Education Evaluation Commission

National Center for Academic Accreditation and Evaluation

ATTACHMENT 4.

T3. ANNUAL PROGRAM REPORT (APR)

2017-2018

Program Eligibility: The program is to submit the two most recent APRs as part of the requirements for program eligibility using the NCAAA Template.

Post Accreditation: The program is required to annually complete an APR. The APR is to document a complete academic year.

APR's are prepared by the program coordinator in consultation with faculty teaching in the program. The reports are submitted to the head of department or college, and used as the basis for any modifications or changes in the program. The APR information is used to provide a record of improvements in the program and is used in the Self Study Report for Programs (SSRP) and by external reviews for accreditation.

Annual Program Report

1. Institution   Date: **2018** **Al-Imam Mohammad Ibn Saud Islamic University**

2. College/ Department **College of Medicine / Medical Education Department**

3. Dean **Dr. Saad bin Mohammed Al Talhab**

4. List All Campus Branch/Locations (approved by Ministry of Higher Education or Higher Council of Education).

Campus Branch/Location	Approval By	Date
Main Campus: **College of Medicine, Al-Imam Mohammad Ibn Saud Islamic University, Riyadh**	**Ministry of Higher Education**	**2006**
1:		
2:		
3:		
4:		

A. Program Identification and General Information

Program title and code **Bachelor of Medicine Bachelor of Surgery (MBBS)**

Name and position of persons completing the APR **Prof. Nasr Eldin Elwali- Professor of Biochemistry** **Dr. Mohammad Fareed- Assistant Professor of Public Health** **Mr. Mohammed Alzahrani- Superintendent of Quality and Development Unit**
Academic year to which this report applies. **2017/2018**

B Statistical Information

1. Number of students who started the program in the year concerned: **160**
2. (a) Number of students who completed the program in the year concerned **107** Completed the final year of the program: **66.9%**

Completed major tracks within the program (if applicable)

Title……Year 1………….…………………………………No [ ]

Title……Year 2 ………………………………………….No [ ]

Title……Year 3 ……………………………………………No [ ]

Title……Year 4 ………………………………………….No [ ]

2. (b) Completed an intermediate award specified as an early exit point (if any) [NA]

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3. Apparent completion rate.

(a) Percentage of students who completed the program, [66.9%%]
(Number shown in 2 (a) as a percentage of the number that started the program in that student intake.)

(b) Percentage of students who completed an intermediate award (if any) [NA]
(e.g. Associate degree within a bachelor degree program)

(Number shown in 2 (b) as a percentage of the number that started the program leading to that award in that student intake).

Comment on any special or unusual factors that might have affected the apparent completion rates (e.g. Transfers between intermediate and full program, transfers to or from other programs).

No factors affecting completion of the program as there are no transfer to the program and the withdrawn number for good who transferred to other colleges is minimal compared to the total number of students completed the program.

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4. Enrollment Management and Cohort Analysis (Table 1)

Cohort Analysis refers to tracking a specific group of students who begin a given year in a program and following them until they graduate (How many students actually start a program and stay in the program until completion).

A **cohort** here refers to the total number of students enrolled in the program at the beginning of each academic year, immediately after the preparatory year. No new students may be added or transfer into a given cohort. Any students that withdraw from a cohort may not return or be added again to the cohort.

Cohort Analysis (Illustration): **Table 1** provides complete tracking information for the most recent cohort to complete the program, beginning with their first year and tracking them until graduation (students that withdraw are subtracted and no new students are added). The report is to cover the past four years. Update the years as needed.

Enrollment Management and Cohort Analysis Table 1.

Cohort of the Academic Year Table F1: 2013 – 2014 (Table F1 assumes 5 academic years are required for this batch to graduate, excluding the Prep Year, PYP)

Student Category	2012- 13	4 years ago 2013 – 14	3 years ago 2014 – 15	2 years ago 2015 – 16	1Year ago 2016-17	Current Year 2017-18
Total cohort enrolment	PYP*	143	143	143	138	137
Retained till year end		143	143	138	137	136
Withdrawn during the year and re-enrolled the following year		0	0	5	1	1
Withdrawn for good		0	0	0	0	0
Graduated successfully	0	0	45	69	69	62

Provide a Cohort Analysis of the Academic Years (for the last 5 years).
The rate of completion for this batch of students has increased compared to the first one. One cannot exclude variation in the quantity of accepted students. Student enrolment criteria needs to be reviewed and standardized.

Cohort of the Academic Year Table F2: 2014 – 2015 (Table F2 assumes 5 academic years are required for this batch to graduate, excluding the Prep Year, PYP)

Student Category	2012- 13	4 years ago 2013 – 14	3 years ago 2014 – 15	2 years ago 2015 – 16	1Year ago 2016-17	Current Year 2017-18
Total cohort enrolment		*PYP	114	114	109	108
Retained till year end			114	109	108	107
Withdrawn during the year and re-enrolled the following year			0	5	1	1
Withdrawn for good			0	0	0	0
Graduated successfully	0	45	69	69	62	90

Provide a Cohort Analysis of the Academic Years (for the last 4 years).
The batch of students has shown large drop in the number of students who succeeded to pass to the following years. As mentioned above the college needs urgently to review its criteria for students' enrolment.

Cohort of the Academic Year Table F3: 2015 – 2016 (Table F3 assumes 5 academic years are required for this batch to graduate, excluding the Prep Year, PYP)

Student Category	2012- 13	4 years ago 2013 – 14	3 years ago 2014 – 15	2 years ago 2015 – 16	1Year ago 2016-17	Current Year 2017-18
Total cohort enrolment			*PYP	163	158	157
Retained till year end				158	157	156
Withdrawn during the year and re-enrolled the following year				5	1	1
Withdrawn for good				0	0	0
Graduated successfully	0	0	45	69	69	62

Provide a Cohort Analysis of the Academic Years (for the last 3 years).
In this batch of students, the failure of students to succeed to pass from preparatory program to the first year in the medical college is 16%. The percentage of passed students is 86%. These figures represent an improvement in the rate of completion of the preparatory program.

Cohort of the Academic Year Table F4: 2016 – 2017 (Table F4 assumes 5 academic years are required for this batch to graduate, excluding the Prep Year, PYP)

Student Category	2012- 13	4 years ago 2013 – 14	3 years ago 2014 – 15	2 years ago 2015 – 16	1Year ago 2016-17	Current Year 2017-18
Total cohort enrolment				*PYP	163	162
Retained till year end					162	161
Withdrawn during the year and re-enrolled the following year					1	1

Withdrawn for good					0	0
Graduated successfully	0	0	45	69	69	62
Provide a Cohort Analysis of the Academic Years (for the last 2 years).						

Cohort of the Academic Year Table F5: 2017 – 2018 (Table F5 assumes 5 academic years are required for this batch to graduate, excluding the Prep Year, PYP)

Student Category	2012- 13	4 years ago 2013 – 14	3 years ago 2014 – 15	2 years ago 2015 – 16	1Year ago 2016-17	Current Year 2017-18
Total cohort enrolment					*PYP	188
Retained till year end						187
Withdrawn during the year and re-enrolled the following year						1
Withdrawn for good						0
Graduated successfully	0	0	45	69	69	62
Provide a Cohort Analysis of the Academic Years (for the last year).						

Enrollment Management and Cohort Analysis Table F6: (Table 6 assumes 5 academic years and 5 batches of students are enrolled to graduate, excluding the Prep Year) Transfer the cohort data from each of the above batches onto Table 6 using the vertical columns for each given academic year.

Years / Student Categories	4 Years Ago 2013-14	3 Years Ago 2014-15	2 Year Ago 2015-16	1 Year Ago 2016-17	Current Year 2017-18	Total of 5 years
1. Total cohort enrollment	143	114	163	163	188	**771**
2. Retained till year end	143	114	158	162	187	**764**
3. Withdrawn	0	0	5	1	1	**7**
4. Withdrawn for good	0	0	0	0	0	**0**
5. Cohort graduated successfully	**0**	45	69	69	62	**245**

Provide a summary cohort analysis for each of the above cohorts by listing strengths and recommendations for improvement.
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* PYP - Preparatory Year

7. Destination of graduates as shown in survey of graduating students (Include this information in years in which a survey of employment outcomes for graduating students is conducted).

Date of Survey   2018

Number Surveyed   130   Number Responded   37   Response Rate %   28%

Destination	Not Available for Employment		Available for Employment		
	Further Study	Other Reasons	Employed in Subject Field	Other Employment	Unemployed
Number	37				
Percent of Respondents	100%				

Analysis: List the strengths and recommendations.

Strengths:
- ❖ All the graduates, who responded to the survey, were accepted for further study (Residency Program directed by the Saudi Commission for Health Care Specialties [SCHCS]) in the various medical and surgical specialties.
- ❖ Some of our graduates were in the upper five percent nationwide, as far as SCHCS exam is concerned.

Recommendations:
- ❖ To establish the alumni office to prepare full communication data about all the alumni and keep contact with them through annual syrveys to know how many are employed and how many are enrolled in further higer studies.

C. Program Context

1. Significant changes within the institution affecting the program (if any) during the past year.

None

Implications for the program

2. Significant changes external to the institution affecting the program (if any) during the past year.

- ❖ The College has been lacking its own teaching hospital.

Implications for the program
- ❖ None. Arrangements are ongoing with some local hospitals for training of our students.

D. Course Reports Information Summary

1. Course Reports Results. Describe and analyze how the individual NCAAA course reports are utilized to assess the program and to ensure ongoing quality assurance (eg. Analysis of course completion rates, grade distributions, and trend studies.)

(a.) Describe how the individual course reports are used to evaluate the program.
Courses' reports and courses' evaluation surveys are regularly discussed with curriculum development committee to guide for continuous revision and the improvement of the course delivery and improvement of assessments components and the overall quality of our program.

The individual course reports are used to cross check the following vital information:
1) Actual total contact hours and credits per semester.
2) Topics Covered, planned contact hours, actual contact hours, reason for variations if there is a difference of more than 25% of the hours planned.
3) Consequences of not covering certain topics (if any).
4) Assessment of the course learning outcomes, including listing the learning outcomes, methods of assessment, and summary analysis of the assessment results.
5) Evaluation of the effectiveness of planned teaching strategies for intended learning outcomes initially set out in the course.
6) Examination of the resources and facilities available for the course, organizational or administrative difficulties encountered, and end-of-course student evaluation.
7) Identification of planned strategies for improvement.

(b.) Analyze the completion rates, grade distributions, and trends to determine strengths and recommendations for improvement.
   i. **Completion rate analysis:**
      As shown before the overall completion rate for the cohort started on 2014/2015 and graduated on 2018 is about 72.7%.
   ii. **Grade distribution analysis:**
      The percentages mentioned below are based on a random sample of clinical rotations in the Clinical phase during the current academic year.

	Family Medicine	ENT	Ophthalmology	Medicine I	Medicine II
A+ %	3	4	2	2	1
A %	10	6	13	4	7
B+ %	13	12	24	4	12
B %	18	16	19	6	16
C+ %	19	16	22	12	17
C %	18	16	10	12	30
D+ %	13	14	4	25	11
D %	6	12	6	23	4
F %	0	5	0	12	2
W %	0	0	0	0	0

Analysis	The results should Bell-shaped distribution curve with no failure and the highest score at the C+ grade	Normal distribution curve with about 5% failure	Normal distribution curve without failure	Left skewed curve with the highest score at D+ grade and 12% failure rate which is high rate	Normal distribution curve with the highest score at C grade and about 2% failure rate	

iii Trend analysis (a study of the differences, changes, or developments over time; normally several years):

   NA

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2. Analysis of Significant Results or Variations (25% or more).

List any courses where completion rates, grade distribution, or trends are significantly skewed, high or low results, or departed from policies on grades or assessments. For each course indicate what was done to investigate, the reason for the significant result, and what action has been taken.

a. Course	Significant result or variation
Investigation undertaken **Reason for significant result or variation**	
Action taken (if required)	
b. Course	Significant result or variation
Investigation undertaken Reason for significant result or variation	
Action taken (if required)	
c. Course	Significant result or variation
Investigation undertaken	

Reason for significant result or variation
Action taken (if required)

(Attach additional summaries if necessary)

4. Delivery of Planned Courses

(a) List any courses that were planned but not taught during this academic year and indicate the reason and what will need to be done if any compensating action is required.		
Course title and code	Explanation	Compensating action if required
None		

(b) Compensating Action Required for Units of Work Not Taught in Courses that were Offered. (Complete only where units not taught were of sufficient importance to require some compensating action)		
Course	Unit of work	Reason
Compensating action if required:		
Course	Unit of work	Reason
Compensating action if required:		

Course	Unit of work	Reason

Compensating action if required:

Course	Unit of work	Reason

Compensating action if required:

E Program Management and Administration

List difficulties (if any) encountered in management of the program.	Impact of difficulties on the achievement of the program objectives.	Proposed action to avoid future difficulties in response.
Exam preparations are subjected to inter faculty biased	Challenges in formulating unified exams.	Installing exam software and activation of the assessment unit
Lacking bilingual secretaries	Distracting the faculty from his/her main job	Recruitment

F. Summary Program Evaluation

1. Graduating Student Evaluations (surveys)

Date of Surveys   2018   Number of Participants   37
Attach survey reports.

a. List most important recommendations for improvement, strengths and suggestions	Analysis (e.g. Assessment, action already taken, other considerations, strengths and recommendation for improvement.)
1) Strengths: 1- There are a plenty of facilities that enabled students to study in convenient environment 2- The program improved the ability of students to work effectively in groups and improved their skills of communication. 3- The program helps the students to self-dependence in investigating problems and find solutions. 4- They have acquires the basic skills to use modern technologies in laboratory investigations and communicate the results. 5- Emphasis on EBM and research enabled students to study abroad. 6- Application of PBL sessions enabled students to critically thinking and brain storming. 7- Comfortable classes and educational environment.	1- Increase Clinical years from 2 to 3 years. 2- Taking students' feedback after completing each course not at the end of the year. 3- Adopting Students' Rights with the help of old universities. 4- Increasing the orientation sessions for new students with the presence of high authority of the college. 5- Mandating the Faculty development programs annually for all staff to stress on how to deal with the students fairly and treat them with dignity. 6- Reorganization of the teaching schedules and exam timetables. 7- More support to the administrative issues related to students. 8- Involvement of representative of senior students in organizing the course schedule.

b. Changes proposed in the program (if any) in response to this analysis and feedback.

No changes are proposed in the Program itself.

2. Other Evaluation (e.g. Evaluations by employers or other stakeholders, external review)

The College has embarked on a comprehensive project aiming at obtaining objective evaluation of the graduates by employers, other stakeholders, and external reviewers.
In addition, the term 'stakeholders' in the College's project refers to Directors of the hospitals where the Residency Program is taking place.

Attach review/survey report.

Comments on the results:
- The employers responded very well for most of the questions of the survey and most of the responses achieved (****) that is considered good indication for the performance of our graduates although the number of the respondents is not high as expected.

- The employers declare that the level of Al Imam graduates is mostly the same as the level of other universities graduates which is a good landmark about the learning outcome of our program.

Recommendations:
1. Emphasize on the areas of low satisfaction as skills in utilization of technology in their work and in communication and self-expression of the graduates.

2. Importance of communication with the employers for further assessment of the program through getting their opinions for the skills of Al Imam graduates as health providers and benchmark their competencies with those of other institutions to help proposing the required improvement measures when needed.

Action Plan:
- Our graduates will be advised to be trained on the technology provided in the equipment and machines they are using in the training hospitals to be aware of it in their daily work.

- On establishment of the university hospital with its equipment and machines, our students will be trained well on using the technology of the equipment and will be trained for it.

External reviewer and Employers' survey are Attached
1- Employers' Survey 2018

2- External Reviewer Report

a. List most important recommendations for improvement, strengths and suggestions for improvement.	(e.g. Analysis of recommendations for improvement: Are recommendations valid and what action will be taken, action already taken, or other considerations?)
NA	**NA**

b. Changes proposed in the program (if any) in response to this feedback. **NA**

3. Ratings on Sub-Standards of Standard 4 by program faculty and teaching staff; **4.1 to 4.10.**

Standard 4 Sub-Standards. Are the "Best Practices" followed; Yes or No? Provide a revised rating for each sub-standard. Indicate action proposed to improve performance (if any).			
Standard 4 Sub-Standards	Best Practices Followed (Y/N)	5 Star Rating	List priorities for improvement.
4.1 Student Learning Outcomes	Y	****	1) Establishing a better system that governs planning committees of various Blocks/Courses. 2) Establishing a better system that could monitor the implementation of individual learning outcomes. 3) Integrating basic science and clinical research into the curriculum.
4.2 Program Development Processes	Y	****	1) Faculty development activities should be more strengthen so that all faculty members will be at one page in regards of education, policies and procedures.
4.3 Program Evaluation and Review Processes	Y	***	1) Continuous monitoring should be carried out to ensure that all the courses are clearly aligned with college mission statement. 2) External evaluation should also be used.
4.4 Student Assessment	Y	***	1) Establishing a full fledge Assessment Department. 2) Providing more time for faculty members to prepare and conduct formative assessments
4.5 Educational Assistance for Students	Y	****	1) A greater emphasis should be placed on providing assistance towards learning the language of instruction, English.

4.6Quality of Teaching	Y	***	1) Training programs related to enhancement of teaching and learning context.
4.7Support for Improvements in Quality of Teaching	Y	***	1) Data analysis to be incorporated into the FDU program to help faculty improving their performance in their chosen areas. 2) Agreement with deanship of skills and development to sponsor webinars for international medical education experts in collaboration of FDU. 3) Staff guidance in developing a professional portfolio is currently in the process of being established.
4.8Qualifications and Experience of Teaching Staff	Y	***	1) More work on staff support and retention.
4.9Field Experience Activities	Y	***	1) Reports are required to be submitted by students about their rotations to evaluate the appropriateness of their activities and achievement of learning outcomes. 2) Direct communication with the training hospitals to evaluate the performance of the students. 3) Holding pre-training orientation for the students to be aware about their roles during training.
4.10 Partnership Arrangements with Other Institutions	Y	***	1) Planning schedule for interviews by the end of September, instead of November. 2) Compiling up-to-date contact information for each department and all research supervisors.

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Analysis of Sub-standards. List the strengths and recommendations for improvement of the program's self-evaluation of following best practices.

Analysis of sub-standards:

1) Sub-standard 4.1:
Strengths:
1) Variety in the approaches to teaching and learning.
2) Teaching and learning in a context, rather than in an abstract way.
3) Early clinical exposure.
4) Emphasis on critical thinking, rather than total recall of facts.
5) Team-work.
6) Developing problem-solving skills.

Recommendations for improvement:
1) Better faculty training in the various approaches to teaching and learning.
2) Establishing a system that ensures proper implementation of the program.
3) Making better use of the textbooks by the students.

2) Sub-standard 4.2:
Strengths:
1) The program curriculum has been developed after extensive research and extensive discussion, both internally and externally by national and international subject and process expert.
2) The new curriculum has been benchmarked against curricula at well-established universities both regionally and internationally.
3) International QA Units participated in the design and development of the new curriculum.

Recommendations for improvement:
1) Processes and procedures concerning the development of Programs should be communicated to all Departments.

3) Sub-standard 4.3:
Strengths:
1) The College of Medicine Al Imam Muhammad bin Saud Islamic University has well developed program evaluation processes and procedures.
2) The program evaluation processes and procedures are present at three levels.

Recommendations for improvement:

1) A system should be developed so that every department should do its own complete evaluation and come up with solid reasons for inclusion of new topics or exclusion of or amendment in the existing topics in a particular course or program.

4) Sub-standard 4.4:
Strengths:
1) Formative assessment is based on interactive sessions, such as drop quizzes, followed by feedback.
2) Summative assessment in each Longitudinal Course and block consists of a variety of assessment tools.

Recommendations for improvement:
1) Subscribing to an international MCQ exam bank, in which the questions have already been tested and standardized.
2) Conducting a well-structured OSCE.
3) Re-activating the Clinical Skills sessions in both the pre-clinical and clinical phases of the program and developing a standardized method for assessing the students in these sessions.
4) Re-activating the Hospital Visits sessions in the pre-clinical phase of the program and developing a standardized method for assessing the students in these visits.
5) Ensuring and maintaining uniformity in the evaluation of the students in the PBL sessions.
6) Ensuring and maintaining uniformity in the evaluation of the students in the seminar sessions.
7) Developing a standardized method for assessing the students in the Spotter exams.

5) Sub-standard 4.5:
Strengths:
1. Extensive faculty involvement in academic counseling, apart from classroom teaching there is emphasis on self-directed learning,
2. A preparatory program that prepares students for more rigorous medical curriculum during their program.

Recommendations for improvement:
1. Student's educational assistance and counseling needs to be more structured with record of assistance provided to the students and log book maintained for each counseling session.
2. Seminars, and symposium covering areas of clinical interest should be arranged by inviting international speakers.

6) Sub-standard 4.6:
Strengths:
1. Highly qualified faculty.
2. High level of student's satisfaction from faculty.
3. Staff development as a strategy to enhance faculty skills and quality of teaching.

4. Staff performance in teaching is regularly evaluated.

Recommendations for improvement:
1) Professional Development program for faculty in the areas related to teaching and learning so that their teaching methodologies and assessment strategies may be improved.
2) Strategies are required to encourage teachers and students to get involved in policymaking, and, together, implement the agreed resolution

7) Sub-standard 4.7:
Strengths:
1) A dedicated active faculty development deanship in the University and College of Medicine.
2) A structured faculty development program for enhancing quality of teaching based on faculty assessed needs.
3) Training in medical education and teaching skills for all new teaching staff.
4) Recognition and awarding for excellence in teaching is in place.

Recommendations for improvement:
1) Enhancement of clinical faculty to the training programs.
2) A structured higher level of evidence on faculty development program impact on quality of teaching is required.

8) Sub-standard 4.8:
Strengths:
1) Highly qualified trained faculty.
2) Reasonable faculty services.
3) Ample opportunity for education and attendance of scientific conferences and meetings abroad.

Recommendations for improvement:
1) Supporting staff like secretaries and research assistants should be increased.

9) Sub-standard 4.9:
Strengths:
1) A seamless arrangement with other institutes.
2) Involvement of senior faculty members as coordinators.
3) Clinical supervisors to enhance the learning experience of the students.
4) The competencies and objectives of internship program are well structured.
5) Constant and rigorous assessment of the students on the parameters of professionalism, clinical management and communication skills.

Recommendations for improvement:
  1) Development of a multi-specialty hospital here at Al-Imam University to reduce dependence on other institutes for clinical internship.

10) Sub-standard 4.10:
Strengths:
  1) The exposure of students to different national (King Saud Medical City, Al-Yamamah hospital and Al-Iman hospital in Riyadh), international centres (Keele University in United Kingdom).
  2) The use of the online form from the beginning of the academic year challenges students to examine their achievements in a number of areas and not just GPA.
  3) By having compulsory electives, students have the opportunity to be challenged and corrected before reaching internship and residency.

Recommendations for improvement:
  1) Selecting students for university-sponsored international electives during the first two months of the academic year.
  2) Closer monitoring of students during their electives and collaboration with the departments.

G. Program Course Evaluation

1. List all program courses taught during the year. Indicate for each course whether student evaluations were undertaken, and/or other evaluations made of quality of teaching. For each course indicate if action is planned to improve teaching.

Course Title/Course Code	Student Evaluations Score out of 5		Other Evaluation (specify)	Action Planned	
	Yes	No		Yes	No
Growth, Development, & Aging HUMN 111	4.06 3.77			✓	
Principles of Human Disease I PATH 111	4.09 4.12			✓	
The Human Body-I HUMN 112	3.79 3.58			✓	
Learning Skills-II LERN 111	4.2 4.01			✓	
Islamic Studies-II ISLM 112					
Principles of Human Disease-II PATH 123	3.5			✓	
Molecular Basis of Disease PATH 121	3.77 3.75			✓	
The Human Body II HUMN 122	3.95 3.85			✓	

Hematopoietic system HAEM320	3.87 3.71			✓	
Nervous system & Special Senses CNSS320	2.93			✓	
Quran QURN 122					
History of Medicine IMAM 121					
Epidemiology and Community Health COMH 211					
Fundamentals of Pharmacotherapy THER 210	3.94 4.03			✓	
Host Defense IMUN 210	3.76 3.87			✓	
Neural and Behavioral sciences HUMN 214	3.78 3.9			✓	
Integrated Multi-system INTG320	3.64 3.7			✓	
Islamic Jurisprudence in Medicine IMAM 212	3.95 4.04			✓	
Research Methodology I COMH 211	3.67 3.97			✓	
Musculoskeletal System MUSK 220	3.3 3.5			✓	
Cardiovascular System CARD 220	3.56 3.81			✓	
Basic Clinical Skills BCS 320	3.42 3.65			✓	
Medical Ethics IMAM 324	3.76 3.72			✓	
Respiratory System RESP 220	3.72 3.95			✓	
Quran QURN 223					
Research Methodology II COMH 222	4.02 4.23			✓	
Gastrointestinal System GITS 310	3.53 3.46			✓	
Endocrine and Metabolism ENDO 310	3.43 3.41			✓	
Urogenital System UROG 310	3.71 3.77			✓	

Complementary Medicine IMAM 313	3.92 3.82			✓	
Quran QURN 314					
Evidence Based Medicine COMH324	3.6 3.59			✓	
Internal Medicine I IMED 411					
Radiology RAD412					
Surgery I SURG 413					
Orthopedics OPHT536					
Pediatrics PAED 416					
Forensic Medicine FMED 417					
Family Medicine FMED602					
Emergency Medicine EMED516					
Obstetrics and Gynecology OBGY512					
Otorhinolaryngology ENT511					
Internal Medicine II IMED552					
Psychiatry Psyc 514					
Surgery II SURG512					
Ophthalmology OPTH 511					
Dermatology DERM511					
Infection Control and Prevention				✓	
Research Project	3.89			✓	
Imaging Anatomy	3.65 3.86			✓	
E-Health	4.51			✓	

Principles of Public Health	3.86			✓	
Basic Lab. Skills	3.7 4.32			✓	
Medical Sociology	4.13 3.85			✓	

Students' course evaluation was performed for 33 courses. Average satisfaction rate was 3.8 out of 5. It is an indication that our students are very satisfied with quality of teaching in our college.

2. List courses taught by this program this year and for this program that are in other programs.

Level	Course Code	Course Title	Number of Sections	Credit Hours	College or Department
Prep Year	ENG077	English	5	2	Deanship of Preparatory Year
	ICT060	Computer1	5	1	Deanship of Preparatory Year
	CSKL060	Communication Skills	2	1	Deanship of Preparatory Year
	LSKL033	Learning skills	2	2	Deanship of Preparatory Year
	BICH010	Biochemistry	2	8	Deanship of Preparatory Year
	ENG078	English for scientific purposes	5	2	Deanship of Preparatory Year
	PHYS021	Physics	5	2	Deanship of Preparatory Year
	BICH020	Biochemistry	2	3	Deanship of Preparatory Year
	BIO021	Biology	2	8	Deanship of Preparatory Year
Level 1 1st year	ثقف١١٢	دراسات إسلامية ٢	5	2	
	قرأ١٢١	القرآن الكريم	5	1	
	HUMN111	Growth & development	2	3	Anatomy
	PATH111	Principles of Disease I	2	5	Anatomy
	HUMN112	Human Body I	2	6	Anatomy
	LRN111	Learning Skills II	2	1	Medical Education
Level 2 1st year	ثقف١١٢	دراسات إسلامية ٢	2	1	
	قرأ١٢١	القرآن الكريم ٢	2	2	
	PATH123	Principles of Disease II	2	1	Anatomy
	HUMN122	Human Body II	2	2	Multidisciplinary
	PATH121	Molecular Basis of Diseases	3	3	Biomedical
	IMAM121	History of Medicine	2	3	

	ECH 211	Epidemiology& Community Health	2	2	Public Health
Level 3 2nd year	نحو٢٠٣	النحو العربي	2	2	
	طبي٢١٢	الفقه الطبي الاسلامي	2	1	
	قرا٢١٣	القرآن الكريم	2	1	
	THER210	Fundamentals of Pharmacotherapy	2	4	Pharmacology
	IMUN210	Host Defense	2	4	Multidisciplinary
	HUMN214	Neural & Behavioral Sciences	2	4	Multidisciplinary
	COMH211	Research Methodology I	2	2	Public Health
Level 4 2nd year	نحو٢٥٤	اللغة العربية	2	2	
	قرا223	القرآن الكريم	2	1	
	MUSK 220	Musculoskeletal system	2	5	Multidisciplinary
	CARD 220	Cardiovascular System	2	4	Multidisciplinary
	RESP 220	Respiratory System	2	4	Multidisciplinary
	COMH222	Research Methodology II	2	2	Public Health
	ELEC224	Brain Death & Organ Donation	2	2	Multidisciplinary
	ELEC325	E-health	2	2	Public Health
	ELEC222	Communication skills for Medicine	2	2	Medical Education
	ELEC223	Health Media	2	2	Public Health
	ELEC314	Health Management	2	2	Public Health
		Laboratory Safety	2	2	Pharmacology
		Patient Safety	2	2	Multidisciplinary
	ELEC315	Laboratory diagnostic Skills	2	2	Anatomy
Level 5 3rd year	قرا٣١٤	القرآن الكريم	2	1	
	ترخ102	تاريخ المملكة العربية السعودية	2	2	
	COMH 324	Evidence Based Medicine	2	2	Family Medicine
	GIT 310	Gastro-intestinal System	2	4	Multidisciplinary
	ENDO 310	Endocrine & Metabolism	2	3	Multidisciplinary
	UROG310	Urogenital	2	6	Multidisciplinary
	IMAM313	Complementary Medicine	2	2	Multidisciplinary
	ترخ101	السيرة النبوية	2	2	
	IMAM324	Medical Ethics	2	1	Multidisciplinary
	HAEM 320	Hemopoietic System	2	3	Multidisciplinary
	CNSS 320	Nervous System and Special Senses	2	5	Multidisciplinary
	INTG 320	Integrated Multi-System	2	3	Multidisciplinary
	BCS320	Basic Clinical Skills	2	2	Multidisciplinary

Level 6 3rd year	ELEC224	Brain Death & Organ Donation	2	2	Multidisciplinary
	ELEC325	E-health	2	2	Public Health
	ELEC222	Communication skills for Medicine	2	2	Medical Education
	ELEC223	Health Media	2	2	Public Health
	ELEC314	Health Management	2	2	Public Health
		Laboratory Safety	2	2	Pharmacology
		Patient Safety	2	2	Multidisciplinary
	ELEC315	Laboratory diagnostic Skills	2	2	Anatomy
Level 7 4th year	IMED411	Internal Medicine I	3	12	Internal Medicine
	RAD412	Radiology	3	2	Internal Medicine
	SURG413	Surgery I	3	11	Surgery
	ORTH536	Orthopedics	3	3	Surgery
	PAED416	Pediatrics	3	12	Pediatrics
	FMED417	Forensic Medicine	3	2	Forensic Medicine
Level 8 5th year	FMED602	Family Medicine	3	6	Family Medicine
	EMED516	Emergency Medicine	3	2	Family Medicine
	OBGY512	Obstetrics and Gynecology	3	8	Obstetrics and Gynecology
	ENT511	ENT	3	2	ENT
	IMED552	Internal Medicine II	3	5	Internal Medicine
	Psyc511	Psychiatry	3	4	Psychiatry
	SURG512	Surgery II	3	5	Surgery
	OPHT511	Ophthalmology	3	2	Ophthalmology
	DERM511	Dermatology	3	2	Dermatology
	ELEC553	Elective	3	2	Multidisciplinary

3. Program Learning Outcomes Assessment.   Provide a report on the program learning outcomes assessment plan using an assessment cycle (a four to six-year cycle is recommended). All program learning outcomes are to be directly assessed at least once during the cycle. By the end of the cycle each program learning outcome will be assessed and recorded using a separate *KPI Assessment Table* (see below);

	NQF Learning Domains and Learning Outcomes	Method of Assessment	Date of Assessment	%
1	**Knowledge**			
1.1	Demonstrate sound knowledge and skills pertinent to the integration of basic, clinical, behavioural and social sciences in medical practice		End of the Block/Course.	78.1

			End of the Block/Course.	89.3
1.2	Demonstrate sound understanding of the healthcare system in Saudi Arabia		End of the Block/Course.	89.3
2	**Cognitive Skills**			
2.1	Demonstrate sound knowledge and skills pertinent to the delivery of evidence-based health care		End of the Block/Course.	77.9
2.2	Demonstrate clinical reasoning, decision making, and problem solving skills		End of the Block/Course.	77.5
2.3	Demonstrate sound knowledge and skills pertinent to the management of life-threatening medical conditions		End of the Block/Course.	75.8
2.4	Demonstrate sound knowledge and skills pertinent to the management of common medical problems		End of the Block/Course.	77
2.5	Demonstrate basic research skills and scholarly pursuits		End of the Block/Course.	88
2.6	Demonstrate scholarly pursuits			87
3.0	**Interpersonal Skills and Responsibility**			
3.1	Place patients' needs and safety at the center of the care process		End of the Block/Course.	77.2
3.2	Demonstrate sound knowledge and skills pertinent to the teamwork and inter-professional collaboration		End of the Block/Course.	77.2
3.3	Adhere to professional attitudes and behaviors of physicians.		End of the Block/Course.	77.1
3.4	Apply Islamic, legal, and ethical principle of professional practice		End of the Block/Course.	77.2
3.5	Demonstrate commitment to personal and professional development		End of the Block/Course.	77.3
4	**Communication and Information Technology**			
4.1	Advocate health promotion and disease prevention		End of the Block/Course.	78
4.2	Effectively communicate with patients, colleagues, and other health professionals		End of the Block/Course.	77.2

Method of Assessment of PLOs:

4.3	Apply medical informatics in healthcare system			End of the Block/Course.	77.2
5	**Psychomotor Skills**			End of the Block/Course.	
5.1	Demonstrate the essential clinical skills			End of the Block/Course.	76.7

1. Courses ILO were mapped to the PLOs.
2. PLOs are matched with the SaudiMED framework Practices
3. The results of Al Imam graduates in the Licensing exam of the SCFHS
4. Average results of students in the Progress Test.
5. Average of the average results of courses was taken for each PLO which is considered as achievement for each PLO.

Comments:
Achievement in all PLOs is satisfactory, being ≥76%.
Outstanding achievement was found in PLOs 1.2, 2.5 and 2.6 being ≥87%.
The results of Al Imam graduates in the Licensing exam of the SCFHS was 80.39% of the total applicants. *(Annex H 4.4.4)*

SCFHS licensing exam results:

Al Imam medical graduates' score in the General Acceptance Exams of the Saudi Commission for Health Specialties in 1436H is an indicator for the quality level of teaching and assessment in our College which showed the following indicators:

- The total applicants from Al Imam COM were 44 candidates:
    - 44 candidates are accepted in the programs with a ratio of 98%.
    - 6 candidates are accepted in the Competitive programs (Ophthalmology, Dermatology, Plastic surgery & burns and ENT) i.e. 14% of the accepted candidates from the college.
- Al Imam University Medical students got the first class among all the Universities regarding the average score of the exclusive acceptance exam.
- Al Imam candidates scored 80.39% compared to 73% of the average applicants from other Universities.
- The highest average score of the exclusive acceptance exam for the applicants of Saudi university was 80% while the lowest average was 66%.
- Al Imam University medical students got the First class among all the Universities regarding the average score of the CV evaluation *(Research conduction, training courses, extra-curricular activities, Excellence and attending symposia and conferences)*.
- Al Imam candidates scored 14.86 out of 20 compared to 10 out of 20 for all other Universities. The highest average of CV evaluation for applicants of a Saudi University was 15 out of 20

while the lowest average was 8 out of 20. *(Annex H.4.4.4 Results of Al Imam Medical Graduates in the SCFHS Exams 1436).*

Results of the Progress Test:

Al Imam medical students participated in 2015, 2016 and 2018 in the Progress Test (PT) which is originally proposed by Al Qassim University to be conducted in about 19 Saudi Universities at the same time. All students in the colleges participating in the progress test attend the exam at the same time. The Progress Test is like a final exam in which all learning goals of the curriculum are tested. The growing knowledge level among students of different years leads to different test results.

PT in 2015:

The students participated in this PT from Al Imam Medical College were 345 students in 2015 resembled all studying levels from 1st year to 5th year. The number of participated students in 2015 PT were as follows:

Academic level-2015	1st	2nd	3rd	4th	5th	Total
Males	95	106	24	67	34	326
Females	0	0	0	0	19	19
Total No. of students	95	105	24	67	53	345
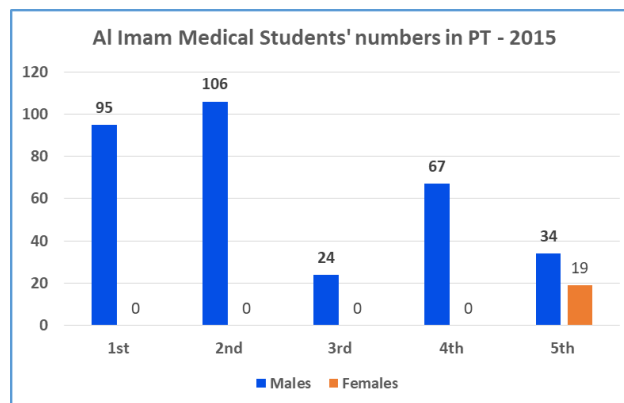
Results of Al Imam Medical Students (2015):

1) *The score of the 5th year of Al Imam Medical students was* **higher than the overall average in the following** <u>Courses</u>:

-    Anatomy   - Radiology   - Medicine   - Medical Ethics   - Ob/Gyn
-    Ophthalmology   - Dermatology   - Pediatrics   - Family medicine

*2) The score of the 5th year of Al Imam Medical students was **higher than the overall average in the following Body Systems**:*

- Personal and social aspects   - Hormones and metabolism
- Reproductive system   - Kidney and urinary system
- Respiratory system   - Mental health care
- Skin   - Miscellaneous

(Annex H.4.4.5 Results of Al Imam medical Students in Progress Test on 2015)

The students participated in this PT from Al Imam Medical College were 325 students in 2016 resembled all studying levels from 1st year to 5th year. The number of participated students in April 2016 PT were as follows:

| Academic level-2016	1st	2nd	3rd	4th	5th	Total
Males	78	65	87	26	53	309
Females	16	0	0	0	0	16
Total No. of students	94	65	87	26	53	325
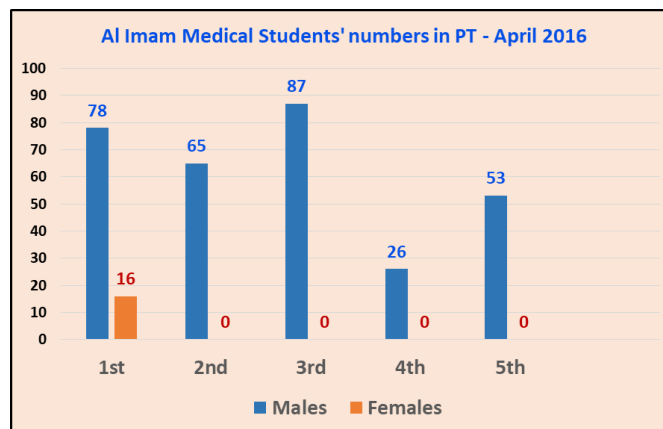
Results of Al Imam Medical Students (April 2016):

It is evident from the results of the local averages of Al Imam University in the Progress Test on April 2016 that the Local average of Al Imam Medical College Students in the 5th year (41.5) was higher than the Average National score (34.4) but in the years from 2nd year to 4th year was lower than the National average score, but in the 1st year the average score for Al Imam Medical students (6.6) was near to that of the National average (6.8).

(Annex H.4.4.6 Results of Al Imam medical Students in Progress Test on April 2016)

Local Averages of Al Imam University compared to the National Averages, April 2016

	Local Average	National Average
1st Year	6.6	6.8
2nd Year	10.0	11.6
3rd Year	16.6	18.1
4th Year	24.6	28.2
5th Year	41.5	34.4
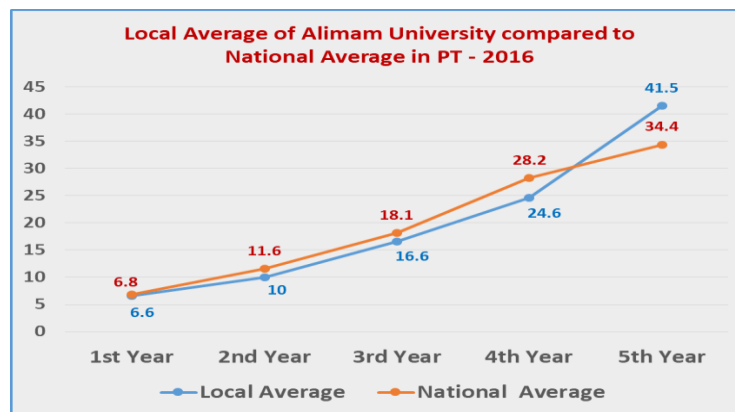
1) *The score of the 5th year students of Al Imam Medical College was* **higher than the overall average in the following Courses**:
   - Pathology   - Radiology   - Physiology   - Ophthalmology
   - Dermatology   - Pediatrics   - Psychology   - Pharmacology

2) *The score of the 5th year students of Al Imam Medical College was* **higher than the overall average in the following Body Systems**:
   - Personal and social aspects   - Hormones and metabolism
   - Reproductive system   - Kidney and urinary system
   - Respiratory system   - Mental health care
   - Skin   - Blood & Lymph
   - Musculoskeletal   - Cardiovascular
   - Digestive   - Molecular and cellular aspects
   - Methods and applied biostatistics - nervous system and senses
   - Miscellaneous

3) *The score of the 5ᵗʰ year students of Al Imam Medical College was **higher than the overall average in All the Processes of the Progress Test.***

- Average of Abnormal processes …………… *(Al Imam = 37.5% & National = 32.6%)*
- Average of Clinical Epidemiology …………*(Al Imam = 58.5% & National = 39.2%)*
- Average of Diagnosis ………………………*(Al Imam = 46.3% & National = 38.4%)*
- Average of Health care …………………....*(Al Imam = 53.2% & National = 40.8%)*
- Average of Mechanisms of Diseases ……….*(Al Imam = 48.6% & National = 40.2%)*
- Average of Normal Processes ………………*(Al Imam = 22.3% & National = 21.2%)*
- Average of Principles of Managements …….*(Al Imam = 39.3% & National = 32.5%)*
- Average of Principles of Therapeutics ……..*(Al Imam = 24.7% & National = 23.6%)*
- Average of Psychosocial …………………...*(Al Imam = 65.2% & National = 53.6%)*

In 2018:

The students participated in this PT from Al Imam Medical College were 358 students in 2018 resembled the following studying levels including 1ˢᵗ year, 2ⁿᵈ year, 4ᵗʰ year and 5ᵗʰ year. The number of participated students in PT in 2018 were as follows:

Academic level-2018	1st	2nd	3rd	4th	5th	Total
Males	76	66	0	49	66	257
Females	52	49	0	0	0	101
Total No. of students	128	115	0	49	66	358

Local Averages of Al Imam University compared to the National Averages, 2018

	Local Average	National Average
1st Year	9.0	6.6
2nd Year	12.8	11.5
4th Year	29.2	25.7
5th Year	37.4	34.2

It is evident from the results that Al Imam Medical students have high average scores compared to the National average. *(Annex H.4.4.7 Results of Al Imam medical Students in Progress Test on 2018).*

Provide an analysis of the Program Learning Outcome Assessment Cycle (List strengths and recommendations for improvement).

Analysis:

With the completion of the undergraduate program cycle in 2016-2017, we are currently more focused on assessing the program learning outcomes cycle and students' performance. We used a number of mechanisms including:

(i) Blue printing of each assessment and calculating construct& content validity plus other indices to ensure alignment of assessment with the course learning outcomes,

(ii) Using continuing and formative assessment and feedback to complement the curriculum and individualize feedback,

(iii) Encouraging different modes of learning/teaching to meet the learning needs of different students,

(iv) Effective use of assessment tools to target different domains of learning outcomes including knowledge, cognitive abilities, behavioral changes, professionalism etc, and

(v) Providing support to the students particularly in the first three years and with the aim to help students overcome transition to the learning at the university, conducting research (year 3) and learning in a clinical environment.

Strengths:

o Developing a well-structured integrated medical curriculum, with clear objectives and learning outcomes for the whole program and aligning the learning outcomes of the program with the different blocks, subjects, courses, taught in each academic year. Also aligning assessment with the program/block objectives and making significant improvement in benchmarking the creation of new questions, reviewing/editing questions, use of blue printing, critical evaluation of examinations and providing an analysis report post examination.

o Using a wide range of teaching and learning techniques to foster learning including problem-based learning, student's led seminars, practical (laboratory) classes, tutorials, e-learning (e-cases), clinical skills and simulation, case-based learning, interactive and flipped lectures.

o Giving priority to our staff in enhancing their teaching/learning and facilitation skills and ensuring that student-centered teaching is fostered. In the meantime, working on enhancing the students' meta-cognitive skills, and learning skills.

o Engaging our staff in the teaching and learning and making some improvement in building a culture of teaching and learning.

o Engaging students in research projects in year 3 using quantitative, qualitative or mixed methodology and supporting researchers from the college departments to supervise students.

Recommendations:

While we realize these achievements in our undergraduate medical program, we identify a number of areas that need further improvement. A summary of recommendations are shown below:

o Making more emphasis on teaching and learning, and interaction in the classroom and innovative strategies to enhance teachers' facilitation skills, and engagement skills to maximize learning, not just in knowledge but in clinical applications, diagnostic skills, cognition, professional behavior, and patient safety. These areas are our priorities and we need to focus on them as we enhance the teachers and students skills/training. We need to use effective mechanisms in fostering these skills and measuring achievements.

o Strengthening the use of the assessment tools in the formative, continuing and summative assessments. This particularly applies to diagnostic skills, cognitive skills, patient safety, and non-

cognitive skills that are difficult to assess such as professionalism and professional behavior. While we have been working on enhancing learning through simulated patients and clinical skill laboratory, more work is needed to maximize the use of these facilities in learning and assessment including patient's feedback, peer-feedback, self-evaluation, teacher's feedback and the need for individualization of feedback to foster learning.

o Enhancing students' learning support system and building a well-structured system by introducing a new unit in the medical education department that covers this area of need and provide learning support, psychological support, research support and other aspects. The aim is to facilitate students' transition to the university system and the new environment and building a culture of teaching and learning. Early detection of students struggling with the course, stressed, or depressed and providing needed support is a priority.

o With the completion of the mapping of the curriculum documents and placing contents on the new university electronic system, we should be able, as we complete this stage, to identify more areas in the curriculum that need to be integrated, enhanced or even modified. Working in parallel with a dynamic mapped curriculum should help different teams in assessing learning outcomes and maintaining the management of the curriculum effectively.

o Introducing a mentoring system, particularly in the clinical years is recommended. Such support is needed in preparing our students to successfully join the medical workforce and maximize their learning in the clinical environment.

Provide "direct assessments" for the current year's program learning outcomes, according to the dates provided above (G.3). A *key performance indicator* (KPI) table is provided below. Each learning outcome should utilize a separate KPI table. Over the four (five/six) year cycle, all program learning outcomes are to be assessed and reported in the *Annual Program Report*(s).

Note: Programs are to provide their own KPIs for directly measuring student performance.

The *KPI Assessment Table* is used to document directly assessed program learning outcomes. Each program learning outcome should use a separate table. Direct assessments methods may include: national or international standardized test results, rubrics, exams and learning outcome grade analysis, or learning achievement using an alternative scientific assessment system (copy the *KPI Assessment Table* and paste to make additional tables as needed).

KPI Assessment Table

KPI Code # 1.1	
Program KPI: *Average grading of MCQs for each block year 1 and 2*	
Assessment Year: 2016/2017	
Program Learning Outcome: Explain the normal structure and function of the body in relation to its organ systems including the human life cycle and its' effect on a human body's normal structure and function	
NQF Learning Domain	Knowledge
KPI Target Benchmark	**72 %**
KPI Actual Benchmark	74%
Internal Benchmark	72%
External Benchmark	NA

Analysis: (List strengths and recommendations):
The average grading of MCQs for all blocks in year 1 was 71.2 % and in year 2 was 75.5 % which is satisfactory at this phase. **Strengths:** Developing a well-structured integrated medical curriculum, with clear objectives and learning outcomes for the whole program. **Recommendation:** More emphasis on teaching and learning, and interaction in the classroom and innovative strategies to enhance teachers' facilitation skills

New Target Benchmark	76 %

KPI Code # 1.3

Program KPI: *Average grading of pharmacological MCQs for each block year 1 and 2*

Assessment Year : 2016/2017

Program Learning Outcome: Demonstrate a basic knowledge of the pharmacological principles of drugs relevant to clinical practice.

NQF Learning Domain	Knowledge
KPI Target Benchmark	**75 %**
KPI Actual Benchmark	73%
Internal Benchmark	74 %
External Benchmark	NA

Analysis: (List strengths and recommendations)

The average grading of MCQs for all blocks in year 1 was 71.2 % and in year 2 was 75.5 % which is below the targeted benchmark for 1st year and achieved it in 2nd year.

Strengths: Developing a well-structured integrated SaudiMED framework

Recommendation: engagement of skills to maximize learning, not just in knowledge but in clinical applications, diagnostic skills, cognition, professional behavior, and patient safety.

New Target Benchmark	76 %

KPI Code # 1.6

 Program KPI: *Average grading of MCQs in Psychiatry course*

Assessment Year : 2017/2018

Program Learning Outcome: Discuss the role of behavioral and psychosocial factors influencing wellbeing

NQF Learning Domain	Knowledge
KPI Target Benchmark	**75 %**
KPI Actual Benchmark	76%
Internal Benchmark	75%
External Benchmark	NA

Analysis: (List strengths and recommendations)

The Average grading in MCQs in Psych course achieved the target benchmark, and the result is satisfactory.

Strengths: Using a wide range of teaching and learning techniques to foster learning.

Recommendation: Strengthening the use of the assessment tools in the formative, continuing and summative assessments.

New Target Benchmark	78 %

KPI Code # 2.8	
Program KPI: *Average grading of MCQs in Psych course*	
Assessment Year: 2017/2018	
Program Learning Outcome: Identify factors influencing the health and illness patterns and the perception among populations; including life style, genetic, demographic, environmental, occupational, social, economic, psychological, and cultural factors	
NQF Learning Domain	**Cognitive skills**
KPI Target Benchmark	**74 %**
KPI Actual Benchmark	75%
Internal Benchmark	76%
External Benchmark	NA
Analysis: (List strengths and recommendations) The Average grading in MCQs in Psych course achieved the target benchmark, and the result is satisfactory. **Strengths:** Using a wide range of teaching and learning techniques to foster learning including problem-based learning, student's led seminars, practical (laboratory) classes, tutorials, e-learning (e-cases), clinical skills and simulation, bed-side learning, case-based learning, interactive and flipped lectures. **Recommendation:** Strengthening the use of the assessment tools in the formative, continuing and summative assessments. This particularly applies to diagnostic skills, cognitive skills, patient safety, and non-cognitive skills that are difficult to assess such as professionalism and professional behavior.	
New Target Benchmark	**77 %**

KPI Code # 5.1	
Program KPI: *Average grading of OSPE exam in foundation block*	
Assessment Year : 2016/2017	
Program Learning Outcome: Perform a comprehensive medical interview, a complete physical examination and essential clinical procedures competently.	
NQF Learning Domain	**Psychomotor**
KPI Target Benchmark	**80 %**
KPI Actual Benchmark	81 %
Internal Benchmark	82%
External Benchmark	NA
Analysis: (List strengths and recommendations) It is clear that the average grading of OSPE exam in foundation block is better than the average grading in MCQs that reflects the advanced psychomotor skills of the students **Strengths:** Practical (laboratory) classes, tutorials, e-learning (e-cases), clinical skills and simulation, bed-side learning, case-based learning, are good instructing methods rather than didactic lectures. **Recommendation:** This particularly applies to diagnostic skills, cognitive skills, patient safety, and non-cognitive skills that are difficult to assess such as professionalism and professional behavior.	

New Target Benchmark	84 %

KPI Code # 5.2
Program KPI: *Average grading of OSCE exam in Medicine courses*
Assessment Year: 2016/2017
Program Learning Outcome: Manage appropriately patients with medical emergencies, acute and chronic medical conditions.

NQF Learning Domain	Psychomotor
KPI Target Benchmark	77 %
KPI Actual Benchmark	75 %
Internal Benchmark	73%
External Benchmark	NA

Analysis:
The average grading of OSCE exam in MED courses is satisfactory that reflects the advanced psychomotor skills of the students
Strengths: Using a wide range of teaching and learning techniques to foster learning specially problem-based learning, student's led seminars, practical classes, tutorials, e-learning (e-cases), clinical skills and simulation, bed-side learning, case-based learning, interactive and flipped lectures.
Recommendation: Strengthening the use of the assessment tools in the formative, continuing and summative assessments. This particularly applies to diagnostic skills, cognitive skills, patient safety, and non-cognitive skills that are difficult to assess such as professionalism and professional behavior.

New Target Benchmark	80 %

State goal/objective: #1:
Students will have practiced effectively by developing and/or maintaining projects in various areas.

Target benchmark or standard of performance:
80% of graduates.

Result achieved or actual benchmark:
Student are Expected achieve the target benchmark this year.

Comments and analysis:
It is the first group they are expected to complete internship in a few months.

1. State goal/objective: #2

Students will have practiced effectively as professionals by leading and practicing in various areas.

Target benchmark or standard of performance:
70% of graduates.

Result achieved or actual benchmark:
Employer survey result- NA

Comments and analysis:
The students are newly involved and expected to complete their internship in one year.

State goal/objective: #3

Graduates will have pursued higher studies and conducted research in the medical field.

Target benchmark or standard of performance:
15% of graduates

Result achieved or actual benchmark:
Survey result- NA

Comments and analysis:
Regarding higher studies and conducting research, the Graduates are new and the number of them is increasing.

State goal/objective: # 4

Graduates will practice and have lifelong learning and professional development.

Target benchmark or standard of performance:
70% of graduates to be accepted in Residency and higher programs.

Result achieved or actual benchmark:
Survey result- NA

Comments and analysis:
The students are newly involved and expected to complete internship in one year and to apply for further studies.

State goal/objective: #5

The student curriculum is regularly updated, and the faculty are participating in the development activity.

Target benchmark or standard of performance:
80% of faculty.

Result achieved or actual benchmark:
Survey result- 80%

Comments and analysis:
Regarding providing a dynamic curriculum which encourage faculty members to participate in curriculum, the survey (80%) is positive and shows clearly that the graduates and faculty continue to learn new information in the related topics, during their professional life.

4. Orientation programs for new teaching staff
Orientation programs provided? Yes [✓] No [ ]   If offered how many participated? [All]

a. Brief Description

The Faculty Development Unit at the College of Medicine has taken the initiative to provide All the Faculty members who newly-joined the College with workshops orienting them to the curriculum being implemented, modes of assessment, PBL tutoring, Block/Course construction, and construction of multiple choice questions.

b. List recommendations for improvement by teaching staff.
The Faculty Development Unit significantly lacks human resources, as well as equipment and secretaries. Therefore, funding should be allocated to the Unit in order to maintain and expand it.

c. If orientation programs were not provided, give reasons.
NA

5. Professional Development Activities for Faculty, Teaching and Other Staff a. Activities Provided (📄 pdf FDU Report 2016-2017.pdf)	How many Participated	
	Teaching Staff	Other Staff
Re-take exam	50	
Block Construction 1	55	
Block Construction 2	56	
Dean of Scientific Research	50	
British Medical Journal	40	
Survey Development	64	
Integration of Ethics and Professionalism into the current curriculum	55	
Construction of cases for PBL sessions 1	52	
Construction of cases for PBL sessions 2	54	
Updates from Departments	51	
Patient Safety (Department of Public Health)	50	
Banking of Questions	60	

Construction of exam papers	60	
College Administration	65	
Elective course on Procedure Skills: Presentation by the course coordinator	35	
Construction of OSCE stations 1	45	
Construction of OSCE stations 2	50	

b. Summary analysis on usefulness of activities based on participant's evaluations or other evaluation methods.

Chart Title

- Faculty satisfaction with training
- Faculty assessment of usefulness of training
- Faculty assessment of relevance of training
- Faculty developed skill or competency
- Faculty willingness to recommend training to other faculty
- Faculty assessment of clear, purposeful communication
- Faculty assessment of improvement in teaching
- Faculty assessment of explanation of changes to their face-to-face teaching
- Student evaluations of faculty teaching
- Faculty assessment of changes in attitude toward online learning
- Faculty assessment of changes in perception of teacher's role
- Students' course grades
- Faculty assessment of explanation of instructional design principles
- Cost of training
- Faculty assessment of mentoring relationship
- Students' grades for specific course assignments
- Students' cumulative GPA
- Faculty assessment of research behind training

H. Independent Opinion on Quality of the Program (e.g. head of another similar department / program offering comment on evidence received and conclusions reached).

1. Matters Raised by Evaluator Giving Opinion	Comments by Program Coordinator

2. Implications for Planning for the Program	

Program KPI and Assessment Table

KPI #	KPI	KPI Target Benchmark	KPI Actual Benchmark	KPI Internal Benchmarks	KPI External Benchmark	KPI Analysis	KPI New Target Benchmark
S 1.1	Stakeholder's awareness rating of the mission and objectives	100%	**87.6%** of stakeholders are aware with mission & objectives.	90% of stakeholders are aware with mission and objectives.	NA	The data shows that 87.6% of stakeholders are aware with mission and objectives. This is a satisfactory percentage, our target is to even increase it to 100%.	100%
S 3.1	Students overall evaluation on the quality of their learning experiences at the institution.	100% of students are satisfied with the quality of learning.	61.8% of students are satisfied with the quality of learning.	90% of students are satisfied with the quality of learning.	76% Qassim COM	Strengths: 61.8% of students were satisfied with their quality of learning experiences at the College. Recommendations: To keep the new target of 100% student's satisfaction for the next two years for which all academic staff will be encouraged and their co-operation will be needed.	100% of students are satisfied with the quality of learning.
S 3.2	Proportion of courses in which student evaluations were conducted during the year.	Student evaluations to be conducted for 100%	Proportion of courses in which student evaluations were	Student evaluations to be conducted for 100% courses (1:1 proportion)	100% courses (1:1 proportion) Qassim COM	Strengths: A good proportion of courses were evaluated by the students. Recommendations:	Student evaluations to be conducted for 100%

		courses (1:1 proportion)	conducted (100%)			To sustain the new target.	courses (1:1 proportion)
S 4.1	Ratio of students to teaching staff (Based on full time equivalents).	8:1	784:171 (4.6:1)	8:1	4.5:1 Qassim COM	Strengths: Optimal ratio currently exists. Recommendations: To improve the ratio, especially for the Pre-Clinical Phase.	4.5:1
S. 4.2	The Students overall rating on the quality of their courses *(Average rating of students on a five point scale on overall evaluation of courses)*	5/5	31.5	4/5	3.8/5 Qassim COM	It is recommended to keep the new target of 5/5 for overall evaluation of quality of teaching	5/5
S 4.3	Proportion of teaching staff with verified doctoral qualifications	90%	84.97% (147:173)	90%	90.5% Qassim COM	Strengths: A good percentage of teaching staff possesses verified doctoral qualifications. Recommendations: To increase the existing percentage.	90%
S 4.4	Percentage of students entering programs who successfully complete first year.	90%	86.4%	90%	80% Qassim COM	It is recommended to keep the new target of 90% for which all academic staff will be encouraged	90%

S 4.5	Proportion of students entering undergraduate programs who complete those programs in minimum time.	90%	100%	90%	69.5% Qassim COM	Strengths: The College falls within the national average, as compared other Colleges in KSA. Recommendations: To increase the percentage of students who could finish the Program in minimum time.	90%
4.6	Proportion of students entering postgraduate programs who successfully complete those programs in specified time.	90%	65.21%	90%	75% Qassim COM	Strengths: The percentage completion falls below the national average. Recommendations: To work on the average and weak students to make the percentage even higher.	90%
S 4 **Additional**	Apparent completion rate for undergraduate programs.	90%	83.3%	90%	66% Qassim COM	It is recommended to increase this percentage to reach the target of 90%	90%
S 5.1	Ratio of students to administrative staff	10:1	16.72:1	10:1	17:1 Qassim COM	Strengths: NA. Recommendations:	10:1

						A significant work is urgently needed to increase the ratio of administrative and support staff.	
S 5.3	Student evaluation of academic and career counselling. *(Average rating on the adequacy of academic and career counselling on a five point scale).*	90%	83.8%	90%	76% Qassim COM	It is recommended to keep the new target of 90% overall rating from graduate students for usefulness of their learning experience during this program	90%
S 6.1	Number of book titles held in the library as a proportion of the number of students.	2:1	1.8:1	2:1	22:1 Qassim COM	Strengths: A good ratio currently exists. Recommendations: With the increase in the number of students enrolled in the Program, the existing ratio need to increase as well.	2:1
S 6.2	**Stakeholder evaluation of library services.** *(Average rating on adequacy of library services on a five point scale).*	1000:1	1000:1	1000:	117 Qassim COM	Strengths: Excellent number of periodical subscriptions as a proportion of the number of programs offered. Recommendations:	1200:1

						To maintain this achievement.	
S 6.4	Stakeholder evaluation of library services. *(Average rating on adequacy of library services on a five point scale).*	90% student satisfaction	63% student satisfaction	90%	76% Qassim COM	Strengths: A good percentage of degree satisfaction. Recommendations: To maintain and increase such percentage.	90%
S 6 **Additional**	Ratio of library space unit to student.	1: 2.31 M^2	1: 2.31 M^2	NA	1: 2.31 M^2 (UNESCO)	Strengths: Ratio of library space unit to students is very good and actual benchmark already meets the target benchmark Recommendations: No need for more action	1: 2.31 M^2
S 7.3	Average overall rating of adequacy of facilities and equipment in a survey of teaching staff	80 % staff satisfaction	59.3% staff are satisfied	NA	86% Qassim COM	Strengths: We still away from achieving our target of 80 % staff. Recommendations: We would like to keep our target benchmark same (80%) and work towards achieving it	80 %

S 7 **Additional**	Average overall rating of adequacy of office space in a survey of teaching staff.	70% staff satisfaction	55.5% staff are satisfied	68 % staff are satisfied	86% Qassim COM	Strengths: Adequate space. Recommendations: To increase the space available for both students and staff.	80%
S 9.1	Proportion of teaching staff leaving the institution in the past year for reasons other than age retirement.	0%	1.13%	0%	1% Qassim COM	Strengths: A good retainment rate. Recommendations: NA.	0%
S 9.2	Proportion of teaching staff participating in professional development activities during the past year.	90%	70%	90%	100% Qassim COM	Strengths: Optimum percentage of participation of teaching staff in at least one full day or equivalent of professional development activities. Recommendations: To increase the existing percentage.	100%
S 10.1	Number of refereed publications in the previous three years per full time equivalent member of teaching staff *(Publications based on the formula in the Higher Council Bylaw excluding conference presentations).*	5 refereed publications per full time members of teaching staff	1.7 refereed publications per full time members of teaching staff	5 refereed publications per full time members of teaching staff	1.1 Qassim COM	Strengths: NA Recommendations: It is badly needed to recruit teaching assistants and qualified technicians, so that the Clinical	5

						Faculty members could focus on conducting research and publishing papers. A fully-functional Research Center is also a necessity in order to achieve such a goal.	
S10.2	Number of citations in refereed journals in the previous year per full time equivalent teaching staff	90%	56%	90%	80% Qassim COM	Strengths: NA Recommendations: To keep the new target of 90% of the total teaching staff will have at least one refereed publication for which all academic staff will be encouraged	90%
S10.3	Proportion of full time members of teaching staff with at least one refereed publication during the previous year.	90%	25.43%	90%	90% Qassim COM	Strengths: NA Recommendations: it is badly needed to recruit teaching assistants and qualified technicians, so that the Faculty members could focus on conducting	90%

						research and publishing papers.	
S 10.4	Number of papers or reports presented at academic conferences during the past year per full time member of teaching staff.	1 presentation per full time staff members	0.16 presentation per full time staff members	1 presentation per full time staff members	1.6 Qassim COM	Strengths: NA Recommendations: It is badly needed to recruit teaching assistants and qualified technicians, so that the Clinical Faculty members could focus on conducting research and publishing papers.	1 presentation
S 11.1	Proportion of full time teaching and other staff actively engaged in community service activities	100	22	NA	30 Qassim COM	It is recommended to increase the new target benchmark as 100	100

Whole Program Analysis of KPIs and Benchmarks: (list strengths and recommendations)

STRENGTHS:
- Majority of students were satisfied with their quality of learning experiences at the College.
- A good proportion of courses were evaluated by the students.
- Optimal ratio of students to teaching staffs is currently exists.
- Majority of the students believed in the usefulness of what they have learned during this program in the future
- A good percentage of teaching staff possesses verified doctoral qualifications.
- The College falls within the national average, as compared other Colleges in KSA.
- The percentage completion falls above the national average.

- A good ratio of text books is currently exists in the library.
- Excellent number of periodical subscriptions as a proportion of the number of programs offered.
- A good percentage of degree satisfaction.
- Optimal space for staff offices.
- A good retainment rate of teaching staff.
- Optimum percentage of participation of teaching staff in at least one full day or equivalent of professional development activities.

RECOMMENDATIONS:
- To keep the new target of 100% student's satisfaction for the next two years for which all academic staff will be encouraged, and their co-operation will be needed.
- To increase the percentage of students who could finish the Program in minimum time.
- To work on the average and weak students to make the percentage even higher.
- A significant work is urgently needed to increase the ratio of administrative and support staff.
- With the increase in the number of students enrolled in the Program, the existing ratio need to increase as well.
- A significant work needs to be done in relation to IT services at the College.
- To increase the space available for both students and staff.
- With such a low number of Faculty members, especially in the Pre-Clinical Phase, it is badly needed to recruit teaching assistants, secretaries, and qualified technicians, so that the Faculty members could focus on conducting research and publishing papers. A fully-functional Research Center is also a necessity in order to achieve such a goal.

NOTE   The following definitions are provided to guide the completion of the above table for Program KPI and Assessment.

KPI refers to the key performance indicators the program used in its SSRP. This includes both the NCAAA suggested KPIs chosen and all additional KPIs determined by the program (including 50% of the NCAAA suggested KPIs and all others).
Target Benchmark refers to the anticipated or desired outcome (goal or aim) for each KPI.
Actual Benchmark refers to the actual outcome determined when the KPI is measured or calculated.
Internal Benchmarks refer to comparable benchmarks (actual findings) from inside the program (like data results from previous years or data results from other departments within the same college).
External Benchmarks refer to comparable benchmarks (actual findings) from similar programs that are outside the program (like from similar programs that are national or international).

KPI Analysis refers to a comparison and contrast of the benchmarks to determine strengths and recommendations for improvement.
New Target Benchmark refers to the establishment of a new anticipated or desired outcome for the KPI that is based on the KPI analysis.

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Program Action Plan Table

Directions: Based on the "*Analysis of KPIs and Benchmarks*" provided in the above Program KPI and Assessment Table, list the recommendations identified and proceed to establish a continuous improvement action plan.

No.	Recommendations	Actions	Assessment Mechanism Of Criteria	Responsible Person	Start Date	Completion Date
1	To keep the new target of 100% student's satisfaction for the next two years for which all academic staff will be encouraged and their co-operation will be needed.	Annual survey	Degree satisfaction of students	Quality Assurance Unit	End of each semester	Beginning of next semester
2	To improve the ratio, especially for the Pre-Clinical Phase.	Recruitment of staff	Faculty-Student Ratio	Chairmen of Departments, and Vice-Dean for Administration	Beginning of each academic year	End of the academic year
3	To increase the percentage of students who could finish the Program in minimum time.	Offering remedial exams	Progress of the students	Assessment Unit, and Vice-Dean for Academic Affairs	Beginning of each academic year	End of the academic year
4	To work on the average and weak students to	Counseling	Weak students performing better	Vice-Dean for Students Affairs,	Beginning of each	End of the academic year

	make the percentage even higher.			and Counseling Office	academic year	
5	A significant work is urgently needed to increase the ratio of administrative and support staff.	Recruitment of staff	Faculty-Student Ratio	Chairmen of Departments, and Vice-Dean for Administration	Beginning of each academic year	End of the academic year
6	With the increase in the number of students enrolled in the Program, the existing ratio need to increase as well.	Buying more books	Purchasing requests	Head of the Library	Beginning of each academic year	End of the academic year
7	A significant work needs to be done in relation to IT services at the College.	Recruitment of IT personnel	Status of IT at the College	Office of the Vice-Dean for Administration	Beginning of each academic year	End of the academic year
8	To increase the space available for both students and staff.	Moving to a new place	Agreement with the University	Office of the Dean	Beginning of each academic year	End of the academic year
9	With such a low number of Faculty members, especially in the Pre-Clinical Phase, it is badly needed to recruit teaching assistants, secretaries, and qualified technicians, so that the Faculty members could focus on conducting research and publishing papers. A fully-functional Research Center is also a necessity in order to achieve such a goal.	Recruitment of staff	Teaching load	Chairmen of Departments, and Vice-Deans for Academic Affairs and Administration	Beginning of each academic year	End of the academic year

Action Plan Analysis (List the strengths and recommendations for improvement of the Program Action Plan).
Strengths:
The action plan is being monitored.
Recommendations:
To speed up the process.

Education Evaluation Commission

I. Action Plan Progress Report

1. Progress on Implementation of Previous Year's Action Plans				If Not Complete, Give	
Actions Planned	Planned Completion Date	Person Responsible	Completed	Reasons	Proposed action
Recruit teaching staff, assistants, secretaries, and qualified technicians	By the end of the academic year2015/2016.	Dean of the College Vice dean of Administrative affairs	Pending	According to the university bylaws	
Ensuring that the assessment questions used in the formative and summative examinations are reviewed at the level of authors, departmental level and assessment committee. Planning ahead of timing for each stage is vital and continuous monitoring by the subject coordinators together with the assessment unit are in place.	By the end of the academic year 2015/2016.	Subjects coordinators and the assessment unit.	This process is achieved thru the assessment and examination centre where all the blue prints are reviewed for each exam.		

Program Chair/ Coordinator Name: Dr. Saad M. Al Telhab

Date Report Completed: Dec 2018

Received by: _____   Dean/Department Head

Signature: _____   Date: _____