by the department about the decision.

**At the end of each semester:**

- The program committee evaluates the grades distribution of the courses each semester, where they consider the overall results of students at all levels in accordance with the assessment regulations.
- The Quality of Teaching and Learning Administration analyzes the exams peer review sheets and prepares a report, at the end of the semester, that identifies strengths and areas for improvement of the exam peer-review process.
- The committee along with the involvement of an external expert, have the responsibility of confirming all student grades are at the appropriate level. The external expert provides an annual assessment report of the overall performance in the program.
- The program committee review the external expert report and set an improvement plan.
- The plan is monitored and followed up by the program committee and the Quality of Teaching and Learning Administration.

- The analysis, recommendations, and the action plans are also communicated to the departments to participate in the implementation process.

### *The process flow for reviewing the course results by the Program Committee*

- The program committee meets with an external expert at least once every year.
- The agenda of the meeting is prepared and distributed to the committee members together with the supporting documents at least five days before the meeting.
- The meeting minute is approved by the deanship of academic affairs and distributed to committee members, normally within 10 working days of a meeting.
- The external expert in the committee is requested annually to prepare a report on students' assessment.
- The external expert report is reviewed as one of the topics in the committee
- The meeting minute are to include a follow-up for the previous plan and updated action plan prepared by the committee.
- The action plan prepared by the committee is reviewed by the college vice-dean of academic affairs and approved in the departments and college council.
- The college council recommendations with the committee meeting minutes and the action plan is sent to the responsible parties (e.g., Academic Departments, Quality Administration, Vice Deanships, etc..) for implementation.
- The plan is monitored and followed up by the Quality of Teaching and Learning Administration.

### **2.2.9 Faculty Performance Evaluation**

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 Chair (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 – Faculty:

The faculty prepares supporting materials for submission to the Department Chair (or Dean). This includes the evidence for meeting the objectives as per the performance metrics.

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

- The Department Chair (or the Dean) reviews the items that were submitted by the faculty member.
- The Department Chair (or the Dean) completes the Faculty Performance Evaluation Form.
- The Department Chair (or the Dean) and faculty member 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.

**Step 4:** Evaluation complaint policy:

Any complaint from the faculty members about their final evaluation can be discussed with the department chair or raised through email to human resources administration and it is reported to the dean to be discussed and followed up with an appropriate committee.

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 next academic year.

### **2.2.10 Annual Program Report (APR)**

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 analysing 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 has a clear timeline for preparing the APR (Table 2.11).

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 administrations to collect the required information. Each administration/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 report is reviewed by the vice-dean of academic affairs and approved the College Dean.

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

**Table 2.11: Timeline for preparation of the APR**

year	Month	Academic year									
		Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
First year	Task A										

Second year	Task B										
	Task C										
	Task D										

### 2.2.11 Amendments to the program

Amendments to the program can take place according to the regulations approved by the university. Amendments can take place at the course or the program level, and forms are available to request these amendments ([request for amendments at the course level](#) and [the program level](#)). Amendments are divided into two categories with different routes for approval.

- Minor changes requiring approval by the College Council, supported by program committee.
- Major changes requiring approval by the College Council supported by program committee, and the Vice-Rectorate of Academic Affairs at the University level.

#### 2.2.11.1 Minor changes

Minor changes to course specifications are included in this category. Course specifications are updated in the syllabus. It allows small adjustments to be made relatively easily in recognition of the dynamic nature of successful programs which develop and evolve. Minor changes that may be approved under this category include:

- ✓ Course content changes provided the aims and learning outcomes are not affected
- ✓ Teaching and learning methods
- ✓ Increase or modify allocated teaching and learning time to help the students
- ✓ Assessment weighting between components of course assessment

To make such minor changes to courses appropriate documentation, using forms needs to be submitted by the Program Committee to the College Council. The application shows discussion with and support from any appointed external expert associated with the program. This documentation will comprise as a minimum:

- ✓ A completed amendment form setting out the rationale for the change(s)
- ✓ Updated course specification

For all changes to the program and to courses it is important that all such changes are recorded and incorporated into an updated course specification and program specification by the quality of teaching and learning administration and approved by the vice-dean of academic affairs.

### **2.2.11.2 Major Changes**

This will typically involve a change to one or more of the following major components of the program:

- ✓ Overall aims and program learning outcomes
- ✓ Program title, duration or mode(s) of study
- ✓ Assessment regulations for the program
- ✓ A significant addition to the resources required
- ✓ The overall scope and structure of the program, for example the addition of new pathways
- ✓ Changes affecting more than 10 credits units in any level. This primarily relates to the approval of new courses and modifications to existing courses

The final decision needs the approval of the College Council and Vice Rectorate of Academic Affairs. The request for amendment will comprise as a minimum:

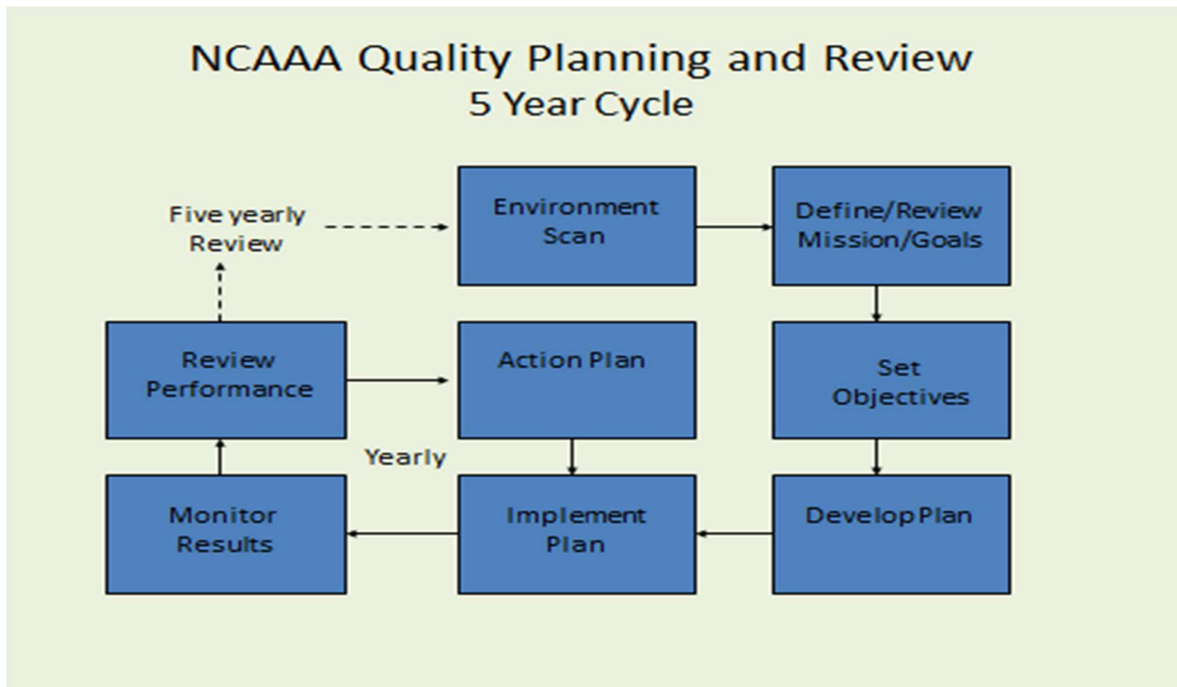
- ✓ A completed program amendment form
- ✓ An amended program specification
- ✓ An updated program learning outcomes matrix and assessment schedule
- ✓ Amended course specification

### **2.2.12 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 on a five -year cycle. It represents a complete self-contained report on the quality of the program. In this way the PPR report becomes the basic resource for the external review for re-accreditation of a program.

The combination of annual monitoring and PPR are designed to ensure that the program remains current and does not become dated. Figure 2.3 is the representation of the combined activity.





**Figure 2.3: NCAAA Representation of the combined annual monitoring and PPR – 5-year cycle**

The PharmD program review take place every 5 years, the review process will be documented in a program review report that will be submitted after ending the review process which takes around 9 months (Table 2.12).

**Table 2.12: The PharmD Program Review Timeline**

Elements for review and assessment	Months								
	1	2	3	4	5	6	7	8	9
<b>Mission statement and objectives</b>									
• Program mission, goals and objectives									
• Program learning outcomes									
• Program graduate attributes									
• Program performance indicators									
• Program tree									
• Stakeholders feedback									
<b>Program curriculum</b>									
• Program external and internal benchmarks									
• Review the labor market needs									
• External advisories council feedback									
<b>Program assessments methods</b>									
• PLOs assessment									
• Graduate attributes assessment									
• Program performance indicators assessment									
• Grading rubrics for courses									
• Grading rubrics for field training									



• 1st draft of the Program Review Report										
Edits and requests for revisions										
• Final program review report										
• Approval of departments and college councils										

**Documents required to be reviewed in the review process (documents of at least the past 3 years):**

- Program mission, vision and objectives
- Program learning outcomes
- Program tree
- Program graduate attributes
- Program performance indicators
- PharmD Curriculum
- Program specifications
- Courses specifications
- Program learning outcomes assessment reports
- Graduate attributes assessment reports
- Program annual reports
- Program key performance indicators report
- Program quality manual and Programs committees (all quality procedures and program committees)

The PPR takes account of any professional standards relevant to the program as well as the standards for quality assurance and accreditation defined by the NCAAA including the National Qualifications Frameworks.

### ***Responsibility of PPR***

Undertaking and organizing the PPR is the responsibility of the program leaders. The Program Committee has duties in respect of PPR are as follows:

- To ensure that the program undertakes a PPR on a regular basis
- To organize and support the PPR and ensure sufficient resources are made available to conduct the review
- To receive and consider the PPR report
- To take necessary actions as a result of their deliberations on the report

### ***Planning the PPR***

Planning of the PPR is carried out taking into consideration the following points:

- The PPR process takes place under the direction of the College Council. The Council nominates a senior member of faculty familiar with the program and with good working knowledge of quality assurance processes to lead the PPR (Program Director). Assistance and advice in conducting the PPR is provided by the Program Committee.
- A steering committee is established, to oversee the planning, development and drafting of the PPR report. This committee may also include people not associated with the program to enhance the objectivity of the process.
- Working groups are established to investigate and report on particular issues, for example the NCAAA quality standards. Members of the steering committee may take on the task of chairing one or more of these working groups. Minutes of any meetings, investigations or interviews are kept and retained in a central file and be available for subsequent reference if required.
- Adequate time is set aside for the planning and operation of a PPR. It is usually expected that a PPR may take up to nine months to complete. A plan for carrying out a PPR includes time lines for carrying out stages of the process and allow some time for unanticipated developments (Table 2.12).

## ***Evidence***

The program considers the following points when collecting the evidence:

- When preparing the PPR the analyses and conclusions are to be based on valid evidence.
- Much of the evidence are contained in program and course annual report.
- The programs use selected KPIs.
- The PPR assesses the response of the program to changing environmental factors both inside and outside the University and to evaluations of quality in previous years.
- Particular attention is given to surveys, student feedback, the appropriateness of indicators and benchmarks of performance, employers and other stakeholders' comments, action plans and the extent to which they have been implemented.
- Statistical data in respect of student numbers, progression and achievement is also needed when looking at the program development.

## ***Evaluation***

After preparing the final report the program obtains independent analysis and comment on the content and conclusions of the PPR report. The person(s) selected for this role is to have substantial experience in quality assurance processes and knowledge of the requirements of the subject area involved. Hence this is likely to be external persons in the roles of independent evaluators, and they will be expert in their subject field and typically have a broad understanding of the discipline and the student careers for which the program prepares the graduates. An understanding of any associated professional bodies and the NCAAA accreditation process would also be helpful but is secondary to the subject expertise.

## ***Content of the report***

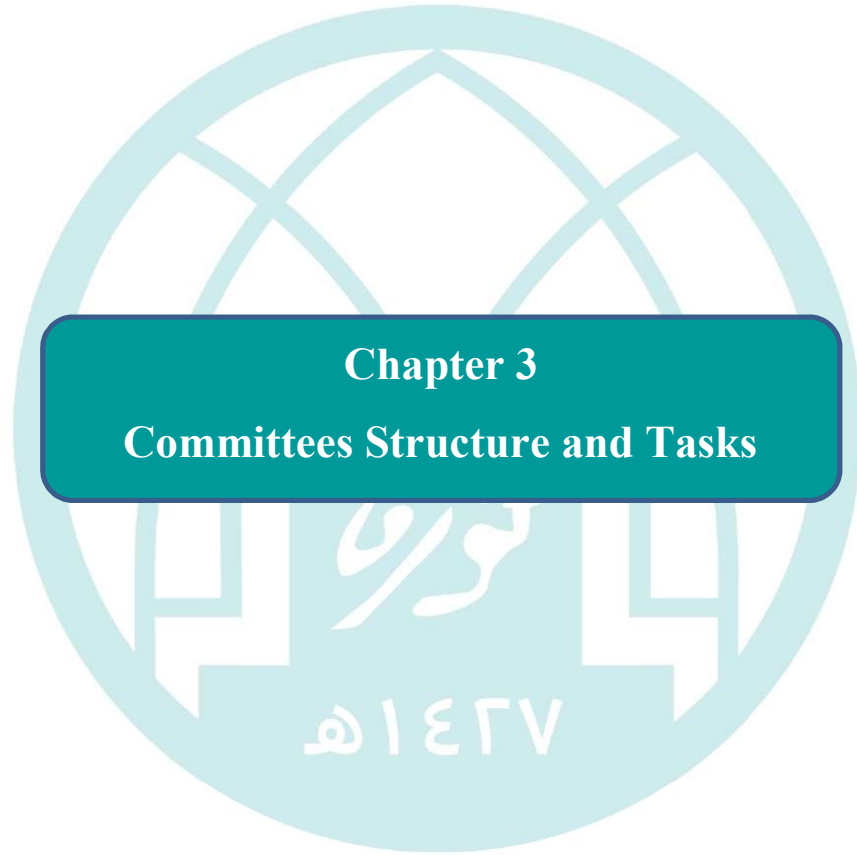
The report follows the format provided by the NCAAA report on Periodic Program Self Study. All of the templates used for annual monitoring and program specification are NCAAA templates.

The report will include:

- ✓ General Information
- ✓ Process followed
- ✓ Mission and objectives
- ✓ Program context

- ✓ Program developments
- ✓ Program evaluation
- ✓ Performance in relation to the NCAAA standards
- ✓ Review of courses
- ✓ Independent evaluation
- ✓ Conclusion and action plan







### 3.1 Introduction

The PharmD program has a comprehensive committee structure. Terms of reference or key task areas are identified for each committee. As far as possible, the committee structure involves academic staff, administrative staff, students, and other stakeholders like graduates, employers, and expert in the field. The purpose is to allow the stakeholders to participate in the decision-making process.

### 3.2 Committees Structure and Tasks

The PharmD program has a number of committees, with specific terms of references and they are grouped by the specific area they work within.

#### 3.2.1 Committees Associated with the College Deanship

##### 3.2.1.1 *External Advisory Council*

The Program established an external Advisory Council to help support the quality of the program in many of its aspects. In addition, the advisory council helps ensure that the program maintain highest quality standards. The Advisory Council meets at least twice annually to monitor and review the progress of the program.

The role of the advisory council can take a variety of responsibilities depending on the program need. The advisory council is appointed by the University to provide expert and critical advice, enabling the university to demonstrate that it is providing academic awards which are of a national or international standard.

The program appoints the advisory council based on their subject expertise and the relevance of the academic and professional qualifications and experience.

##### *The structure of the membership*

The dean of the College is the head of the Advisory Council. Membership of the Advisory Council includes a faculty member with experience in field and research; stakeholders who are expert in the field and who initiate and contribute with the College; community influencers; experts in the field who could affect the education outcomes, and distinguished graduates.

The council includes representatives of the following:

- Faculty members with experience in teaching and scientific research
- Employers who are known for their experience, initiative and cooperation with the program, with the need to diversify the employers.
- The local community who has extensive knowledge and can make contribution to improving the program.
- Distinguished Alumni

### ***Terms of Reference***

1. Submitting proposals that serve the future of disciplines.
2. Strengthening the partnership between the college and the local and international community to serve the educational process and support students.
3. Contribute to improving the quality of the academic programs and their consistency with the requirements of the labour market.
4. Submit proposals that would provide funding sources for the college's development projects.
5. Contribute to the development of a coordination mechanism to establish joint projects between the college and community sectors in order to find solutions to community problems in an integrated manner.

### ***The process flow***

- A meeting agenda is prepared and send to the council members five days before the meeting with the supported required documents for the experts to review.
- A meeting minutes is prepared after each meeting and approved by head of the council (the dean).
- The meeting minutes prepared include the follow-up of previous action recommendations and new recommendations.
- The meeting minute are distributed to the council members within ten working days after the meeting.
- The meeting minute are distributed to the vice deanships to study the recommendations and start adding action plans.
- The program committee study the recommendations of the council and an action plan is formulated accordingly (taking into consideration the type of modification minor/major

[please see chapter 2 – sections 2.2.11.1. and 2.2.11.2])

- An annual report of the impact of the advisory council and the performed action recommendations is prepared annually by the end of the academic year and send to the advisory council to keep them updated with situation of the recommendations.

### ***3.2.1.2 Students Advisory Committee***

In this committee, the students will elect the students who are capable of representing them whether in educational and student affairs, or student activities. To provide its students with the opportunity to undergo such a unique experience, the program, has established the student council bearing in mind the best interest of its students. There are criteria for elected students (GPA  $\geq$  4 and good conduct of behaviour)

#### ***The structure of the membership***

The committee is composed of elected representative from every study level (five students), and is led by one of the senior representatives. The election takes place at the beginning of every academic year.

#### ***Terms of Reference***

1. Transferring the students' suggestions and their views to the Dean of the College.
2. Representing college students in meetings and related events.
3. Providing academic support and assistance to students in the college and contributing to enriching the student experience.
4. Contribute to the development of programs and curricula according to the requirements of the labour market.
5. Submitting proposals on everything that serves to foresee the future of the college.

#### ***The Process flow***

- The student's committee is directly linked to the dean of the college and supervised by the director of student's affairs. The committee meets regularly with the dean.
- The meeting minutes of the committee meetings are approved by the dean.
- The meeting minutes are distributed to the involved parties.
- The application of the suggested initiatives is followed up by the director of student's service.
- An annual report prepared by the director of student services about the performance of the council and the achievement of the suggested initiatives

## **3.2.2 Committees Associated with Academic Affairs**

### ***3.2.2.1 Program Committee***

The program committee is a key component of the way in which the College assures the quality standards of the program, and the way through which the college can be confident that those standards achieved, and whenever any shortfall is identified an action is taken to improve the issue. The program committee is responsible for ensuring the quality of the program, its qualification for obtaining academic accreditation/re-accreditation, and the follow-up of the program's continuous improvement. The program committees will meet at least three times a semester.

#### ***The structure of the membership***

The committee is formed by a decision of the College's Dean. The committee is composed of the following members:

- The program coordinator (head of the committee)
- The heads of the departments that teach the program,
- At least three faculty members
- Three students from different levels
- Administrative quality coordinator (secretary)

The selected members will serve for a period of one year, and may be re-selected according to the need. Non-members may be invited by the Chairperson to attend meetings to provide specialist information to inform discussion. They will, however, have no voting rights.

#### ***Terms of reference***

1. Spreading the culture of quality and academic accreditation and building the capabilities of program staff to work in favour of quality assurance and academic accreditation.
2. Planning for quality assurance and academic accreditation for the program.
3. Implementation of the Program Quality Management System
4. Implementation of the recommendations that resulted from the advisory committee meetings.
5. Consider the results and overall profiles of all students at all levels in accordance with the Assessment Regulations with the with the support of an external expert. The committee has the responsibility of confirming all student grades are at the appropriate level.

6. To receive and check that any reported breaches in the Assessment Regulations have been actioned appropriately.
7. Follow up the implementation of program quality assurance procedures, including but not limited to: program specification, courses specification, preparing annual reports for the program and courses, preparing self-study and applying surveys, measuring KPIs and the action plan of the program.
8. Coordination for the Peer Review and Mock visit
9. Applying for accreditation, preparing members for external review visits to the program, and verifying the response to NCAAA.
10. Supervising the development and continuous improvement processes of the program.

### ***The process flow***

- The program committee is linked to the vice deanship of Academic Affairs under the Quality of Teaching and Learning Administration.
- The secretary will prepare and circulate the agenda at least 5 working days prior to a committee meeting.
- A meeting minutes is prepared and distributed to committee members, normally within five working days of the meeting.
- The meeting minutes is approved by the quality of teaching and learning administration head then by the vice dean of academic affairs.
- According to the quality regulations listed in chapter 2, the approved meeting minutes with the supported documents are submitted to the departments and college council for approval and direction to the responsible parties at the university level (deanship of Quality assurance, and Standing Committee for plans and curricula)
- The recommendations are directed for implementation and follow up by the quality of teaching and learning administration according to the timeline of the actions plan.

The program committee has three sub-committees; these include:

#### ***3.2.2.1.1 Surveys and Performance Indicators Committee***

This is a sub-committee of the program committee. The committee, critically, oversees the KPIs analysis presented to the program committee for discuss and development of improvements plans.

### ***The structure of the membership***

The committee structure includes the following:

- Chairperson: the director of data management and performance measurement
- Vice-chairperson of the committee: the program coordinator
- At least three faculty members as committee members
- Secretary: administrative quality coordinator

### ***Terms of reference***

1. Distribution of the program surveys and follow up the response.
2. Discuss the analysis of the survey and KPIs and prepare the necessary reports that include improvement and follow-up plans.
3. Present the reports to the program committee for approval.
4. Follow-up the improvement plans and prepare reports on that to be approved by the program committee.

### ***The process flow***

- The committee receive the analysis of the surveys and the KPIs from the data management and performance measurement administration.
- The committee meets at least once each semester and discuss the analysis of the surveys and the KPIs, and prepares the necessary reports that include improvement and follow-up plans.
- The committee presents the reports to the program committee for more discussion and approval.
- The committee follows-up the implementation of the improvements plans and reports back to the program committee.

#### ***3.2.2.1.2 Program Learning Outcomes Assessment Committee***

This is a sub-committee of the program committee. The committee is responsible for evaluating the learning outcomes of the program.

### ***The structure of the membership***

- Chairperson: the director of quality of teaching and learning administration
- Vice-chairperson of the committee: the program coordinator
- Three faculty members as committee members
- Secretary: administrative quality coordinator

### ***Terms of reference***

1. Review the learning outcomes of the program and verifying their alignment with the objectives of the program.
2. Develop an action plan to measure the learning outcomes of the program and specify the courses and levels that will be measured.
3. Collect and analyse the results, and then identify the strengths, the areas for improvement, and development plan, and submit them to program committee

### ***The process follow***

- The committee meets at least two time per semester.
- The committee collect the data on PLOs analysis.
- The committee discusses the PLOs analysis and prepares the necessary reports including the improvement and follow up plans that are submitted to the program committee for approval.
- The committee follows-up the implementation of the improvements plans and reports back to the program committee.

#### ***3.2.2.1.3 Program Standards Quality Assurance Committee***

It is a sub-committee from the program committee and is responsible for assuring the quality of the academic program standards.

### ***The structure of the membership***

- Chairperson: the director of quality of teaching and learning administration or a nominated faculty member expert in program accreditation process.
- Vice-chairperson of the committee: the program coordinator
- Six faculty members as committee members (each member acts as a head for one of the six sub-committees responsible for the six quality standards of the program accreditation)
- Secretary: administrative quality coordinator

### ***Terms of reference***

- 1- Lead and organize program accreditation activities.
- 2- Prepare an operational plan with specific timelines to complete the accreditation requirements.

- 3- Directly supervise the six sub-committees responsible for the six program accreditation standards, to ensure completion of the required tasks within the specified timelines
- 4- Supervise the implementation and follow-up of action plans submitted by the sub-committees.
- 5- Supervise the training of academic, technical and administrative cadres on academic accreditation activities.
- 6- Supervise the dissemination of the culture of quality and accreditation.
- 7- Document the completion stages in approved meeting minutes and following up the actions plan.
- 8- Review the interim and final completion reports.
- 9- Arrange the visit of the initial evaluation team by the Deanship of Quality Assurance and Academic Accreditation.
- 10- Supervise the mock and final visits of the program accreditation, in coordination with program director.
- 11- Supervise, in coordination with program director, the preparation of electronic evidence presentation and other documents in the quality room

#### ***The process follow***

- The committee meets, periodically, at least once per the semester.
- The committee prepare an operational plan, with specific timelines, to complete the accreditation requirements with reference to the six accreditation standards.
- The committee review the accreditation documents submitted from the sub-committees and report back to the program committee for further actions.

#### ***3.2.2.2 Examination committee***

The examination committee is responsible for assuring the quality of the examination process.

#### ***The structure of the membership***

Chairperson: Faculty member with experience in the examination policies and procedures.

Three faculty members as committee members

Four administrative staff as committee members

Secretary: an administrative staff

#### ***Terms of reference***



1. Prepare the examination schedules for the midterm and final exams and send them to Vice Deanship of Academic Affairs for review and final approval by the Dean.
2. Review the examination instructions and templates and update them, when necessary, before sending them to the faculty members.
3. During the exam, make sure that all exam arrangements are placed in the exam site including the exam information (Exam date, time, institutor, and students' names).
4. Make sure that they receive the exam papers from the instructor at least two days before the exam schedule date.
5. Supervise examination halls during the exams period.
6. Contact the departments in the case that an invigilator is late or absent in order for the department to secure an alternative.
7. At the end of the exam, the committee members count the exam papers to make sure that they are complete.
8. Prepare a list of absent students in each exam and report it to the vice deanship of academic affairs

#### ***For the final examinations***

1. Prepare the exams halls for the final exams.
2. Monitor the exams by preparing the exam templates required including (exams and invigilation schedule, templates of exams rules violation, students' names for each exams, and absent students' list).
3. Prepare a weekly report on exams. The report includes: courses that had their exams were held, total number of students attended the exams, and the number of absent students. The committee submits the report to the Vice Deanship for Academic Affairs.
4. Prepare a report on the examination process at the end of each semester.

#### ***Course results review and release***

5. Prepare a file that documents the submission of the exam papers and the course results to the examination committee.
6. Receive the course results and the exam papers from the course instructor after being reviewed by another faculty member (peer reviewer).
7. Review the course results and double check the results printed from the banner to make sure that they match each other.
8. Send the course results for the head of the department for review and approval, and then

the department inform the instructor to submit the reviewed results and finally released by the head of the department.

9. Ensure that all courses results have been submitted and released to students.
10. Maintain the exam papers and their belonging in a secured place.
11. Prepare a comprehensive report of all courses results and statistics for the whole semester and submit it to the Vice Deanship for Academic Affairs.

### ***3.2.2.3 Under-achieving Students Committee***

This committee is linked to the Vice Deanship of Academic Affairs through the Educational Affairs Administration. The committee deals with students with poor academic performance during the mid-term exams. The aim is to identify students who are facing academic difficulties from early beginning and identify the reasons behind this poor performance. Improvement plans are set accordingly to handle this issue, with a follow-up plan. Under-achieving students are defined later in this section.

#### ***The structure of the membership***

This committee includes:

- Department academic advising coordinator (Head)
- At least two academic advisors (teaching staff).
- Social and psychological advisor.

#### ***Terms of Reference***

- 1- Identifies under achieving students and the reason(s) of failure or poor performance (e.g., medical issues, psychological issues, social issues, financial issues, learning difficulties, or other) by conducting a meeting with under achieving students through their academic advisors.
- 2- Work collaboratively with student to develop and implement a corrective plan and follow-up with the student.
- 3- Measure the effectiveness of proposed plan and monitor its implementation by continue following-up student performance.
- 4- Write reports on all the intended students with the proposed action plans for each case and communicate these reports to the Vice Deanship of the Academic Affairs at the College level, and to the under-achieving students' committee at the University level.

### ***The process flow***

- Identifying under-achieving students through their academic advisors. This process is based on:
  - 1- Identify poor performance student based on the GPA ( $\leq 3/5$ )
  - 2- Identify students who failed (got F) in one course or more
  - 3- Identify students who moved to a higher academic level while having uncompleted courses from lower levels
- Once those students are identified, they are informed to meet with their academic advisors to discuss the problems facing the student with the course and put a plan (by student and the academic advisor) to improve the student's achievement.
- The committee meet at least once every semester to discuss the different identified cases. Improvement and action plans are set according to the cases.
- The committee send the meeting minutes to the Vice Deanship of Academic Affairs.
- the implementation of the action plan and follow up is conducted by the educational affairs administration.

### ***3.2.2.4 Absence Excuses committee***

Excuses committee at the college studies all midterm and final exam absence excuses in addition to internship rotations absence and make a decision according the college of pharmacy and PNU excuses regulations.

Accepted Excuses are:

1. The death of a first degree relative in the exams period.
2. Childbirth, bleeding, and similar cases, during the exams period.
3. Inpatient admission in hospital.
4. Accompanying (the father, mother, husband, or son) in the hospital in the absence of a replacement with proof of attachment.
5. Chemotherapy appointment or dialysis appointment.
6. Fainting, coma, or epileptic seizures on the exam day with reports attached.
7. Traffic accidents that result in severe injuries or a fire at home on the day of the exam and the accompanying official reports from the responsible authorities.
8. Divorce during the exams period.
9. Medical excuses or social excuses that convince the committee (Medical excuses from private centers and hospitals are not accepted).

### ***The structure of the membership***

This committee includes:

- Faculty member from one department (Head)
- At least two faculty members from different departments (teaching staff).
- Secretary (Administrative staff)

### ***Terms of Reference***

1. Receiving excuses for the student's absences from the midterm and final exams (the excuses are to be submitted through the department). The committee also receives student's absence from training sites (submitted to the committee through the Training Unit).
2. Discussing the excuses submitted to the committee to check that they meet the college regulations, and then making a decision about the case (Excuse accepted or rejected).
3. Submitting the minutes of the excuses committee to the Deanship of academic affairs, to be approved by the college council (For final exams).
4. Sending the decision about the excuses cases to the departments to take the necessary action.

### ***The process flow***

- In case of absence in midterm or final exam, student fills the college absence form and provide the course instructor with the filled and signed form in addition to the medical case or social excuse report from the hospital or the responsible authorities within one week of the exam day.
- The instructor submit the students excuses the department.
- The department collects all students' excuses and submit them to the head of the excuses committee after each exam period.
- The committee studies all the students' excuses and provide the departments with the decisions to provide students with accepted excuses an alternative exam during the last weeks of the semester.
- Final exam excuses need extra approval from the college council.

### ***3.2.2.5 Equivalency committee***

The courses equivalency committee studies the requests for courses equivalency in the following situations:

- Students transferred from other health colleges within the university.
- Students transferred from other pharmacy college in another university.
- Students transferred to other study plan within the college.

### ***The structure of the membership***

This committee includes:

- Faculty member from one department (Head)
- At least two faculty members from different departments (teaching staff).
- Secretary (Administrative staff)

### ***Terms of Reference***

- Revise the equivalency between courses topics within courses specifications and check whether each course taken by the student in her previous college or institution is equivalent to a required course in the program.
- Make a decision, either courses are equivalent to each other ( $\geq 75$  similarities between courses) or courses are not equivalent ( $\leq 75$  similarities between courses) and students needs to retake the course.

### ***The process flow***

- The head of the committee receives equivalency study requests from the vice-dean of academic affairs (students requests or University deanship of educational affairs)
- The committee meets to review the courses specification, make a decision regarding the equivalency and submit the equivalency form and meeting minute to vice-dean of academic affairs.
- The equivalency forms reviewed and submitted to the college dean for her review and approval.
- The equivalency request sent to Curriculum and plans unit at the university deanship of educational affairs for approval then to vice-deanship of admission and registration record the equivalency of the courses in the system.

#### ***3.2.2.6 Dean's list committee***

The College of Pharmacy has a Dean's List Committee which annually recognizes students with high academic achievement who had been involved in different scientific conferences and community services throughout the academic year.

### ***The structure of the membership***

This committee includes:

- Vice-dean of Academic affairs (Head)
- At least two faculty members from different departments (teaching staff).
- Secretary (Administrative staff)

### ***Terms of Reference***

- Review the dean's list nomination criteria, points calculations and dean's list form in RedCap.
- Announce the criteria to students through college media unit and students' services administration.
- Review students' GPA in each semester and communicate with candidates to collect activities and rewards evidences.
- Review all evidences and rank the candidates according to the collected points.
- Provide the college dean with the names of students in the dean's list.

### ***The process flow***

- At the end of the academic year, the committee send nomination emails to candidates who achieved GPA of  $\geq 4.5/5$  in both semesters, and ask them to fill the Dean's list form and provide evidences for the internal and external activities, research and awards.
- The committee review the all provided documents and choose the dean's list students based on the following criteria:
  - The student GPA in the first and second semesters.
  - The student must not have committed a violation that required a warning or a penalty at the college or university level.
  - The student has never failed, been denied or dropped any course during her studies.
  - 50% of the comparison rate is calculated on both semester GPA average and 50% on the other activities.
  - 5% of the candidates are selected from each academic level.
- The Dean's list is sent to the college dean for review and announcement.

## **3.2.3 Committees Associated with Students Affairs**

### ***3.2.3.1 Committee of Student Rights Protection***

This committee is linked to the vice dean of educational affairs. The committee is concerned with maintaining students' rights and responsibilities within the College, the method of requesting such

rights in the event of violation of any of them, and assisting students to obtain them in accordance with the university's laws and regulations.

### ***The structure of the membership***

The committee usually has the following membership which includes:

- Vice dean for the Academic Affairs (chair)
- The director of the Students Services Administration
- Representative of the University Legal Department
- One academic staff
- One administrative staff (committee secretary)

### ***Terms of Reference***

- 1- Investigating complaints referred to the committee, and dealing with the them with privacy and confidentiality.
- 2- Meeting with students who have complaints
- 3-Preparing the meeting minutes and submitting them for the approval by the dean.

### ***The process flow***

- 1-The committee meets to investigate the complaints referred to the committee.
- 2- A meeting with the student, who has complaints, is carry out.
- 3-Prepare the meetings minutes that includes the recommendation and submit it to the dean for approval.
- 4-send the report case to the higher committee of students rights protection in the vice rectorate of academic support and students services.
- 4- Formally inform the students with the decision.

#### ***3.2.3.2 Students Disciplinary Committee***

This committee is linked to the college dean. The committee looks into any academic violations committed by a student and decide on what disciplinary action, if any, is to be applied in accordance with the disciplinary rules and regulations of the University.

### ***The structure of the membership***

The committee membership includes:

- The college Dean (Head of the committee)
- The director of the Students Services Administration
- Head of the Department that the course belongs to (the course that its regulations were violated)
- One or two course instructors (the course that its regulations were violated)

### ***Terms of Reference***

1. Addressing any type of violation, committed by a student, which violates the provisions of Islamic Sharia, national regulations, or university regulations and norms.
2. Investigating the student's violation case
3. Decide the appropriate penalty according to the disciplinary regulations for the students of Princess Nourah bint Abdulrahman University

### ***The process follow***

- The committee meets to discuss the student' violation they received.
- The committee investigate the student's violation case with the relevant bodies.
- The committee prepares the meeting minutes and suggest the appropriate penalty according to the disciplinary regulations in the university.
- The Dean approve the penalty.
- In certain cases clearly listed in the disciplinary regulations in the university, based on the severity of the violation; further investigation shall be carried out by the university higher committee of students disciplinary.
- The higher committee formally informed about the case by the college Dean
- The committee formally inform the student about the decision decided
- The Director of the Students Services follow up the implementation of the penalty.

### ***3.2.3.3 Specific Needs Management Committee***

This committee is linked to the students' services administration. The purpose of this committee is to advise on the most effective and creative manner in which issues of concern to students with specific needs can be addressed and to improve the learning support services for such students. The committee meets at least once a month on a regularly scheduled basis. Additional meetings may be called as needed by the Chair.

### ***The structure of the membership***



The structure of the committee includes:

- Chair: the head of the Students Services Administration
- Committee Members: Physician
- Counselor and/or a psychologist
- Students (one undergraduate and one graduate)
- Secretary: Administrator

Non-members may be invited by the chairperson to attend meetings to provide specialist information to inform discussion. They will, however, have not voting rights. The

### ***Terms of Reference***

- 1- Make recommendations regarding access and accommodation issues involving students with specific needs.
- 2- Put an evacuation plan for students with specific needs
- 3- Develop programs, educational materials and activities that create awareness about specific needs.
- 4- Make available resources and information concerning services and programs for specific needs.
- 5- Provide academic and personal support

### ***The process follow***

- The list of students with special needs are formally provided to the college by the vice rectorate of the academic support and student services.
- The committee meets to discuss the issues related to access and accommodation involving students with specific needs.
- The committee prepares a report on the current situation with improvement and follow up plans.
- The committee submit report case for the dean for approval
- send the report to the vice dean of academic affairs for plan implementation
- follow up by the students' services administration.

### **3.2.4 Committees Associated with Research Affairs**

#### **3.2.4.1 Research Centre Council**

The Research Center Council is formed by an official decision of the University Rector, appointing for a period of two years. The Council is concerned with everything related to the development and support of scientific research at the College of Pharmacy and is considered the link between the Deanship of Scientific Research and researchers in the College.

##### ***The structure of the membership***

The structure of the council includes:

- Research center Chair: Faculty member
- Council Members: Four selected faculty members
- Secretary: Administrative staff.

##### ***Terms of Reference***

1. Preparing the annual plan for scientific research and the college's research priorities and following up on its implementation after its approval.
2. Studying new requests for the college researchers to apply for research support programs from the Deanship of Scientific Research.
3. Review requests to close research projects funded by the Deanship
4. Follow-up on the development of research projects for members funded by the Deanship
5. Study and submit extension requests for the research projects when requested by researchers.

##### ***The process follows***

- The council receive requisites from the college researcher.
- The council secretary insure all the required documents are provided by the researcher.
- The council meet and study the cases and make a recommendation for each case.
- The council decision for each requested is submitted for the Deanship of Scientific Research.
- The council prepare and submit the council minute to the dean of scientific research.
- The centre follows up the final approvals by the Deanship of Scientific Research council.

#### **3.2.4.2 Promotions Committee**

It is a specialized committee that is formed for each academic department and is concerned with studying the requests for promotions to the rank of assistant professor, associate professor and

professor and verifying that all promotion documents are complete and are applicable to the applicant before submitting the topic to the department and college councils.

***The structure of the membership***

The Department chair

Vice Dean of Research affairs

A faculty member from the college

***Terms of Reference***

1. Study the promotion requests submitted by the faculties
2. Insure all the published work fits the promotion criteria approved by the scientific council
3. Prepare a report for the request and submit it to the department council

***The process follows***

- Faculty member complete the required document for the promotion and submit it to the department
- The department chair sends the request to the committee
- The committee review all the promotion documents "publications", and prepare a report
- The report submitted to the department council

**3.2.5 Committees Associated with Training and Practice Affairs**

***3.2.5.1 Academic Titles Committee***

Academic Clinical Titles are honorary titles granted for colleagues who cooperate and participate in educational activities and are not faculty members in Princess Nourah Bint Abdulrahman University each academic year, with no financial obligations related to these titles. It is offered as an appreciation for those contributing to the achievement of educational goals of the College and through any of the following collaborations: 1. Teaching/evaluating/training undergraduate students. 2. Teaching/evaluating/training postgraduate students. 3. Supervising students research projects. 4. Review curriculums and programs. The issued title is valid for one year.

***The structure of the membership***

Vice Dean of Training and academic affairs: Chair

Two faculty members from the college

Administrative staff: Secretary

***Terms of Reference***

1. Study the applications submitted by third parties for academic titles and ensure that the conditions approved by the university educational affairs are met.
2. Preparing minutes for each request and determining the committee's views on the request
3. Submit the report to the Dean of the College for approval

***The process flow***

- The applicant completes the request online
- The committee meet to review the request and insure its validity
- The committee prepare minute with the decision made
- The minute approved by the dean
- The committee take the required action on the electronic system after the dean approval
- The dean approves the request on the electronic system
- The vice rectorate approves the request on the system
- The title initiated for the applicant and it is valid for one academic year.

***3.2.5.2 Professional Practice and Licensing Committee***

It is a committee that monitors the state of practice and the issuance of licenses to members of the college from the Health Specialties Authority. The committee is also concerned with scheduling the training and practice of members at King Abdullah bin Abdulaziz University Hospital.

***The structure of the membership***

Vice Dean of Training and academic affairs: Chair

Pharmacy Practice department chair

A representative from the university hospital

A faculty member from the college

Administrative staff: Secretary

***Terms of Reference***

1. Coordinating the practice of teaching staff members in the university hospital.

2. Follow-up on members obtaining and renewing professional practice licenses, addressing the interruption, and uploading the required papers.
3. Develop and implement an action plan to increase the percentage of students' training and the practice of members in the university hospital.
4. Follow up the performance/commitment of faculty members in practice King Abdullah University Hospital.

#### ***The process flow***

- The head of the committee review with department chair the state of practice of each faculty
- The committee design a plan for the faculty members and arrange its application
- The committee submit a regular report for the college dean for approval

#### ***3.2.5.3 Graduation Research Evaluation Committee for Students***

It is a committee responsible for coordinating the evaluation of graduation research for students of the program and ensuring the accuracy of the evaluation by more than one evaluator for each research

#### ***The structure of the membership***

Representative from the training administration (academic staff): Chair

Number of faculty members from the college: evaluators

Administrative staff: Organizer

#### ***Terms of Reference***

The evaluators:

1. Review of Manuscripts submitted
2. Evaluation of graduation research based on approved evaluation templates

The chair and organizer:

1. Organize submitting the manuscripts to the evaluators.
2. Insure each manuscript evaluated by two independent evaluators.
3. Take the mean of the evaluation and prepare the final report.

#### ***The process flow***

- The committee chair receives the manuscripts from the students

- The committee organizer work in blinding the manuscripts and re-distribute it to the evaluators
- The evaluators evaluate the manuscripts using the provided evaluation form
- The committee organizer takes the mean value of the evaluation
- The committee chair approves the final marks of the research projects and enter it in the academic system.



