

Policies and Procedures Manual

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

POLICY TITLE: Click here to enter text.

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1. Purpose

1.1 Click here to enter text.

2. Scope

2.1

2.2

3. Responsibility

3.1

3.2

4. Customers

4.1

4.2

5. Input

5.1


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6. Procedure

6.1

7. Output

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Kingdom of Saudi Arabia Ministry of Education Northern Border University Faculty of Medicine	 2007 - 1428 جامعة الحدود الشمالية NORTHERN BORDER UNIVERSITY	المملكة العربية السعودية وزارة التعليم جامعة الحدود الشمالية كلية الطب
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7. Forms


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8. Reference

8.1

8.2

Responsibility	Name	Title	Sign.
Prepared by	Eslam Kamal Fahmy	Member in Academic Accreditation Executive Committee	
Reviewed by	Eslam Kamal Fahmy	Head of Academic Accreditation Executive Committee	
Approved by	Dr.Ekramy Elmorsy	Vice Dean of Development & Quality	

<p>Kingdom of Saudi Arabia Ministry of Education Northern Border University Faculty of Medicine</p>		<p>المملكة العربية السعودية وزارة التعليم جامعة الحدود الشمالية كلية الطب</p>
<p>POLICY TITLE: Community service policy</p>	<p>NUMBER/VERSION: 12030</p>	
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1. Purpose:

1-1 To Organize all service activities by the Faculty of Medicine to the Community

2. Scope

This policy is applicable to:

- Campaigns for immunization; Covid-19, School Students
- Awareness Campaigns; Corona Virus, Pre-marriage Examination, Breast Cancer, Diabetes
- Workshops inside and outside the faculty
- Alumni Affairs
- Development of Service Providers (from outside the faculty)
- Research in the community by students and teaching staff

3. Responsibility:


- Head of Community Service unit
- Head of student affair unit

4. Customer

- Ministry of Health
- Ministry of Education
- Media feedback
- Northern Border University Students
- All members of the local and national communities

5. Inputs

- Contracts between the Faculty and the Ministry of Health
- Faculty by-laws
- Media and Internal and External Communication

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6. Procedures

6.1 Community Service

- 6.1.1 The annual plan: A plan is developed annually by the Community Service and Students affairs Unit for community services, with the required budget; to be approved by the Dean of the Faculty of Medicine then raised to be approved by both Deanships of Students Affairs and Community Service. Staff members and students implement the plan
- 6.1.1 Follow up: Technical and financial reports are presented half annually to the Dean and the related deanships of the university to follow the progress of the plan. A final annual report is established by Community Service and Students affairs Units and announced on the Faculty Website, University Magazine and other sites, e.g. Ministry of Health, partners, ..etc.
- 6.1.2 Request for a visit: If there is a requests from any agency in the community (as schools) for a visit or awareness campaign it must be directed to the Dean. After dean approval, the request is transferred to the Community Service and Students affairs Unit for preparing a plan for implementation, with involvement of the relevant departments; then the plan is forwarded to the dean for approval.
- 6.1.3 Regular reports are prepared by the community service and student affair units after each activity
- 6.1.4 Financial support: All programs are supported and financed through the University.

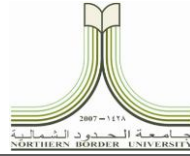
6.2 Research in the Community

- 6.2.1 Research is conducted in the local community of Northern Border to raise the awareness regarding health issues or determining the health needs of the community
- 6.2.2 Research are performed in the community by staff members and students
- 6.2.1 For students' research, the research is performed under the supervision of the teaching staff members in the Faculty of Medicine.
- 6.2.3 The proposed research is investigated and approved by the local bioethics committee of Northern Border University

7. Output

- Yearly approved community service plan
- Meetings of the Community Service and Students Activities Unit

Kingdom of Saudi Arabia
Ministry of Education
Northern Border University
Faculty of Medicine



المملكة العربية السعودية
وزارة التعليم
جامعة الحدود الشمالية
كلية الطب

POLICY TITLE: Community service policy

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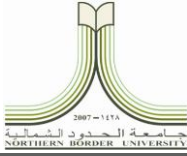
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Responsibility	Name	Title	Sign.
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<p>POLICY TITLE: Preventive and corrective actions policy</p>		<p>NUMBER/VERSION: 12002</p>
<p>Effective Date: 10-Apr-22</p>		<p>Expiration Date: 09-Apr-26</p>
<p>Revision Due: 10-Apr-24</p>		<p>Number of pages: Page 1 of 4</p>

1- Purpose:

- 1.1 1.1 The purpose of this policy is to provide a system for handling and investigating the potential non-compliances and take the proper preventive and corrective actions in order to prevent the occurrence of these non-compliances and to do the following:
- a- Handle and investigate the cause of non-conformances and take the suitable corrective action to eliminate the causes of actual or potential non-conformances in order to prevent recurrence.
 - b- Monitor and control actions to assure that corrective action procedure is fully implemented and effective.
 - c- Make sure that the corrective actions are appropriate to the magnitude of the problems.
 - d- Assigning responsibilities for initiating, requesting, carrying out and checking the effectiveness of corrective actions regarding to quality complaints and stakeholders requirements.

2- Scope:

- 2 . 1 All Faculty departments / activities for all elements of the quality management system.

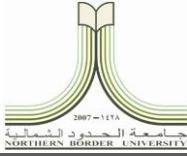
3- Responsibility:

- 3 - 1 All the Faculty managers for analysis and initiation in coordination with Quality Assurance Department.
- 3 - 2 Quality and Accreditation Unit manager is responsible for following up and maintaining records and to assure the effective implementation.

4- Customer:

Internal: All Functions with applied planning to prevent potential non-conformance from their own experience as well as the relevant experiences from other similar faculties

External: All stakeholders that benefit from preventive action improvement.


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5- Inputs:

Requests and proposals for preventive actions.

6 - Procedure:

- 6.1 The preventive and corrective actions are initiated in one or more of the following cases, but not limited to:
- Emergency measures declared by MOH, especially during pandemic and epidemic circumstances.
 - Health promotion, patient care and disease prevention.
 - As a recommendation while implementing the quality system observed during an internal or external audits and evaluations as an opportunity for improvement (OFI).
 - As a results of the management review meeting.
 - As a result of data analysis and continual renewal.
 - Faculty staff and employee's observations.
 - After analysis of stakeholders and postgraduate feedback.
 - After analysis of student assessments.
 - After analysis of the program's evaluations.
 - After analysis of objectives and ILOs achievements.
 - As a result of the analysis of the annual reports.
 - As a result of benchmarking with comparable Institutions.
- 6.2 The concerned unit, department, or module committee will collect the necessary data for one or more of the cases mentioned in item (6-1). The concerned manager will use one of the famous techniques to analysis the given data
- F. Find the problem and define its level
- O. Organizing committee is arranged to improve the process (mostly the unit, department or the concerned committees). Higher administration may be involved if their support is required.

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C. Clarify the current situation

U. Understand the source of process variation by root analysis

S. Select the methods improvement

6.3 The concerned department manager may use the PDCA (Plan – Do – Check – Act) technique to analysis the given data and take the proper preventive action. This technique contains only four phases as follows:

Phase one: *planning phase*, in this phase the department manager or his/her representative will collect the available data and analysis it in order to discover the main problem. Also will detect the root cause of the problem and he/she will plan for the action needed and prepare the necessary resources.

Phase two: *execution phase*, during this phase the concerned manager and his/her team will implement the action plan in the due dates.

Phase three: *monitoring and checking phase*, in this phase the concerned or QA will collect some data to measure the performance after implementing the necessary controls.

Phase four: *action phase*, in case of deviation between the output results and the planned requirements, the manager will take the necessary actions.


6.4 The Quality Assurance Manager evaluates periodically (according to its recheck cyclce) the efficiency ofimplementation of the preventive and corrective actions, and he/she will keep copy.

7 - Outputs:

Proposed CARs with full root cause analyses and proposed Preventive Actions
Projects submitted and this regard

9 - Forms:

Improvement project form

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10- References:


- Applicable By-laws and Regulations

Definitions:

Corrective action : Action to eliminate the cause of a detected nonconformity or other undesirable situation to avoid **recurrence of a non-conformity**.

Preventive action : Action to eliminate the cause of a potential nonconformity or other undesirable potential situation to avoid **occurrence of a non-conformity**.

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<p>POLICY TITLE: Course specification, implementation, and reporting</p>		<p>NUMBER/VERSION: NBU-FM-12003</p>
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1- Purpose:

- 1-1 To prepare the course specifications
- 1-2 To plan for implementation of the courses
- 1-3 To evaluate the courses
- 1-4 To prepare the course report

2- Scope:

Preparation of course specifications, implementation and reporting in the Faculty of Medicine, NBU.


3- Responsibility:

- 3 - 1 Vice Dean for Academic affairs (Module coordinator & Course Committee)
- 3 - 2 Medical Education Unit
- 3 - 3 Head of Examination Unit
- 3 - 4 Heads of academic departments
- 3-5 Unit of laboratories and learning facilities.

4- Customer:

- Faculty students
- Teaching staff in the Faculty of Medicine

5- Inputs:

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- 5-1 Program Specifications
- 5-2 Academic Map
- 5-3 Previous year course Report
- 5-4 Previous year Course Specification
- 5-5 Bylaws for Study and Examination, Faculty of Medicine, NBU
- 5-6 MEU recommendations

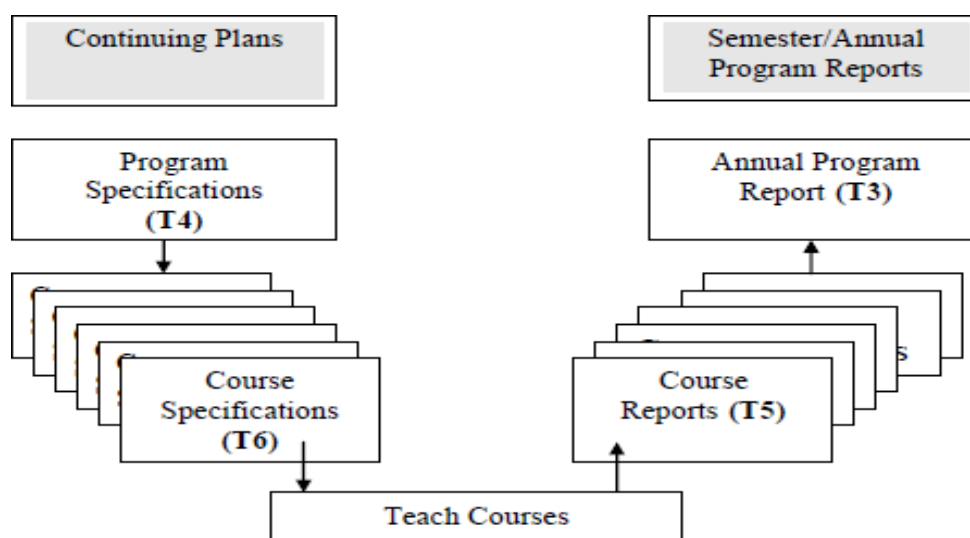
6- Procedure:

Course Specifications:

General Principles of Course Specification Development

1. Faculty of Medicine, NBU adopts the concepts of NCAAA in preparation of the medical education program.
2. The following diagram illustrates the planning for course specifications and reporting (Quoted from NCAAA Handbook II, chapter 2, 2008)
3. The course specification is reviewed completely annually or upon urgent need to change.
4. Systems and study plans committee – MEU responsible for course review and improvement on regular basis based on different recommendations from:
 - 4.1. Previous course report
 - 4.2. Quality & Accreditation unit
 - 4.3. Students' surveys
 - 4.4. Planning and development unit


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Procedures

1. The course committee prepares the 1st draft of the course specification under guidance of Quality executive committee using the directions set in the top management meeting. The sources of guidance include: all documents used to prepare the program specification, which include:

- 1.1. NBU A Practical Guide to Designing Academic Plans and Programs
- 1.2. Executive rules of Study and Examination, NBU
- 1.3. Executive rules of Study and Examination, Faculty of Medicine, NBU
- 1.4. NQF standards
- 1.5. SaudiMEDs (National qualifications of physicians in Saudi Arabia)
- 1.6. Saudi Medical Licensure Examination - Applicant Guide
- 1.7. Handbook for Quality Assurance and Accreditation Part 1, Version 3 -

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2015

1.8.NCAAA Handbook for Quality Assurance and Accreditation Part 2,
Version 3 – 2015

1.9.Bench mark.

2. Course committee should consider the following principles during preparation/update of course specification:

2.1. Course Specification should be prepared according to last version of NCAAA format for Course Specifications.

2.2. The course is clearly aligned to the program specification.

2.3. Development of course specification should be adherent to the quality cycle.

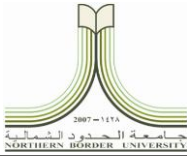
2.4. Course specification should be developed within the existing program framework

2.5. Course specification designing and development should conform to the general qualification standards of the program.


2.6. Course specification should be developed in consultation with relevant stakeholders (current and past students, other academics, professional bodies and employers in both the private and public sector);

2.7. Course learning outcomes (CLOs), contents, instructional methods and assessment criteria should be explicitly stated for each course and will be integrated with the program learning outcomes as a whole, forming the basis for development and review;

2.8. Course specification should have clearly stated CLOs which include the corresponding National Qualification Framework domains.

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- 2.9. CLOs should reflect any appropriate professional standards.
- 2.10. CLOs should be linked to related assessment criteria and who will inform the assessment of competencies at the end of the learning experience;
- 2.11. Teaching and learning activities and assessment methods should support the specified learning outcomes;
- 2.12. The CLOs should be aligned with PLOs (Map course LOs with the PLOs).
- 2.13. Alignment of CLOs with Teaching Strategies and Assessment Method.
- 2.14. Stakeholders should be consulted in designing, updating and reviewing the course specifications.
3. The first draft of Course Specification submitted to MEU for initial approval.
4. The first draft of program Specification distributed by MEU to stakeholders (Dean, Vice Deans, Head of the Departments, Head of MEU, Head Q&AAU, Head of simulation unit, Head of Internship Unit, Head of Academic Supervision Unit, Head of Exam Unit, Head of Community Services and Student Activities unit, year coordinators, Course Coordinators, selected faculty members, students, graduates, alumni, and employers) and external reviewers for revision, feedback, discussion and modifications.
5. The second draft of Program Specification is then prepared by the quality executive committee with course committee based on recommendations from different parties in point # 4.
6. Course Specification Approval process
 - 6.1. Initial approval of Course Specification by MEU
 - 6.2. Final approval of Course Specification by Curriculum and planning Committee
7. The program Specifications publicity:

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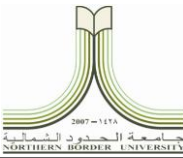
- 7.1. Course specification is distributed to all course coordinators to prepare their course specifications and other relevant stakeholders.
- 7.2. Course specification is included into the study guide to be distributed to all students taught the course
8. Based on approved Course Specification, course coordinator prepare the followings:
 - 8.1 Course Timetable
 - 8.2 Study Guide
 - 8.3 Student Guide
 - 8.4 Implementation plan (follow-up and monitoring plan)
9. The process of reforming the current or the development of a new course:
 - 9.1. The request is submitted by the Course Coordinator using the Form (ME F03) to the MEU.
 - 9.2. The approval by MEU will be submitted to course coordinator using the Form (ME F04).
 - 9.3. The Course Coordinator with the course committee, reform the current course or prepare the new course with the same process of preparing the Course Specifications using the above- mentioned format for the Course Specification.

Course Implementation:

1. Course implementation plan assure that the course will be implemented according to what had been planned by developing follow-up and monitoring plan (specify the task, time frame and responsibilities).
2. Course coordinator distribute the following documents:
 - 2.1. Course timetable and study guide to all faculty members participating in teaching


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- of the course at least one (week) before start of the course.
- 2.2. Course timetable and student guide to leader of the students to be circulated for all student in the class at least one (week) before start of the course.
 - 2.3. Course timetable to the supervisors of academic and clinical affairs at least one (week) before start of the course.
 - 2.4. The supervisors of academic and clinical affairs send a copy to the examination unit to arrange for invigilation and exam halls.
 - 2.5. Examinations should run as described in Student Assessment Policy STOP
3. Course Coordinator, year Coordinator, Head of department, Head of Examination Unit, Vice-Dean for Clinical & Academic Affairs and the Vice-Dean for the Female Section are responsible for monitoring the implementation of the course activities and solving the related problems.
 4. Any complaint from the male students and the teaching staff during the implementation of the course is directed to the supervisors of academic and clinical affairs then raised to the committee of Academic Affairs which is responsible for solving the problem.
 5. Any complaint from the female students and teaching staff regarding the implementation of the course is directed to the Vice Dean of Female Section then raised to the committee of Academic Affairs which is responsible for solving the problem.
 6. Any absence excuse from the male/female students during the course is directed to the supervisors of academic and clinical affairs /Vice Dean of Female Section then raised to the committee of excuse committee which is responsible for solving the problem.

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Course Reporting:

1. The Course Reports are prepared by the course coordinator and committee using the last version of NCAAA course report format by the end of each semester.
2. Input:
 - 2.1. Student Result
 - 2.2. Course Evaluation
 - 2.2.1. Students Course Evaluation
 - 2.2.2. Other Course Evaluation
 - 2.3. CLOs Assessment
 - 2.4. Topic implementation report
 - 2.5. Peer evaluation report
3. The Course Coordinator with the course committee discuss all the input data, to prepare the course report.
4. The Course Coordinator with the course committee defines the gap between what is planned and what is implemented for the course as well as the difficulties and obstacles that have been faced during the implementation of the course.
5. The Course Coordinator with the course committee prepare an improvement plan to for the next year for implementation of the course.
6. The Course Coordinator submit the first draft of course report to the Program Evaluation Committee for revisio

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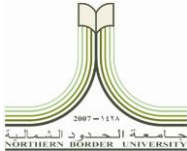
7. Course committee prepare the final draft based on revision recommendation by PEC.
8. Initial approval of course report by PEC.
9. Final approval of Course report by MEU.

7- Outputs:

- Course Specifications
- Field Experience Specification
- Courses reports
- Field Experience Reports
- Time table of the course for Female and Male Students
- Implementation Plan
- Student guide
- Orientation session for the student
- Surveys for evaluation of the course by students
- Reports for the surveys evaluating the course
- Requests form for course reform
- Approval form for course reform
- Requests form for developing new course
- Approval form for developing new course

9- Forms:




1. Course Specification Form of NCAAA - Latest version
2. Field Experience specifications form of NCAAA- latest version
3. Course Report Form of NCAAA – latest version


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4. Field Experience report form of NCAAA – Latest version
5. Program specification
6. Annual program report
7. Course evaluation survey (CES)

10- References:

1. NCAAA handbook I,
2. Bylaws of Study and Examinations, Faculty of Medicine, NBU
3. Faculty of Medicine guide for study and examination
4. SAQF 2017 & NQF (2020) descriptor

Responsibility	Name	Title	Sign.
Prepared by :	Dr. Hafiz Bin Idris	Member of Quality and Academic Accreditation Committee	
Reviewed by :	Dr. Eslam Kamal	Head of Quality and Academic Accreditation Committee	
Approved by :	Dr. Ekramy Elmorsy	Vice Dean of Development & Quality	

<p>Kingdom of Saudi Arabia Ministry of Education Northern Border University Faculty of Medicine</p>		<p>المملكة العربية السعودية وزارة التعليم جامعة الحدود الشمالية كلية الطب</p>
<p>POLICY TITLE: Developing and Reviewing the Program Mission and Goals</p>	<p>NUMBER/VERSION: 12004</p>	
<p>Effective Date: 10-Apr-22</p>	<p>Expiration Date: 09-Apr-26</p>	
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1. Purpose

- 1-1 To develop, review, update, evaluate the mission and goals and distribute it
- 1-2 To develop the strategic plan and the strategic goals of the Faculty of medicine, NBU including the objectives, detailed initiatives, activities and the key performance indicators
- 1-3 To review the strategic plan annually to develop the necessary changes according to the monitoring processes

2. Scope

- 2.1 This process is applicable to the main functions in the Faculty of Medicine, NBU, including education, research and community services

3. Responsibility


- 3.1 The Dean
- 3.2 Strategic plan committee
- 3.3 General public and media unit
- 3.4 All the functions in the Faculty of Medicine, NBU as appropriate

4. Customers

- 4.1 All the students in the Faculty of medicine, NBU
- 4.2 All the teaching staff and administrative staff in the Faculty of Medicine, NBU
- 4.3 Community represented by for example Ministry of Health, community leaders

5. Input

- 5.1 Mission and vision of NBU

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- 5.2 Strategic Plan, strategic goals , initiatives of Faculty of medicine NBU
- 5.3 Self- Study every 3-5 years for the Faculty of medicine, NBU
- 5.4 Annual reports of the Faculty of Medicine, NBU
- 5.5 Progress reports about application of the improvement plans
- 5.6 Results of regular internal audits using the approved KPIs
- 5.7 Updated recommendations of WHO and NCAAA for the Faculties of Medicine
- 5.8 Opinions of the Advisory Committee and external evaluators


6. Procedure

Mission:


- 6.1 The college council announces starting the process of reviewing and developing the mission every 3-5 years for all the internal stakeholders as a 1st step. Brain storming sessions and surveys are performed to evaluate the opinions regarding the current sessions. Points of strength and weakness in the mission are investigated in this process.
- 6.2 The most recent changes in Standards of Medical Education nationally and internationally are reported to be considered in re-stating the mission.
- 6.3 A special committee is formed under the umbrella of the college council for re-stating the mission considering all the previously mentioned inputs NBU Mission. The statement should be clear and realistic
- 6.4 The restated mission is evaluated through the Advisory committee and an external evaluator. After finalizing this process; the updated mission is raised to the college council for discussion and approval then raised for NBU council to be approved.

Strategic Plan:

- 6.5 Revising the latest version of NBU Strategic Plan
- 6.6 After finishing the self-study for the Faculty of Medicine, NBU according to latest version of NCAAA standards (every 3-5 years) and finishing the final report by the Self-Study and Annual Report Committee, it is submitted to the college council and strategic plan committee.
- 6.7 The strategic plan committee develops the SWOT analysis and Gap Analysis according to NCAAA standards through surveying the stakeholders
- 6.8 The strategic plan committee presents the report to the teaching and administrative staff of the Faculty in a workshop to develop the suggested

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- improvement plans for the presented situation
- 6.9 Considering the updated mission, the strategic plan of NBU and the suggested improvement plans resulted from this workshop, the Strategic goals are produced to be discussed with all internal and external stakeholders.
- 6.10 After finalization of discussing the strategic goals, the strategic plan committee design the initiatives and action steps to develop the frame of the strategic plan
- 6.11 These plans are discussed with their lead roles for sharpening the activities and tasks and fixing the dates
- 6.12 After the preliminary approval by the stakeholders, the strategic plan committee then prepare the Key Performance Indicators (KPIs) according to NCAAA standard and those suggested by the lead roles to be used for monitoring the progress in the achievement of the strategic goals
- 6.13 All the strategic plan is discussed with the top management of the Faculty for more controlling of all the activities before the final approval by the college Council
- 6.14 The strategic plan committee prepare the risk management plan for the action plan of the strategic plan
- 6.15 The document of the strategic plan is presented to the college Council for approval. The document should include the following items:
- Dean word
 - Preface
 - Faculty Description
 - Methodology of strategic planning
 - Gap analysis
 - SWOT Analysis
 - Mission, Vision, Common values and Strategic goals
 - Strategic objectives
 - Action plan including initiatives, action steps and KPIs
 - Alignment with NBU Mission and strategic goals
 - Risk assessment
 - Risk management plan
 - Attached: Self-Study
- 6.16 The strategic plan committee is responsible to orient all the lead roles about the action plans and technically support them
- 6.17 All the lead roles should present progress report annually to the strategic plan

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committee

- 6.18 The internal Audit should use the KPIs approved in monitoring of the activities of the Faculty and raise the internal audit report to the strategic plan committee.
- 6.19 The strategic plan committee before the end of each academic year (along the duration of the strategic plan) by 2 months revise the progress of the action plans and suggest the necessary changes to be raised to the Dean who will discuss it with the Faculty council to approve it.
- 6.20 Those reports are presented with the advisory committee to get their perspectives in the suggested changes
- 6.21 All the changes should be returned to the lead roles by strategic plan committee for technical support

7. Output


- 7.1 Updated Mission
- 7.2 Newly developed Strategic Plan every 3-5 years
- 7.3 Reviewed action plans every year




8. Forms

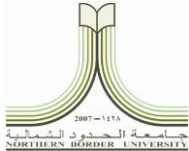
- 8.1 Operational plan form

9. Reference

- 9.1 NCAAA
- 9.2 NBU strategic plan
- 9.3 By-laws of the University
- 9.4 Mother policy for college of medicine

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Responsibility	Name	Title	Sign.
Prepared by	Eslam Kamal Fahmy	Member in Academic Accreditation Executive Committee	
Reviewed by	Eslam Kamal Fahmy	Head of Academic Accreditation Executive Committee	
Approved by	Dr. Ekramy Elmorsy	Vice Dean of Development & Quality	

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<p>POLICY TITLE: Program learning outcomes and graduate attributes development, implementation, and Revision policy</p>	<p>NUMBER/VERSION: 12005</p>	
<p>Effective Date: 10-Apr-22</p>	<p>Expiration Date: 09-Apr-26</p>	
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1-Purpose:

- 1-1 To plan for the development of the program learning outcomes (PLOs) and program graduate attributes (PGAs).
- 1-2 To plan for implementation of the program learning outcomes and graduate attributes
- 1-3 To revise the program learning outcomes and graduate attributes every 6 years

2-Scope:

Preparation of the development of the program learning outcomes and graduate attributes development, implementation, and periodic revision every 6 years in the Faculty of Medicine, NBU.

3-Responsibility:

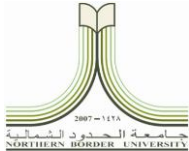
- 3-1- Dean of the faculty
- 3-2- Vice-Dean of Quality Development
- 3-3- Vice Dean for Academic affairs
- 3-4- Vice-Dean for Clinical Affairs
- 3-5- Vice-Dean for Female Section
- 3-6- Systems & Study Planning Committee
- 3-7- Medical Education Unit
- 3-8- Heads of Departments
- 3-9 -Head of Quality & Academic Accreditation Unit (QAAU)

4-Customer:

- 4-1 Students in Faculty of Medicine NBU
- 4-2 Teaching staff in the Faculty of Medicine, NBU
- 4-3 Community in Northern Border region
- 4-4 Employers of the graduates of Faculty of Medicine, NBU Job Market

5-Inputs:

- 5-1 Previous Program Specifications
- 5-2 NCAAA academic Standard-2018
- 5-3 SaudiMEDs
- 5-4 Saudi Qualification framework (SAQF) or National qualifications framework in Saudi Arabia (NQF)
- 5-5 NCAAA quality standards for the educational program
- 5-6 Manual design, development and review Academic programs at Northern Border University Executive rules of Study and Examination, NBU
- 5-7 NCAAA Handbook or Quality Assurance and Accreditation Part2, Version3–2015

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6-Procedure:

General Rules-NCAAA

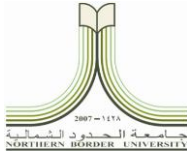
- Faculty of Medicine, NBU adopts the concepts of NCAAA in preparation of the medical education program including their learning outcomes and graduate attributes.
- The program learning outcomes and graduate attributes undergone comprehensive review and evaluation every 6 years or upon urgent need to change upon changes in NCAAA forms with changes in the domains.
- Adopt SAQF.

General Rules– NBU

- Built-in accordance with Islamic principles
- Give care to occupation alethic
- Based on SAQF
- The program should be built according to the needs of society and labor market.
- The process is guided by NBU and College regulations
- Aligned with NBU, College and Program Mission, Goals and Objectives

General Principles of PLOs and PGAs Development

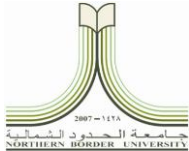
- Consultancy: All stakeholders have been consulted in designing and reviewing the PLOs and PGAs and its courses. Stakeholders were:
 - Teaching staff
 - Administrative staff
 - Alumni
 - Students in the program
 - Employers
- PLOs and PGAs are clearly aligned to the mission and vision of both the Faculty of Medicine and NBU.

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- Development to program will adhere to the quality cycle.
- PLOs and PGAs are reviewed completely every 6 years or upon urgent need to change.
- The dean asks the Systems & Study plan committee to prepare a study evaluating the current medical educational program including PLOs and PGAs.
- The committee invites for a workshop of the top management (including the Dean, Vice- Deans, heads of department and course coordinators) to present the report prepared by the Systems & Study plan committee and decide the directions of the renovated educational program including PLOs and PGAs.
- The committee prepares the 1st draft of the PLOs and PGAs using the directions set in the top management meeting.
- For PLOs and PGAs development and revision the committee consider the followings:
 - Program Mission
 - Program Learning Objectives
 - Program Strategic goals
 - SAQF or NQF
 - SaudiMEDs Framework
 - Benchmark
 - Professional bodies (SMLE)
 - Market needs
- The initial draft is represented to the internal and external stakeholders via workshops or surveys and all opinions are considered in the formulation of the new PLOs and PGAs.
- The formulated PLOs and PGAs are submitted to the college council for discussion and approval.
- After approval of the presidents to the meeting minutes the PLOs and PGA are sent to the vice-president of academic affairs to be discussed and approved by the standing committee of systems and study plans.
- PLOs and PGAs and the matrix connecting the PLOs should be evaluated by external evaluator
- The final PLOs and PGAs are approved by the University council



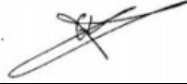
9-Forms:

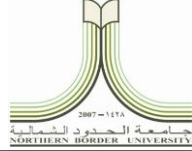
- Program Specification Form of NCAAA2018

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10-References:

- Handbook for Quality Assurance and Accreditation Part 1, Version 3-2015
- NCAAA Handbook for Quality Assurance and Accreditation Part 2, Version 3 –2015
- SAQF and NQF standards

Responsibility	Name	Title	Sign.
Prepared by:	Dr. Hafiz Idris	member of Head of Academic Accreditation Committee	
Reviewed by:	Dr. Eslam Kamal	Head of Quality & Academic Accreditation committee	
Approved by:	Dr. Ekramy Elmorsy	Vice Dean of Development and Quality	

<p>Kingdom of Saudi Arabia Ministry of Education Northern Border University Faculty of Medicine</p>		<p>المملكة العربية السعودية وزارة التعليم جامعة الحدود الشمالية كلية الطب</p>
<p>POLICY TITLE: Equipment using policy</p>	<p>NUMBER/VERSION: 12006</p>	
<p>Effective Date: 10-Apr-2022</p>	<p>Expiration Date: 9-Apr-2026</p>	
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1- Purpose:

The purpose of this policy is to determine the effectiveness of using the equipment and learning resources in the Faculty of Medicine.

2- Scope:

This policy is applicable to the used leaning resources such as the laboratory equipment, computer and skill labs, research and other resources as well as other materials within the Faculty of Medicine.

3- Responsibility:

- 3 - 1 Vice-deanship for Academic Affairs
- 3 - 2 Head of Education resources and E-Learning
- 3 - 3 Head of Research Unit
- 3 - 4 Course Coordinators
- 3 - 5 Faculty Manager
- 3 - 6 Head of administration affairs
- 3 - 7 Head of Technical Affairs
- 3 - 8 Supervisors and officers of the different labs and premises


4- Customer:

Internal: Staff members, students and researchers

External: Researchers and common users from outside the Faculty

5- Inputs:

- Internal by-laws of the Faculty
- The Teaching and Learning loading and usage of the different equipment
- The agreed research plan
- The agreement with the External faculties and Institutes and the mutual responsibilities

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6- Procedure:

- 6 - 1 A complete agenda from the Unit of Curriculum Implementation, Research Unit, and External Faculty or Institutes is collected before the end of scholar year.
- 6 - 2 Based on the provided data, a complete schedule for the next semesters is established to include
 - The premise and place utilized and course coordinators
 - The type and identification of the equipment used
 - The number of used equipment in hours on a weekly basis
 - The determined responsibilities between faculties
- 6 - 3 The schedule is signed by all custodians of the place and equipment used
- 6 - 4 The schedule is reported to the Vice-Dean for Academic Affairs for final approval
- 6 - 5 The supervisors post the approved schedule at the entrance of each facility to be legible to all coordinators and students
- 6 - 6 Coordinators are responsible for the supervision of the student usage of the equipment
- 6 - 7 In case an equipment is out of order or erroneous for any reason, the coordinator reports the defect to the custodian to take the necessary corrective actions
- 6 - 8 The custodians record the actual timing of the usage against the planned duration
- 6 - 9 By the end of each week a report is established as to the actual against usage time.
- 6 - 10 For researches, the principal researcher records the actual usage of the needed equipment as well as the used materials and tools as separate records with the dates to be reported to the Vice-Dean for Academic affairs and the Head of Research Unit.
- 6 - 11 Other usages are recorded by those assigned in the agreement to be reported to the Vice-Dean for Academic affairs on as used basis with the equipment, materials and tools used.
- 6 - 12 A maintenance schedule is planned and implemented according to the provided manufacturer manuals and demonstrated on annual maintenance plan
- 6 - 13 Further analyses are performed by the Head of Learning Resources Unit to demonstrate the effectiveness of equipment usage and to determine the over-usage, under-usage or even usage of the equipment to decide the rebalance of planning and provision of extra equipment or the disposition of the under-used facilities.

7- Outputs:

- Records of actual against planned equipment usage
- Analysis of the actual usage and further dispositions
- The Maintenance Plan of the equipment and premises

POLICY TITLE: Equipment using policy

NUMBER/VERSION: 12006

Effective Date: 10-Apr-2022

Expiration Date: 9-Apr-2026

Revision Due: 10-Apr-2024




Number of pages: Page 3 of 3

8- Forms:

- The maintenance plan
- The actual against planned records

9- References:

- By-laws
- NCAAA 2018

Responsibility	Name	Title	Sign.
Prepared by :	Dr. Afaf Taha	Member in Quality and Academic Accreditation Committee	
Reviewed by :	Dr. Eslam Kamal	Deputy of Head of Academic Accreditation Executive Committee	
Approved by :	Dr. Ekramy Elmorsy	Vice Dean of Development & Quality	

POLICY TITLE: Internal audit policy

NUMBER/VERSION: NBU-FM-12007

Effective Date: 10-Apr-22

Expiration Date: 09-Apr-26

Revision Due: 10-Apr-24

Number of pages: Page 1 of 4

1- Purpose:

This procedure details the steps of the planning, conducting and follow up the internal audits as a major tool for the faculty to monitor and measure its quality management system. The aim is to ensure:


- Whether quality activities and related results comply with planned arrangements according to NCAAA (2018) requirements
- To determine the effectiveness of the system.
- The system has been properly implemented and maintained.
- To provide information on the results of audits to top management.

2- Scope:

All Faculty Departments / Activities.

3- Responsibility:

- The Vice-dean for Development and Quality is responsible for the overall auditing plan development and team formation. Changes due to any circumstances should always refer to him.
- The Audit team (s) to conduct the audit and decide the issuance of the nonconformity report(s) and to follow up the closing of the corrective actions.
- The Vice-dean for Development and Quality prepares the audit report and the relevant analyses for presentation to the to the top management in their Management Review meeting,
- A copy of the report is issued to the Statistical Unit
- The Quality and Accreditation Unit is responsible for the distribution of the procedure, plan, and the necessary documents, references and standards to the nominated qualified auditors.

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<p>POLICY TITLE: Internal audit policy</p>		<p>NUMBER/VERSION: NBU-FM-12007</p>
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- A copy of all audit outputs is issued to the Statistical Unit

4- Customer:

Internal Customers:

- Top Management
- All departments and functions of the Faculty

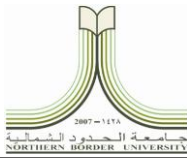
External Customers:

- Accreditation Body

The aim is to provide a mechanism for improvement

6- Procedure:

- 6- 1 The internal audits are carried out annually or as necessary on the basis of:
- The results of the previous audits (internal / external).
 - Basic changes in the system.
 - The status and importance of the processes, procedures and areas to be audited.
- 6- 2 Audit Team (formation and qualifications):
- Audit team leader(s) is appointed by the Vice-Dean of Development and Quality.
 - The audit team is selected to be independent of those having direct responsibility for the activity being audited.
 - Auditors will conduct the audit in teams.
 - Auditors must attend a brief course about internal audit.
 - Auditors must have the basic knowledge about the requirements of NCAAA and the arranged processes and procedures of the quality system.
 - The lead auditor is **preferred** to be qualified as lead auditor.
- 6- 3 Concerned committees, units and departments are informed 2 weeks prior to audit to prepare their reports and manuals as evidences for the standards. Audit team is using the form specified by the deanship of quality, which is covering the requirements as well as requirements of NCAAA accreditation.
- 6- 4 The Quality and Accreditation Unit informs all concerned departments/units/staff as well as auditors and sends them a copy of the plan.
- 6- 5 During the audit, auditors use the checklist to perform the audit and submit the audit report to be submitted to the vice-dean of quality and development.

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- 6- 6 The audit report shall contain the progress of the previous audit recommendations and the new recommendations for improvement and evaluate the state of the program in relation to accreditation.
- 6- 7 The Audit report will be sent to the concerned departments, and it connect is discussed with the faculty council and sent to the deanship of quality. A verbal or copies are conveyed through to the auditee to prompt immediate corrective actions.
- 6- 8 The management responsible for the area being audited shall ensure that actions are taken without undue delay to eliminate the detected non-conformities and their causes.
- 6- 9 If required, unplanned audit could be conducted for part of or all the system.
- 6- 10 The results of audits form an integral part of the input to Vice- Dean of Development & Quality activities, which shall apply suitable methods for monitoring, and, where applicable, measurement of the quality management system processes. These methods shall demonstrate the ability of the processes to achieve planned results.

7 – Outputs:

- Audit report
- Auditors list.
- Checklists.

8-Forms:

Audit report
Audit checklists


9– References:

NCAAA standards and pre-requisites for accreditation

Definitions

Major (critical) nonconformity:

- Absent manual or policy controlling important process affecting learning and teaching.
- Non implementation of a manual or policy
- A similarly repeated minor non-conformity in several departments which will drastically affect the quality of the teaching process or the Educational Program




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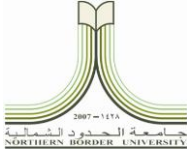
Minor (not critical) non conformity:

- A part of manual or policy is not implemented which does not affect the quality of teaching process or educational program
- An activity which is required for the proper implementation of the teaching and learning program is not introduced or issued.
- ILO or an objective not achieved.
-

Observation:

A remark or nonconformity rather than what exist in items (Major or Minor) has no enough objective evidence to raise corrective action report.

Responsibility	Name	Title	Sign.
Prepared by	Eslam Kamal Fahmy	Member in Academic Accreditation Executive Committee	
Reviewed by	Eslam Kamal Fahmy	Head of Academic Accreditation Executive Committee	
Approved by	Dr. Ekramy Elmorsy	Vice Dean of Development & Quality	

<p>Kingdom of Saudi Arabia Ministry of Education Northern Border University Faculty of Medicine</p>		<p>المملكة العربية السعودية وزارة التعليم جامعة الحدود الشمالية كلية الطب</p>
<p>POLICY TITLE: New Student Orientation Policy</p>	<p>NUMBER/VERSION: 12008</p>	
<p>Effective Date: 10-Apr-22</p>	<p>Expiration Date: 09-Apr-26</p>	
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1- Purpose:

To orient the students in their first year in the Faculty of Medicine (2nd year) about their educational program, system of study and examinations, duties and rights, academic and non-academic services and the general regulations controlling the behavior of the students in the Faculty and hospitals

2- Scope:

The procedure applies to all new students in the Faculty of Medicine (2nd year); males and females

3- Responsibility:

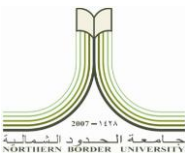
- 3 - 1 Vice- Dean of Academic Affairs
- 3 - 2 Vice-dean of Development and Quality
- 3 - 3 Vice-Dean for Female Section
- 3 - 4 Head of Student Affairs Unit
- 3 - 5 Head of ME Unit
- 3 - 6 Head of Examination Unit
- 3 - 7 Coordinators of academic counseling (for male and female sections)

4- Customer:

- Students in their first year in the Faculty of Medicine, NBU
- Deanship of Academic Affairs, NBU

5- Inputs:

- By-laws of Study & Examinations for the Faculty of Medicine, NBU
- The educational program in the Faculty of Medicine, NBU
- General regulations controlling the behavior in KSA Universities and Hospitals

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<p>POLICY TITLE: New Student Orientation Policy</p>	<p>NUMBER/VERSION: 12008</p>	
<p>Effective Date: 10-Apr-22</p>	<p>Expiration Date: 09-Apr-26</p>	
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6- Procedure:

- 6 - 1 Under guidance of the Vice-Dean for Academic Affairs and through cooperation between the different vice-deanships and Medical Education Unit in the Faculty of Medicine, NBU, the Course of Orientation for the New Students is prepared at the end of the Academic year to be conducted at the 1st day of the new academic year.
- 6 - 2 The students are invited electronically to this event.
- 6 - 3 The program is implemented separately in male and female sections with the same schedule and components.
- 6 - 4 The program is an event that includes:
 - Introduction to the college, the organization structure
 - The vision, mission and strategic goals of the Faculty
 - Brief about the medical educational program along the 5 years in the Faculty.
 - Student support functions
 - Mechanisms of student assessments
 - Code of ethics of the students
 - Health and Safety regulations
- 6 - 5 The material of the program in the form of CDs/Usbs/papers/electronic are distributed to the new students at the beginning of the orientation Program.
- 6 - 6 The students sign at the attendance sheet (AC F07) at the beginning of the program and evaluate the program by the end of the program through fulfilling the questionnaire (AC F08) distributed to them and collected by coordinator/electronically.
- 6 - 7 The evaluation is analyzed by the Statistics Unit in the Vice-Deanship of Quality & development and the report is raised to the Vice-Dean of Academic Affairs
- 6 - 8 A Session is conducted with the Vice-Dean of Academic Affairs to discuss the report of evaluation and the recommendations for improvement for the orientation program of the next year.

7. OUTPUT

- Material of the orientation program for the new students in the Faculty of Medicine, NBU (CD) and printouts
- Evaluation records by the students and the responsible for the program
- Report about the evaluation of the orientation program
- Recommendations for improvement of the program for the next year

POLICY TITLE: New Student Orientation Policy

NUMBER/VERSION: 12008

Effective Date: 10-Apr-22

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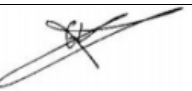
Number of pages: Page 3 of 3

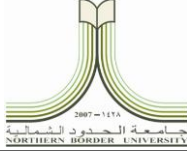
8- Forms:

Attendance sheet for students
Evaluation of the orientation program

9- References:

- By –Laws of NBU
- By-Laws of Study & Examinations for the Faculty of Medicine
- General regulations for the behaviors of professionals in the universities and Hospitals in KSA
- Policy AD 02 Work environment and safety

Responsibility	Name	Title	Sign.
Prepared by :	Dr. Rashad Qassim	Member in Quality and Academic Accreditation Committee	
Reviewed by :	Dr. Eslam Kamal	Deputy of Head of Academic Accreditation Executive Committee	
Approved by :	Dr. Ekramy Elmorsy	Vice Dean of Development & Quality	

<p>Kingdom of Saudi Arabia Ministry of Education Northern Border University Faculty of Medicine</p>	 <p>2007-1431 جامعة الحدود الشمالية NORTHERN BORDER UNIVERSITY</p>	<p>المملكة العربية السعودية وزارة التعليم جامعة الحدود الشمالية كلية الطب</p>
<p>POLICY TITLE: Outsourcing activities policy</p>	<p>NUMBER/VERSION: NBU-FM-12009</p>	
<p>Effective Date: 10-Apr-22</p>	<p>Expiration Date: 09-Apr-26</p>	
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1- Purpose:

- 1-1 To do services as cleaning, catering, minor maintenance as well as security system
- 1-2 To define the way of transportation for students and staff

2- Scope:

This policy is applicable to all outsourced activities contracted for the Faculty of Medicine, NBU

3- Responsibility:

- 3 - 1 Dean of the faculty
- 3 - 2 Faculty manger
- 3 - 3 Head of administration affairs
- 3 - 4 Head of students' affairs
- 3 - 5 Head of Female Section Administrative Office

4- Customer:

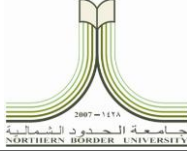
Staff members- students-all employees in the Faculty of Medicine

5- Inputs:

Contracts between the NBU/Faculty of Medicine, NBU and certain companies for cleaning, maintenance, security and transportation.

6- Procedure:

- 6 - 1** Services such as cleaning, minor maintenance and security are outsourced activities contracted between NBU and the meant company.
- 6 - 2** The work is done through subcontractors in both Male and Female Sections. The workers' job is to clean the buildings at the beginning of the day and during the day. Supervisors observe any disturbance in the building and report to the relevant officers for maintenance or other necessary corrective actions if needed.

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- 6 - 3** Security members in both Male and Female Sections; some of them are belonging to NBU and the others are belonging to a private company. They are responsible for the security services in their places along the 24 hours of the day while the students are there or not. They raise daily report about the security condition in the buildings.
- 6 - 4** Concerning Food Catering: Deanship of Students Affairs, NBU places an advertisement for bid in the national newspaper in which several companies apply for it. The Deanship determines the terms and conditions required for provision if the service in the contract. Once the contract is approved the company will be responsible for provision of the required service at the highest quality level. If there is any complaint, there is a box placed in the Cafeteria reviewed by Nutrition Supervisors assigned by the Deanship of Students Affairs.
- 6 - 6** At the end of each year, an evaluation is performed for the subcontractors on the form ADF07 Service Providers evaluation

7- Outputs:

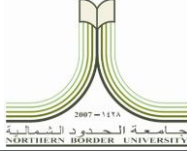
- Student & staff complaints
- Report of cleaning and security members
- Reports of Nutrition Supervisors regarding the Cafeteria




8- Forms:


Service beneficiaries evaluation

9- References:

- Approved policies
- NCAAA 2018

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POLICY TITLE: Outsourcing activities policy		NUMBER/VERSION: NBU-FM-12009
Effective Date: 10-Apr-22		Expiration Date: 09-Apr-26
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Responsibility	Name	Title	Sign
Prepared	Elhassan Eltom	Member in Quality and Academic Accreditation Committee	
Reviewed	Dr. Eslam Kamal	Head of Quality and Academic Accreditation Committee	
Approved	Dr. Ekramy Elmorsy	Vice Dean of Development & Quality	

<p>Kingdom of Saudi Arabia Ministry of Education Northern Border University Faculty of Medicine</p>	 <p>جامعة الحدود الشمالية NORTHERN BORDER UNIVERSITY</p>	<p>المملكة العربية السعودية وزارة التعليم جامعة الحدود الشمالية كلية الطب</p>
<p>POLICY TITLE: KPI setting, measurement, and Benchmarking selection</p>		<p>NUMBER/VERSION: 12010</p>
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1- Purpose:

1-1 To provide a system to measure the program key performance indicators (KPIs) and select the Benchmarking for the Medical Program in the faculty of Medicine, NBU

1-2 Definitions:

Benchmark: Refers to a performance level of achievement for a given KPI or performance indicator. There are many kinds of benchmarks that align with KPIs, therefore it is necessary to qualify benchmarks in order to understand their relationship to a given KPI. Benchmarks may be internal or external.

Target Benchmark: Refers to the anticipated performance level or desired outcome (goal or aim) for a KPI. For example, if the KPI is "student to teacher ratio" then the target benchmark might be 12 students per 1 teacher. A target benchmark is also an internal benchmark.

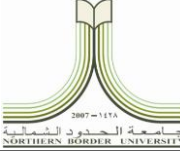
Finding Benchmark: Refers to the actual outcome determined when the KPI is measured or calculated. It represents the actual reality of the present situation. For example, if the actual "student to teacher ratio" is determined to be 24 students per 1 teacher it is the finding benchmark. A finding benchmark is also an internal benchmark.

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

External Benchmarks: Refer to benchmarks from similar programs or institutions that are outside the program or institution. For example, external benchmarks for "student to teacher ratio" could be 6 students to 1 teacher from a different program within the institution or another program outside the institution, or for institutions, it refers to other institutions (national or international).

KPI Analysis: Refers to a comparison and contrast of the benchmarks to determine strengths and recommendations for improvement. This is sometimes called "benchmarking." For example, KPI analysis could compare and contrast "student to teacher ratio" target and actual benchmarks from both internal and external data banks to determine strengths and recommendations for improvement.

New Target Benchmark: Refers to the establishment of a new or desired performance level or goal for the KPI that is based on the outcome of the KPI analysis. For example, the new target benchmark for the "student to teacher" KPI might be 10 students to 1 teacher.

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2- Scope:

This policy is applied for selecting to the following types Benchmarks:

- A) Actual Benchmark
- B) Internal Benchmark
- C) External Benchmark
- D) Target Benchmark
- E) New Target Benchmark

3- Responsibility:

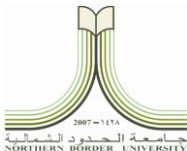
- 3 - 1 Dean
- 3 - 2 Vice Deans
- 3 - 3 Heads of main units
- 3 - 4 Quality and Academic Accreditation Unit

4. Customer:

- 1-All the functions in the Faculty of Medicine
- 2-NBU
- 3-National Commission for Academic Accreditation & Assessment (NCAAA), Saudi Arabia

5. Inputs

- This document
- Applicable standards and recommendations for Key Performance Indicators (KPIs) and benchmarking; NCAAA 2018
- All the available information about internal benchmark
- All the available information about the suggested external benchmark
- Report about the current situation of Faculty of Medicine, NBU and Northern Border region
- Latest version of World Federation of Medical Education publishing

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<p>POLICY TITLE: KPI setting, measurement, and Benchmarking selection</p>		<p>NUMBER/VERSION: 12010</p>
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6. Procedure:

6 – 1 setting of the annual KPIs:


1. The program adopted the 17 principle KPIs of NCAA
2. Planning and development unit can suggest additional KPIs to cover all the program goals
3. The unit suggestions are discussed in the committee of quality and academic accreditation, and the supervisory committee of quality and finally discussed and approved by the faculty council

6- 2 Measurement of the program KPI actual benchmark:

1. The program uses its KPI to measure achievement of its goals
2. The program has KPIs which are mainly based on NCAAA KPI for programs accreditation and the program has the right to add more KPI as required to follow all the program goals.
3. The program KPIs are measured annually through the attached cards for KPIs measurement
4. The source of the KPI data directs submitted the data to the head of quality and academic accreditation unit (the head of the executive committee for program accreditation)
5. The head of the quality and accreditation unit forwards the data to the head of the standard committee that the KPI belongs.
6. The Standard committee prepare the KPI card and discuss its situation and recommendations for improvement as well as the progress of the previous year improvement recommendation of the KPI.
7. After approval of the KPI card data the KPI is discussed by the Quality and academic accreditation Committee and submitted to the vice-dean of quality and accreditation to forward it to the supervisory committee of program accreditation chaired by the dean.
8. The dean discusses the KPIs report with the faculty advisory board and the student advisory boards and all recommendations are collected.
9. The KPIs report submitted to the committee of systems and study plan then submitted to the faculty councils for discussion and approval.
10. After approval of the faculty councils, all recommendations are collected by the planning and development unit to be considered in the program annual operational plan in the next program cycle.
11. KPIs are announced to all faculty members

6- 3 Selection Criteria of Internal Benchmark:

1. Previous year achievement will be selected as internal benchmark
2. To select internal benchmark to use its information from inside NBU; the accredited health college is selected.

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3. If there is no accredited Health College in NBU, the college which is appointed to be accredited will be selected
4. Previous years data are used to study the direction of the KPI trend.

6 - 4 Selection Criteria of External Benchmark

1. The external benchmark (the medical program outside NBU), should have the following characters to comply with NBUMedical Program:
 - Accredited Medical Program
 - Inside Saudi Arabia
 - With Partnership for information exchange
 - It is preferable to be a newly developed program to ensure the similarity of circumstances between the Medical Program in NBU and the external benchmark as year of start, mission, goals, number, presence of university hospital, and learning resource.
2. More than one external benchmark can be used for the different fields of KPIs (Education, Research and Community services) according to its mission and directions

6 - 5 Selection Criteria of Target Bench Mark


1. Target Benchmark should not exceed 10% of the previous year actual Benchmark
2. The trend of the last three years for the KPI is considered
3. The circumstances surrounding the implementation of the medical program should be considered
4. The latest versions of the NCAAA requirements should be considered

6 - 7 Selection Criteria of the New Target Benchmark

1. Trend of the last three years of the KPI should be analyzed and evaluated
2. Studying and analyzing the target benchmark and its status regarding the actual benchmark

6- 8 Procedures of preparation of the benchmarks

1. The Quality and academic accreditation Committee prepares the inputs previously mentioned for preparation of the benchmarks
2. The Quality and academic accreditation Committee members conduct meetings to study and discuss all the issues related to the selection of benchmarks
3. The Quality and academic accreditation Committee prepare a proposal for the suggested different types of benchmark to be raised to the Vice Dean of Development & Quality
4. After approval of the Vice Dean of Development and Quality, a meeting with the supervisory committee to discuss the proposal of the different benchmarks. If any correction needed, the proposal with the recommendations of the top management is returned to The executive committee of the program

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Accreditation to perform the needed corrections, the raised to the VDDQ, then to the Faculty Council for Approval

5. After approval by the Faculty Council, the executive committee of the program Accreditation prepare a proposal for the suggested different types of benchmark distribute the Benchmarks of the KPIs to the responsible standard committee.

7. Outputs:



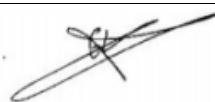
- KPIs report
- Document of the approved benchmarks by the Faculty Council
- Meetings minutes for The executive committee of the program Accreditation and the top management regarding discussing the issues related to the benchmark and KPIs
- List of suggested benchmarks with their characters


8. Forms Used

- No specific Forms

9- References

NCAAA Key Performance Indicators Requirements Standard of World Federation of Medical Education

Responsibility	Name	Title	Sign.
Prepared by :	Elhassan Eltom	Head of Quality & Academic Accreditation Unit	
Reviewed by :	Dr. Eslam Kamal	Deputy of Head of Academic Accreditation Executive Committee	
Approved by :	Dr. Ekramy Elmorsy	Vice Dean of Development & Quality	

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KPIs Cards


KPI-P01

KPI Code	P-01				
KPI	Percentage of achieved indicators of the program operational plan objectives.				
Method for measurement	Percentages of indicators of the program operational plan which achieved their targets in the same year. KPI-P01= (Number of KPIs achieving the target/total number of program KPIs)x 100				
Source of data	Committees of standards				
Inclusion criteria	All program KPIs				
Exclusion criteria	KPIs with no available data				
Measurement	Actual level	Target level	In. benchmark	Ex. benchmark	New target
Benchmark analysis:					

KPI Card adoption:

Prepared and revised by	Quality and academic accreditation Committee	Date:	Signature:
Approved by	Vice-deanship of quality and accreditation	Date:	Signature:

KPIs Cards

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KPI-P02

KPI Code	P-02				
KPI	Students' Evaluation of quality of learning experience in the program.				
Method for measurement	Percentage of final year students rating the quality of learning in the program on a five- point scale in an annual survey. (program evaluation survey of the final year student survey) KPI-P02= average of students' response to question "I am generally satisfied with the program quality"				
Source of data	Statistics and data unit				
Inclusion criteria	All submitted students" feedback				
Exclusion criteria	Statistically invalid responses				
Measurement	Actual level	Target level	In. benchmark	Ex. benchmark	New target level
KPI Analysis	KPI analysis with Strength & Weakness				
	Progress of the previous recommendations				
	Points for improvement				
Benchmark analysis:					

KPI Card adoption:

Prepared by	Learning and teaching standard committee	Date:	Signature:
Revised by	Quality and academic accreditation Committee	Date:	Signature:
Approved by	Vice-deanship of quality and accreditation	Date:	Signature:

KPIs Cards

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KPI-P03

KPI Code	P-03				
KPI	Students' evaluation of the quality of the courses.				
Method for measurement	Percentage of students rating the quality of courses on a five-point scale in an annual survey (All students) KPI-P03= Average to all students' response to question "I am generally satisfied with the quality of the courses".				
Source of data	Statistics and data unit				
Inclusion criteria	All submitted students" feedback				
Exclusion criteria	Statistically invalid responses				
Measurement	Actual level	Target level	In. benchmark	Ex. benchmark	New target level
KPI Analysis	KPI analysis with Strength & Weakness				
	Progress of the previous recommendations				
	Points for improvement				
Benchmark analysis:					

KPI Card adoption:

Prepared by	Learning and teaching standard committee	Date:	Signature:
Revised by	Quality and academic accreditation Committee	Date:	Signature:
Approved by	Vice-deanship of quality and accreditation	Date:	Signature:

KPIs Cards

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KPI-P04

KPI Code	P-04				
KPI	Completion rate.				
Method for measurement	Percentage of undergraduate students who completed the program in minimum time in each cohort. KPI-P04=(Number of student in the graduation batch completed the program within six year/total number of students enrolled in the same batch)x100				
Source of data	Registration unit				
Inclusion criteria	All graduate batch students since enrolment till graduation				
Exclusion criteria	Transferred students to the program or students transferred from the program				
Measurement	Actual level	Target level	In. benchmark	Ex. benchmark	New target level
KPI Analysis	KPI analysis with Strength & Weakness				
	Progress of the previous recommendations				
	Points for improvement				
Benchmark analysis					

KPI Card adoption:

Prepared by	Learning and teaching standard committee	Date:	Signature:
Revised by	Quality and academic accreditation Committee	Date:	Signature:
Approved by	Vice-deanship of quality and accreditation	Date:	Signature:

KPIs Cards


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KPI-P05

KPI Code	P-05				
KPI	First-year students retention rate.				
Method for measurement	Percentage of first-year undergraduate registered students who continue at the program . $KPI-P05 = (\text{number of registered students passed to 2nd year} / \text{total number of 1st year registered student of the same batch}) \times 100$				
Source of data	Registration unit				
Inclusion criteria	All students registered for 1 st year courses				
Exclusion criteria	NA				
Measurement	Actual level	Target level	Internal benchmark	Taif University	New target level
KPI Analysis	KPI analysis with Strength & Weakness				
	Progress of the previous recommendations				
	Points for improvement				
Benchmark analysis:					

KPI Card adoption:

Prepared by	Learning and teaching standard committee	Date:	Signature:
Revised by	Quality and academic accreditation Committee	Date:	Signature:
Approved by	Vice-deanship of quality and accreditation	Date:	Signature:


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KPI Code	P-06				
KPI	Students' performance in the professional and/or national examinations.				
Method for measurement	Percentage of graduates who were successful in Saudi Commission of Health Specialties exam in the year preceding writing the KPIs report				
Source of data	Public data of SCFHS https://public.scfhs.org.sa/				
Inclusion criteria	All NBU students sit for the attempts of SMLE				
Exclusion criteria	NA				
Measurement	Actual level	Target level	In. benchmark	Ex. benchmark	New target level
KPI Analysis	KPI analysis with Strength & Weakness				
	Progress of the previous recommendations				
	Points for improvement				
Benchmark analysis:					

KPI Card adoption:

Prepared by	Learning and teaching standard committee	Date:	Signature:
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KPI Cards
KPI-P07


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KPI Code	P-07				
KPI	Graduates' employability and enrolment in postgraduate programs.				
Method for measurement	<p>Percentage of graduates from the program who within a year of graduation were employed to the total number of graduates in the same year KPI-P07 employability=(Number of respondent graduates employed within one year after graduation/total number of respondent graduates of the same graduation batch)x100</p> <p>Percentage of . graduates from the program who enrolled in postgraduate programs during the first year of their graduation to the total number of graduates in the same year. KPI-P07 PG programs=(Number of respondent graduates joined PG program within one year after graduation/total number of respondent graduates of the same graduation batch)x100</p>				
Source of data	Alumni unit				
Inclusion criteria	Respondent graduates Only graduates who have been selected (Not just nominated) for the board are considered				
Exclusion criteria	Graduates without available data to avoid bias of the KPI value (non-responding graduates)				
Measurement	Actual level	Target level	In. benchmark	Ex. benchmark	New target level
KPI Analysis	KPI analysis with Strength & Weakness Progress of the previous recommendations Points for improvement				
Benchmark analysis					

KPI Card adoption:

Prepared by	Learning and teaching standard committee	Date:	Signature:
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Approved by	Vice-deanship of quality and accreditation	Date:	Signature:


KPIs cards
KPI-08

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KPI Code	P-08				
KPI	Average number of students in the class.				
Method for measurement	Average number of students per class (in each teaching activity). KPI-P08= Average numbers of All teaching activities including theoretical, practical and clinical classes in all male and female sections (basic and clinical years)				
Source of data	Courses and years coordinators				
Inclusion criteria	Average numbers of All teaching activities including theoretical, practical and clinical classes				
Exclusion criteria	repeaters sections form other study plan or parallel courses students to avoid KPI-data bias.				
Measurement	Actual level	Target level	In. benchmark	Ex. benchmark	New target level
KPI Analysis	KPI analysis with Strength & Weakness				
	Progress of the previous recommendations				
	Points for improvement				
Benchmarking analysis:					

KPI Card adoption:

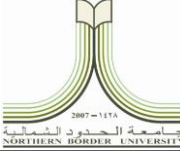
Prepared by	Learning and teaching standard committee	Date:	Signature:
Revised by	Quality and academic accreditation Committee	Date:	Signature:
Approved by	Vice-deanship of quality and accreditation	Date:	Signature:

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KPI Code	P-09				
KPI	Employers' evaluation of the program graduates' proficiency				
Method for measurement	Percentage of rating of employers for the proficiency of the program graduates on a five-point scale. KPI-09= average response of all employers to EES question				
Source of data	Statistics and data unit				
Inclusion criteria	All submitted employers' feedback including administrators, senior registrar and registrar as these supervisors are more efficient to evaluate the medical graduate				
Exclusion criteria	Statistically invalid responses				
Measurement	Actual level	Target level	In. benchmark	Ex. benchmark	New target level
KPI Analysis	KPI analysis with Strength & Weakness				
	Progress of the previous recommendations				
	Points for improvement				
Benchmark analysis					

KPI Card adoption:

Prepared by	Learning and teaching standard committee	Date:	Signature:
Revised by	Quality and academic accreditation Committee	Date:	Signature:
Approved by	Vice-deanship of quality and accreditation	Date:	Signature:


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KPI-Cards
KPI-P010 Card

KPI Code	P-10				
KPI	Students' satisfaction with the offered services.				
Method for measurement	Satisfaction of the students with the offered services by the questioner of Student Services satisfaction on a five- point scale. KPI-P10= average response of students to all question of the annual students' services survey				
Source of data	Statistics and data unit				
Inclusion criteria	All submitted students'' feedback				
Exclusion criteria	Statistically invalid response				
Measurement	Actual level	Target level	In. benchmark	Ex. benchmark	New target level
KPI Analysis	KPI analysis with Strength & Weakness				
	Progress of the previous recommendations				
	Points for improvement				
Benchmark analysis					

KPI Card adoption:

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Approved by	Vice-deanship of quality and accreditation	Date:	Signature:

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KPIs Cards

KPI-P11

KPI Code	P-11				
KPI	Ratio of students to teaching staff.				
Method for measurement	Ratio of the total number of students to the total number of full-time and full-time equivalent teaching staff in the program. KPI-P11= (Total number of the program enrolled student: total number of teaching staff)				
Source of data	Registration Unit				
Inclusion criteria	All full-time teaching staff in the faculty of Medicine enrolled in teaching activities All students registered in the program courses				
Exclusion criteria	Teaching staff abroad in missions or year-long vacations Teaching staff of the outsourced courses (not considered as full-time staff in the program)				
Measurement	Actual level	Target level	In. benchmark	Ex. benchmark	New target level
KPI Analysis	KPI analysis with Strength & Weakness Progress of the previous recommendations Points for improvement				
Benchmarking analysis:					

KPI Card adoption:

Prepared by	Teaching staff standard committee	Date:	Signature:
Revised by	Quality and academic accreditation Committee	Date:	Signature:
Approved by	Vice-deanship of quality and accreditation	Date:	Signature:

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KPIs Cards

KPI-P12

KPI Code	P-12				
KPI	Percentage of teaching staff distribution.				
Method for measurement	<ol style="list-style-type: none"> 1. % of female staff= (Fulltime female staff members/total numbers of fulltime teaching staff members)x100 2. PhD holders =(Fulltime PhD or equivalent holders staff members/total numbers of fulltime teaching staff members)x100 3. % Full Prof: (Fulltime full professors staff members/total numbers of fulltime teaching staff members)x100 				
Source of data	Faculty Vice-deanship of academic affairs				
Inclusion criteria	All full teaching staff in the faculty of Medicine enrolled in teaching activities				
Exclusion criteria	Teaching staff abroad in missions Teaching staff of the outsourced courses (not considered as full-time staff in the program)				
Measurement	Actual level	Target level	In. benchmark	Ex. benchmark	New target level
KPI Analysis	KPI analysis with Strength & Weakness Progress of the previous recommendations Points for improvement				
Benchmarking analysis:					

KPI Card adoption:

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Approved by	Vice-deanship of quality and accreditation	Date:	Signature:

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KPIs Cards

KPI-P13

KPI Code	P-13				
KPI	Proportion of teaching staff leaving the program.				
Method for measurement	Percentage of teaching staff leaving the program annually for reasons other than age retirement to the total number of teaching staff.				
Source of data	Faculty Vice-deanship of academic affairs				
Inclusion criteria	All full time teaching staff in the faculty of Medicine enrolled in teaching activities				
Exclusion criteria	Teaching staff abroad in missions Teaching staff of the outsourced courses (not considered as full time staff in the program). Staff members over the age of 60 years.				
Measurement	Actual level	Target level	In. benchmark	Ex. benchmark	New target level
KPI Analysis	KPI analysis with Strength & Weakness				
	Progress of the previous recommendations				
	Points for improvement				
Benchmarking analysis:					

KPI Card adoption:

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Approved by	Vice-deanship of quality and accreditation	Date:	Signature:

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KPIs Cards

KPI-P14

KPI Code	P-14				
KPI	Percentage of publications of faculty members				
Method for measurement	Percentage of full-time faculty members who published at least one research during the year to total faculty members in the program. KPI-P14= (full-time faculty members who published at least one research during the year /total faculty members in the program)x100				
Source of data	Medical research unit				
Inclusion criteria	Full-time faculty members' (PhD or equivalent-holder) publications record for the last year				
Exclusion criteria	Teaching staff of the outsourced courses (not considered as full-time staff in the program and not following the program research plan)				
Measurement	Actual level	Target level	In. benchmark	Ex. benchmark	New target level
KPI Analysis	KPI analysis with Strength & Weakness				
	Progress of the previous recommendations				
	Points for improvement				
Benchmarking analysis:					

KPI Card adoption:

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KPIs cards

KPI-P15

KPI Code	P-15				
KPI	Rate of published research per faculty member.				
Method for measurement	The average number of refereed and/or published research to the total number of full-time or equivalent faculty members during the year. $\text{KPI-P15} = \left(\frac{\text{refereed and/or published research}}{\text{the total number of full-time or equivalent faculty members during the year}} \right)$				
Source of data	Medical research unit				
Inclusion criteria	Full-time PhD-holder or equivalent faculty members' publication				
Exclusion criteria	Teaching staff of the outsourced courses (not considered as full-time staff in the program and not following the program research plan)				
Measurement	Actual level	Target level	In. benchmark	Ex. benchmark	New target level
KPI Analysis	KPI analysis with Strength & Weakness				
	Progress of the previous recommendations				
	Points for improvement				
Benchmarking analysis:					

KPI Card adoption:

Prepared by	Teaching staff standard committee	Date:	Signature:
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KPIs cards

KPI-P16

KPI Code	P-16				
KPI	Citations rate in refereed journals per faculty member.				
Method for measurement	Percentage of total number of citations in refereed journals from published research for full-time or equivalent faculty members to the total research published. KPI-P16=Total number of full faculty staff articles' citation in google scholar data base/ Total number of full faculty staff articles in google scholar data base				
Source of data	Medical research unit				
Inclusion criteria	Full-time faculty members' publication citation in google scholar				
Exclusion criteria	Teaching staff of the outsourced courses (not considered as full time staff in the program and not following the program research plan)				
Measurement	Actual level	Target level	In. benchmark	Ex. benchmark	New target level
KPI Analysis	KPI analysis with Strength & Weakness				
	Progress of the previous recommendations				
	Points for improvement				
Benchmark analysis:					

KPI Card adoption:


Prepared by	Teaching staff standard committee	Date:	Signature:
Revised by	Quality and academic accreditation Committee	Date:	Signature:
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KPIs Cards


KPI-P17

KPI Code	P-17				
KPI	Satisfaction of beneficiaries with the learning resources.				
Method for measurement	<p>Percentage of beneficiaries' satisfaction rate with the adequacy and diversity of learning resources (references, journals, databases... etc.) on a five-point scale in an annual survey as reported in Staff satisfaction survey and Student experience Survey and program evaluation Survey and student services survey</p> <p>SSS: Average of answers of male and female staff on questions:</p> <ul style="list-style-type: none"> - Library books and periodic are sufficient - Saudi digital library services are helpful <p>PES: Average of answers of male and female final years students on question</p> <ul style="list-style-type: none"> - Library resources were suitable and available <p>SES: Average of answers of male and female 3rd years students on question</p> <ul style="list-style-type: none"> - I am satisfied with the quality and amount of educational materials available to me at the library. <p>Students' services survey: Average of answers of male and female students on question:</p> <ul style="list-style-type: none"> - The Saudi Digital Library makes learning resources available to me easily and conveniently 				
Source of data	Statistics and data unit				
Inclusion criteria	All submitted students and staff members feedback				
Exclusion criteria	Statistically in-valid data				
Measurement	Actual level	Target level	In. benchmark	Ex. benchmark	New target level
KPI Analysis	KPI analysis with Strength & Weakness Progress of the previous recommendations Points for improvement				
Benchmark analysis:					

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KPI-Cards KPI-NBU-MD1

KPI Code	NBU-MD-01				
KPI	Percent of students participating in community service events				
Method for measurement	Percentage of students registered in the program and participated in the university or program community directed activities. KPI-NBU-MD1=(Numbers of program students engaged in community services activities/total number of program's registered students)x100				
Data Source	Students' affairs Unit				
Inclusion Criteria	All program registered students				
Exclusion criteria	NA				
Measurement	Actual level	Target level	In. benchmark	Ex. benchmark	New target level
KPI Analysis	KPI analysis with Strength & Weakness				
	Progress of the previous recommendations				
	Points for improvement				
Benchmark analysis					

KPI Card adoption:

Prepared by	Student' standard committee	Date:	Signature:
Revised by	Quality and academic accreditation Committee	Date:	Signature:
Approved by	Vice-deanship of quality and accreditation	Date:	Signature:

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KPIs- Cards

KPI-NBU-MD2

KPI Code	NBU-MD-02				
KPI	Percent of teaching staff participating in community service events				
Method for measurement	Percentage of program full time teaching staff participated in the university or program community directed activities. KPI-NBU-MD2=(Numbers of program full time staff members engaged in community services activities/total number of program’s full time staff members)x100				
Source of data	Community service Unit				
Inclusion Criteria	All full-time teaching staff in the faculty of Medicine				
Exclusion criteria	Teaching staff of the outsourced courses (not considered as full-time staff in the program).				
Measurement	Actual level	Target level	In. benchmark	Ex. benchmark	New target level
KPI Analysis	KPI analysis with Strength & Weakness				
	Progress of the previous recommendations				
	Points for improvement				
Benchmark analysis					

KPI Card adoption:

Prepared by	Student’ standard committee	Date:	Signature:
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KPIs- Cards

KPI-NBU-MD3

KPI Code	NBU-MD-03				
KPI	Annual numbers of community service beneficiaries				
Method for measurement	Annual numbers of community service beneficiaries for community directed services arranged by university or the program with active participation of the program students or teaching staff KPI-NBU-MD3= Total number of community services activities (Internal or external community for the university) beneficiaries				
Source of data	Community service Unit				
Inclusion Criteria	All community services activities (Internal or external community for the university) beneficiaries				
Exclusion criteria	NA				
Measurement	Actual level	Target level	In. benchmark	Ex. benchmark	New target level
KPI Analysis	KPI analysis with Strength & Weakness				
	Progress of the previous recommendations				
	Points for improvement				
Benchmark analysis					

KPI Card adoption:

Prepared by	Program management standard committee	Date:	Signature:
Revised by	Quality and academic accreditation Committee	Date:	Signature:
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1- Purpose:

Develop a system to verify the effectiveness of the performance of academic leaders in order to achieve educational, research and community service effectively. The field of evaluation includes all academic leaders at all levels and includes vice deans and heads of scientific departments

2- Scope:

This policy covers the annual evaluation of the academic leaders (Vice-deans and heads of departments)

3- Responsibility:

Faculty dean

4. Customer:

- 4-1 Vice deans
- 4-2 Departments heads or supervisors

5. Inputs

Subordinates' evaluation of the heads of departments


6. Procedure:

6-1 Evaluation of the direct head of the member through an evaluation form that includes the following items:

1. Managerial and leadership abilities.
2. Development and quality assurance.
3. Personal skills and areas of their Improvement.
4. The evaluation of subordinates of faculty members and administrators is done through a questionnaire distributed anonymously to the concerned and its results are confidential and presented to the direct supervisor only.

6-2 The subordinates 'evaluation is conducted via survey conducted by the vice-deanship of the quality and development and submitted to the dean.

6-3 The dean evaluates the performance of the academic leader through the specified form

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6-4 The dean meet the vice-dean and head of departments to discuss the evaluation with the points of strength and areas for improvement in the evaluation and the plan for development.

7. Outputs

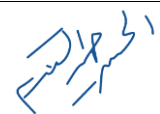

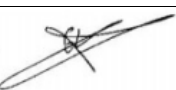
- Academic leader evaluation form
- Academic leader feedback evaluation form


8. Forms

- Academic leader evaluation form
- Academic leader feedback evaluation form

8. KPIs:

- Regulations, standards and by-laws

Responsibility	Name	Title	Sign.
Prepared by :	Elhassan Eltom	Member in Quality and Academic Accreditation Committee	
Reviewed by :	Dr. Eslam Kamal	Head of Quality and Academic Accreditation Committee	
Approved by :	Dr. Ekramy Elmorsy	Vice Dean of Development & Quality	

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Academic leader evaluation form

Name:

Vice-deanship/ Academic department name/unit name:

Academic year:

parameter	1 Strongly not agree	2 Not agree	3 Neutral	4 agree	5 Strongly agree
1. Achieve specific and approved goals					
2. Commitment to the implementation of the executive and operational plans of the college					
3. Contribute to the field of quality and development					
4. Encourage subordinates to express opinion and freedom of criticism.					
5. Encourage subordinates to innovate in performance					
6. Integrity and commitment to the ethics of the profession					
7. Justice and equality between subordinates					
8. Transparency in decision-making					
9. Cooperation and good relationship with colleagues, superiors and subordinates					
10. Ability to creatively develop in the tasks of his job					
11. Flexibility. Firmness					
12. Ability to face problems and make decisions					
13. Good use of human and financial resources					
14. Making sound decisions in reward and punishment					
15. The balanced relationship with the student					
16. Not rushing to make decisions.					
17. Rapid response as requested					

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Academic leader evaluation feedback form

I am aware about the parameters of evaluation

Evaluation item and result have been discussed with me and I am satisfied by the evaluation scores.

Strengths and weaknesses have been discussed:

Strength points:

- 1.
- 2.
- 3.

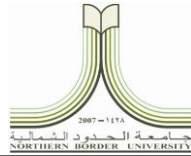
Weakness point (if any)

- 1.
- 2.
- 3.

I will be happy to follow any improvement plan and workshops.

The dean Name:	signature	Date
Name:	Position:	Signature:

Kingdom of Saudi Arabia
Ministry of Education
Northern Border University
Faculty of Medicine



المملكة العربية السعودية
وزارة التعليم
جامعة الحدود الشمالية
كلية الطب

**POLICY TITLE: Academic leaders' evaluation
Policy**


NUMBER/VERSION: 12011

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<p>POLICY TITLE: Evaluating stakeholders satisfaction</p>	<p>NUMBER/VERSION: 12012</p>	
<p>Effective Date: 10-Apr-22</p>	<p>Expiration Date: 09-Apr-26</p>	
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1. Purpose

- 1.1 To Measure and follow up program validation and graduates reliability among all stakeholders

2. Scope

- 2.1 Employers
2.2 Community leaders
2.3 Students
2.4 Staff in the Faculty of Medicine NBU

3. Responsibility


- 3.1 Quality and accreditation unit
3.2 Dean of the Faculty of Medicine
3.3 Statistics and informatics unit
3.4 Community Service unit
3.5 Graduates (alumni) unit

4. Customers

- 4.1 Employers
4.2 Community represented by Ministry of Health, health care providers, and community leaders
4.3 All the teaching staff and administrative staff in the Faculty of Medicine, NBU
4.4 All the students in the Faculty of medicine, NBU

5. Input

- 5.1 Program report

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<p>POLICY TITLE: Evaluating stakeholders satisfaction</p>	<p>NUMBER/VERSION: 12012</p>	
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- 5.2 Students Surveys
- 5.3 Surveys for stakeholders (MOH, Public Hospitals and Private Health Care Providers, Alumni)
- 5.4 Reports of the Advisory Council
- 5.5 Reports of meeting of the Students Council

6. Procedure

- 6.1 The Quality and accreditation unit prepare for the surveys design, distribution and collection for all stakeholders regarding satisfaction items for the program and graduates via the attached surveys list.
- 6.2 The surveys are sent to the Statistics and Information Unit for analysis of data and transformation into information
- 6.3 In addition, at the end of each course the students should respond to the survey regarding the course they already finished to be reported in the course reports.
- 6.4 All the information reported by the statistics Unit, course reports and reports of the meetings of Advisory Council and Students Council; are collected by the Quality and accreditation unit to be gathered in one report regarding the satisfaction of the stakeholders.
- 6.5 This report is discussed with the advisory Council and the Faculty Council to prepare the improvement plans.
- 6.6 The improvement plans after being approved by the Faculty council return the Quality and accreditation unit for distribution to the different functions for implementation and follow up

7. Output

- 7.1 Reports about satisfaction of different categories of stakeholders regarding the program and graduates
- 7.2 Improvement plan to improve stakeholder's satisfaction with program and graduates




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8. Forms

- 8.1 Course evaluation survey (CES)
- 8.2 Program evaluation Survey (PES)
- 8.3 Student experience survey (SES)
- 8.4 Staff satisfaction survey (SSS)
- 8.5 Employer satisfaction survey (ESS)
- 8.6 Employee satisfaction survey
- 8.7 Field experience Survey (FES)
- 8.8 Alumni annual Survey (AAS)
- 8.9 Course learning outcomes survey
- 8.10 Program learning outcome survey
- 8.11 Mission and goals satisfaction survey
- 8.12 Other surveys as indicated

9. Reference

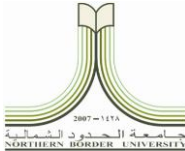
- 9.1 NCAAA
- 9.2 By-laws of the University
- 9.3 Mother policy for college of medicine

Responsibility	Name	Title	Sign.
Prepared by	Eslam Kamal Fahmy	Member in Academic Accreditation Executive Committee	
Reviewed by	Eslam Kamal Fahmy	Head of Academic Accreditation Executive Committee	
Approved by	Dr. Ekramy Elmorsy	Vice Dean of Development & Quality	

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List of program Surveys

No	Survey	Target group	time
1	Course evaluation Survey (CES)	All students	By the end of each course
2	Program evaluation Survey (PES)	For 6 th year students (senior students)	In the last month of the academic year (annually)
3	Student experience survey	For 3 rd year students (mid program)	In the last month of the academic year (annually)
4	Course learning outcomes survey	All students	By the end of each course
5	program learning outcomes survey	Medical interns	By the end of the medical internship (annually)
6	Field experience evaluation Survey	Medical interns	By the end of the medical internship (annually)
7	Lecture evaluation Survey	All students	For each lecture (available in classrooms)
8	Students services survey	All students	In the last month of the academic year (annually)
9	Program mission and goals survey	All students	With mission and goals revision
10	Program learning outcomes and graduate attributes survey	All students	With revision of the PLOs and graduate attributes
11	program evaluation survey with the periodic program revision	All students	Every 6 years
12	Staff members satisfaction survey	Staff members	In the last month of the academic year (annually)
13	Employee satisfaction Survey	Employee	In the last month of the academic year (annually)
14	Annual alumni survey (AAS)	Alumni (one year after graduation)	In the last month of the academic year (annually)
15	Employers' satisfaction survey	Employers and senior medical staff	During the second semester (annually)
16	Medical internship field supervisors	Supervisors	After each rotation

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1- Purpose:

This document outlines the policies and procedures governing research sponsored or conducted in Faculty of Medicine NBU. It sets forth definitions, policies, and procedures for approval, processing, budgeting, and accounting for research funded from internal and external sources and ethical practices.

2- Scope:

This policy is governing research implemented within the Faculty of Medicine, NBU

3- Responsibility:

- 3 - 1 Vice-deanship for Postgraduate Studies
- 3 - 2 Heads of Departments in the Faculty of Medicine, NBU
- 3 - 3 All faculty members in the Faculty of Medicine, NBU

4- Customer:

All Faculty members, postgraduate students and undergraduate students of Faculty of Medicine –NBU


5- Inputs:

(Legislation, by-laws, method, equipment, materials ... etc)

6- Procedures:

6.1. Policy Statement

The Vice-deanship for Postgraduate Studies; Faculty of Medicine, NBU is responsible for the coordination, supervision, and securing of funds (if available) for research in the Faculty of Medicine and with collaborative partners in the local and global environment with the purpose of supporting the University's strategic plan. The faculty provides support services for research in the form of laboratory space, funding (If applicable), compensation, computing facilities, and reduced teaching load according to its regulations and laws. The following chart illustrate agencies responsible for provision of research-related services in Faculty of Medicine:

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6.2 Identification of research priorities of Faculty of Medicine:

Research priorities in faculty of medicine can be influenced by several factors related to changes in the community health needs and, therefore, continuous situational assessment should be implemented via the Research Unit in the Faculty to identify potential research agendas that are worth focusing on.

Procedures to identify research priorities can be dependent on the following:

- Identification of the university research priorities as announced on periodic basis via Deanship of Research,
- Identification of external funding agencies research priorities as announced on periodic basis such as announcement of Ministry of Health, and KACST.
- Periodic assessment of community health needs to via designing surveys directed to measure needs and perception of healthcare providers, relevant stakeholders in the community and the general public to identify healthcare needs.
- Identification of faculty members research priorities via conducting appropriate assessment methods such as interviews, focus groups discussions and surveys. It must be considered that faculty members are required to perform research in their own specialties in order to ensure that their scientific production is acknowledged by the University Scientific Council for promotion purposes.
- Students' research interests will be defined via conducting appropriate assessment methods such as interviews, focus groups discussions and surveys with students. It must be considered that students can be motivated to perform research in their own interest in order to enhance their clinical orientation required for pursuing further postgraduate clinical studies.

If the findings of multiple assessment of relevant customers are consistent toward a particular research agenda, then it should be considered to establish research centers or research chairs to ensure better organization of the research activities conducted in the faculty.


6.3 Procedures for reporting research activities:

All research projects (including staff and students research) performed in the Faculty of Medicine should be reported to the Faculty Research Unit and maintained in the FOM Research Database for the purpose of documentation and quality control. This applies to all research activities not requiring funding or research activities exempts form securing ethical approval.

Research conducted in Faculty of Medicine can be categorized as the following:

a. Faculty members' research:

Faculty members research activities are reported on annual basis via the Faculty Academic File and Evaluation including research projects conducted in faculty of medicine and research activities

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conducted as a collaboration with any external local or international agencies.

b. Students' research:

Students research can be categorized as curricular research activities (conducted as requirement of the research course) or extra-curricular research activities. Any students-led research (including those conducted during the internship) should be performed under supervision of a Faculty member. Students research activities conducted under supervision of a faculty member should be reported on annual basis via the Faculty Academic File and Evaluation including research projects conducted in Faculty of Medicine and research activities conducted as a collaboration with any external, local or international agencies.

6.4 Procedures for securing ethical approval to conduct research:

The Research Unit is responsible for documenting and announcing the process of securing ethical approval for research activities conducted by Faculty members or students.

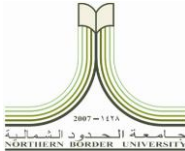
Procedures include the following:

- Identification of research ethics committees in the region (including those related to NBU and Ministry of Health).
- Identification of national/ international ethics guidelines, required certificates and documents for the purpose of securing ethical approval from the related ethics committees. Required documents should be displayed in the research unit website to facilitate access to all faculty members and students.
- Ensuring presence of direct channels of communications with the heads of the relevant ethics committees in the Jazan region. These channels can be suggested to the Vice-dean of postgraduate studies and the faculty dean whom are responsible to maintain the circle of communications with external agencies.
- Production and update of a flow chart to illustrate process of securing ethical approval and to have it displayed in the unit website to facilitate access to the chart.
- Supervisor of research unit, and through chairing the faculty Scientific Committee, is responsible for overseeing the process of securing ethical approval including performance of consultation services provided for faculty members and students to ensure adherence to the ethical guidelines via the FoM Research Ethics Sub-Committee.
- Supervisor of research unit, and through chairing the faculty Scientific Committee, is responsible for organizing activities to educate faculty members and students about the process of securing ethical approval for research activities. Implementing these activities is established via collaboration with the relevant parties in the faculty such as vice-deanship of quality and Students Club under the supervision of vice-dean of postgraduate studies.

6.5 Research misconduct:

The Research Unit is responsible for identification of codes and guidelines related to research norms, standards and ethics, as well as Policies of research data management and storage.

These guidelines should be adopted from the research guidelines produced by relevant authorities in

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the university, such as Deanship of Research, and Research Ethics Committee of the university and other national authorities such as the National Committee of Bioethics. The Research Unit is responsible for distribution of these codes and guidelines to the staff and students via official channels.

The Research Unit is responsible for declaring a channel to report any research misconduct performed by the faculty members and students. The Research Unit should provide a secure channel (via official email) to enable reporting any research misconduct either from internal or external parties. Any research misconduct report should be handled in accordance with the code of ethics policy.

Head of Research Unit should raise the reported misconduct to the Faculty Ethics Sub-committee. Reports of the research misconduct produced by Faculty Ethics Sub-committee are to be reported to the Dean of the Faculty for further consideration.

Research misconduct of the students is to addressed with accordance of the Student Academic Code of conduct. According to the regulations of the Student Academic Code, any detected violations of the Students Code of Conduct , including forgery and plagiarism, are to be reported to the Faculty Dean for further consideration.

6.6. Research Funding

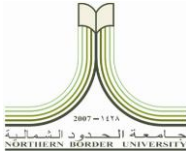
There are several ways to fund research projects either through internal and external sources. This section gives a description of each. However, it must be noted that research funding opportunities and dependent on the Faculty Research Plan and Research Priorities as stated in the previous section:

6.6.1. Internal Funding

Research is funded internally by the Faculty of Medicine (if available), for distinguished research projects. Funding is based on areas of focus stipulated by the faculty in addition to research priorities of the faculty (see Appendix 1).

6.6.1.1 Procedures for Internal Research Funding

1. The Vice-deanship for Postgraduate Studies will announce the availability of funds for sponsoring research.
2. Principal investigators apply for research grants by submitting a description of their proposed research. This description should include the detailed information about the research topics using the conventional method for presenting research proposals using special form. A list of equipment necessary to initiate and carry out this research, as well as a budget for other research-related needs, should be outlined in the research proposal.
3. Primary evaluation of research proposal, its scientific merits, feasibility and relevance to the Faculty of Medicine research priorities will be conducted by the Scientific Committee within the Scientific Research Unit. External review also will be conducted to grantee the scholarly quality of the research project. The research proposal will also be reviewed by the Faculty Ethical Sub-committee.
4. The Vice-deanship for Postgraduate Studies informs applicants about the results of the review those who have been awarded a research grants will be requested to sign the contacts.

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5. Principal investigator, will prepare an annual report outlining expenditures in broad categories and briefly outlining research progress. This report will be submitted to Vice-deanship for Postgraduate Studies.

6. The final annual report shall constitute the final report for the start-up research project and shall be more comprehensive, covering the entire period of the project.

7. Expenditure and progress reports will be monitored by Vice-deanship for Postgraduate Studies.

6.6.2 External Funding:

The Vice-deanship for Postgraduate Studies will regularly announce the availability of sponsored grant competitions from agencies such as NBU Deanship of Research, King AbdulAziz City For Science and technology, (KACST), different university centers and deanship of research at NBU.

6.6.2.1 Procedures for externally Sponsored Research Proposal Applications

The procedures for sponsored research applications are as follows:

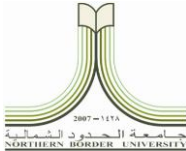
1. The Vice Dean Postgraduate Studies works with faculty to identify areas of research and opportunities for potential grants or funding.
2. Faculty members develop proposals in accordance with funding agency requirements and on designated forms.
3. All official correspondence between faculty and funding agencies must be made through the Vice-deanship for Postgraduate Studies.
4. Final drafts of proposals, including all attachments and required forms, must be signed and then submitted to Vice-deanship for Postgraduate Studies at least five working days prior to funding agency deadline to allow time for review and endorsement.
4. Vice-deanship for Postgraduate Studies submits the signed proposal to the funding agency and keeps a copy of the final proposal in a central file.

6. 7. Research Output Monitoring system: Procedures for collecting staff research data

6.7.1 All research output data (including human and non-human based research) will be requested on annual basis in the first semester during February (for the previous academic year) via asking faculty members to complete the Annual Academic File and Evaluation .

6.7.2 A Letter from the Vice-deanship for Postgraduate Studies the Dean to the Department Chairman requests the data about research activities according to the form.

6.7.3 The letter explains that the data will be used to measure the department and staff members activities including research activities.

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6.7.4 The letter stresses on the idea that the results of this measurement will be used for the nomination for the Dean's Award for Research Activities ("Researcher of the Year" and an award for "Distinguished Departmental Research Activities").

6.7.5 The research activities data will be published in the "Faculty of Medicine Research Publications Annual Book".

6.7.6 After collection of the data the Committee can apply the suggested criteria to nominate the winning staff and department to the Dean.

7- Outputs:




Research Reports and Publications


8- Forms:

(Used forms: are updated frequently depending on funding agencies and local bioethics committee forms)

9- References:

- University Research ethics policy

Responsibility	Name	Title	Sign.
Prepared by :	Prof. Manal Fawzy	Member in Quality and Academic Accreditation Committee	
Reviewed by :	Dr. Eslam Kamal	Head of Quality and Academic Accreditation Committee	
Approved by :	Dr. Ekramy Elmorsy	Vice Dean of Development & Quality	

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<p>POLICY TITLE: Students Identification and traceability</p>	<p>NUMBER/VERSION: 12014</p>	
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1. Purpose

- 1-1 To follow, identify and trace students' status during his/her undergraduate phase until graduation.

2. Scope

- 2.1 This procedure applies to all students during their undergraduate phase

3. Responsibility

- 3.1 Vice-dean for Academic Affairs
3.2 Admission and registration unit
3.3 Student affairs unit
3.4 Alumni unit
3.5 Academic Counseling Unit

4. Customers


- 4.1 Students
4.2 Graduates

5. Input

- 5.1 Student database at Student Affairs Unit
5.2 Student database at Vice-Deanship of Academic Affairs

6. Procedure

- 6.1 Students in the admission phase follow the policy of the student admission and registration where they are given a unique identification

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number all throughout their progress until graduation

- 6.2 The identification number is their access to all resources and facilities and to follow-up their own progress and promotion
- 6.3 The student database at the Student Affairs Unit keeps a progressed portfolio for each student that attains all information about the student; identity number, name, address, contacts and mails, progressive assessments, academic and extracurricular support, medical and physical status, other disciplinary action
- 6.4 The database might by only used collectively and anonymously for statistical purposed of the University and Faculty
- 6.5 The database should not be used on personal bases and should never reveal or intrude the privacy of the student records

7. Output

- 7.1 Reports on academic status and progress of students.
- 7.2 Curricular and extracurricular statuses and general purposes statistics

8. KPI


- 8.1 Percentage of inaccurate information and faults not exceeding 1%




9. Forms


- 9.1 Arabic graduation certificate
- 9.2 English graduation certificate
- 9.3 Internship certificate

10. Reference

- 10.1 NCAAA
- 10.2 By-laws of the University
- 10.3 Mother policy for college of medicine

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Responsibility	Name	Title	Sign.
Prepared by	Dr. Rashad Qassim	Member in Quality and Academic Accreditation Committee	
Reviewed by	Eslam Kamal Fahmy	Head of Quality and Academic Accreditation Committee	
Approved by	Dr. Ekramy Elmorsy	Vice Dean of Development & Quality	

<p>Kingdom of Saudi Arabia Ministry of Education Northern Border University Faculty of Medicine</p>		<p>المملكة العربية السعودية وزارة التعليم جامعة الحدود الشمالية كلية الطب</p>
<p>POLICY TITLE: Internal and external communication</p>	<p>NUMBER/VERSION: 12015</p>	
<p>Effective Date: 10-Apr-22</p>	<p>Expiration Date: 09-Apr-24</p>	
<p>Revision Due: 10-Apr-24</p>	<p>Number of pages: Page 1 of 3</p>	

1. Purpose

- 1.1 To set up the policy for Internal and External communication to satisfy the requirements of efficient communication networking and mechanisms between the different parties

2. Scope

- 2.1 Internal: staff members and employees and students in the Faculty of Medicine, NBU
2.2 External: NBU and any other governmental and private organization as appropriate and any other stakeholder

3. Responsibility

- 3.1 Faculty Managers
3.2 Administrative Affairs
3.3 Information Technology Unit
3.4 Publicity and media unit


4. Customers

- 4.1 Internal: staff members and employees and students in the Faculty of Medicine, NBU
4.2 External: NBU and any other governmental and private organization as appropriate and any other stakeholder.

5. Input

- 5.1 The internal network in the faculty
5.2 The administrative correspondence paper system in the faculty

6. Procedure

<p>Kingdom of Saudi Arabia Ministry of Education Northern Border University Faculty of Medicine</p>		<p>المملكة العربية السعودية وزارة التعليم جامعة الحدود الشمالية كلية الطب</p>
<p>POLICY TITLE: Internal and external communication</p>	<p>NUMBER/VERSION: 12015</p>	
<p>Effective Date: 10-Apr-22</p>	<p>Expiration Date: 09-Apr-24</p>	
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Internal communications

- 6.1 All messages, e-mails and circulars with the employees as well as faculty members are carried out through verified accounts.
- 6.2 Also, internal communication occurs through sending a message through NBU e-mail.
- 6.3 There is a program of management communications (MUAAMALATY and BARQ) which is used by employees and the staff members of the faculty through a user name and password specific to each individual obtained from the Office of the Dean through which the user can contact internally with the management and officials of the college and externally with the university and its management system. As well as, any Head Title can contact directly with his subordinates through this program and vice versa.

External communication


- 6.4 The formal communications with any individual or college or institution, whether inside or outside the Kingdom is done through the formal system of communication in the Faculty of Medicine. The external communication can be done by sending a representative from the College officials who communicates with external position directly.
- 6.5 The college declares itself, its activities or services through the official website and web pages of the college. The responsible is Information Technology Unit and The Unit of Administrative Communications which can communicate with others and receive inquiries or any comments through the e-mail located in the service of (contact us) that came with these pages and websites of the College.

7. Output

- 7.1 Faculty management communication system




8. Forms

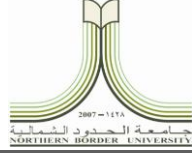
- 8.1 No specific form

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9. Reference

- 9.1 NCAAA
- 9.2 By-laws of the University
- 9.3 Mother policy for college of medicine

Responsibility	Name	Title	Sign.
Prepared by	Eslam Kamal Fahmy	Member in Academic Accreditation Executive Committee	
Reviewed by	Eslam Kamal Fahmy	Head of Academic Accreditation Executive Committee	
Approved by	Dr. Ekramy Elmorsy	Vice Dean of Development & Quality	

<p>Kingdom of Saudi Arabia Ministry of Education Northern Border University Faculty of Medicine</p>		<p>المملكة العربية السعودية وزارة التعليم جامعة الحدود الشمالية كلية الطب</p>
<p>POLICY TITLE: Laboratories using, maintenance and calibration</p>	<p>NUMBER/VERSION: 12016</p>	
<p>Effective Date: 10-Apr-22</p>	<p>Expiration Date: 09-Apr-26</p>	
<p>Revision Due: 10-Apr-24</p>	<p>Number of pages: Page 1 of 3</p>	

1- Purpose:

- 1-1 To provide the optimum usage of laboratories in Faculty of Medicine.
- 1-2 To provide the extent of effectiveness of equipment found in these laboratories.

2- Scope:

- This policy is applicable to staff members, students, and agreed researchers in Faculty of Medicine, NBU.

3- Responsibility:

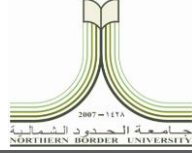
- 3 - 1 Heads of departments.
- 3 - 2 Teaching staff using laboratories (Faculty of Medicine and Faculty of Applied Science).
- 3 - 3 Coordinator of laboratories in Male and Female sections.
- 3 - 4 Technicians.
- 3 - 5 Vice deanship of academic affairs.
- 3 - 6 Technical Affairs
- 3 - 7 Information Technology Unit
- 3 - 8 Maintenance & Safety Unit

4- Customer:

- Internal customers (Students and staff members in the Faculty of Medicine).
- External customers (Student and staff members from other sector and researchers other than Faculty of Medicine or Faculty of Applied Science).

5- Inputs:


- List of inspection and measuring equipment for all laboratories in the faculty.
- Identification card for each equipment.

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<p>POLICY TITLE: Laboratories using, maintenance and calibration</p>	<p>NUMBER/VERSION: 12016</p>	
<p>Effective Date: 10-Apr-22</p>	<p>Expiration Date: 09-Apr-26</p>	
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- Operation manual and calibration for equipment.
- Standards of NCAAA 2018

6- Procedure:

- 6 - 1** Preparing laboratory Portfolio that contains the following:
- Condition assessment.
 - Shared used.
 - Report on working hours.
 - Identification card for equipment.
 - Capacity of laboratory (number of student).
 - Safety measures.
 - First Aid box.
 - Biohazard discharge.
- 6 - 2** Laboratory Quality manual that contains the following:
- List of inspection and measuring equipment.
 - Operation manual, Instruction manual.
 - Calibration reports
 - Testing standards
- 6 - 3** Mechanism for shared use of laboratories between Faculty of Medicine and any other College with defining the responsibilities of each.
- 6 - 4** Condition assessment of laboratories daily inspection of refrigerator temperature (identified electric problem immediately) and monthly report about laboratories (express number of student in certain time, arrangement, clearing and presence of staff member) annual report about allocated of equipment (by year to add new equipment that inter from purchasing department).
- 6 - 5** Maintenance Unit should check all the equipment of safety regarding availability, expiry, suitability for use..etc. Also the instructions for usage of every equipment should be provided continuously.
- 6 - 6** Training to students and teaching staff should be conducted before starting use of any equipment in the laboratories
- 6 - 7** Laboratories portfolios should be fulfilled regularly. Any complaints should be raised to the Head of Technical Affairs for repairing and follow-up.

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POLICY TITLE: Laboratories using, maintenance and calibration	NUMBER/VERSION: 12016	
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6 - 8 Calibrations of all equipment should be done regularly (according to the special regulation of each equipment) and recorded in the laboratory portfolio

7- Outputs:

- Inventory of equipment.
- Laboratory manual.
- Quality manual for the laboratory.
- Laboratory portfolio.
- Surveys, reports.

8- KPIs:




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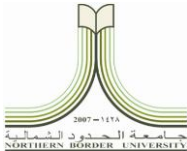
9- Forms:

Master list
Instruments calibration plan
Instrument Calibration record

10- References:

1. NCAAA standard 2018.
2. WHO Manual for Laboratory Biosafety.

Responsibility	Name	Title	Sign.
Prepared by :	Dr. Afaf Taha	Member in Quality and Academic Accreditation Committee	
Reviewed by :	Dr. Eslam Kamal	Deputy of Head of Academic Accreditation Committee	
Approved by :	Dr. Ekramy Elmorsy	Vice Dean of Development & Quality	

<p>Kingdom of Saudi Arabia Ministry of Education Northern Border University Faculty of Medicine</p>		<p>المملكة العربية السعودية وزارة التعليم جامعة الحدود الشمالية كلية الطب</p>
<p>POLICY TITLE: Library using policy</p>	<p>NUMBER/VERSION: 12017</p>	
<p>Effective Date: 10-Apr-22</p>	<p>Expiration Date: 09-Apr-24</p>	
<p>Revision Due: 10-Feb-24</p>	<p>Number of pages: Page 1 of 4</p>	

1- Purpose:

- 1-1 To define the system of book loan and return
- 1-2 To define system of retrieving equipment conditions.
- 1-3 To define inter library loans

2- Scope:

This policy is applicable to Medical Library in the Faculty Of Medicine, NBU Male and Female Sections

3- Responsibility:

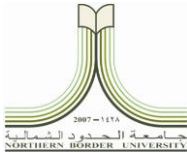
- 3-1 Vice Rectorate for Graduate Studies and Scientific Research.
- 3-2 Deanship of libraries Affairs, NBU.
- 3-3 Vice Deanship of Academic Affairs
- 3-4 Heads of Scientific Departments
- 3-5 Faculty coordinators of the library in both male and female sections
- 3-6 Librarians.

4- Customer:

- Staff members
- Students
- Research workers in agreement with the Faculty

5- Inputs:

- The operating system and guidelines provided by the University Deanship of the libraries
- The international Standard of book archiving

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<p>POLICY TITLE: Library using policy</p>	<p>NUMBER/VERSION: 12017</p>	
<p>Effective Date: 10-Apr-22</p>	<p>Expiration Date: 09-Apr-24</p>	
<p>Revision Due: 10-Feb-24</p>	<p>Number of pages: Page 2 of 4</p>	

6- Procedure:

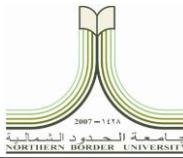
6-1 The borrowing procedure from the library is controlled by Faculty policies and forms.

6-2 The system of loans and return:

- 6.2.1 The Librarian activates the card code for users who wish to borrow books for 14 days using ID of Saudi iqama/National Identification/Employee's Card/Students' Card.
- 6.2.2 The loan might be renewed for another 14 days for students and 60 days for staff member.
- 6.2.3 The librarian reviews a weekly record and checks the inventory & follow up overdue books.
- 6.2.4 The user with overdue books should pay a fine for the non-returned books in the due time.
- 6.2.5 Reference material (Dictionaries, Encyclopedia, Reference Textbooks) from the library cannot be taken outside the library.
- 6.2.6 Loan days are counted from the day after the material is taken out
- 6.2.7 If the return date falls on a holiday, the return date will be the next day that the library is open.
- 6.2.8 Newspapers, periodicals, white papers, statistics, and reference books or materials cannot be taken out.
- 6.2.9 The loan period will be extended during long vacations.

The number of materials which may be taken out and the loan period according to borrower is as follows.

	Number of materials	Period of Loan	Renewal allowance
Faculty Members	08	60 Days	Twice
Graduate students	06	14 Days	Twice
Undergraduate students	03	14 Days	Twice
Individuals and entities who are not affiliated with the university	04	14 Days	Twice

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6-3 System of retrieving equipment's:

6.3.1 The Dean sends a letter to the Heads of Departments for requesting the new and updated text books or references for the new commencing year to determine their needs from retrieving equipment as well as the requirements of books.

6.3.2 Both requests are sent to the Head of Deanship of Libraries, NBU for the process of procurement

6-4 Access points of laptops: (in Male & Female Sections)

6.4.1 These are allowed to students, faculties or groups through connections to the available tables.

6-5 Inter library loans: there is no such system in the library but there a system to search and find the location of a book within the libraries of Northern border area.

6-6 The library is available during normal working hours. It is open in two periods; **from 8am to 3 pm.**

7- Outputs:

- Identity card for user
- list of needed books from the departments
- electronic catalog
- inventory for overdue books

8- KPIs:

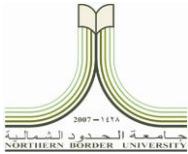
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9- Forms:

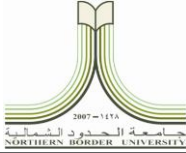
Electronic system for search, retrieval and loan.

10- References:

- NCAAA 2018
- University and Faculty .by-laws

Kingdom of Saudi Arabia Ministry of Education Northern Border University Faculty of Medicine		المملكة العربية السعودية وزارة التعليم جامعة الحدود الشمالية كلية الطب
POLICY TITLE: Library using policy		NUMBER/VERSION: 12017
Effective Date: 10-Apr-22		Expiration Date: 09-Apr-24
Revision Due: 10-Feb-24		Number of pages: Page 4 of 4

Responsibility	Name	Title	Sign.
Prepared by :	Dr. Afaf Taha	Member in Quality and Academic Accreditation Committee	
Reviewed by :	Dr. Eslam Kamal	Deputy of Head of Academic Accreditation Committee	
Approved by :	Dr. Ekramy Elmorsy	Vice Dean of Development & Quality	

<p>Kingdom of Saudi Arabia Ministry of Education Northern Border University Faculty of Medicine</p>		<p>المملكة العربية السعودية وزارة التعليم جامعة الحدود الشمالية كلية الطب</p>
<p>POLICY TITLE: Monitoring Student Progress</p>		<p>NUMBER/VERSION: 2018</p>
<p>Effective Date: 10-Apr-22</p>		<p>Expiration Date: 09-Apr-26</p>
<p>Revision Due: 10-Apr-24</p>		<p>Number of pages: Page 1 of 3</p>

1- Purpose:

To monitor the student progress throughout the program

2- Scope:

This procedure is applicable to:
The students in the faculty of Medicine, NBU

3- Responsibility:

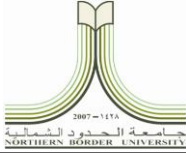
- The student
- Teaching staff in the departments
- Student Academic Counselor
- Student affairs unit
- Students' Academic Counseling Unit
- Vice deanship of academic affairs

4- Customer:

- Internal customers : Students , teaching staff especially academic counselor.
- External customers : Deanship of Admission & Registration, NBU

5- Inputs:

- Administration & registration banner system
- By-laws and regulations of the Deanship of Admission and Registration NBU
- By-laws of Study & Examinations, Faculty of Medicine, NBU
- Student personal information

<p>Kingdom of Saudi Arabia Ministry of Education Northern Border University Faculty of Medicine</p>		<p>المملكة العربية السعودية وزارة التعليم جامعة الحدود الشمالية كلية الطب</p>
POLICY TITLE: Monitoring Student Progress		NUMBER/VERSION: 2018
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6-Procedure:


- 6-1 The student is admitted according to the executive regulation of NBU council. Acceptance and admission of the student through the deanship of admission & registration.
- 6-2 After acceptance, the Deanship of Admission & Registration gives the student an identification number that will be used by him/ her as a user name along the study years.
- 6-3 Any change in student's personal information; the registration unit must get evidences and send it by electronic attachment through the Dean's office to the Deanship of Admission & registration to update the information.
- 6-4 The academic counselor has to follow up the student academic records to help the student to add or delete certain courses according to NBU by-laws.
- 6-5 The information are secured that allowed only to the student himself/herself, the responsible employee in the Students Affairs Unit, and the Academic Counselor.
- 6-6 After finalization of student results by the Examination Unit and the Vice Dean of academic affairs and approval by the Dean; formats containing personal and academic information of the student results will be introduced by the coordinator of the course in banner system of Deanship of Admission & Registration.
- 6-7 Eligibility for graduation formally verified in relation to program and course requirements, by Faculty Council

7-Outputs:

Students database
Statistical data for reporting and planning for improvement plans

8-KPIs:

All students admitted to the faculty have student academic records(transcripts)




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POLICY TITLE: Monitoring Student Progress		NUMBER/VERSION: 2018
Effective Date: 10-Apr-22		Expiration Date: 09-Apr-26
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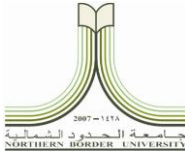
9- Forms

Banner system, Argos system ,student auto service and academic counselor auto service

10- References:

- 1- By –laws of NBU Deanship of Admission & Registration2-
Faculty of Medicine By-laws of Study and Examinations.
- 3- 2- NCAAA 2018

Responsibility	Name	Title	Sign.
Prepared by :	Dr. Rashad Qassim	Member in Quality and Academic Accreditation Committee	
Reviewed by :	Dr. Eslam Kamal	Deputy of Head of Academic Accreditation Executive Committee	
Approved by :	Dr. Ekramy Elmorsy	Vice Dean of Development & Quality	

Kingdom of Saudi Arabia Ministry of Education Northern Border University Faculty of Medicine	 2007 - 1431 جامعة الحدود الشمالية NORTHERN BORDER UNIVERSITY	المملكة العربية السعودية وزارة التعليم جامعة الحدود الشمالية كلية الطب
POLICY TITLE: Staff Retention Policy		NUMBER/VERSION: 12019
Effective Date: 10-Apr-22	Expiration Date: 09-4-26	
Revision Due: 10-Apr-24	Number of pages: Page 1 of 3	

1- Purpose:

This document outlines the policies and procedures helping the program to keep its well qualified staff members

2- Scope:

This policy is covering how the program keeps its well qualified staff members within the Faculty of Medicine, NBU

3- Responsibility:

- 3 - 1 Faculty dean
- 3 - 2 Faculty vice-dean
- 3- 3 Head of Department

4- Customer:

All Faculty members of Faculty of Medicine –NBU


5- Inputs:

- New staff orientation policy
- Staff development program manual
- Staff complains and grievance manual
- By regulations of staff members promotion
- By regulations or non-Saudi staff members in Saudi Universities

6- Procedures:

The dean, vice-dean, and heads of departments; Faculty of Medicine, NBU is responsible to retain the well qualified staff members via certain approved procedures:

6.1. Orientation of the newly coming staff: Regarding the university faculties, programs, the faculty of

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<p>POLICY TITLE: Staff Retention Policy</p>		<p>NUMBER/VERSION: 12019</p>
<p>Effective Date: 10-Apr-22</p>		<p>Expiration Date: 09-4-26</p>
<p>Revision Due: 10-Apr-24</p>		<p>Number of pages: Page 2 of 3</p>

medicine, the academic program and Arar city at the levels of the university and the program.

6.2 Open communication: The program adopts the open gates policy for open communication between the administration and staff members through the different level of oral and written communication

6.3 Staff development program: Staff development plan is arranged annually by the program in addition to the development program activities of the deanship of development.

6.4 Staff promotion regulation: The university has Specific regulations for academic staff promotion which allows the staff member to develop in his career while his presence in NBU.

6.5 Social and sport activities: The program arranges some activities for social gathering of the staff and some sport activities for the staff members for a good healthy work environment.

6.6 Staff members services: All staff members services are available electronically through his account in the university website, which is expected to help him to manage all his affairs with comfort and ease.

6.7 Excellence awards: There are excellence awards which are available on the university and program levels with announced regulations.

6.8 Health insurance: As NBU university staff members they are all covered with there dependent by the highest degree of health insurance as governmental employee.

6.9 Research funding: there are different forms of financial support of the staff members research and publications.

6.10 Staff complains: There is specific announced regulations for staff members complains to get their rights if they feel any problem.

6.11 Staff members engagement in the different units and committees to feel that they are sharing in the administration and their suggestions and options are welcomed and taken seriously

6.12 Prolongation for the well qualified staff members after 10 years of contract and/or exceeding the age of 60 years.

7- Outputs:

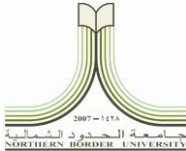
- Staff development program report
- Staff satisfaction survey report
- Research report
- Excellence award report
- Faculty annual report

8- Forms:

- No specific forms




10- KPI:


- KPI-P13: Proportion of teaching staff leaving the program

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11- Refences:

- 1 By regulations of staff members promotion
- 2 By regulations or non-Saudi staff members in Saudi Universities

Responsibility	Name	Title	Sign.
Prepared by :	Prof. Manal Fawzy	Member in Quality and Academic Accreditation Committee	
Reviewed by :	Dr. Eslam Kamal	Head of Quality and Academic Accreditation Committee	
Approved by :	Dr. Ekramy Elmorsy	Vice Dean of Development & Quality	

<p>Kingdom of Saudi Arabia Ministry of Education Northern Border University Faculty of Medicine</p>	 <p>جامعة الحدود الشمالية NORTHERN BORDER UNIVERSITY</p>	<p>المملكة العربية السعودية وزارة التعليم جامعة الحدود الشمالية كلية الطب</p>
<p>POLICY TITLE: Student admission and registration</p>	<p>NUMBER/VERSION: 12020</p>	
<p>Effective Date: 10-Apr-22</p>	<p>Expiration Date: 09-Apr-26</p>	
<p>Revision Due: 10-Apr-24</p>	<p>Number of pages: Page 1 of 3</p>	

1- Purpose:

1-1 To define steps of students' admission and registration

2- Scope:

This policy is applicable to students admitted to FACULTY OF MEDICINE.

3- Responsibility:

- 3 - 1 Deanship of Admission and Registration, NBU.3 - 2 Vice-Dean of Academic Affairs, Faculty of Medicine
- 3 - 3 Head of Student Affairs Unit in Male and Female Sections

4- Customer:


- Students of Faculty of Medicine
- Departments, Faculty of Medicine, NBU

5- Inputs:

- NBU plan of admission prepared by the Deanship for Admission &Registration,NBU.
- Bylaws of Study & Examinations, Faculty of Medicine, NBU
- Electronic web site of university (www.jazanu.edu.sa)
- Admission formats
- Certificate of secondary school
- NCAAA 2018

6- Procedure:

6 - 1 Admission application that prepared by the Deanship of Admission &Registration, NBU has been distributed to the students through the web site of the NBU to be filled online by the students (name –address-e-mail-semester- scores of subjects of secondary school).

<p>Kingdom of Saudi Arabia Ministry of Education Northern Border University Faculty of Medicine</p>	 <p>جامعة الحدود الشمالية NORTHERN BORDER UNIVERSITY</p>	<p>المملكة العربية السعودية وزارة التعليم جامعة الحدود الشمالية كلية الطب</p>
<p>POLICY TITLE: Student admission and registration</p>	<p>NUMBER/VERSION: 12020</p>	
<p>Effective Date: 10-Apr-22</p>	<p>Expiration Date: 09-Apr-26</p>	
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- 6 - 2 The Deanship of Admission & Registration is responsible for sorting of students' data and sending electronic messages or SMSs to the admitted students.
- 6 - 3 The students print the nomination for admission through NBU web site considering that the admission is restricted to the available places in the Faculties according to the rank of students.
- 6 - 4 The documents of the admitted students (original certificate with a copy-copy of family card- for girls and condition card- photocopy for male students) have to be sent to the Deanship of Admission & Registration through the Saudi Mail. The university refuses to receive any documents by the students himself.
- 6 - 5 The Deanship of Admission & Registration determines the requirements of newly admitted students according to Ministry of Higher Education. NBU Council determines the number of newly admitted students according to the suggested numbers of Faculties Councils in NBU and the rules of Ministry of Higher Education.
- 6 - 6 The Deanship of Admission & Registration determines immediate admission process and matches with original documents according to the date & location showed in the application form, (The students must present personally to insert his data by himself). Student advisors (employees of Deanship) are available to provide assistance prior to and during the student registration process.
- 6 - 7 The transfer process is carried either through the web site of the NBU according to the regulations of NBU; if the students transfer within Faculties of the University. If the student is coming from another university, the transfer process will include the accreditation of the subjects according to the program in the Faculty of Medicine, NBU. Decisions on credit hours for previous studies are known to the student across the web site. The process of transfer is done according to students cumulative score.
- 6 - 8 The Vice-Dean of Academic Affairs, in the Faculty of Medicine, NBU organizes a committee for holding interviews with the newly admitted students for verification, and detecting any physical disabilities that may prevent approval for enrollment.
- 6 - 9 Comprehensive orientation program provided by the Supervisors of the Preparatory Year (1st year) for the admitted students to ensure thorough understanding of the range of services and facilities available to them and their obligations and responsibilities.

7- Outputs:

Student data base for the enrolled students.




8- Forms:

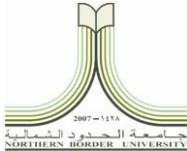
- Registration application form

Kingdom of Saudi Arabia Ministry of Education Northern Border University Faculty of Medicine	 2007-1431 جامعة الحدود الشمالية NORTHERN BORDER UNIVERSITY	المملكة العربية السعودية وزارة التعليم جامعة الحدود الشمالية كلية الطب
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9- References:

- By-laws of NBU Deanship of Admission & Registration)
- NCAAA 2018

Responsibility	Name	Title	Sign.
Prepared by :	Dr. Rashad Qassim	Member in Quality and Academic Accreditation Committee	
Reviewed by :	Dr. Eslam Kamal	Deputy of Head of Academic Accreditation Executive Committee	
Approved by :	Dr. Ekramy Elmorsy	Vice Dean of Development & Quality	

<p>Kingdom of Saudi Arabia Ministry of Education Northern Border University Faculty of Medicine</p>	 <p>جامعة الحدود الشمالية NORTHERN BORDER UNIVERSITY</p>	<p>المملكة العربية السعودية وزارة التعليم جامعة الحدود الشمالية كلية الطب</p>
<p>POLICY TITLE: Student work originality check policy</p>		<p>NUMBER/VERSION: 12032</p>
<p>Effective Date: 10-Apr-22</p>	<p>Expiration Date: 09-Apr-26</p>	
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1- Purpose:

1-1 To define steps to test the originality of the student work

2- Scope:

This policy is applicable to students' assignments and projects admitted to Faculty of Medicine.

3- Responsibility:

3 - 1 academic staff members

4- Customer:

- Students of Faculty of Medicine
- Academic staff members

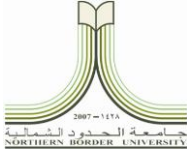
5- Inputs:

- NBU plan of admission prepared by the Deanship for Admission &Registration,NBU.
- Bylaws of Study & Examinations, Faculty of Medicine, NBU
- Electronic web site of university
- Admission formats
- Certificate of secondary school
- NCAAA 2018

6- Procedure:

6 - 1 Our policy is mainly to help students to check originality of their works before submission rather as well as checking their submitted works for originality.

6 - 2 we are mainly using BB SafeAssign option by both students and course supervisors to check for the originality of students work. SafeAssign compares student submissions against a set of academic papers to identify areas of overlap between the submitted text and existing works. SafeAssign is effective as both a deterrent and an educational tool.

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6-3 SafeAssign only supports file types that are convertible to plain text, which includes these file types: DOCX, DOC, PPT, PPTX, PDF, TXT, ODT, RTF, HTML, and HTM. Spreadsheet files aren't supported. SafeAssign also accepts ZIP files and processes files that match any of these file types.

6-4 SafeAssign counts and displays the total number of attachments in a submission, as well as the number of attachments processed by SafeAssign. SafeAssign only processes and creates Originality Reports for attachments that match the supported file types. For unsupported file types, the SafeAssign Originality Report omits a matching score.

6-5 After a paper is processed, a report is generated detailing the percentage of text in the submitted paper that matches existing sources. The report shows the suspected sources for each section of the submitted paper that returns a match. The student can delete matching sources from the report and process it again if the paper is a continuation of a previously submitted work by the same student.

6- 7 For the course supervisor, on the Create Assignment page, expand Submission Details. He/she Select check submissions for plagiarism using SafeAssign. They can optionally, select one or both options: Allow students to view the SafeAssign Originality Reports on their submissions or Exclude all student submissions for this assignment from the Institutional or Global Reference Databases.

7- Outputs:

SafeAssign Originality Reports

8- Forms:

- NA

9- References:

- Blackboard website https://help.blackboard.com/SafeAssign/Instructor/In_Your_Course

POLICY TITLE: Student work originality check policy



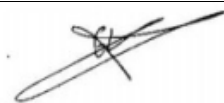
NUMBER/VERSION: 12032

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Number of pages: Page 3 of 3

Responsibility	Name	Title	Sign.
Prepared by :	Dr. Hafiz Idris	Member in Academic Accreditation Executive Committee	
Reviewed by :	Dr. Eslam Kamal	Deputy of Head of quality and Academic Accreditation Committee	
Approved by :	Dr. Ekramy Elmorsy	Vice Dean of Development & Quality	

POLICY TITLE: Policy of student support

NUMBER/VERSION: NBU-FM-12022

Effective Date: 10-Apr-22

Expiration Date: 09-Apr-26

Revision Due: 10-Apr-24

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1- Purpose:

- Provision of effective system for supporting student learning through academic advice, study facilities, monitoring student progress, encouraging high performing students and provision of assistance when needed by individuals.
- Early detection of difficulties which may face the students in their academic progress and to determine the different means to restore their capabilities to continue their way to graduation.
- The target is to ensure the quality aspects of our graduates and to utilize this enumeration as a major input to curriculum and program review

2- Scope:

- This policy is applicable to all students including mainly the lagging students in the Faculty of Medicine, NBU

3- Responsibility:


- 3.1 Vice dean of academic affairs
- 3.2 Academic counseling unit
- 3.3 Staff Members

4- Customer:

- 4.1 Students of faculty of Medicine
- 4.2 Students counselors

5- Inputs:

- 5.1 Midterm exam results
- 5.2 Formative tests results
- 5.3 Continuous assessment of student performance from the above
- 5.4 Relevant reports from the departments regarding students.

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<p>POLICY TITLE: Policy of student support</p>	<p>NUMBER/VERSION: NBU-FM-12022</p>	
<p>Effective Date: 10-Apr-22</p>	<p>Expiration Date: 09-Apr-26</p>	
<p>Revision Due: 10-Apr-24</p>	<p>Number of pages: Page 2 of 5</p>	

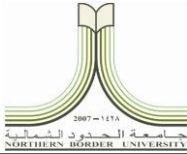
6 - Procedure:

6-1 Academic counseling:

- 6-1-1 The academic counselor are available at sufficient scheduled times for consultation and advice to students according to schedules assigned and announced by the departments (Office Hours).
- 6-1-2 Appropriate preparatory and orientation mechanisms are provided to prepare students in a higher education environment to ensure achievement of the intended learning outcomes (credit hour requirements)
- 6-1-3 Counseling system are in place within the application of the medical education program for monitoring and coordinating student workload. Follow up to ensure student welfare and to evaluate the quality of service provided.
- 6-1-4 The progress of individual students is monitored and assistance and /or counseling is provided to those facing difficulties.
- 6-1-5 Year to year progression rates and program completion rates are monitored.
- 6-1-6 Feedback on performance by students and results of assessments is given promptly to students and accompanied by mechanisms for providing assistance if needed.
- 6-1-7 Teaching staff should be familiar with the range of support services available in the Faculty for students e.g the Clinic for psychological support, and should refer them to appropriate sources of assistance when required.
- 6-1-8 Adequate protection are provided and supported by regulations to protect the confidentiality of academic or personal issues discussed with teaching / counselor staff.

6-2 Lagging Students:

- 6-2-1 The academic counselor observes the performance of the lagging students and prepares a monthly report on their academic standing to the relevant department
- 6-2-2 The department reviews the cases, contacts the students and inform them formally with the counseling interview date
- 6-2-3 The student reports at the due date and discuss with the counselor the possible reasons for his / her lagging
- 6-2-4 The student with counselor agree on plan with the following dispositions:
 - Suggest extra effort to be performed by the student such as research task.
 - Suggest study on specialized links about specified topics
 - Utilize the office hours of the staff
 - Hold revision group sessions whether theoretical or practical
 - Hold formative tests before the mid and final tests at points of time that are reasonably enough to develop the plan and allow the control of the student progress. Assessment is document in the form
- 6-2-5 The formative tests with the results evaluation shall be the basis for continuous assessment of

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the student.

- 6-2-6 In all cases, the attendance should be no less than 75% of the theoretical or practical curriculum according to the attendance regulations
- 6-2-7 A final assessment report shall be submitted to student affairs
- 6-2-8 Feedback on performance by students and results of assessments is given promptly to students and accompanied by mechanisms for providing assistance if needed.
- 6-2-9 Teaching staff are familiar with the range of support services available in the institution for students and should refer them to appropriate sources of assistance when required.
- 6-2-10 Year to year progression rates and program completion rates are monitored.
- 6-2-11 Adequate protection is provided and supported by regulations to protect the confidentiality of academic or personal issues discussed with teaching/ counselor staff.

6-3 Extra curricular activities (Planning and implementation)

- 6-3-1 General targets of the activity plan
Mission : Building up the student personality from different views psychologically ,socially and recreationally.
Vision: acquiring the students extracurricular experiences and skills through an integrated system of activities programs and different services.
Talent; discovery and improving it for serving their community ,planting human values and entirely positive behaviors
- 6-3-2 The Head of Community Service and Students Activities put down an annual plan for students' activities specific for the Faculty of Medicine.
- 6-3-3 The plan is raised to the Faculty Council for final review and approval.
- 6-3-4 Then the plan is sent to the Deanship of Student Affairs at the University for any change and approval.
- 6-3-5 Then the plan is approved by the University Council.
- 6-3-6 The plan shall include: cultural activity, social activity, training activity and general programs.
- 6-3-7 Based on the plan of the Faculty of Medicine the central plan of Deanship of Students Affairs is carried out by external activities as external visits, conferences, meetings, workshops and competitions.
- 6-3-8 Daily activities: practicing an entertaining and body building activities in the recreation center.

6-4 The student financial support:

- 6-1-1 Monetary rewards for new students in the faculty of medicine through providing them ATM cards. This the responsibility of the director of rewards in the DSA. The rewards are granted every month for the first year and renewed basing on her/his academic accomplishments, the reward will be no longer continued if the grade point average(GPA) is less than 2.

POLICY TITLE: Policy of student support

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- 6-1-2 Excellence rewards: is paid to the student of GPA range from 4.75 to 5.0 for two consecutive terms
- 6-1-3 In case of losing ATM card, the student she/he enters the website to ask for a replacement ATM card.
- 6-1-4 Managing the student rewards is the responsibility of the DSA , if there is any problem she/he reports it to the DSA.
- 6-1-5 The program for rewards is included in the complete program of Admission &Registration
- 6-1-6 The reward program provides information about the student, he/her rewards records, excellence rewards and whether the student is not entitled for the reward

6-5 Distinguished Students support:

- 6-5-1 The academic counselor always encourages the distinguished students
- 6-5-2 The most distinguished student is rewarded yearly through the excellence rewarding System in the Faculty of Medicine for academic and extracurricular activities

7 - Outputs:

- 7-1 Counselor report
- 7-2 Support Plan
- 7-3 Assessment report
- 7-4 Attendance report
- 7-5 Final reports to academic Counseling Unit

8 - KPIs:

- Student satisfaction about counseling services is >3.5

9 - Forms:

- Advisor counseling file
- Student counseling file

POLICY TITLE: Policy of student support

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10 - References:


NCAAA 2018

National Commission for Academic Accreditation and
Assessment requirements

By-laws

As appropriate

Responsibility	Name	Title	Sign.
Prepared by :	Dr. Rashad Qassim	Member in Quality and Academic Accreditation Committee	
Reviewed by :	Dr. Eslam Kamal	Deputy of Head of Academic Accreditation Executive Committee	
Approved by :	Dr. Ekramy Elmorsy	Vice Dean of Development & Quality	

<p>Kingdom of Saudi Arabia Ministry of Education Northern Border University Faculty of Medicine</p>		<p>المملكة العربية السعودية وزارة التعليم جامعة الحدود الشمالية كلية الطب</p>
<p>POLICY TITLE: Policy of support of temporary disabled students</p>		<p>NUMBER/VERSION: 12023</p>
<p>Effective Date: 10-Apr-22</p>		<p>Expiration Date: 09-Apr-26</p>
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1- Purpose:

The purpose of this policy is to provide academic and counseling help for students with special needs, the students with special needs are those students having any type of **temporary disabilities**, students with permanent disabilities are not accepted in the medical program.

2- Scope:

This policy is applied for any student who may develops any medical condition which necessitates special academic/psychological or personal help.

3- Responsibility:

- Vice dean for Academic Affairs
- Head of Students Affairs Unit
- a academic advisor
- stuff members

4- Customers:

- Students with temporary special needs

3- Inputs:




NA

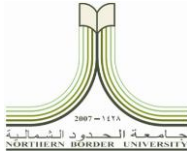
5- Procedures:

1. Student with temporary special need should disclose his needs to students affairs unit
2. Student affairs unit will request a case evaluation and recommendation from the student academic advisor.
3. Academic advisor will investigate the students' condition based on the provided formal medical reports to recommend one or more of the following academic modification;
 - a. Uses of parking of disable persons
 - b. Note Taking services during regular classes and/or special assistance in labs
 - c. Special assistance during exams if needed
 - d. Relocation of classes
4. The academic advisor will recommend the estimated period of the help provided and he will follow up the progress

4-Outcomes:

Academic advisor reports

Responsibility	Name	Title	Sign.
Prepared by :	Dr. Afaf Taha	Member in Quality and Academic Accreditation Committee	
Reviewed by :	Dr. Eslam Kamal	Deputy of Head of Academic Accreditation Executive Committee	
Approved by :	Dr. Ekramy Elmorsy	Vice Dean of Development & Quality	

<p>Kingdom of Saudi Arabia Ministry of Education Northern Border University Faculty of Medicine</p>		<p>المملكة العربية السعودية وزارة التعليم جامعة الحدود الشمالية كلية الطب</p>
<p>POLICY TITLE: Program specification, implementation, and evaluation policy</p>	<p>NUMBER/VERSION: NBU-FM-12024</p>	
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1-Purpose:

- 1-1 To prepare the program specifications
- 1-2 To plan for the development of the program
- 1-3 To plan for implementation of the program
- 1-4 To evaluate the program annually and every 6 years
- 1-5 To prepare the annual program report

2-Scope:

Preparation of program planning, development, specifications, its implementation, annual evaluation and reporting it in the Faculty of Medicine, NBU.

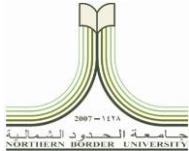
Self-study procedures of the program every 6 years as well as development of the program are included.

3-Responsibility:

- 3-1- Dean of the faculty
- 3-2- Vice-Dean of Quality Development
- 3-3- Vice Dean for Academic affairs
- 3-4- Vice-Dean for Clinical Affairs
- 3-5- Vice-Dean for Female Section
- 3-6- Systems & Study Planning Committee
- 3-7- Medical Education Unit
- 3-8- Heads of Departments
- 3-10-Head of Examination& Control Unit
- 3-11-Head of Quality& Academic Accreditation Unit (QAAU)
- 3-12-Courses Coordinators
- 3-13-Courses Committees
- 3-14-Phases coordinators
- 3-15-Head of administrative department responsible for the teaching& learning facilities, laboratories, equipment, transportation to Hospitals

4-Customer:

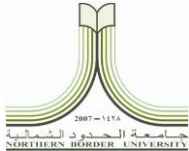
- 4-1 Students in Faculty of Medicine NBU
- 4-2 Teaching staff in the Faculty of Medicine, NBU
- 4-3 Community in Northern Border region
- 4-4 Employers of the graduates of Faculty of Medicine, NBU
Job Market

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<p>POLICY TITLE: Program specification, implementation, and evaluation policy</p>	<p>NUMBER/VERSION: NBU-FM-12024</p>	
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4-5 Professional bodies: SCFHS

5-Inputs:

- 5-1 Previous Program Specifications
- 5-2 NCAAA academic Standard-2018
- 5-3 SaudiMEDs
- 5-4 National qualifications of physicians in Saudi Arabia (NQF)
- 5-5 Bylaws for Study and Examination, Faculty of Medicine, NBU
- 5-6 Previous Program Annual Reports
- 5-7 NCAAA quality standards for the educational program
- 5-8 Courses report of the current Year
- 5-9 Field Experience report of the current Year
- 5-10 Previous Program Specifications
- 5-11 Previous Program Annual Reports
- 5-12 Curriculum document
- 5-13 Program Handbook
- 5-14 Previous Self-study report
- 5-15 Faculty of Medicine Strategic Plan
- 5-16 Internal Audit report
- 5-17 Guiding Documents:
 - NBU A Practical Guide to Designing Academic Plans and Programs
 - Executive rules of Study and Examination, NBU
 - Executive rules of Study and Examination, Faculty of Medicine, NBU
 - National qualifications of physicians in Saudi Arabia (NQF) standards
 - SaudiMEDs
 - Saudi Medical licensure Examination -Applicant Guide
 - Handbook for Quality Assurance and Accreditation Part1, Version3-2015
 - NCAAA Handbook or Quality Assurance and Accreditation Part2, Version3–2015
 - Benchmark.

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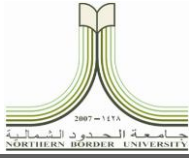
6-Procedure:

General Rules-NCAAA

- Faculty of Medicine, NBU adopts the concepts of NCAAA in preparation of the medical education program.
- The program specification (PS) is reviewed annually with comprehensive review and evaluation every 6 years or upon urgent need to change.
- Program Specification is prepared according to last version of NCAAA format for Program Specifications.
- Adopt SAQF.

General Rules– NBU

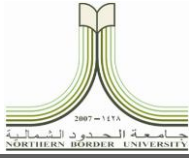
- Built-in accordance with Islamic principles
- Give care to occupation alethic
- Based on SAQF
- The program should be built according to the needs of society and labor market.
- Abiding by NBU and College regulations
- Aligned with NBU, College and Program Mission, Goals and Objectives
- The official teaching language is the English Language
- Serves the comprehensive national development
- Ensuring no duality in courses with a college
- The Required credit hours:
 - Number of credit hours for each level:30–40 /year
 - Total of graduation hours:180– 216
- Emphasizing the order of courses and determining the need of each course for a requirement or a prerequisite.
- Developing students' abilities in critical thinking, comprehension, participation, interaction, positive dialogue, analysis, teamwork, writing skills, communication, innovation and creativity in the various aspects of sciences and their components through achieving the balance between

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knowledge, abilities, skills, approaches, and values.

General Principles of PS Development

- Consultancy: All stakeholders have been consulted in designing and reviewing the PSs and its courses. Stakeholders were:
 - Teaching staff
 - Administrative staff
 - Alumni
 - Students in the program
 - Employers
- The program is clearly aligned to the mission and vision of both the Faculty of Medicine and NBU.
- Development to program will adhere to the quality cycle.
- Program will be developed within the existing institutional framework
- Program design and development will conform to the general qualification standards
- Program will be developed in consultation with relevant stakeholders (current and past students, other academics, professional bodies and employers in both the private and public sector);
- PLOs, contents, instructional methods and assessment criteria will be explicitly stated for each course and will be integrated by the outcomes of the program as a whole, forming the basis for development and review;
- PLOs reflect any appropriate professional and vocational standards, if any.
- Program will have clearly stated LOs which include the corresponding SAQF domains;
- LOs will be linked to related assessment criteria and will inform the assessment of competencies at the end of the learning experience;
- Teaching and learning activities and assessment methods will support the specified learning outcomes.
- Graduate attributes and PLOs should be aligned with
 - Program Mission
 - Program Learning Objectives
 - Program Strategic goals
 - SAQF

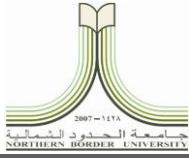
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- SaudiMEDs Framework
- Benchmark
- Professional bodies (SMLE)
- Market needs
- Graduate Attributes and PLOs should be revised by external evaluator
- PLO, CLOs, teaching strategies and assessment methods should be:
 - Aligned
 - Justified
 - Evaluated by external evaluator
- PLOs Mapping matrix should be revised by external evaluator.
- PS approval follow the institutional pathway.

Systems & Study Plans Committee
3-7- Medical Education Unit

Program Specifications:

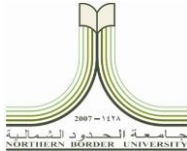
- 6-1 Faculty of Medicine, NBU adopts the concepts of NCAAA in preparation of the medical education program. The following diagram illustrates the planning for program specifications and reporting (Quoted from NCAAA 2018)
- 6-2 The program specification is reviewed completely every 6 years or upon urgent need to change.
- 6-3 The Vice-Dean of Academic Affairs asks the Systems & Study plan committee to prepare a study evaluating the current medical educational program according to NCAAA academic standard, Saudi Meds, National qualifications of the graduates, the approved benchmark and previous annual program reports.
- 6-4 The Vice-Dean for Academic Affairs invites for a meeting of the top management (including the Dean, Vice- Deans, phase coordinators and course coordinators as well as heads of administrative units) to present the report prepared by the Systems & Study plan committee and decide the directions of the renovated educational program.
- 6-5 The Medical Education Unit prepares the 1st draft of the program using the directions set in the top management meeting. The sources of guidance on what should be included in the program bachelor Medicine & Surgery for the Faculty of Medicine, NBU are used for preparing program specifications. These sources include The National Qualifications Framework that identifies broad domains of learning that should be developed as Saudi Meds, appropriate external benchmark, and an analysis of any particular requirements for professional practice in the NB region environment for which students are being prepared. In addition, recent research and developments in the medical field concerned should be monitored on continuing basis, and appropriate modifications made in program store flect these developments.

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- 6-6 The 1st draft is revised by the Systems & Study plan committee and set the needed corrections to return to the Medical Education Unit for providing the needed changes. Then returned again for approval by the Systems & Study plan committee to be raised for the faculty council for approval
- 6-7 Program Specification is prepared using NCAAA formats for Program Specifications, Program specifications should include: —its mission and objectives, the courses that will be included, the main learning objectives in the form of intended learning outcomes, what teaching strategies should be used to develop that learning, how learning will be assessed and how the quality of the course should be evaluated.
- 6-8 The Program of Bachelor of Medicine & Surgery has a field experience component which is the internship year. A field experience specification is prepared by the Internship Unit in cooperation with the Vice-dean of Clinical Affairs and the Heads of Clinical Departments using NCAAA format for Field Experience Specifications 2018. A brief specification for the field experience is presented in the program specifications.
- 6-9 The Curriculum Map is prepared by the Vice-Deanship of Academic Affairs according to the program specifications.
- 6-10 The Program Specification 1st draft is presented to the course coordinators, Heads of Units in the Medical Education Departments and vice-Deanship of Academic Affairs, Vice-Dean of Quality, Vice Dean of Clinical Affairs and Community Service and Student Activity Office; for discussion and modifications. The 2nd draft is then prepared by the Systems & Study plan committee to fulfill their commendations.
- 6-11 The Program Specifications is raised to the Vice-Dean of Academic Affairs for Approval and finally raised to the Dean of the Faculty for final Approval.
- 6-12 The Program Specifications is distributed to all course coordinators to prepare their courses' specifications. The Courses Coordinators lead the Courses Committees to develop the course specifications according to the program specifications as well as the curriculum map and using the NCAAA Course Specification Format version 2018 and guided by the Policy of Course Specifications, Implementation and Reporting (NC 3.b).

Summary for preparation of Program Specifications (PS)

- Program Development Committee (PDC)–MEU responsible for program review and improvement on regular basis based on different recommendations from:
 - Internal Recommendations
 - ❖ Systems & Study planning committee
 - ❖ Exam and control Unit
 - ❖ Quality & Academic Accreditation unit
 - External Recommendations
 - ❖ Institutional Recommendations
 - ❖ NQF recommendations
 - ❖ SaudiMEDs recommendations
 - ❖ SCFHS recommendations

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❖ Other stakeholders' recommendations

- The PDC prepares the 1st draft of the PS using the directions of program development at: Institutional and College level and college.
- The first draft of Program Specification distributed to relevant stakeholders (Dean, Vice Deans, Head of the Departments, Head of MEU, Head Q&AAU, Head of simulation unit, Head of Internship Unit, Head of Academic Supervision Unit, members of PEC, members of SAC, Head of Exam Unit, Head of Community Services and Student Activities unit, head of PIU, Phase coordinators, Course Coordinators, selected faculty members, students, graduates, alumni, and employers) and external reviewers for revision, feedback , discussion and modifications.
- The second draft of Program Specification is then prepared by the PDC based on recommendations from different relevant stakeholders and external reviewers' reports.
- Program Specification approval process:
 - Initial approval of Program Specification by MEU
 - Then Program Specification approved by Systems and study planning committee
 - Final approval of Program Specification by College Council
 - Further approval of Program Specification by NBU Council in case of major changes
- The Academic Map is prepared by the Vice Deanship of Academic Affairs and MEU according to the approved program specifications.
- The Program Specifications publicity:
 - Program specification is distributed to all course coordinators to prepare their courses specifications.
 - Program specification uploaded to college webpage

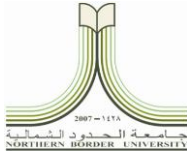
Program Implementation:

6-13 All the Courses are implemented according to the guidelines of by the Policy of Course Specifications, Implementation and Reporting (NC 3.b).

Program Evaluation & Reporting:

6- 14 At the end of each year (or each time the course is taught) Course reports are prepared by the course coordinators for each course indicating what happened as it was taught and providing a summary of students' results. NCAAA format for Course Reports, version 2018 is used for this purpose.

6-15 Also, a yearly report for the field experience should be fulfilled by the responsible of the Internship Year, Vice-Deanship of Clinical Affairs, and using NCAAA format for Field

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Experience Report, version 2018. This report should be submitted to the Medical Education Unit and Planning and Curriculum Committee.

6-16 When the courses reports and field experience report are received by the Medical Education Unit, they are reviewed for any needed corrections then raised to the Vice-Dean of Academic Affairs who submits it to the Self-Study and Annual report committee, Vice-Deanship of Quality and Development for preparing the Annual report using NCAA format for Annual Program Report, version 2018, is used for this purpose.

6-17 The annual report should include an action plan that indicates action to be taken in response to the evaluations undertaken and subsequent reports should consider the results of that action as well as any new information emerging at that later time.

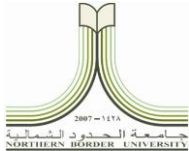
6-18 Vice-Deans of Academic Affairs and Development and Quality are responsible for ensuring that course and program reports are completed as soon as possible so that any necessary responses can be implemented without undue delay.

6-19 Copies of the program report should be provided to the Dean, Vice Deans, Heads of departments, Phase Coordinators, Courses Coordinators and Heads of Administrative Units responsible for the program as well as to the NBU's Deanships of academic Affairs and Quality & Development.

Summary for Program Evaluation and Reporting (PR)

Inputs:

- Previous Program Annual Reports
- Current Academic Year Course reports
- Different program surveys
- Other program evaluation tools report
- Cohort analysis Report
- Student Results
- PLOs assessment Report
- Student Counselling and Support report
- KPIs report
- Community service report
- Scholar activities report
- CPD activities report
- Guiding Documents:
 - NBU A Practical Guide to Designing Academic Plans and Programs
 - Executive rules of Study and Examination, NBU
 - Executive rules of Study and Examination, Faculty of Medicine, NBU

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- Handbook for Quality Assurance and Accreditation Part1, Version3- 2015
- NCAAA Handbook for Quality Assurance and AccreditationPart2, Version3–2015
- Benchmark.

Outputs:

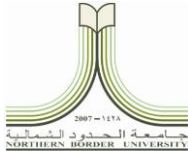
- Annual Program Report

Forms:

- NCAAA Forms:
 - Program Annual Report Form-NCAAA– last version
- ISO System Forms
 - (MEF01) Questionnaires for evaluating the course by the students
 - (MEF02) Exam Item Analysis

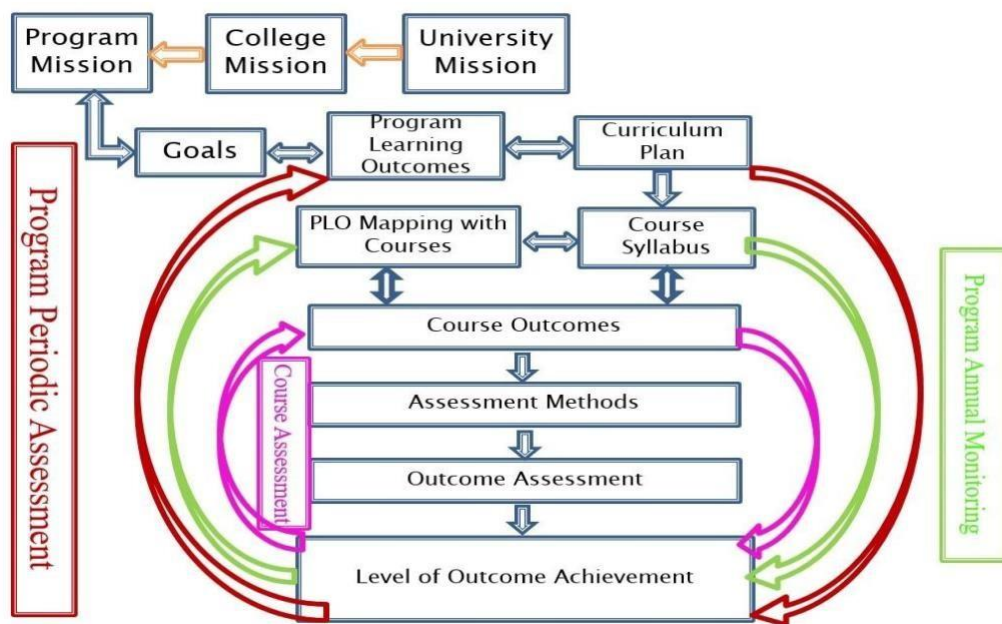
General Framework

- At the end of each course the reports are prepared by the course committee, to identifies what happened during the course, provides a summary of the students' results and set an improvement plan for the next year.
- Program Annual Report (APR) preparation at the end of each academic year by PEC based on course reports, different surveys, student results and other college activities. The main information on the program delivery in the year concerned, with notes on any recommendations for improvement to be made to the specifications all this information should be included in the APR.
- The aims of annual program reporting are:
 - To evaluate the statistical information on student recruitment, grades, progression and completion;
 - To consider and respond to inputs and feedback from students, and if appropriate external agents such as professional and accreditation bodies;
 - To reflect on the learning, teaching and assessments strategies deployed, and consider any recommendations for change;
 - To review the appropriateness and effectiveness of the learning outcomes in securing the program aims and objectives;
 - To recommend changes for improving the student learning experience or curriculum content.
- Any modifications to the program or courses made in both the program specifications and the course must be noted, with reasons for these changes, these based on APR and CR improvement plan.

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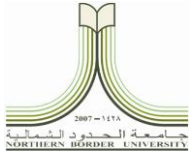
- Figure(1): shows the continuous quality improvement cycle and how the process is reflective by collecting evidence and looking at course reports, analyzing the issues and evidence and comparing the program performance against the key performance indicators or target benchmarks for the subject area. This should lead to program improvements. Hence, annual monitoring of programs and courses is the cornerstone of the quality assurance processes, and leads to a review of every program's currency, ensuring the continuing relevance, appropriateness and success of the award and student experience.

Figure(1): Program and Course Annual Monitoring and Reporting



7-Outputs:

- Program specifications
- Annual Program Report Program specifications
- Academic Map
- PLO/CLOs Mapping Matrix



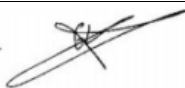
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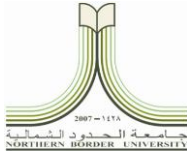
9-Forms:

- Program Specification Form of NCAAA2018
- Program Report Form of NCAAA2018
- Field Experience specifications form of NCAAA2018
- Field Experience report form of NCAAA2018

10-References:

- Handbook for Quality Assurance and Accreditation Part 1, Version 3-2015
- NCAAA Handbook for Quality Assurance and Accreditation Part 2, Version 3 –2015
- NQF standards
- Saudi Medical Licensure Examination -Applicant Guide
- SaudiMEDs (National qualifications of physicians in Saudi Arabia)
- NBU A Practical Guide to Designing Academic Plans and Programs
- Executive rules of Study and Examination, NBU
- Executive rules of Study and Examination, Faculty of Medicine, NBU

Responsibility	Name	Title	Sign.
Prepared by:	Dr. Hafiz Idris	member of Head of Academic Accreditation Committee	
Reviewed by:	Dr. Eslam Kamal	Head of Quality & Academic Accreditation committee	
Approved by:	Dr. Ekramy Elmorsy	Vice Dean of Development and Quality	

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1- Purpose:

To plan for the measurement of the courses and program learning outcomes (PLOs) and graduate attributes (GAs).

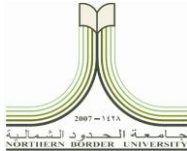
2- Scope:

Annual measurement of PLOs and graduate attributes in the Faculty of Medicine, NBU.

3- Definitions

3-1 PLOs are Program Learning Outcomes are measurable statements that describe knowledge or skills that students achieve upon completion of their academic program. The program has 13 PLOs which are divided between knowledge, skills, and competency domains.

Program learning Outcomes	
Knowledge:	
K1	Recognize the human organs and tissues and their anatomical, physiological, biochemical, molecular and cellular characteristics in health and disease
K2	Describe the epidemiology, clinical presentations, and management for different medical problems with their related Islamic, ethical and safety issues
K3	Understand the parts and regulations of Saudi healthcare system
K4	Recognize health promotion and disease prevention measures
K5	Outline the basics of medical informatics, evidence based medicine, scientific research, and their applications in healthcare system.
Skills	
S1	Predict the organs' morphological, functional and biochemical features in health and diseases
S2	Demonstrate the essential clinical skills
S3	Formulate and implement appropriate management plans for patients with life-threatening and common medical problems
S4	Manipulate certain maneuver for diagnosis of certain diseases and management of life-threatening conditions.
S5	Demonstrate the ability in the proper communication including core-writing skills (Prescriptions, patient records, consents, referrals, medical reports, research article, and errors report).
Competence	
C1	Communicate with peers, patients and authorities for proper teamwork management and inter-professional collaboration
C2	Acquire the skill of self-learning and development from updated medical information from different approved sources and learning from errors.
C3	Use clinical reasoning, decision making, and problem-solving skills in evidence-based medical practice and Place patients' needs and safety at the center of the care process

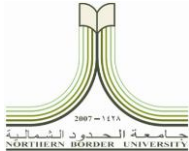
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3-2 University Graduate attributes: Graduate attributes are the skills, abilities, values, principles, and competencies deemed necessary and significant by the university community and relevant stakeholders to prepare a prospective graduate for their professional future. Northern Border University adopted 6 graduate attributes for their graduates

NBU's Graduates' Attributes(GAs)	Learning Outcomes of NBU's Graduates' Attributes (GAs)for Bachelor Programs
National identity	GA1: demonstrate high standards of ethical and socially responsible behavior, as well as academic and professional honesty and integrity; contribute to finding solutions to social problems; and commit to being a responsible citizen.
Self-management Critical thinking	GA2: Demonstrate self-management skills, self-learning and critical thinking, the ability to take initiative to self-develop according to specific standards, and ability to present evidence and arguments to make a decision unbiasedly.
Digital culture	GA3: Effectively use information technology, analytical, mathematical, and statistical tools to perform data analysis, suggest solutions, and solve problems using critical thinking.
Teamwork	GA4: Have the ability to lead a team, assume responsibility for performing tasks and developing work, achieve goals effectively, and promote health, psychological and social aspects.
Entrepreneurship	GA5: Identify the function of entrepreneurship and its requirements in the successful, commercial application.
Communication skills	GA6: Effectively communicate both verbally and in writing, using appropriate presentation forms, scholarly language, adequate reasoning for various issues and dealing with beneficiaries.

3-2 Program graduate attributes: Program Graduate attributes in the policy refers to additional competencies adopted by NBU Bachelor of Medicine and Surgery program (following SaudiMED) which are:

- Scientific approach to practice
- Patient centered care practitioner
- Effective communicator
- Community based practitioner
- Professional physician
- Lifelong scholar graduat

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4- Responsibility:

- 4-1- Dean of the faculty
- 4-2- Vice-Dean of Quality and Development
- 4-3- Vice Dean for Academic affairs
- 4-4- Systems & Study Planning Committee
- 4-5- Medical Education Unit
- 4-6- Heads of Departments
- 4-7- Head of Quality & Academic Accreditation Unit (QAAU)
- 4-8- courses/modules coordinators

5-Customer:

- 5-1 Students in Faculty of Medicine NBU
- 5-2 Teaching staff in the Faculty of Medicine, NBU

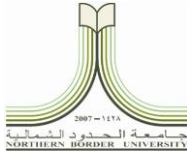
6-Inputs:

- 6-1 Program Specifications
- 6-2 Courses reports
- 6-3 Previous year learning outcomes report
- 6-4 Northern Border manual for measurement of program learning outcomes and graduate attributes

7-Procedure:

7-1 Course learning outcomes measurement:

- 7-1-1 Course learning outcomes (CLOs) are measured via direct and indirect methods. Direct method is conducted based on the students marks in the course assessment. CLOs are measured according to the planned blueprints (Table 1) for assessment. Indirect method is conducted by CLOs Survey conducted by students by the end of the course.
- 7-1-2 CLOs data are filled in CLOs tables in the course report (Table 2)
- 7-1-3 The CLOs data are revised by the medical education unit to check for consistency with the blueprint and the course specification
- 7-1-4 Data are compared to the target level for each PLOs as planned in the previous year report
- 7-1-5 If the target was achieved, the new target is planned to be higher than the previous year but not more than 5% of the previous year target.
- 7-1-6 If the target was not achieved the target is kept as it is and the CLO is discussed

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for the cause of low achievement.

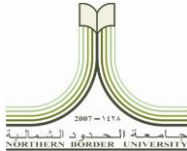
- 7-1-7 That target can be lowered with accepted explanations as changes in the contents or the assessment method for the CLOs.
- 7-1-8 CLOs measurements are approved by the concerned module committee and the department council as a part of the course report.

7-2 Program learning outcomes measurement:

- 7-2-1 Preparing matrix for consistency of the different study plan courses and PLOS and evaluating the level of each course to the PLOs (introduction, practice, or mastery). Then mastery courses for each PLO are identified (Table 3).
- 7-2-2 Using cards for measurement of the PLOs based on the mastery level courses for each PLOs and the other indirect methods for evaluation including CLOs survey (for all students), PLOs survey (for medical interns near to their graduation), extracurricular activities report, alumni, and employers' satisfaction (tables 4-16).
- 7-2-3 Data regarding the indirect assessment methods including medical internship, PLOs survey, extracurricular activities, alumni, and employers' feedback are collected and aligned to the different PLOs
- 7-2-4 Data for direct and indirect methods are collected for both males and females' sections.
- 7-2-5 Data are summarized in PLOs measurement summary card (Table 17)
- 7-2-6 Data are compared to the target level for each PLOs as planned in the previous year report
- 7-2-7 The new target is planned to be higher than the previous year but not more than 5% of the previous year target.
- 7-2-8 If the target achieved, the new target is planned to be higher than the previous year but not more than 5% of the previous year target.
- 7-2-9 If the target was not achieved the target is kept as it is and the CLO is discussed for the cause of low achievement.
- 7-2-10 That target can be lowered with accepted explanations as changes in the contents or the assessment method for the PLOs

7-3 Graduate attributes measurement

- 7-3-1 Preparation of matrixes of alignment between PLOs and program graduate attributes (PGA) and university graduate attributes (UGA) (Tables 18-19)
- 7-3-2 Preparing cards for measurement of the UGAs and PGAs based on the measured PLOs alignment (By both direct and indirect methods of assessment) (Tables (20-34).
- 7-3-3 Attributes are measures according to their measurement cards
- 7-3-4 Data are compared to the target level for each attribute as planned in the previous year report

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- 7-3-5 If the target achieved, the new target is planned to be higher than the previous year but not more than 5% of the previous year target.
- 7-3-6 If the target was not achieved the target is kept as it is and the CLO is discussed for the cause of low achievement.
- 7-3-7 That target can be lowered with accepted explanations as changes in the contents or the assessment method for the PLOs

7-4 Data analysis




- 7-4-1 Data for CLOs, PLOs, and attributes are analyzed as strength points and points for improvement and improvement recommendations are suggested and submitted to the faculty council to be prioritized for the coming year improvement plan in the annual program report.
- 7-4-2 PLOs measurements and improvement recommendations are discussed in the advisory boards and approved by the faculty systema and study plans and the faculty council.

8-Forms:

- Course reports
- PLOs measurement cards
- University graduate attributes cards
- Program graduate attribute cards

9-References:

- Policy for evaluating graduate attributes and learning outcomes in Northern Border University

Responsibility	Name	Title	Sign.
Prepared by:	Dr. Hafiz Idris	member of Head of Academic Accreditation Committee	
Reviewed by:	Dr. Eslam Kamal	Head of Quality & Academic Accreditation committee	
Approved by:	Dr. Ekramy Elmorsy	Vice Dean of Development and Quality	

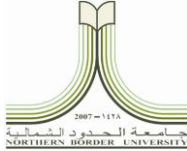
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Table (1) Course blueprint

Course name (code)													
Topics	Teaching strategies	Assessment Method	K			S			C			Weight	Marks range
			1.1	2.1	3.1		

Table (2) Course learning outcomes measurement card

Course Learning Outcomes (CLOs)	PLOS Code	Assessment Methods	Assessment Results		Comment on Assessment Results
			Target Level/ Criterion for Success	Actual Level	
1 Knowledge:					
1.1		Direct	Direct	Direct	
		Indirect	Indirect	Indirect	
1..					
2 Skills:					
2.1		Direct	Direct	Direct	
		Indirect	Indirect	Indirect	
2..					
3 Competence:					
3.1		Direct	Direct	Direct	

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Course Learning Outcomes (CLOs)	PLOS Code	Assessment Methods	Assessment Results		Comment on Assessment Results
			Target Level/ Criterion for Success	Actual Level	
		Indirect	Indirect	Indirect	
3...					

Table. (3) alignment PLOs with course learning outcomes

Course Code	Courses	PLOS															
		K					S					C					
		1	2	3	4	5	1	2	3	4	5	1	2	3			
1606101	English-1													I			
1104102	Mathematics	I															
1102102	Chemistry	I															
1105102	Computer Skills							I									
1606102	English-2													I			
1103102	Biology	I															
1101102	Physics	I															
1607101	Communication Skills													I			
1210131	Medical Terminology	I		I				I									
1608102	Health and fitness							I							I	I	I
1207221	Cells & Tissues	I								I							
1207211	Anatomy-1	I								I							
1207212	Embryology	I															
1211211	Biochemistry-1	I								I							
1203211	Physiology	I								I							
1207213	Anatomy-2	I								I							
1211212	Biochemistry-2	I								I							
1204211	Pathology	I								I							
1212211	Microbiology		I					I									
1208213	Pharmacology		I							I							
1212221	Parasitology		I					I									
1200301	Musculoskeletal System	P								P					I	I	I
1200302	Immune, Blood and Lymphatic System	P								P					I	I	I
1200303	Cardiovascular System	P								P					I	I	I
1200304	Respiratory System	P								P					I	I	I
1200305	Urinary System	P								P					I	I	I
1200306	Endocrine System	M								M					P	P	P
1200307	Reproductive System	M								M					P	P	P
1200308	Gastrointestinal System	M								M					P	P	P
1200309	Nervous System & Special Senses	M								M					P	P	P
1201411	Internal Medicine-1		I							I			I		P	P	P
1202411	Surgery- 1		I							I			I		P	P	P
1200401	Medical Ethics		I					P									
1204411	Sur. Pathology		I							I					P		P
1211411	Medical genetics		I							I							
1210411	Community Medicine		P	P,M	P,M									I	P	P	P
1202421	Ophthalmology		P							P					P	P	P
1205411	ENT		P							P					P	P	P
1200403	Radiology		P							P					P	P	P

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Course Code	Courses	PLOS														
		K					S					C				
		1	2	3	4	5	1	2	3	4	5	1	2	3		
1200404	Laboratory Medicine		P					P					P	P	P	
1208411	Complementary Medicine		P													
1200402	Forensic Medicine		P					P			P					
1206511	Pediatrics		M					M	M	M			M	M	M	
1201531	Neurology		M					M	M	M			M	M	M	
1201521	Dermatology		M					M		M					M	
1200501	Anesthesia		M					M							M	
1209511	Obstetrics & Gynecology		M					M	M	M			M	M	M	
1202531	Orthopedics		M					M	M				M	M	M	
1200502	Emergency medicine		M					M	M	M			M	M	M	
1202541	Urology		M					M	M	M			M	M	M	
1201611	Internal Medicine-2		M					M	M	M			M	M	M	
1201641	Psychiatry		M					M	M				M	M	M	
1210691	Medical Research					M					M		M	M	M	
1202611	Surgery - 2		M					M	M				M	M	M	
1210611	Family Medicine			M	M	M		M					M	M	M	
1200601	Patient Safety		M					M					M	M	M	

Table (4): PLO1 measurement card

PLO	Courses		CLOs	Calculation method	Result		
					Targeted	Actual	
K1	1200306	Endocrine System	K1	Direct			
				Indirect			
	1200307	Reproductive System	K1	Direct			
				Indirect			
	1200308	Gastrointestinal System	K1	Direct			
				Indirect			
	1200309	Nervous System & Special Senses	K1	Direct			
				Indirect			
	Total Direct						
	Total indirect CLOs surveys						
	Indirect: PLOS						
	Indirect: Extracurricular						
	Indirect: Medical internship						
	Indirect: ASS						
Indirect: ESS							
Indirect PES							
Average indirect							

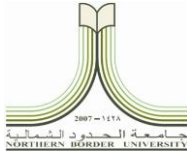
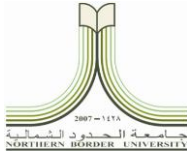
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Table (5): PLO2 measurement card

PLO	Courses		CLOs	Calculation method	Result	
					Targeted	Actual
K2	1206511	Pediatrics	K1	Direct		
				Indirect		
	1201531	Neurology	K1	Direct		
				Indirect		
	1201521	Dermatology	K1	Direct		
				Indirect		
	1200501	Anesthesia	K1	Direct		
				Indirect		
			K2	Direct		
				Indirect		
	1209511	Obstetrics & Gynecology	K1	Direct		
				Indirect		
			K2	Direct		
				Indirect		
	1202531	Orthopedics	K1	Direct		
				Indirect		
	1200502	Emergency medicine	K1	Direct		
				Indirect		
1202541	Urology	K1	Direct			
			Indirect			
1201611	Internal Medicine-2	K1	Direct			
			Indirect			
1201641	Psychiatry	K1	Direct			
			Indirect			
1202611	Surgery - 2	K1	Direct			

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PLO	Courses		CLOs	Calculation method	Result		
					Targeted	Actual	
				Indirect			
	1200601	Patient Safety	K1	Direct			
				Indirect			
	1210611	Family Medicine	K1	Direct			
				Indirect			
	Total Direct						
	Total indirect CLOs surveys						
	Indirect: PLOS						
	Indirect: Extracurricular						
	Indirect: Medical internship						
	Indirect: ASS						
	Indirect: ESS						
	Indirect PES						
	Average indirect						

Table (6): PLO3 measurement card

PLO	Courses		CLOs	Calculation method	Result		
					Targeted	Actual	
K3	1210411	Community Medicine	K2	Direct	60		
				Indirect	60		
	1210611	Family Medicine	K2	Direct	70		
				Indirect	70		
	Total Direct						
	Total indirect CLOs surveys						
	Indirect: PLOS						
	Indirect: Extracurricular						
	Indirect: Medical internship						
	Indirect: ASS						
Indirect: ESS							
Indirect PES							
Average indirect							

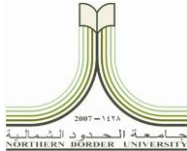
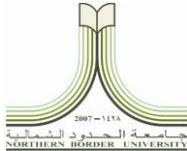
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Table (7): PLO4 measurement card

PLO	Courses		CLOs	Calculation method	Result		
					Targeted	Actual	
K4	1210131	Community Medicine	K4	Direct			
				Indirect			
	1210611	Family medicine	K3	Direct			
				Indirect			
	Total Direct						
	Total indirect CLOs surveys						
	Indirect: PLOS						
	Indirect: Extracurricular						
	Indirect: Medical internship						
	Indirect: ASS						
	Indirect: ESS						
Indirect PES							
Average indirect							

Table (8): PLO5 measurement card

PLO	Courses		CLOs	Calculation method	Result		
					Targeted	Actual	
K5	1210691	Medical Research	K1	Direct			
				Indirect			
	1210611	Family Medicine	K4	Direct			
				Indirect			
	Total Direct						
	Total indirect CLOs surveys						
	Indirect: PLOS						
Indirect: Medical internship							

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	Indirect: ASS	
	Indirect: ESS	
	Indirect PES	
	Average indirect	

Table (9): PLO6 measurement card

PLO	Courses		CLOs	Calculation method	Result		
					Targeted	Actual	
S1	1200306	Endocrine System	S1	Direct			
				Indirect			
	1200307	Reproductive System	S1	Direct			
				Indirect			
	1200308	Gastrointestinal System	S1	Direct			
				Indirect			
	1200309	Nervous System & Special Senses	S1	Direct			
				Indirect			
	Total Direct						
	Total indirect CLOs surveys						
	Indirect: PLOS						
	Indirect: Extracurricular						
	Indirect: Medical internship						
	Indirect: ASS						
Indirect: ESS							
Indirect PES							
Average indirect							

Table (10): PLO7 measurement card

PLO	Courses		CLOs	Calculation method	Result	
					Targeted	Actual
S2	1206511	Pediatrics	S1	Direct		
				Indirect		
	1201531	Neurology	S1	Direct		
				Indirect		
	1201521	Dermatology	S1	Direct		

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			Indirect		
1200501	Anesthesia	S1	Direct		
			Indirect		
1209511	Obstetrics & Gynecology	S1	Direct		
			Indirect		
1202531	Orthopedics	S1	Direct		
			Indirect		
1200502	Emergency medicine	S1	Direct		
			Indirect		
1202541	Urology	S1	Direct		
			Indirect		
1201611	Internal Medicine-2	S1	Direct		
			Indirect		
1201641	Psychiatry	S1	Direct		
			Indirect		
1202611	Surgery - 2	S1	Direct		
			Indirect		
1200601	Patient Safety	S1	Direct		
			Indirect		
1210611	Family Medicine	S1	Direct		
			Indirect		
Total Direct					
Total indirect CLOs surveys					
Indirect: PLOS					
Indirect: Extracurricular					
Indirect: Medical internship					
Indirect: ASS					
Indirect: ESS					
Indirect PES					
Average indirect					

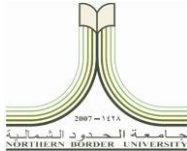
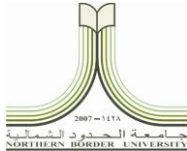
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Table (11): PLO8 measurement card

PLO	Courses		CLOs	Calculation method	Result	
					Targeted	Actual
S3	1206511	Pediatrics	S2	Direct		
				Indirect		
	1201531	Neurology	S2	Direct		
				Indirect		
	1209511	Obstetrics & Gynecology	S2	Direct		
				Indirect		
	1201521	Dermatology	S2	Direct		
				Indirect		
	1202531	Orthopedics	S2	Direct		
				Indirect		
	1200502	Emergency medicine	S2	Direct		
				Indirect		
	1202541	Urology	S2	Direct		
				Indirect		
	1201611	Internal Medicine-2	S2	Direct		
				Indirect		
	1201641	Psychiatry	S2	Direct		
				Indirect		
1202611	Surgery - 2	S2	Direct			
			Indirect			
1210611	Family Medicine	S2	Direct			
			Indirect			
Total Direct						
Total indirect CLOs surveys						
Indirect: PLOS						

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	Indirect: Extracurricular	
	Indirect: Medical internship	
	Indirect: ASS	
	Indirect: ESS	
	Indirect PES	
	Average indirect	

Table (12): PLO9 measurement card

PLO	Courses		CLOs	Calculation method	Result		
					Targeted	Actual	
S4	1206511	Pediatrics	S3	Direct			
				Indirect			
	1201531	Neurology	S3	Direct			
				Indirect			
	1209511	Obstetrics & Gynecology	S3	Direct			
				Indirect			
	1202541	Urology	S3	Direct			
				Indirect			
	1201611	Internal Medicine-2	S2	Direct			
				Indirect			
	1202611	Surgery - 2	S2	Direct			
				Indirect			
	Total Direct						
	Total indirect CLOs surveys						
	Indirect: PLOS						
	Indirect: Extracurricular						
Indirect: Medical internship							
Indirect: ASS							
Indirect: ESS							
Indirect PES							
Average indirect							

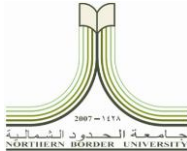
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Table (13): PLO10 measurement card

PLO	Courses		CLOs	Calculation method	Result		
					Targeted	Actual	
S5	1200402	Forensic Medicine	S2	Direct			
				Indirect			
	1210691	Medical research	S1	Direct			
				Indirect			
			S2	Direct			
				Indirect			
	1200502	Patient safety	S2	Direct			
				Indirect			
	1210611	Family Medicine	S3	Direct			
				Indirect			
	Total Direct						
	Total indirect CLOs surveys						
	Indirect: PLOS						
	Indirect: Extracurricular						
	Indirect: Medical internship						
	Indirect: ASS						
Indirect: ESS							
Indirect PES							
Average indirect							

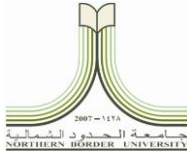
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Table (14): PLO11 measurement card

PLO	Courses		CLOs	Calculation method	Result	
					Targeted	Actual
C1	1206511	Pediatrics	C1	Direct		
				Indirect		
	1201531	Neurology	C1	Direct		
				Indirect		
	1209511	Obstetrics & Gynecology	C1	Direct		
				Indirect		
	1202531	Orthopedics	C1	Direct		
				Indirect		
	1200502	Emergency medicine	C1	Direct		
				Indirect		
	1202541	Urology	C1	Direct		
				Indirect		
	1201611	Internal Medicine-2	C1	Direct		
				Indirect		
	1201641	Psychiatry	C1	Direct		
				Indirect		
	1202611	Surgery - 2	C1	Direct		
				Indirect		
	1200601	Patient Safety	C1	Direct		
				Indirect		
1210611	Family Medicine	C1	Direct			
			Indirect			
Total Direct						
Total indirect CLOs surveys						
Indirect: PLOS						
Indirect: Extracurricular						
Indirect: Medical internship						
Indirect: ASS						
Indirect: ESS						
Indirect PES						
Average indirect						

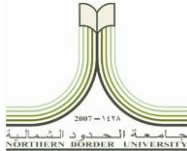
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Table (15): PLO12 measurement card

PLOs	Courses		CLOs	Calculation method	Result	
					Targeted	Actual
C2	1206511	Pediatrics	C2	Direct		
				Indirect		
	1201531	Neurology	C2	Direct		
				Indirect		
	1209511	Obstetrics & Gynecology	C2	Direct		
				Indirect		
	1202531	Orthopedics	C2	Direct		
				Indirect		
	1200502	Emergency medicine	C2	Direct		
				Indirect		
	1202541	Urology	C2	Direct		
				Indirect		
	1201611	Internal Medicine-2	C2	Direct		
				Indirect		
	1201641	Psychiatry	C2	Direct		
				Indirect		
1202611	Surgery - 2	C2	Direct			
			Indirect			
1200601	Patient Safety	C2	Direct			
			Indirect			
1210611	Family Medicine	C2	Direct			
			Indirect			
1210691	Medical research	C1	Direct			
			Indirect			
Total Direct						
Total indirect CLOs surveys						
Indirect: PLOS						
Indirect: Extracurricular						
Indirect: Medical internship						
Indirect: ASS						
Indirect: ESS						
Indirect PES						
Average indirect						

Table (16): PLO13 measurement card

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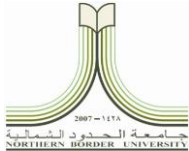
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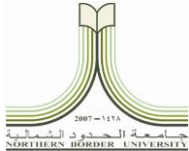
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				Targeted	Actual	
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				Indirect		
	1201531	Neurology	C3	Direct		
				Indirect		
	1201521	Dermatology	C1	Direct		
				Indirect		
	1200501	Anesthesia	C1	Direct		
				Indirect		
	1209511	Obstetrics & Gynecology	C2	Direct		
				Indirect		
	1202531	Orthopedics	C2	Direct		
				Indirect		
	1200502	Emergency medicine	C2	Direct		
				Indirect		
	1202541	Urology	C2	Direct		
				Indirect		
	1201611	Internal Medicine-2	C2	Direct		
				Indirect		
	1201641	Psychiatry	C2	Direct		
				Indirect		
1202611	Surgery - 2	C2	Direct			
			Indirect			
1200601	Patient Safety	C2	Direct			
			Indirect			
1210611	Family Medicine	C3	Direct			
			Indirect			
1210691	Medical research	C2	Direct			
			Indirect			
Total Direct						
Total indirect CLOs surveys						
Indirect: PLOS						
Indirect: Extracurricular						
Indirect: Medical internship						
Indirect: ASS						

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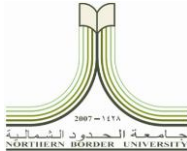
	Indirect: ESS	
	Indirect PES	
	Average indirect	

Table (17): Summary card of PLOs measurement data

PLOs		Assessment methods	PLO		Comment
			Target	Actual	
Knowledge:					
K1	Recognize the human organs and tissues and their anatomical, physiological, biochemical, molecular, and cellular characteristics in health and disease	Direct: Written exams (SAQs & MCQs)		Direct	
K2	Describe the epidemiology, clinical presentations, and management for different medical problems with their related Islamic, ethical, and safety issues		Indirect: CLOs survey PLOs Survey		
K3	Understand the parts and regulations of the Saudi healthcare system	Medical internship evaluation			Direct
K4	Recognize health promotion and disease prevention measures		Extracurricular activities ESS		Direct
K5	Outline the basics of medical informatics, evidence-based medicine, and scientific research and their applications in the healthcare system.	ASS			Direct
					Indirect
Skills:					
S1	Predict the organs' morphological, functional, and biochemical features in health and diseases	Direct: OSPE OSCE		Direct	
S2	Demonstrate the essential clinical skills		Short case assessment and long case assessment		
					Indirect

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S3	Formulate and implement appropriate management plans for patients with life-threatening and common medical problems	Log book Project Assignment rubric		Direct	
S4	Manipulate certain maneuvers for diagnosis of certain diseases and management of life-threatening conditions.	Indirect: CLOs survey PLOs Survey		Direct	
S5	Demonstrate proper communication, including core-writing skills (Prescriptions, patient records, consents, referrals, medical reports, research articles, and errors reports).	Medical internship evaluation Extracurricular activities ESS ASS		Direct	
mpetencies:					
C1	Practice leadership and teamwork and inter-personal collaboration with the colleagues and instructors	Direct: Written exams OSCE		Direct	
C2	Demonstrate scholarly behaviors for actively educating oneself and others using appropriate educational methods.	Continuous assessment Short case assessment and long case assessment		Direct	
C3	Use clinical reasoning, decision making, and problem-solving skills	Case presentation checklist Assignments PBL checklist, Project Indirect: CLOs survey		Direct	

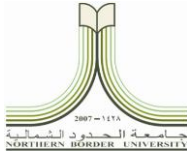
Kingdom of Saudi Arabia Ministry of Education Northern Border University Faculty of Medicine	 2007-1431 جامعة الحدود الشمالية NORTHERN BORDER UNIVERSITY	المملكة العربية السعودية وزارة التعليم جامعة الحدود الشمالية كلية الطب
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		PLOS Survey Medical internship evaluation Extracurricular activities ESS ASS		Indirect	
--	--	--	--	----------	--

Table (18): Alignment of PLOs with the Program’s Graduates Attributes (GAs)

PLOs		K1	K2	K3	K4	K5	S1	S2	S3	S4	S5	C1	C2	C3	
Program's (GA)	Scientifically approach to medical practice	√	√				√							√	
	Patient-centered practitioner							√	√	√				√	
	Community-oriented practitioner			√	√										
	Effective communicator											√	√		
	Professional practitioner		√										√		
Scholar practitioner					√							√	√		

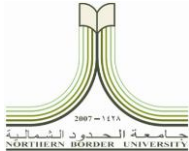
Table (19): Alignment of PLOs with the university’s Graduates Attributes (GAs)

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NBU's Graduates' Attributes (GAs)	PLOs												
	K1	K2	K3	K4	K5	S1	S2	S3	S4	S5	C1	C2	C3
National identity	√	√	√	√		√	√	√	√				
Self-management &Critical thinking							√	√	√			√	√
Digital culture					√					√			
Teamwork			√								√		
Entrepreneurship										√	√	√	√
Communication skills										√	√		

University graduate attributes (UGAs) measurement card

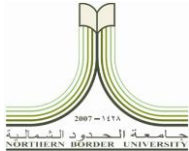
Table (20): UGA1 measurement card

Kingdom of Saudi Arabia Ministry of Education Northern Border University Faculty of Medicine	 2007-1431 جامعة الحدود الشمالية NORTHERN BORDER UNIVERSITY	المملكة العربية السعودية وزارة التعليم جامعة الحدود الشمالية كلية الطب
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GA	PLOs	Assessment methods	Result		
			The target level	Actual level	
GA1	K1	Direct			
		Indirect			
	K2	Direct			
		Indirect			
	K3	Direct			
		Indirect			
	K4	Direct			
		Indirect			
	S1	Direct			
		Indirect			
	S2	Direct			
		Indirect			
	S3	Direct			
		Indirect			
	S4	Direct			
		Indirect			
		Direct average			
		Indirect Average			

Table (21): UGA2 measurement card

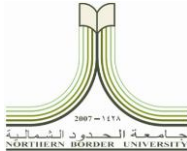
		Assessment	Result
--	--	------------	--------

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GA	PLOs	methods	The target level	Actual level
GA2	S2	Direct		
		Indirect		
	S3	Direct		
		Indirect		
	S4	Direct		
		Indirect		
	C2	Direct		
		Indirect		
	C3	Direct		
		Indirect		
	Direct average			
	Indirect Average			

Table (22): UGA3 measurement card

GA		Assessment methods	Result
----	--	--------------------	--------

<p>Kingdom of Saudi Arabia Ministry of Education Northern Border University Faculty of Medicine</p>	 <p>جامعة الحدود الشمالية NORTHERN BORDER UNIVERSITY</p>	<p>المملكة العربية السعودية وزارة التعليم جامعة الحدود الشمالية كلية الطب</p>
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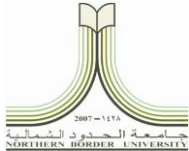
	PLOs		The target level	Actual level
GA3	K5	Direct		
		Indirect		
	S5	Direct		
		Indirect		
	Direct average			
	Indirect Average			

Table (23): UGA4 measurement card

GA	PLOs	Assessment methods	Result	
			The target level	Actual level
GA4	K3	Direct		
		Indirect		
	C1	Direct		
		Indirect		
	Direct average			
	Indirect Average			

Table (24): UGA5 measurement card

GA	PLOs	Assessment methods	Result	
			The target level	Actual level

Kingdom of Saudi Arabia Ministry of Education Northern Border University Faculty of Medicine	 2007-1431 جامعة الحدود الشمالية NORTHERN BORDER UNIVERSITY	المملكة العربية السعودية وزارة التعليم جامعة الحدود الشمالية كلية الطب
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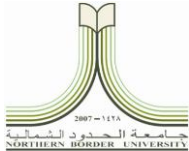
GA5	C1	Direct		
		Indirect		
	C2	Direct		
		Indirect		
	C3	Direct		
		Indirect		
	Direct average			
	Indirect Average			

Table (25): UGA6 measurement card

GA	PLOs	Assessment methods	Result	
			The target level	Actual level
GA6	S5	Direct		
		Indirect		
	C1	Direct		
		Indirect		
	Direct average			
	Indirect Average			

Table (26): Summary of UGA measurement card

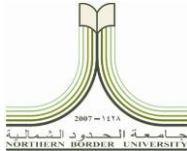
UGAs		PLO		Comment
		Target	Actual	
UGA1	National identity		Direct	
			Indirect	

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UGA2	Self-management &Critical thinking		Direct	
			Indirect	
UGA3	Digital culture		Direct	
			Indirect	
UGA4	Teamwork		Direct	
			Indirect	
UGA5	Entrepreneurship		Direct	
			Indirect	
UGA6	Communication skills		Direct	
			Indirect	

Program graduate attributes (PGAs) measurement card

Table (27): PGA1 measurement card

Kingdom of Saudi Arabia Ministry of Education Northern Border University Faculty of Medicine	 2007-1431 جامعة الحدود الشمالية NORTHERN BORDER UNIVERSITY	المملكة العربية السعودية وزارة التعليم جامعة الحدود الشمالية كلية الطب
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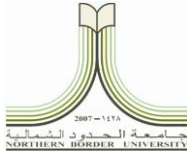
GA	PLOs	Assessment methods	Result	
			The target level	Actual level
PGA1	K1	Direct		
		Indirect		
	K2	Direct		
		Indirect		
	S1	Direct		
		Indirect		
	C3	Direct		
		Indirect		
	Direct average			
	Indirect Average			

Table (28): PGA2 measurement card

GA	PLOs	Assessment methods	Result	
			The target level	Actual level
PGA2	S2	Direct		
		Indirect		
	S3	Direct		
		Indirect		
	S4	Direct		
		Indirect		
	C1	Direct		
		Indirect		
	Direct average			
	Indirect Average			

Table (29): PGA3 measurement card

GA		Assessment methods	Result
----	--	--------------------	--------

Kingdom of Saudi Arabia Ministry of Education Northern Border University Faculty of Medicine	 2007-1431 جامعة الحدود الشمالية NORTHERN BORDER UNIVERSITY	المملكة العربية السعودية وزارة التعليم جامعة الحدود الشمالية كلية الطب
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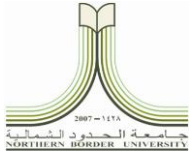
	PLOs		The target level	Actual level
PGA3	K3	Direct		
		Indirect		
	K4	Direct		
		Indirect		
	Direct average			
	Indirect Average			

Table (30): PGA4 measurement card

GA	PLOs	Assessment methods	Result	
			The target level	Actual level
PGA4	S5	Direct		
		Indirect		
	C1	Direct		
		Indirect		
	Direct average			
	Indirect Average			

Table (31): PGA5 measurement card

GA	PLOs	Assessment methods	Result	
			The target level	Actual level

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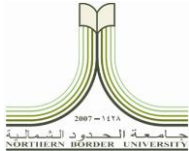
GA5	K2	Direct		
		Indirect		
	C1	Direct		
		Indirect		
	Direct average			
	Indirect Average			

Table (32): PGA6 measurement card

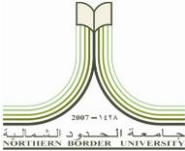
GA	PLOs	Assessment methods	Result		
			The target level	Actual level	
GA6	K5	Direct			
		Indirect			
	C2	Direct			
		Indirect			
	C3	Direct			
		Indirect			
		Direct average			
		Indirect Average			

Table (33): PGA measurement summary card

PGAs		PLO		Comment
		Target	Actual	
PGA1	Scientifically approach to medical practice		Direct	
			Indirect	

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PGA2	Patient-centered practitioner		Direct	
			Indirect	
PGA3	Community-oriented practitioner		Direct	
			Indirect	
PGA4	Effective communicator		Direct	
			Indirect	
PGA5	Professional practitioner		Direct	
			Indirect	
PGA6	Scholar practitioner		Direct	
			Indirect	

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POLICY TITLE: Relationship between male and female section policy	NUMBER/VERSION: 12026	
Effective Date: 10-Apr-22	Expiration Date: 09-Apr-26	
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1- Purpose:

This document defines steps required to ensure consistency in delivery of the program and services between males and females sections of the faculty of Medicine, NBU.

2- Scope

The policy applies to all premises of the Faculty of Medicine, NBU, Staff, Students, Employees of the Faculty of Medicine.

3- Responsibility

- All staff
- All students
- All Employees

4- Customers

- All faculty staff.
- Undergraduate medical students.
- Visitors
- Technical members for maintenance and cleaning


5- Procedure:

5.1 Introduction to the policy

Many measures and arrangements are in place to ensure consistency between male and female sections regarding teaching/learning activities, extracurricular activities, facilities and resources, examinations and quality measures, these measures are in tow types planning and actions as follow;

Planning :

- 1- Assigning a vice dean for female section to coordinate with male section in the daily operations to

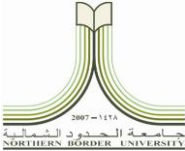
<p>Kingdom of Saudi Arabia Ministry of Education Northern Border University Faculty of Medicine</p>		<p>المملكة العربية السعودية وزارة التعليم جامعة الحدود الشمالية كلية الطب</p>
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ensure consistency between both sections regarding learning resources, facilities and teaching staff.

- 2- Assigning a Female staff member as an assistant for phase coordinators to ensure equity between both sections.
- 3- Assigning a female staff member to be assistant for course coordinator for each course to ensure implementation of all learning & teaching activities as equal as possible with involvement of all female staff in course committee which is headed by course coordinator to ensure full coordination and involvement in course planning, implementation and reporting from both sections prospective.
- 4- Assigning a Female staff member to be assistant of program quality coordinator in female section to ensure that all evaluations, surveys, reports are considering both sections separately and collectively.
- 5- Female staff members are represented in all course committee to ensure the same course contents, implementation, assessment and evaluations in both sections.
- 6- The policy controlling equity between both sections is established, will known and followed

Action: are taken to maximize the consistency between female and male sections as follow;

- 1- The same course contents, teaching strategies and assessment methods.
- 2- Identical time tables for both sections.
- 3- Simultaneous examinations in both sections.
- 4- Separate course reports for each section to ensure evaluation of course quality for both sections and combined one.
- 5- Male staff is teaching female section students from all departments which showed lesser female staff e.g. Pharmacology, Anatomy, Surgery, Ophthalmology, ENT, internal medicine and Gynecology.
- 6- Analysis of program indicators stressing any differences between male and female sections.
- 7- Program statistical data stressed male and female results and combined one.
- 8- learning resources and facilities are almost at the same level in both sections including the average number of students enrolled per class, teaching aids, laboratories, internet coverage, library and extracurricular activities. In some aspects of learning resources as Clinical Skills Simulation Lab and anatomy Lab the female section showed even better level than male section.

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- 9- Male and female student's results in examinations are reflected in separate course reports and combined one to explore any differences in courses completion rate, grade distributions and trend over time in either sections as well as the combined one.
- 10- Other course evaluations including achievement of courses and program learning outcomes, courses and program evaluation surveys and course reporting, all these evaluations expressed the female and male as well as combined results with supposed improvements based on evaluations, and consequently a separate course report for both male and female sections as well as a combined one for each course are there.
- 11- Courses and program evaluations and types of surveys are conducted for both sections simultaneously using the same methods, analysis, interpretations and improvement actions.
- 12- Male and female students representatives are involved in relevant committees,
- 13- Results and analysis of program KPIs are usually done for both sections and for combined one based on the availability of data with suggested section wise improvement when required.
- 14- Female staff was represented in almost all quality related committees including self-study committee /standards committees, internal audit, student assessment and other committees to ensure equity between sections.

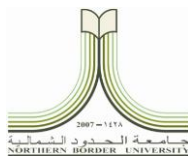
6- Forms

- Surveys results
- Program annual report
- Staff development annual report of both male and female section
- Student activities annual reports

7- References

- NCAAA 2018

Kingdom of Saudi Arabia
Ministry of Education
Northern Border University
Faculty of Medicine



المملكة العربية السعودية
وزارة التعليم
جامعة الحدود الشمالية
كلية الطب

POLICY TITLE: Relationship between male and female section policy




NUMBER/VERSION: 12026

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Responsibility	Name	Title	Sign.
Prepared by:	Dr. Hafiz Idris	member of Head of Academic Accreditation Committee	
Reviewed by:	Dr. Eslam Kamal	Head of Quality & Academic Accreditation committee	
Approved by:	Dr. Ekramy Elmorsy	Vice Dean of Development and Quality	

POLICY TITLE: Student management policy

NUMBER/VERSION: 12027

Effective Date: 10-Apr-22

Expiration Date: 09-Apr-26

Revision Due: 10-Apr-24

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1- Purpose:

- 1-1 To define the conditions of attendance, appeal and grievance as well as misconduct of practice for undergraduate medical students of Faculty of Medicine.

2- Scope:

These policies are applicable to students of Faculty of Medicine, NBU.

3- Responsibility:


- 3 - 1 Teaching staff
- 3 - 2 Course coordinator
- 3 - 3 Head of student Affairs
- 3 - 4 Vice-dean for Female Section
- 3 - 5 Vice-dean for Academic Affair.
- 3 - 6 H. of Academic Counseling Unit
- 3 - 7 The Disciplinary Committees.

4- Customer:

- Internal customer: students of Faculty of Medicine, NBU
- External customers: NBU

5- Inputs:

- By-laws of disciplinary for students, NBU.
- By-laws and regulation of study and examination for the Faculty of Medicine ,NBU
- System and By-laws of Higher Education Council and Universities, KSA.3rd edition,2007G1428/

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6- Procedure :

6.1 Misconduct:

The misconduct conditions like cheating cases, trial for cheating in examination, and disclosure of instructions and regulations of the examination.

In a cheating case during the examination, the invigilator inform the key persons (course coordinator) and fill the minutes of cheating form. After the completion of the examination, a copy of answer paper is attached to the form of cheating. The course coordinator notify the examination unit and the vice dean of academic affairs. The document details the instructions.

The incident is investigated by the Disciplinary Committee and meet for taking a decision in the case to be notified for the Vice-Dean of Academic Affairs and raised to the Dean for approval and raising tot the Disciplinary Committee of the University for the final approval.

The decision is notified to the student and kept in his/her file

6.3 Apology for stopping or delaying study:

The student fulfill the request for apology which is obtained from the Student Affairs in the Faculty of Medicine during the duration fixed by the university rules. This request is raised to the Vice Dean of Academic Affairs directly by male students and through the office of the Vice-Dean for the Female Section for the female students. On approval it is raised to the Deanship of Admission and Registration, NBU for documenting the apology. A copy of the apology is kept in the students file. The document STWI 03 details the instructions.


6.3 Medical Appeal for examination:

The student submits a medical report from governmental hospital stating the medical case within 24-48 hours after the examination to the Students Affairs in the Faculty. This report is send to the Medical Excuses Committee by Students Affairs for acceptance or not acceptance. The decision is send for the Vice-Dean of Academic Affairs to arrange for the substitute examination or not.

The student is informed with the decision of the Vice-Dean of Academic Affairs.

6.4 Attendance:

- Attendance of students is mandatory for all sessions of the course, and absenteeism will affect their final grade. An unexcused absence is considered a breach of professional responsibility and conduct. The student's absence affects not only him but also the others in his group whom rely on each other to generate the ideas, share knowledge, and participate in problem solving
- It is understood that unforeseen circumstances can arise. Therefore, any student will be allowed to sit

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for the end-course exam if his total attendance is 75% or more (with unexcused absence), or 50% or more (with excused absence).

- If the total percentage of the student's attendance (with unexcused absence) during any given course is less than 75%, he is considered failed in that course and he has the right to attend the resit exam. Therefore, if his total attendance is less than 50%, he is considered failed and he has to repeat the whole course (study and exams).

For any accepted emergency excuse that interferes with the student sitting for the end-course exam (or part of it), an alternative exam will be provided to him within the same academic year to attend. Those who fail in the course assessment will have to register for the course in another future semester.

6.5. Grievance:

The student fill a form for re-correction of his marks in student affairs unit who send this request to the Vice Dean of Academic Affairs who send it to the Examination Unit for the feedback. The student is informed with the result.

7- Outputs:

- Medical reports from hospitals
- student complains
- List of deprived and withdrawn students
- Decisions of Disciplinary Committee

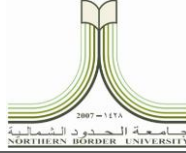
9- Forms:

- Student identification letter
- Medical examination form
- Attendance record
- Student cheating form

10- References:

- NCAAA 2018.
- By-laws and regulation of study and examination for the Faculty of Medicine ,NBU
- System and By-laws of Higher Education Council and Universities,KSA.3rd edition,2007G1428/ Item no.9,10,11,13, 14,15,16,17 and 18 Page 64 ,65 and 67

Kingdom of Saudi Arabia
Ministry of Education
Northern Border University
Faculty of Medicine



المملكة العربية السعودية
وزارة التعليم
جامعة الحدود الشمالية
كلية الطب

POLICY TITLE: Student management policy



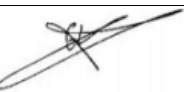
NUMBER/VERSION: 12027

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Responsibility	Name	Title	Sign.
Prepared by :	Dr. Rashad Qassim	Member in Quality and Academic Accreditation Committee	
Reviewed by :	Dr. Eslam Kamal	Deputy of Head of Academic Accreditation Executive Committee	
Approved by :	Dr. Ekramy Elmorsy	Vice Dean of Development & Quality	

POLICY TITLE: Teaching staff development policy

NUMBER/VERSION: 12028

Effective Date: 10-Apr-22

Expiration Date: 09-Apr-26

Revision Due: 10-Apr-24

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1- Purpose:

1-1 Development of all academic Teaching Staff in the Faculty of Medicine, NBU

2- Scope:

All academic teaching staff in the Faculty of Medicine, NBU.

3- Responsibility:

- 3-1 vice dean of quality and development
- 3.2 Head of Planning and development unit
- 3.3. Head of medical research unit
- 3.4 Head of medical education unit

4- Customer:

- Faculty of Medicine academic staff members


5- Inputs:

- Manual of quality administration of NBU
- Manual of administrative regulations of authorities and duties of Faculty of Medicine, NBU
- NCAAA 2018

6- Procedure:

Full-Time Teaching Staff

- 6 - 1 Annually the unit of planning and development determine the training needs of the faculty staff via questionnaire to all members in addition to direct meeting with the academic leaders as dean, vice deans, and faculty council members.
- 6.2. Data from surveys and meeting are analysed and the training needs for the academic year is defined.
- 6.3 the training needs are approved by the executive and supervising committees of the quality.
- 6.4 Semester plan is designed by collaboration between the planning and development unit with the other units of interest as medical education, medical research, e-learning and quality unit.
- 6.5. The final plan is sent to the dean to be forwarded deanship of development for approval and funding.
- 6.6. In every activity, attendance is recorded and the activities is evaluated by the attendee via a

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predesigned survey link and certificates are issues

By the end of the year annual report is submitted to the quality unit about the whole year development activities.

7- Outputs:

- Approval of the training needs by the quality committees
- Request/file of development activity plan
- Evaluation report of each activity
- Annual report for the development activities

8- KPIs:




- P0-13


9- Forms:

Training needs survey form
Training activity evaluation form
Training activity attendance certification
Training activity presentation certificate

10- References:

- Manual of quality administration of NBU
- Manual of administrative regulations of authorities and duties of Faculty of Medicine, NBU
- NCAAA 2018

Responsibility	Name	Title	Sign.
Prepared by :	Prof. Manal Fawzy	Member in Quality and Academic Accreditation Committee	
Reviewed by :	Dr. Eslam Kamal	Head of Quality and Academic Accreditation Committee	
Approved by :	Dr. Ekramy Elmorsy	Vice Dean of Development & Quality	

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<p>POLICY TITLE: Teaching staff promotion policy</p>	<p>NUMBER/VERSION: NBU-FM-12029</p>	
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1- Purpose:

- 1-1 Promotion of all full-time Teaching Staff; Saudi and Non-Saudi, in the Faculty of Medicine, NBU

2- Scope:

Saudi and Non-Saudi, full-time teaching staff in the Faculty of Medicine, NBU.

Teaching staff include:

- Associate professors
- Assistant professors

The following are attached to the same rules of the teaching staff:

- Lecturers

3- Responsibility:


- 3 - 1 Head of NBU
- 3 - 2 NBU Council
- 3 - 3 Vice President of Post-Graduate Studies
- 3 - 4 Scientific council, NBU
- 3 - 5 The Dean/Faculty Council of Faculty of Medicine, NBU
- 3 - 6 Heads of Departments/Department Council in the Faculty of Medicine, NBU

4- Customer:

- Faculty of Medicine, NBU
- NBU

5- Inputs:

- System and By-laws of Higher Education Council, Kingdom of Saudi Arabia, 3d edition, 2007G/1428 H
- Instructions of the Vice-Presidency of Post Graduate Studies and Scientific Research
- Instructions of the Scientific Council, NBU

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6- Procedure:

Non Saudi Full-Time Teaching Staff

- 6 - 1 All the regulations related to promotion in the System & By-Laws of Higher Education Council, Kingdom of Saudi Arabia, 3d edition, 2007G/1428 H ; for Saudi Teaching Staff (21-37) are implemented for the contracted Non-Saudi teaching Staff.
- 6 - 2 The conditions for promotion of non-Saudi teaching staff member who are not promoted in their mother countries; to the ranks of associate professor or professor are:
 - 1- Having 2 researches of that presented for promotion to the rank of Associate Professor; with the title of NBU
 - 2- Having 3 researches of that presented for promotion to the rank of Professor; with the title of NBU
 - 3- Spending at least one year working in NBU before application to promotion
- 6 - 3 The teaching staff member who is promoted in his/her mother country; raises his/her request for promotion to the following rank of the rank he was contracted with. He/ she should not over-raise to higher rank even he/ she was promoted before in the mother country
- 6 - 4 A confidential report is needed from the Head of Department and the Dean recommending for promotion
- 6 - 5 The teaching staff member should be actually promoted in his/her mother country at least one year before application for promotion in NBU
- 6 - 6 Promotion will be started with the renewal of contract for the next academic year
- 6 - 7 For who is requesting for promotion from lecturer to assistant professor, he/she should have the Ph.D. (Doctorate) before contacting with NBU. If he /she has got the Doctorate Degree during working in NBU , the promotion request will not be accepted
- 6 - 8 Promotion will be done once only during working in NBU.


Saudi Full-Time Teaching Staff

- 6 - 9 All the regulations related to promotion in the System & By-Laws of Higher Education Council, Kingdom of Saudi Arabia, 3d edition, 2007G/1428 H ; (21-37) are implemented for Saudi Teaching Staff
- 6 - 10 The conditions for promotion from Assistant Professor to Associate Professor or from Associate Professor to Professor are:
 - Working not less than 4 years as Assistant Professor/Associate Professor in a Saudi or another recognized university; with not less than one year in a Saudi University
 - Fulfillment of the minimum requirements of the scientific production for promotion according to regulation 32 of this bylaws
 - The scientific product presented for promotion should be published or accepted for publishing

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during working as Assistant Professor /Associate Professor

- 6 - 11** The Teaching Staff member can apply for promotion to the Department Council before the legible period by 6 months at maximum
- 6 - 12** The duration of delegation or scholarships is counted for the purpose of promotion as follows:
- Complete duration if delegation or scholarship has been spend in a Scientific Organization and working is in the same specialty
 - Half the duration if delegation or scholarship has been spend in a non-Scientific Organization and working is in the same specialty
 - Not-counted for the purpose of promotion if the work has been conducted in another field out of the specialty.
- 6 - 13** Promotion of the teaching staff member is considered according to the following criteria:
- 1- Scientific Production
 - 2- Teaching
 - 3- Community Service
- 6 - 14** The Teaching Staff Member presents the request/file for promotion to the Department Council including the following:
- 1- List with scientific and professional qualifications as well as the history of previous jobs
 - 2- List with teaching activities
 - 3- List with the university and community services
 - 4- At least 5 copies of the scientific production presented for promotion and clarifying information
 - 5- Any additional information supporting the request for promotion
 - 6- Any information or documents requested by the Department council, University Council or the Scientific Council
- 6 - 15** The Department Council investigates the request o/file of promotion and verifies fulfillment of conditions and procedures. The Department Council raises the request to the Faculty Council with suggestion of names of at least 8 referees in the same specialty.
- 6 - 16** The Faculty Council investigates the request of promotion according to the recommendation of the Department Council and elects at least 8 referees among those suggested by the Department Council or others.
- 6 - 17** The Scientific Council investigates the request for promotion according to the recommendations of the Faculty Council and the Department Council. The Scientific Council is responsible for the following:
- 1- Selection of 5 referrers for evaluating the researches from those elected by the Faculty Council or others; 3 of them are principals and 2 on call if there is a need. Two (2) out of the 3 referees should be external to the University.
 - 2- Sending the researches of promotion; confidentially to the referrers for evaluation according to the form prepared by the Scientific Council.
 - 3- Making the decision for promotion or refusal after considering the evaluation of the referees and the reports of the activities presented by the applicant in the fields of teaching and University and Community service
 - 4- On refusal of promotion for the weakness in the scientific production; the Scientific

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Council should define the fate of the presented researches, which are accepted and which are refused. On requesting promotion after that the minimum requirements is one more new research – for promotion to Associate Professor- and 2 new researches at least for promotion to Professor

6 - 18 The activities of the applicant are evaluated according to the 100 (Hundred) points classified as follows:

- 60 (Sixty) points for the scientific production
- 25 (Twenty Five) points for teaching
- 15 (Fifteen) points for University and Community Service

The University Council sets the criteria of evaluating the participation in teaching, university service and community service according to the recommendations of the Scientific Council. The total points for promotion should not be less than 60 (Sixty) points; with at least 35 (Thirty Five) points for the promotion to Associate Professor and 40 (Forty) points for promotion to Professor in the field of Scientific Production.


Promotion for Associate Professor is performed by the majority (two) of opinion of the 3 referees.

Promotion for Professor is performed by the opinion of all the 3 referees. In the condition promotion for Professor and in the case of agreement of 2 referees and disagreement of the 3rd referee for the scientific production a 4th referee is called and his opinion will be final.

6 - 19 The minimum requirements for the scientific production for promotion of teaching staff member includes the following:

- 1- Published or accepted researches by an accredited scientific journals. The Scientific Council sets the criteria for accepting the accrediting journals
- 2- The accredited researches presented in conferences, specialized scientific symposia, if published or accepted for publishing. One research only of this type is accepted for promotion
- 3- Accredited researches published or accepted for publishing in Specialized Universities Research Centers.
- 4- Accredited University books or scientific references. One only of this type is accepted for promotion
- 5- Accredited Verified Rare Books. One only of this type is accepted for promotion.
- 6- Accredited translation for specialized scientific books. Only one of this type is accepted for promotion
- 7- Published books and researches by scientific organizations that accepted by the Scientific Council and subjected for accreditation. One only of this type is accepted for promotion.
- 8- Inventions that are accredited by Invention Offices and recognized by the Scientific Council
- 9- Distinguished creative activity according to the approved regulations by NBU Council according to recommendation of the Scientific Council. One only of this type is accepted.

6 - 20 The minimum of published or accepted for publishing researches in the accredited scientific journals should not be less than one research unit for promotion to associate professor and two

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research units for promotion to professor


- 6 - 21** The scientific production for promotion should be published or accepted for publishing in more than one agency. The publishing agencies should not be one university or one scientific organization.
- 6 - 22** The minimum requirement of scientific production for promotion to associate professor should not be less than 4 units published or accepted for publishing with – at least – two (2) of them are individual work. The University Council –depending on a recommendation of the Scientific Council- may exclude this condition for some specialties with at least one (1) published research unit.
- 6 - 23** The minimum requirement of scientific production for promotion to professor should not be less than 6 units published or accepted for publishing with – at least – three (3) of them are individual work. The University Council –depending on a recommendation of the Scientific Council- may exclude this condition for some specialties with at least three (3) published research units.
- 6 - 24** The scientific research equals one unit if the author is single and equals half unit is the authors are two. If the research has more than two authors; the principle authors has half unit and each of the others get a quarter unit. If there is a another research with more than two, each of them gets a quarter unit.
- 6 - 25** The scientific production for promotion should not be abstracted from the theses of Master, Doctorate or any other previous scientific production for the applicant. If it is proved that any research presented for production is derived from the above mentioned scientific products, the applicant will be deprived from promotion for one year after the decision of the Scientific Council.
- 6 - 26** The referees for promotion should be professors. If the promotion is for associate professor, one could be an associate professor.
- 6 - 27** The scientific promotion of the applicant is done since the date of the decision of the Scientific Council; but the job promotion is considered by the date of the executive decision if there is available job for promotion.

7- Outputs:

- Request/file of promotion including the previously mentioned documents
- Recommendations of the Department Council and Faculty Council
- Decision of the Scientific Council
- Decision of the University Council




8- Forms:

External forms from NBU

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10- References:

- System and By-laws of Higher Education Council, Kingdom of Saudi Arabia, 3d edition, 2007G/1428 H
- NCAAA standard 2018

Responsibility	Name	Title	Sign.
Prepared by :	Prof. Manal Fawzy	Member in Quality and Academic Accreditation Committee	
Reviewed by :	Dr. Eslam Kamal	Head of Quality and Academic Accreditation Committee	
Approved by :	Dr. Ekramy Elmorsy	Vice Dean of Development & Quality	

POLICY TITLE: Teaching staff annual evaluation policy

NUMBER/VERSION:12030

Effective Date: 10-Apr-22

Expiration Date: 09-Apr-26

Revision Due: 10-Apr-24

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1- Purpose:

- 1-1 Evaluation of all full-time Teaching Staff; Saudi and Non-Saudi, in the Faculty of Medicine,NBU

2- Scope:

Saudi and Non-Saudi, full-time teaching staff in the Faculty of Medicine, NBU.

Teaching staff include:

- Associate professors
- Assistant professors

The following are attached to the same rules of the teaching staff:

- Lecturers
- Demonstrators

3- Responsibility:

- 3 - 1 Dean
- 3 - 2 Heads of department
- 3 - 3 Dean of staff members and employee affairs
- 3 – 4 Vice-president of academic affairs

4- Customer:


- Faculty of Medicine, NBU

5- Inputs:

- System and By-laws of Higher Education Council, Kingdom of Saudi Arabia, 3d edition, 2007G/1428 H
- Instructions of the Vice-Presidency of academic affairs
- Instructions of the deanship of staff members and employee affairs

6- Procedure:

- All steps of teaching staff evaluation are confidential
- All teaching staff members are annually evaluated by their heads of department at in the last month of the academic year or as requested by deanship of staff members and employee affairs
- The teaching staff submitted their total year activities (academic, research, community services, administrative) in the specialized attached form.

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- The head of department schedule a meeting with the staff member to discuss his/her annual report and points of weakness and strength and fill the attached form specified for the feedback of staff member evaluation.
- After the meeting ahead of department submit his evaluation ERP system.
- Head of department consider all his/her teaching staff annual report in the department annual report to be discussed in the department council and considered in the department improvement plan.
- The teaching staff has access to get his evaluation through his/her account in ERP.
- Head of the department is requested to submit average of his staff evaluation to the vice deanship of quality and development to be discussed by the planning and development unit to prepare a general report about the staff members evaluation and opportunities.
- The report is submitted to the executive and supervisory committees of Quality and accreditation to revise and approval the improvement recommendation to be included in the program plan of the next year
- **If the teaching staff is not satisfied about the evaluation** he has the right to submit a complain to the faculty dean
- When the complaint is received by the faculty dean he will nominate a committee chaired by him with other two vice-deans.
- The committee will discuss the teaching staff annual report and recheck his evaluation.
- The committee has the right to discuss the issue with the teaching staff and the head of department if committee members need more details.
- The committee reaches its decision within a week and the dean approve the evaluation accordingly and the teaching staff is informed by the committee about the evaluation and receive it on his ERP account.
- If the teaching staff is not satisfied he/she can submit a complain to the president of the university to direct according to his authority

7- Outputs:

- Submitted form of the staff member annual activity report
- Recommendations of the Department Council and Faculty Council
- Decision of the Scientific Council
- Decision of the University Council




8- Forms:

- Staff member annual report form
- Staff member evaluation feedback form

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9- References:

- System and By-laws of Higher Education Council, Kingdom of Saudi Arabia, 3d edition, 2007G/1428 H

Responsibility	Name	Title	Sign.
Prepared by :	Prof. Manal Fawzy	Member in Quality and Academic Accreditation Committee	
Reviewed by :	Dr. Eslam Kamal	Head of Quality and Academic Accreditation Committee	
Approved by :	Dr. Ekramy Elmorsy	Vice Dean of Development & Quality	

POLICY TITLE: Training of interns policy

NUMBER/VERSION: 12031

Effective Date: 10-Apr-22

Expiration Date: 09-Apr-26

Revision Due: 10-Apr-24

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1- Purpose:

1-1 To define steps required for training interns of Faculty of Medicine NBU.

2- Scope:

This policy is applicable to all interns of Faculty of Medicine NBU.

3- Responsibility:

- 3 - 1 The Dean
- 3 - 2 Vice Dean of Clinical Affairs
- 3 - 3 Head of Internship Unit.
- 3 - 4 Head of Hospital Affairs Unit
- 3 - 5 The Vice-Dean of Academic affairs
- 3 - 6 Appointed Supervisor from Accredited Hospitals


4- Customer:

- Internal customer: interns of Faculty of Medicine
- External customers: - Saudi Commission for Health Specialties
 - Ministry of Health
 - Employers including private hospitals, research centers ...etc.
 - International Universities and National agencies providing post graduate Studies
 - Community members

5- Inputs:

- Saudi Commission for Health Specialties regulations
- Bylaws and regulations of Faculty of Medicine...
- NCAAA 2018
- Saudi MED 2017

6- Procedure:

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- 6 - 1 The Head of Internship Unit announces the students of the 6th year to start application for internship year and receives the students requests and coordinates their desires & making a list of all eligible interns.
- 6 - 2 The Vice-Dean of Clinical Affairs direct the Head of internship Unit to address the accredited hospitals for training to know the available places in each specialty in all hospitals.
- 6 - 3 The Internship unit coordinate between student's desires and place interns in the available places in teaching hospitals and develop the training schedule for the interns.
- 6 - 4 The Vice-Dean of Clinical Affairs approves the timely allotments of specialties in rotation (2 months in Medicine, Surgery, Pediatrics and Obstetrics & Gynecology each and 2 month for family medicine and emergency medicine and 1 month for 2 elective specialty of students.
- 6 - 5 The interns are to be trained according to the LOG BOOK that must be fulfilled during the training year under supervision of the clinical supervisors in the hospitals.
- 6 - 6 The Vice-Dean for Clinical Affairs requests the Manager of Employees Affairs in NBU for the Release of monthly bonus for interns during their training year.
- 6 - 7 The Head of Internship Unit and the Vice-Dean for Clinical Affairs communicate with the interns through the official email of internship to fill the training forms(mi@nbu.edu.sa).
- 6 - 8 The evaluation at the end of each specialty is performed by the institution supervisor in agreement with the Faculty of Medicine and according to the faculty system of evaluation. In addition, at the end of the 12 months a formal evaluation is introduced.
- 6 - 9 The Head of Internship Unit follows up the report of evaluation and the Vice-Dean of Clinical Affairs approves these reports and establishes the certificate of completion of internship.
- 6 - 10 The Vice-Dean of Clinical Affairs addresses the Saudi Commission for Health Specialties for testing the interns.
- 6 - 11 The Head of Internship Unit receives the normal or educational vacation request or request to postpone the training year and audits the balance available for each intern.
- 6 - 12 The Head of Internship Unit provides the interns with temporary certificate of graduation (one in Arabic & the other in English) attached with introductory letter for registration in postgraduate programs during the training year.
- 6 - 13 The Dean of the Faculty approves the certificate of completion of internship.
- 6 - 14 The Head of Internship Unit delivers the certificate of internship completion to interns and makes disclaims from the faculty and the university.

7- Outputs:

Evaluation report of interns
Certificate of graduation
Certificate of completion of internship

8- KPIs:

At least 80% of interns pass the examination of the Saudi Commission for Health Specialties

POLICY TITLE: Training of interns policy

NUMBER/VERSION: 12031

Effective Date: 10-Apr-22

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9- Forms:

شهادة تخرج مؤقتة باللغة العربية Provisional Graduation Certificate Arabic
شهادة تخرج مؤقتة انجليزي Provisional Graduation Certificate English

شهادة اكمال سنة الامتياز

طلب الالتحاق بسنة الامتياز

نموذج مخاطبة المستشفيات لتدريب أطباء الامتياز

جدول توزيع أطباء الامتياز

طلب دورة تدريبية بالمستشفى لأطباء الامتياز

نموذج طلب صرف مكافأة أطباء الامتياز

طلب دخول امتحان الهيئة السعودية للتخصصات الصحية

طلب إجازة عادية لأطباء الامتياز

طلب إجازة تعليمية لأطباء الامتياز




طلب تأجيل دورة تدريبية لأطباء الامتياز

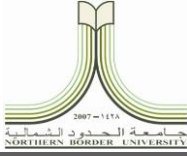
نموذج تقويم طبيب الامتياز خلال الدورة السريرية

نموذج سند استلام شهادة الامتياز

10- References:

- NCAAA handbook I,
- Saudi Commission for Health Specialties regulations
- Bylaws and regulations of Faculty of Medicine...
- Saudi Med 2017

Responsibility	Name	Title	Sign.
Prepared by:	Dr. Hafiz Idris	member of Head of Academic Accreditation Committee	
Reviewed by:	Dr. Eslam Kamal	Head of Quality & Academic Accreditation committee	
Approved by:	Dr. Ekramy Elmosry	Vice Dean of Development and Quality	

<p>Kingdom of Saudi Arabia Ministry of Education Northern Border University Faculty of Medicine</p>		<p>المملكة العربية السعودية وزارة التعليم جامعة الحدود الشمالية كلية الطب</p>
<p>POLICY TITLE: Students performance feedback policy</p>	<p>NUMBER/VERSION: 12032</p>	
<p>Effective Date: 10-Apr-22</p>	<p>Expiration Date: 09-Apr-26</p>	
<p>Revision Due: 10-Apr-24</p>	<p>Number of pages: Page 1 of 2</p>	

1- Purpose:

1-1 To define steps to give student's feedback about their assessment results

2- Scope:

This policy is applicable to students' assessment in the Faculty of Medicine.

3- Responsibility:

3 – All academic staff in the faculty of medicine in relation to the parts that they are teaching the students

4- Customer:

- Students of Faculty of Medicine

5- Inputs:


- Bylaws of Study & Examinations, Faculty of Medicine, NBU
- NCAAA 2018

6- Procedure:

6 - 1 Our policy is mainly to help students to get feedback about their performance in all assessments conducted in the faculty of Medicine for their improvement in the further exams

6 - 2 Students has the right to discuss verbally with the coordinators about the exams' questions which were not clear in the written exams, and they will get their feedback directly from the coordinator through direct group discussion.

6-3 If any of the students still has doubt regarding some question, he/she has the right to discuss their enquiries personally with the coordinators.

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POLICY TITLE: Students performance feedback policy	NUMBER/VERSION: 12032	
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6-4 If a student is doubting about the assessment result, he can discuss his/her doubt with the coordinator to clarify the situations.

6-5 If the student still doubting about the result, he/she can complain officially to the head of department within 15 days after announcement of the results.

6- 6 The head of department will form a committee of 3 staff members to investigate the student complaint to give feedback to the head of department within 7 days of the complaint.

6-7 Final feedback will be given to the student about their complaint with written summary about the his/her weak and strength points.

7- Outputs:




Written feedback about the student complaint


9- Forms:

- Form of complaint about assessment results and feedback

10- References:

- Bylaws of Study & Examinations, Faculty of Medicine, NBU

Responsibility	Name	Title	Sign.
Prepared by:	Dr. Hafiz Idris	member of Head of Academic Accreditation Committee	
Reviewed by:	Dr. Eslam Kamal	Head of Quality & Academic Accreditation committee	
Approved by:	Dr. Ekramy Elmorsy	Vice Dean of Development and Quality	

Kingdom of Saudi Arabia Ministry of Education Northern Border University Faculty of Medicine		المملكة العربية السعودية وزارة التعليم جامعة الحدود الشمالية كلية الطب
POLICY TITLE: Work environment safety regulations	NUMBER/VERSION: 12033	
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1- Purpose:

This document defines steps required to provide safe working practice to protect undergraduate students and all faculty staff from substances that could affect their health during practices in classes and laboratories. In addition, the same policy applies to visitors or other outsourced technical groups assigned to cleaning, maintenance or repair works.

2- Scope

The policy applies to all to all premises of the Faculty of Medicine, NBU, Staff, Students, Employees and visitors of the Faculty of Medicine.

The Policy encompass all emergency situations (e.g. Fire, earthquakes, torrents, floods, ...) that takes evacuation of people to relevant safe protective areas. It Also deals with epidemic (e.g. Cholera,..) , and pandemic situations (e.g. Covid 19 virus)

3- Responsibility

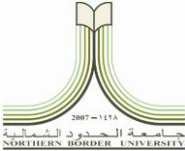
- Head of Administration
- All staff
- All students
- All Employees
- All visitors

4- Customers

- All faculty staff.
- Undergraduate medical students.
- Visitors
- Technical members for maintenance and cleaning

5- Procedure:

5.1 Introduction to the policy

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<p>POLICY TITLE: Work environment safety regulations</p>	<p>NUMBER/VERSION: 12033</p>	
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These guidelines apply to all practical classes at the faculty of medicine, NBU that involve practices, procedures or substances which could affect the health and safety of students or staff involved in the classes. It applies to all **undergraduate students**.

The Faculty of Medicine recognizes that students are considered to be 'in training', and consequently, safe working practices must be adopted and taken seriously when undertaking clinical and laboratory activities, emergency situations (Fire, earthquakes, Pandemic and Epidemic situations , ... etc.) with appropriate and approved plans by the relevant authorities.

5.2 Who should read and use these guidelines

- Subject and course coordinators
- Practical class coordinators and tutors
- Technical staff associated with practical classes
- Undergraduate students
- Other concerned departments, chief of the different facilities and spots.

5.3 Responsibilities for Health and Safety

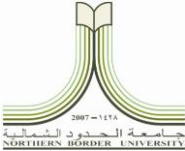
5.3.1 Heads of departments

The Heads of Departments are responsible for implementing and maintaining health and safety standards and practices in laboratories and teaching facilities under their control. The following should be ensured:

- Buildings and equipment provided for practical classes are safe and suitable for the types of work carried out;
- Financial provisions are made for health and safety equipment and materials;
- Practical classes are run by persons who are competent in health and safety matters
- Staff and students receive the appropriate information, instruction and training necessary for them to perform their work safely;
- Rules and procedures are prepared and enforced for students undertaking practical classes;
- Emergency equipment is provided for practical classes and that staff and students are aware of emergency and evacuation procedures.
- Emergency, pandemic and endemic plans are deployed and challenged through periodic drills to ensure their effectiveness.

5.3.2 Staff

Staff (in charge of, or teaching in practical classes) are responsible for providing a healthy and safe environment for students. The following should be ensured:

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- Health, safety and environmental aspects of the practical are considered;
- Students receive the appropriate information and supervision necessary for them to carry out their studies safely;
- Students are warned about particular hazards, and how to avoid, eliminate or minimize their exposure to them;
- Proper attitudes towards health and safety are practiced and transferred to the students;
- Students under their control are using safety equipment, where considered necessary;
- Accidents and Incidents are recorded.

5.3.3 Students

Students are required to:

- Avoid, eliminate or minimize hazards of which they are aware;
- Comply with all health and safety instructions;
- Make proper use of all safety devices and personal protective equipment;
- Not willfully place at risk the health and safety of themselves or any other person;
- Seek information or advice where necessary, or when in doubt, before carrying out new or unfamiliar work;
- Wear protective clothing and footwear;
- Be familiar with emergency and evacuation procedures;
- Report and record all accidents and near miss incidents.

5.4 The laboratory

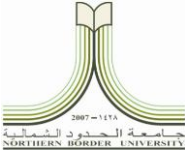
A laboratory can be a place of specialized research, clinical or diagnostic evaluation, teaching and/or learning. Laboratories are commonly used in many scientific disciplines across the faculty ranging from health sciences to biological and physical sciences.

5.5 Introducing health and safety to students

It is essential that health and safety principles and concepts are integrated at all levels of organization of practical classes.

The lecturer should provide the students with a general health and safety induction at the commencement of each semester. This induction should ensure the following information is conveyed to the students

- The Faculty Health and Safety Policy and how it applies to them;
- The Health and Safety responsibilities which apply to students in practical classes;
- Emergency procedures for the laboratory;
- The requirement for the reporting of accidents and 'near miss' incidents to the lecturer and/or

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tutor. Students should also be advised to report any medical conditions or allergies that could put them at risk during the class;

- Laboratory policies and procedures relevant to the course of practical classes;
- The requirement for **mandatory** wearing of personal protective equipment (PPE) which has been considered necessary by the lecturer. Students must be advised that failure to bring required PPE (e.g. lab coat, closed footwear, safety glasses) with them to the class could result in them being refused participation in that practical class.

Lecturers should also ensure that specific issues relating to health and safety in specific practical classes are brought to the attention of students.

It is recommended that a brief section on health and safety be included in all manuals for undergraduate practical classes.

Tutors and demonstrators also should be reinforcing safe work practices with the students since they have most of the practical contact with the students.

The lecturer must also ensure that the student has understood the information which has been explained to them.

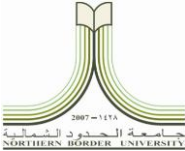
5.6 General Safety Rules

5.6.1 *All Buildings*

- In an emergency and during practice evacuations, move quickly and carefully from the laboratory to the external stairwell or nearest emergency exit. Proceed to the designated assembly area (tutor will advise) and wait there until permission is given to re-enter the building. Never run in the laboratory or along corridors.
- Be aware of the position of exits from all work areas and from all levels of the building.
- Smoking is prohibited in all buildings at the faculty of medicine.
- Food and drink (including drinking from water bottles) must not be consumed in lecture theatres, seminar/tutorial rooms or laboratories.

5.6.2 *Laboratory*

- Students are not permitted to enter any preparatory laboratory without the permission of the laboratory supervisor or tutor.
- Unauthorized experimentation in the laboratories is strictly forbidden. Undergraduates wishing to use the laboratory out of timetabled periods must obtain their lecturer or tutor's written permission.
- All students must be aware of the conditions required for the safe handling of substances and specimens being handled. All specimens should be treated as if infectious. If in any doubt, seek

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guidance from the laboratory tutor.

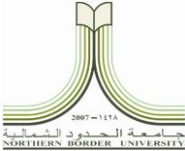
- Be aware of the safety facilities of the laboratory, i.e. location of safety showers, eyewash stations, fire extinguishers and emergency exits.
- Working spaces are to be kept clean. Broken glass, sharps, and laboratory waste must be placed in the marked bins in the laboratory. No waste is to be left or placed in the sinks, and under no circumstance must waste be placed down the sink, unless authorized to do so by the tutor.
- Disposable gloves should be placed into (Clinical waste bin) which are specifically marked for such.
- All spillages must be cleaned up immediately after they occur. No reagent, solution or apparatus is to be removed from the laboratory without approval from the tutor.
- Correct and safe use of Bunsen burners will be demonstrated by the tutor. Be aware of burning burner by noting a hollow burning sound and/or the absence of a blue cone of unburned gas.
- Pipetting by mouth is prohibited.
- Handle dissecting equipment with care, store blades covered, secure blades inside the dissecting kit and always remove blade from handle using scalpel blade remover.
- Defective equipment or broken glassware must be reported to the tutor.
- Radioactive sources (e.g. laser, UV radioactive substance or arc lamp) must only be used under the direction and supervision of the tutor or supervisor.
- Bags, ports and sacks are to be placed in designated areas. Do not block passage ways or fire exits.
- Sitting on laboratory benches is prohibited. Never run in the laboratory or along corridors.
- Exercise care when opening and closing doors on entering and leaving the laboratory.
- Always wash hands thoroughly before leaving the laboratory.

Laboratory dress code

- All students **must** wear covered footwear during practical classes. Thongs, open weave shoes, sandals etc are not appropriate footwear. Students will not be permitted to participate in practical classes unless wearing suitable footwear.
- A clean laboratory coat **must** be worn at all times whilst in the laboratory, except in classes where the tutor has deemed it unnecessary e.g. physiology exercise practical's. The laboratory coat should be removed when leaving the laboratory (beware that contaminated laboratory coats are potentially infectious).
- Where hearing protection or gloves are required during the practical class, they must be worn.
- In all laboratories and designated work areas where eye protection is required, safety glasses must be worn at all times during the course of laboratory work.
- Long hair should be tied back to avoid injury.

5.6.3 Immunization

- All students should be in date for tetanus immunization.
- Students who come in contact with human blood or blood products are strongly advised to have a

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course of Hepatitis B and hepatitis C immunizations.

- Students who are in contact with sheep, goats, cattle, feral animals should have Q Fever vaccination.

5.6.4 Pregnancy

The faculty has a responsibility to advise all students of any health and safety risks relevant to the practical class, where they cannot be eliminated or controlled out. Students who are pregnant may be at higher risk from exposure to certain chemicals and hazards.


At the start of semester, the person running the practical class should advise students to contact the course coordinator if they are pregnant or trying to become pregnant. This ensures that suitable arrangements or modifications can be made to minimize the student's exposure, if at risk.

The following procedures should be in place in practical classes which use chemicals:

- a risk assessment should be conducted by the tutor/lecturer/practical class coordinator for all chemicals which are to be used during practical classes
- chemicals which are known to have reproductive, teratogenic or carcinogenic effects should not be used in undergraduate practical classes
- should chemicals having effects of a reproductive, teratogenic or carcinogenic nature be used during practical classes, because there is no safer alternative, control measures to reduce exposures to acceptable levels should be employed. Further to this, all students must be advised at the start of the semester and at the start of the practical class that these chemicals are known to have these types of effects. Consideration to exclude the student from the class should be made carefully and should involve discussion with the health and safety tutor.
- any student who knows they are pregnant or are trying to fall pregnant must advise the person running the practical class as soon as they are aware.

5.6.5 First Aid

- Report all injuries and illnesses to the tutor. First aid will be administered by trained first aid tutor.
- Eye injuries, whether caused by chemicals or mechanical injury or splash with biological material are always serious. The treatment requires immediate and prolonged flushing with water (20 minutes minimum) at the eyewash station. Medical advice should be obtained for an eye injury.
- In the event of chemical or biological spills on skin, thoroughly wash the affected area with copious quantities of water. Notify tutor immediately.
- Sharps injuries – Notify tutor immediately. Wash the wound and encourage bleeding. Health Services should be visited.
- If you are feeling unwell or dizzy when participating in an experiment, stop immediately, sit down

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and notify tutor;

All accidents must be reported to the tutor, including cuts and bruises and recorded. Non injury causing incidents such as spills; electrical shorts etc must also be reported

6- KPIs




- Decrease in the number of incidents and complaints, target is “zero incidents”
- Improve in customer satisfaction

7- Forms

- Incident reports,
- safety meetings reports,
- Prevention analyses and actions,
- evacuation drills and evaluation

7- References

- NCAAA 2018
- Legislation and legal by-laws
- Safety regulations standards of comparable organizations
- Faculty Health and Safety policies
- Emergency Plan of the Faculty
- Pandemic and Epidemic plans reviewed and approved by MOH.

Responsibility	Name	Title	Sign.
Prepared by :	Dr. Afaf Taha	Member in Quality and Academic Accreditation Committee	
Reviewed by :	Dr. Eslam Kamal	Deputy of Head of Academic Accreditation Executive Committee	
Approved by :	Dr. Ekramy Elmorsy	Vice Dean of Development & Quality	

POLICY TITLE: New teaching staff orientation policy

NUMBER/VERSION: 12034

Effective Date:

Expiration Date:

Revision Due:

Number of pages: Page 1 of 3

1- Purpose:

To detail the Orientation Program for the newly Joined Teaching Staff of the Faculty

2- Scope:

This policy is applicable to all new faculty staff who join the college

3- Responsibility:

- 3 - 1 Vice-dean for Development and Quality
- 3 - 2 Head of Continuous Professional Development Unit
- 3 - 3 Head of Media and Publicity Committee
- 3 - 4 Head of Faculty Administration

4- Customer:

Internal: All new staff in the faculty

5- Inputs:

- By-laws,
- NCAAA 2018

6- Procedure:

- 6 - 1 The Head of Continuous Development Committee manages the whole program liaising with the presenters and collates the required materials by the end of the previous academic year.
- 6 - 2 The program is generally structured and is presented in the first week of the academic year with minor changes

POLICY TITLE: New teaching staff orientation policy

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- 6 - 3 The agenda of the program is introduced and approved by the Vice-dean for Development and Quality
- 6 - 4 The Media and Publicity Committee Publicizes the event all over the Faculty and posts it on the Homepage of the Faculty
- 6 - 5 The structured program agenda includes:
- Introduction to the Faculty of Medicine
 - The Faculty Organization and Quality Vice-deanship Organization
 - The Mission, Vision and Strategic Goals of the Faculty
 - The Continuous Professional Development (CPD) function and Staff Portfolio
 - The Curriculum
 - Skills training and Bedside Teaching
 - The Examinations and Student Assessment
 - Media and Publicity
 - Health and Safety regulations
 - The CPD Program and issued Certificates is presented to the new staff members
- 6 - 6 Attendance of the participants is recorded on the attendance sheet
- 6 - 7 The new staff is invited to voluntarily join on the functional units of the Faculty
- 6 - 8 A questionnaire for feedback from the participants is distributed with the materials in the beginning of the program and collected at the end of the program

8- KPIs:

Satisfaction by the participants >4.2

9- Forms:

- Agenda for Staff Orientation Program
- Attendance sheet
- CPD Program and Calendar
- Program evaluation by participant

10- References:

- NCAAA 2018
- Internal by-laws

POLICY TITLE: New teaching staff orientation policy




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Responsibility	Name	Title	Sign.
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Reviewed by :	Dr. Eslam Kamal	Head of Quality and Academic Accreditation Committee	
Approved by :	Dr. Ekramy Elmorsy	Vice Dean of Development & Quality	

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