



المركز الوطني للتقويم والاعتماد الأكاديمي  
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#### ATTACHMENT 4.

### T3. ANNUAL PROGRAM REPORT (APR)

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

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

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



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### Annual Program Report

1. Institution : <b>King Faisal University</b>		Date:
2. College/ Department <b>College of Medicine</b>		
3. Dean <b>Dr. Mohamed Al-Farhan</b>		
4. List All Campus Branch/Locations (approved by Ministry of Higher Education or Higher Council of Education).		
Campus Branch/Location	Approval By	Date
Main Campus:		
<b>1: College of Medicine KFU, Al- Ahsa</b>	<b>University Council</b>	<b>April 2003</b>
2:		
3:		
4:		

#### A. Program Identification and General Information

Program title and code <b>Bachelor of Medicine and Surgery ( MBBS) code:1000</b>
Name and position of persons completing the APR <b>Dr. Mohamed Al-Farhan (Dean)</b>
Academic year to which this report applies. <b>1439 – 1440 (2018 – 2019)</b>

#### B Statistical Information

1. Number of students who started the program in the year concerned:	<b>287</b>
2. (a) Number of students who completed the program in the year concerned:	<b>120</b>
Completed the final year of the program:	<b>149</b>
Completed major tracks within the program (if applicable)	
Title.....No	



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Title.....No	<input type="text"/>	
Title.....No	<input type="text"/>	
Title.....No	<input type="text"/>	
2. (b) Completed an intermediate award specified as an early exit point (if any)		<input type="text"/>
<b>3. Apparent completion rate.</b>		
(a) Percentage of students who completed the program, (Number shown in 2 (a) as a percentage of the number that started the program in that student intake.)	<input type="text" value="87.5%"/>	
(c) Percentage of students who completed an intermediate award (if any) (e.g. Associate degree within a bachelor degree program)	<input type="text"/>	
(Number shown in 2 (b) as a percentage of the number that started the program leading to that award in that student intake).		
Comment on any special or unusual factors that might have affected the apparent completion rates (e.g. Transfers between intermediate and full program, transfers to or from other programs).		
<b>4. Enrollment Management and Cohort Analysis (Table 1)</b>		
<p><b>Cohort Analysis</b> refers to tracking a specific group of students who begin a given year in a program and following them until they graduate (How many students actually start a program and stay in the program until completion).</p> <p>A <b>cohort</b> here refers to the total number of students enrolled in the program at the beginning of each academic year, immediately after the preparatory year. No new students may be added or transfer into a given cohort. Any students that withdraw from a cohort may not return or be added again to the cohort.</p> <p><b>Cohort Analysis (Illustration):</b> <b>Table 1</b> provides complete tracking information for the most recent cohort to complete the program, beginning with their first year and tracking them until graduation (students that withdraw are subtracted and no new students are added). The report is to cover the past four years. Update the years as needed.</p>		



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**Enrollment Management and Cohort Analysis**

**Table 1: Progress report for the students cohort starting 1st year in 2014-2015**

Years	*PYP	4 Years Ago	3 Years Ago	2 Years Ago	1 Year Ago	Current Year
<b>Student Categories</b>						
1. Total cohort enrollment	*PYP	138	137	137	137	137
2. Retained till year end		137	137	137	137	137
3. Withdrawn		1	0	0	0	0
4. Cohort graduated successfully						120
5. Total graduated successfully						149

**\* PYP - Preparatory Year**

**Table 2: Progress report for the students cohort starting 1st year in 2015-2016**

Years	*PYP	3 Years Ago	2 Years Ago	1 Years Ago	Current Year
<b>Student Categories</b>					
1. Total cohort enrollment	*PYP	213	213	213	213
2. Retained till year end		213	213	213	213
3. Withdrawn		0	0	0	0
4. Cohort graduated successfully					
5. Total graduated successfully					

**\* PYP - Preparatory Year**

**Table 3: Progress report for the students cohort starting 1st year in 2016-2017**

Years	*PYP	2 Years Ago	1 Years Ago	Current Year
<b>Student Categories</b>				
1. Total cohort enrollment	*PYP	213	213	213
2. Retained till year end		213	213	213
3. Withdrawn		0	0	0
4. Cohort graduated successfully				
5. Total graduated successfully				

**\* PYP - Preparatory Year**



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Table 4: Progress report for the students cohort starting 1st year in 2017-2018

Student Categories \ Years	*PYP	1 Years Ago	Current Year
1. Total cohort enrollment	*PYP	206	206
2. Retained till year end		206	206
3. Withdrawn		0	0
4. Cohort graduated successfully			
5. Total graduated successfully			

\* PYP - Preparatory Year

Table 5: Progress report for the students cohort starting 1st year in 2018-2019

Student Categories \ Years	*PYP	Current Year
1. Total cohort enrollment	*PYP	287
2. Retained till year end		287
3. Withdrawn		0
4. Cohort graduated successfully		
5. Total graduated successfully		

\* PYP - Preparatory Year

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

Date of Survey 10/2019

Number Surveyed 125 Number Responded 8 Response Rate % 6.4

Destination	Not Available for Employment		Available for Employment		
	Further Study	Other Reasons	Employed in Subject Field	Other Employment	Unemployed
Number			7		1
Percent of Respondents			87.5		12.5

Analysis: List the strengths and recommendations.



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**C. Program Context:**

1. Significant changes within the institution affecting the program (if any) during the past year.  
This year start to have a summer course for selected courses in the program specially courses of the final year.

Implications for the program

Improved the student progression rate and completion rate

2. Significant changes external to the institution affecting the program (if any) during the past year.  
Withdrawal of Al-mossa Specialist hospital contract to teach 4<sup>th</sup> year student from their side

Implications for the program

Non-significant, we redistribute the student to MOH hospital in morning and afternoon shifts to accommodate the number of students

**D. Course Reports Information Summary**

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

(a.) Describe how the individual course reports are used to evaluate the program.

Course reports are prepared at the end of each block by the Block coordinators. Block report presentation were conducted in block file presentation day (May 12-13, 2019).

A system for block report revision according to a standard format was established by the quality committee and presented to the staff members during the presentation day. The block report were distributed among the committee members for reviewing and to discuss with the block coordinator. After revision the block report is referred to the quality committee for approval and program report preparation based on the course report analysis.

The table below show the task distribution in the presentation day (May 12-13, 2019).



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SR	Course name	Coordinator	Time allowed
Year 1			
1	Block 1.1 ( Fundamentals of Medicine)	Dr. Mohamed Bahgat	5 minutes for each presentation with 10 minutes discussion
2	Block 1.2 ( Infection and Immunity)	Dr. Sayed Quadri	
3	Block 1.3 (Circulation and Respiration)	Dr. Shahzeen Fatima	
4	Block 1.4 ( Mind and motion)	Dr. Abdulwahab Pathath	
Year 2			
5	Block 2.1 ( Motion and senses)	Dr. Ashraf Zahir	5 minutes for each presentation with 10 minutes discussion
6	Block 2.2 (Emotion and senses)	Dr. Shakeel Ahmed	
7	Block 2.3 ( Dysregulation and chronic diseases I)	Dr. Zainab Amjad	
8	Block 2.4 ( Dysregulation and chronic diseases II)	Dr. Ehab Darwish	
Year 3			
9	Block 3.1( Oncology, Trauma-Orthopedics)	Dr. Abdulqadeer Memon	5 minutes for each presentation with 10 minutes discussion
10	Block 3.2( Acute loss of function)	Dr. Osama Zakaria	
11	Block 3.3 (Life cycle I)	Dr. Fehmida Tehsin	
12	Block 3.4 ( Life cycle II)	Dr. Rabab Abbas	
13	Forensic Medicine	Dr. Aboulyazid Fouad	
Year 4			
14	Block 4.1 (Internal Medicine I)	Dr. Joel Kuruville	5 minutes for each presentation with 10 minutes discussion
15	Block 4.2 (Surgery I)	Dr. Haytham Al Arfaj	
16	Block 4.3(life cycle III)	Dr. Insaf Ali	
17	Block 4.4 ( Movement)	Dr. Ahmed Kamal	
Year 5			
18	Internal medicine II	Dr. Abdallah Essa	5 minutes for each presentation with 30 minutes discussion
19	Surgery 2	Dr. Mohammed Yasser	
20	Community health	Dr. Adel Al Barqi	
21	Emergency Medicine	Dr. Khalid Al Mulhim	



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22	ENT	Dr. Ibrahim Khalid Al Jabr	
23	Ophthalmology	Dr. Saif Al Dossary	
24	Radiology	Dr. Hind Toufig	
25	Dermatology	Dr. Feroze Kaliyadan	
26	Anesthesia	Dr. Dur Shahwar	
27	Orthopedics	Dr. Utkarsh Shahi	
28	Social Medicine	Dr. Rahul Bogam	
29	Psychiatry	Dr. Shakeel Ahmed	
Professional development			
30	Professional development I	Dr. Krishna Swaroop	5 minutes for each presentation with 10 minutes discussion
31	Professional development II	Dr. Habeebuddin Shaji	
32	Professional development III	Dr. Mohamed Yasser	
33	Professional development VI	Dr. Sheriff Saleh	
34	Professional development V	Dr. Ahmed Audeh	





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(b.) Analyze the completion rates, grade distributions, and trends to determine strengths and recommendations for improvement.

i. Completion rate analysis:

Course/Block	Enrolled	Pass	Fail	Grades					Completed Attendance requirement	In progress	Withdrawal or DE
				A	B	C	D	F			
Block											
1.1	296	282	10	55	134	93	0	10	292	0	4
1.2	318	284	30	57	131	95	1	30	314	0	4
1.3	304	286	18	104	137	45	0	18	304	0	0
1.4	291	281	9	125	117	36	3	9	290	0	1
PD1	286	285	1	284	1	0	0	1	286	0	0
2.1	237	219	18	57	104	55	2	18	236	0	1
2.2	237	222	14	27	96	97	2	14	236	0	1
2.3	233	207	26	50	97	60	0	26	233	0	0
2.4	222	211	11	77	91	41	2	11	222	0	0
PD2	210	209	1	203	6	0	0	1	210	0	0
3.1	206	200	5	56	110	34	0	5	205	0	1
3.2	190	187	3	58	96	33	0	3	190	0	0
3.3	208	205	2	43	108	53	1	2	207	0	1
3.4	215	207	8	37	88	76	6	8	215	0	0
PD3	211	211	0	209	2	0	0	0	211	0	0
4.1	190	187	3	29	98	48	12	3	190	0	0
4.2	186	184	0	67	92	21	4	0	184	0	2
4.3	187	184	1	11	91	73	9	1	185	0	2
4.4	190	189	1	4	70	83	32	1	190	0	0
PD4	182	178	0	136	38	3	1	0	178	0	4
Medicine 2	133	132	1	7	64	58	3	1	133	0	0
Surgery 2	125	125	0	24	60	38	3	0	125	0	0
PHC	133	133	0	29	86	18	0	0	133	0	0
Emergency Medicine	125	125	0	29	69	27	0	0	125	0	0
PD5	136	134	0	130	4	0	0	0	134	0	2
ENT	133	133	0	49	57	23	4	0	133	0	0
Ophthalmology	131	130	1	1	38	49	42	1	131	0	0
Radiology	136	136	0	43	67	24	2	0	136	0	1
Dermatology	134	134	0	7	54	49	24	0	134	0	0
Anesthesia	136	136	0	10	45	65	16	0	136	0	0
Orthopedics	131	131	0	6	34	70	21	0	131	0	0
Social Medicine	137	137	0	58	75	4	0	0	137	0	0
Psychiatry	136	136	0	1	37	86	12	0	136	0	0



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Course/Block:	Enrolled	Pass	Fail	Grades					Completed Attendance requirement	In progress	Withdrawal or DE
				A	B	C	D	F			
Progress Test 1	290	264	0	81	161	22	0	0	290	26	0
Progress Test 2	227	164	0	77	40	39	8	0	227	63	0
Progress Test 3	204	161	0	80	32	35	14	0	204	43	0
Progress Test 4	192	148	0	76	35	33	4	0	192	44	0
Progress Test 5	128	116	0	56	27	27	6	0	128	12	0

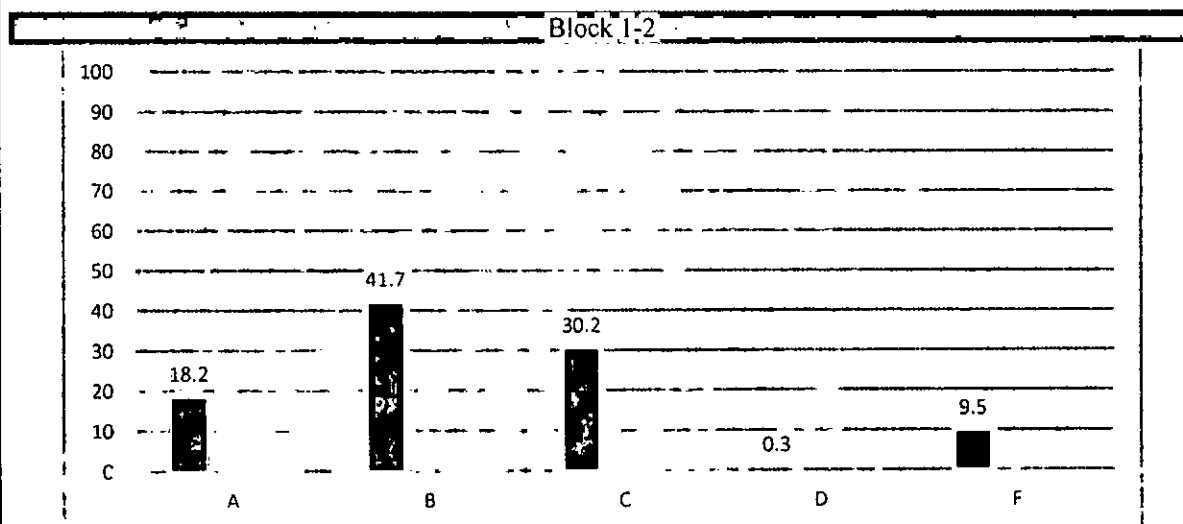
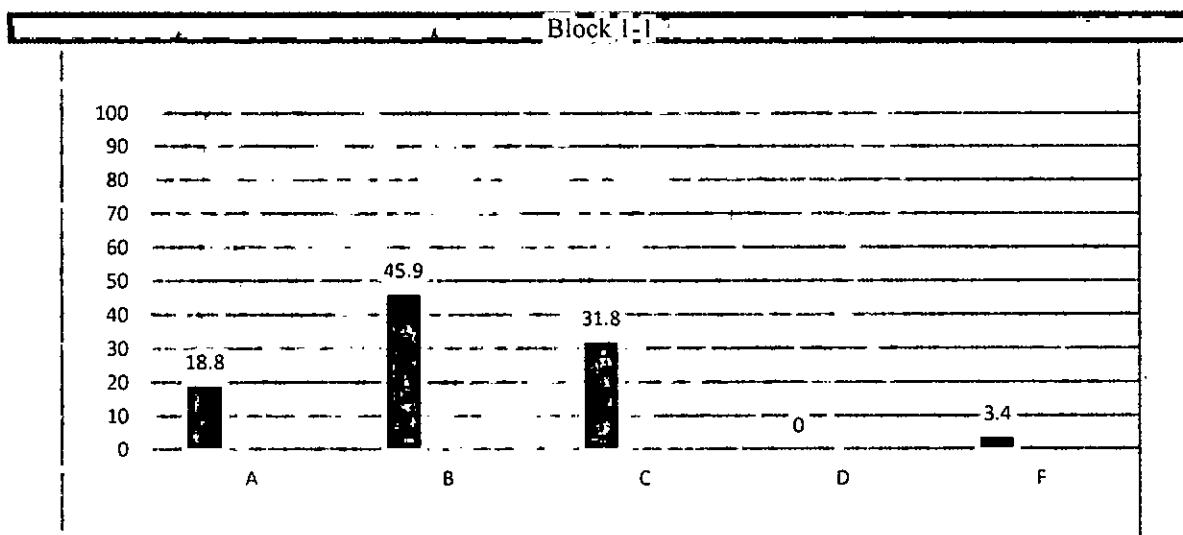
Summer Courses:

Course/Block	Enrolled	Pass	Fail	Grades					Completed Attendance requirement	In progress	Withdrawal or DE
				A	B	C	D	F			
3.3	8	8	0	0	1	6	1	0	8	0	0
3.4	3	3	0	0	0	3	0	0	3	0	0
Anesthesia	4	4	0	2	2	0	0	0	4	0	0
Medicine 2	7	7	0	0	1	6	0	0	7	0	0
Surgery 2	7	7	0	1	4	2	0	0	7	0	0
Radiology	4	4	0	2	2	0	0	0	4	0	0
Emergency Medicine	7	7	0	0	0	7	0	0	7	0	0
Orthopedics	4	4	0	2	2	0	0	0	4	0	0
PHC	7	7	0	1	5	1	0	0	7	0	0
Social Medicine	4	4	0	3	1	0	0	0	4	0	0



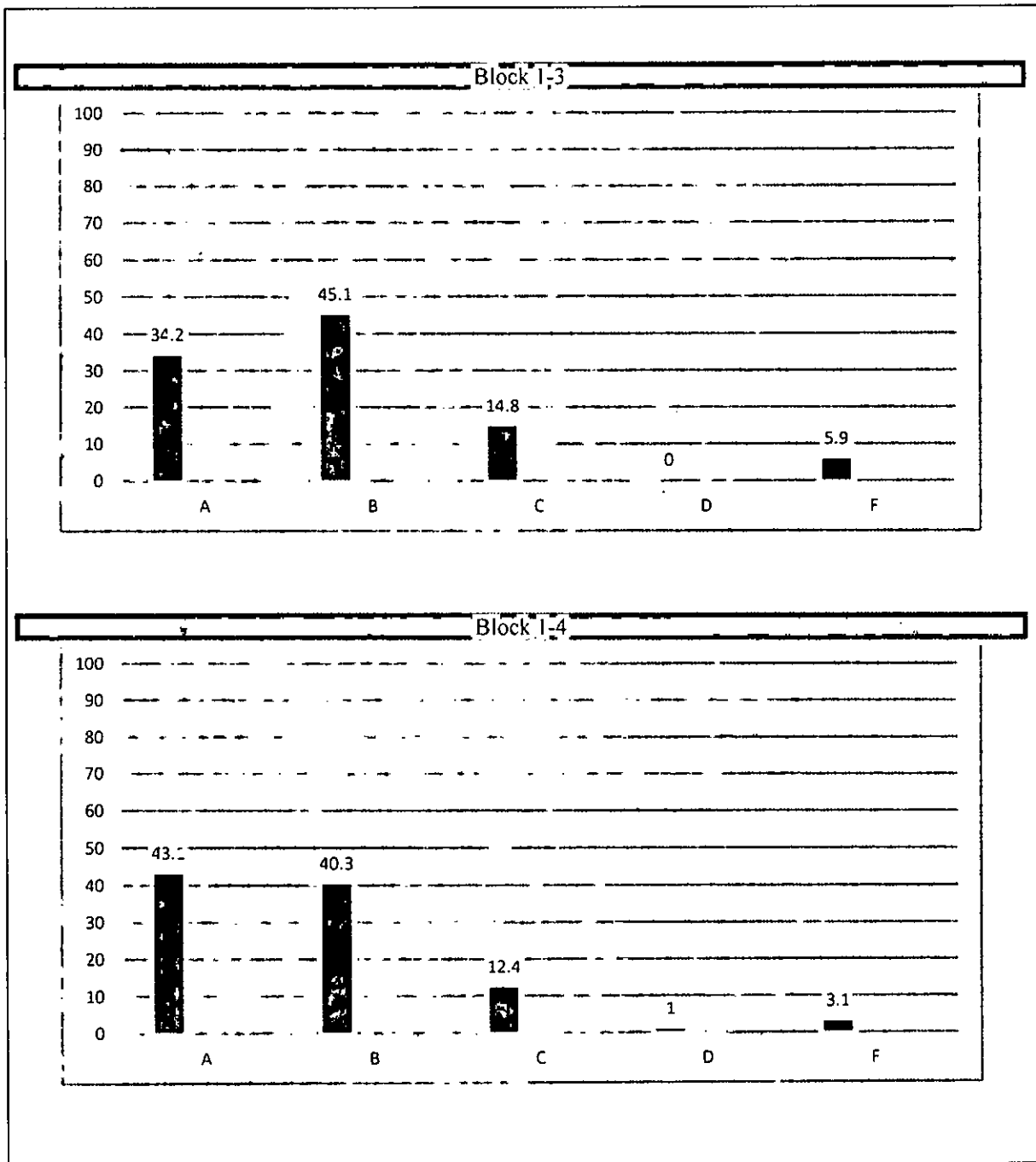
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ii. Grade distribution analysis:



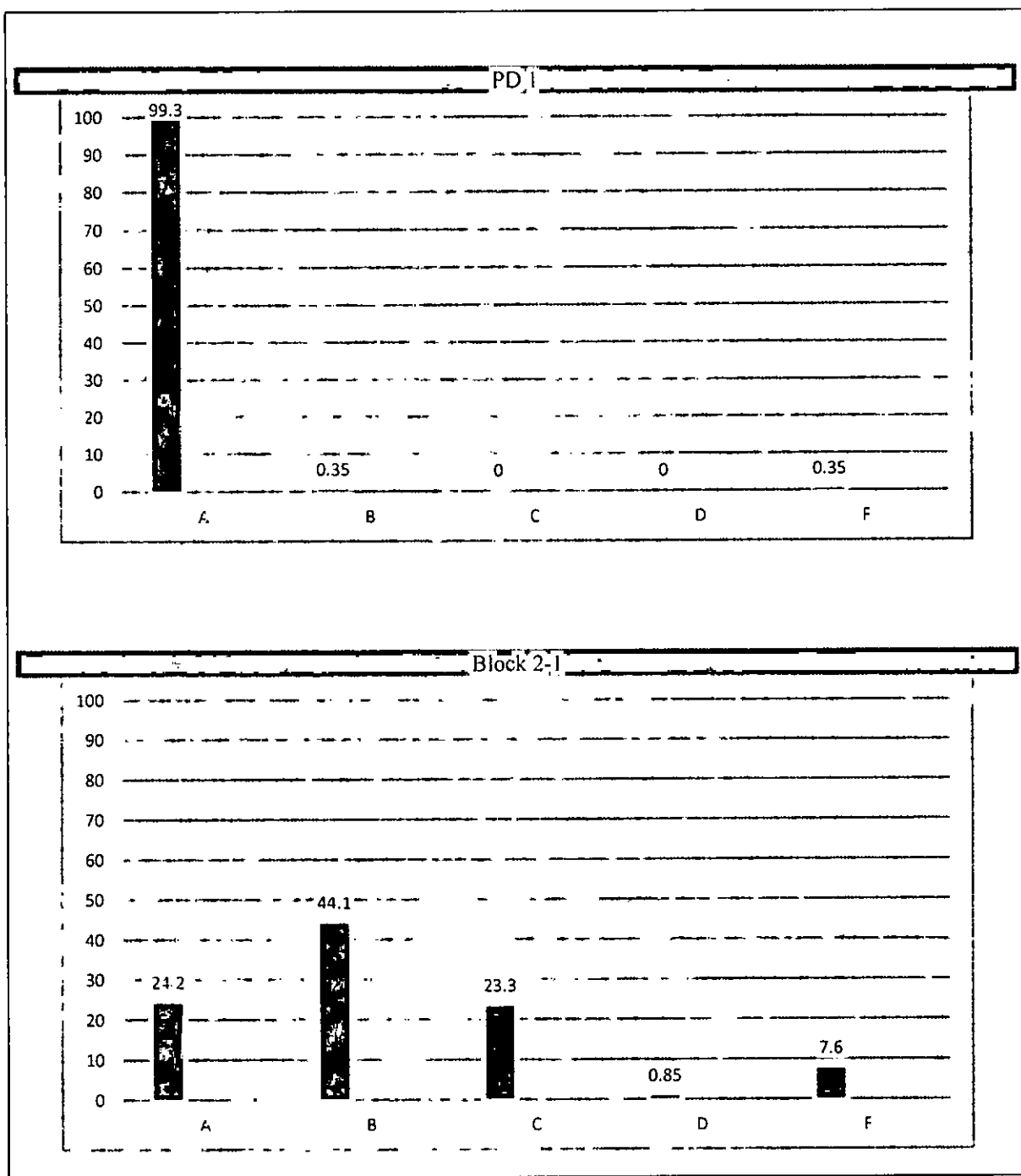


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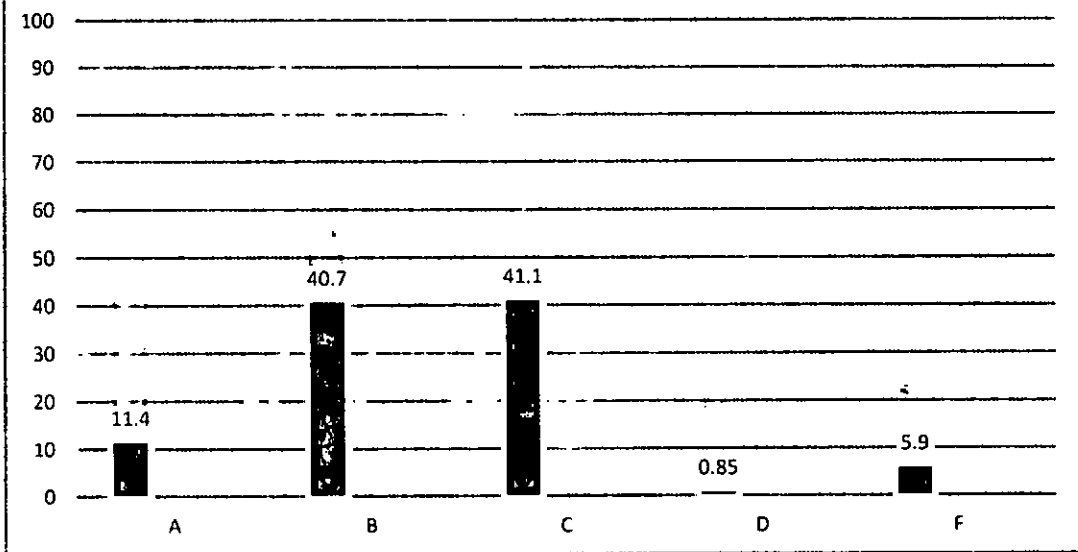
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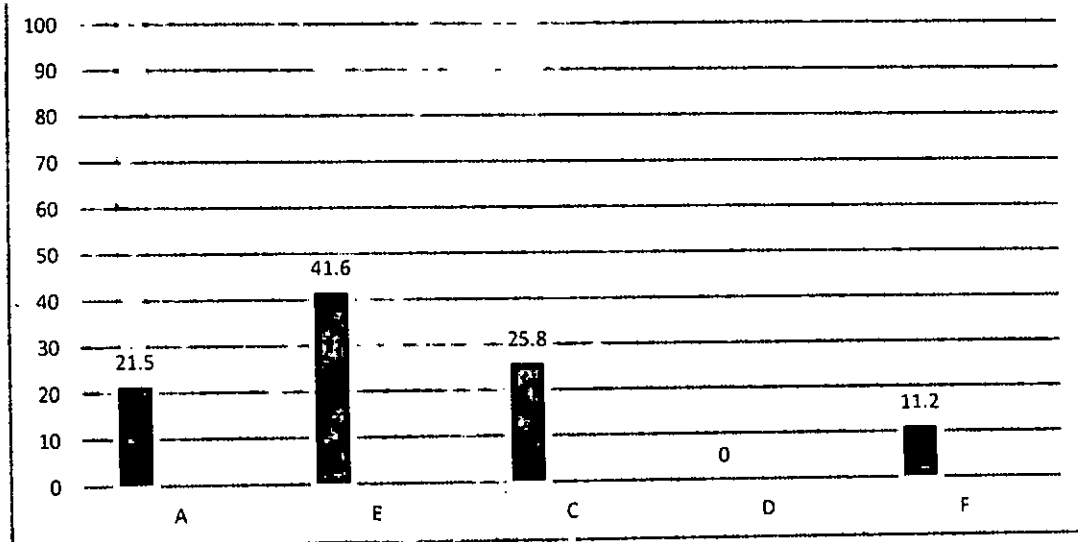


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Block 2-2

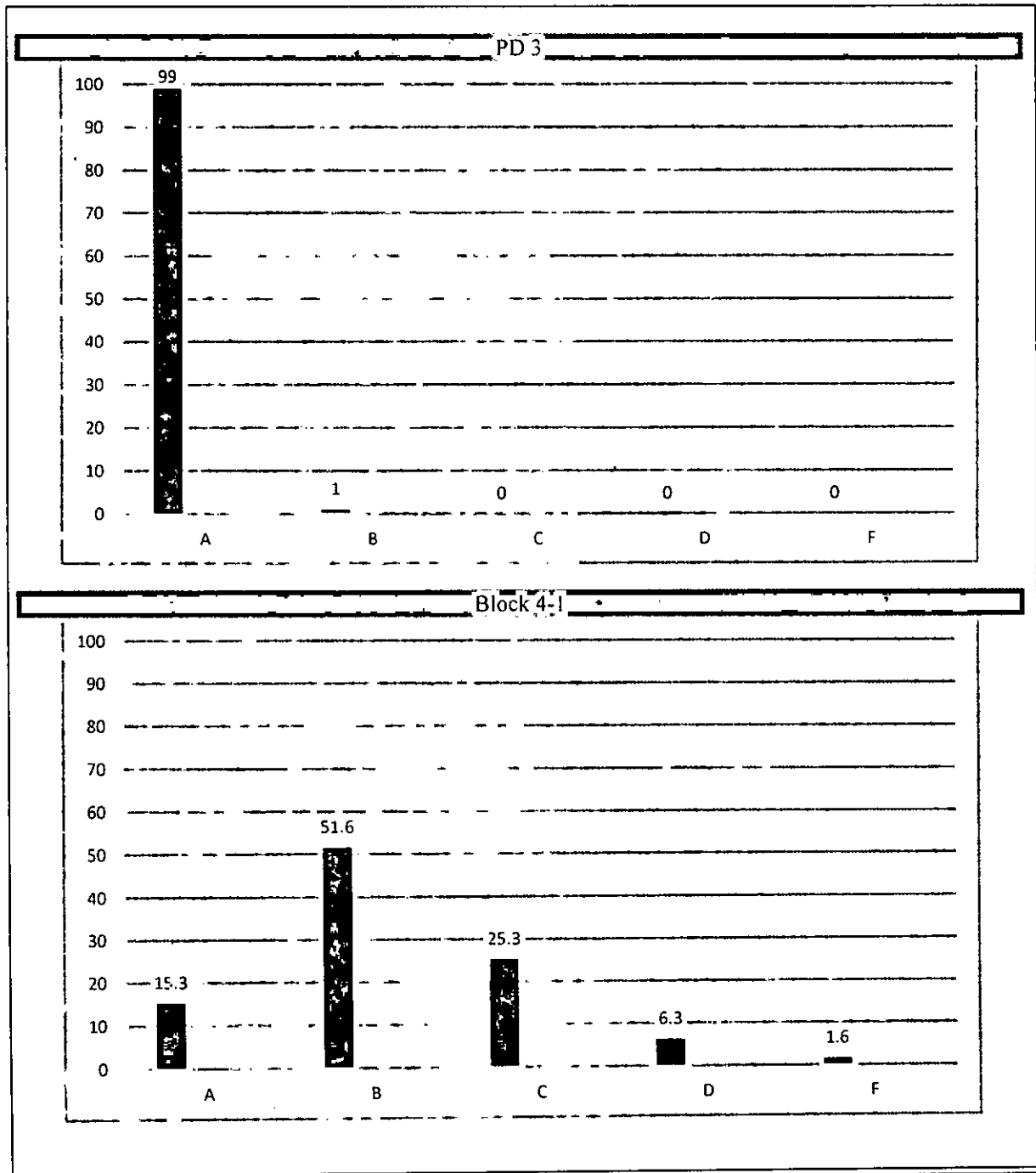


Block 2-3



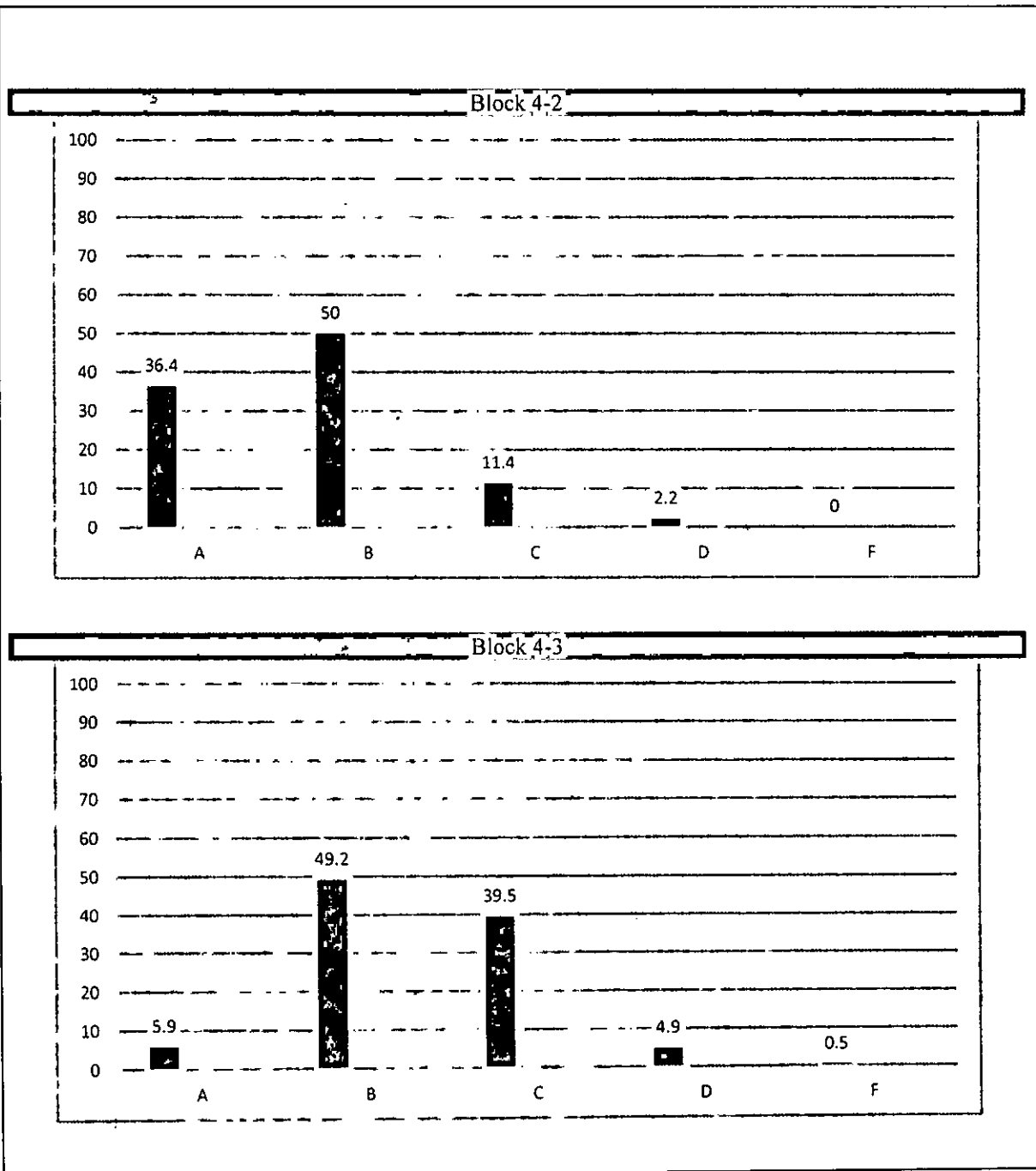


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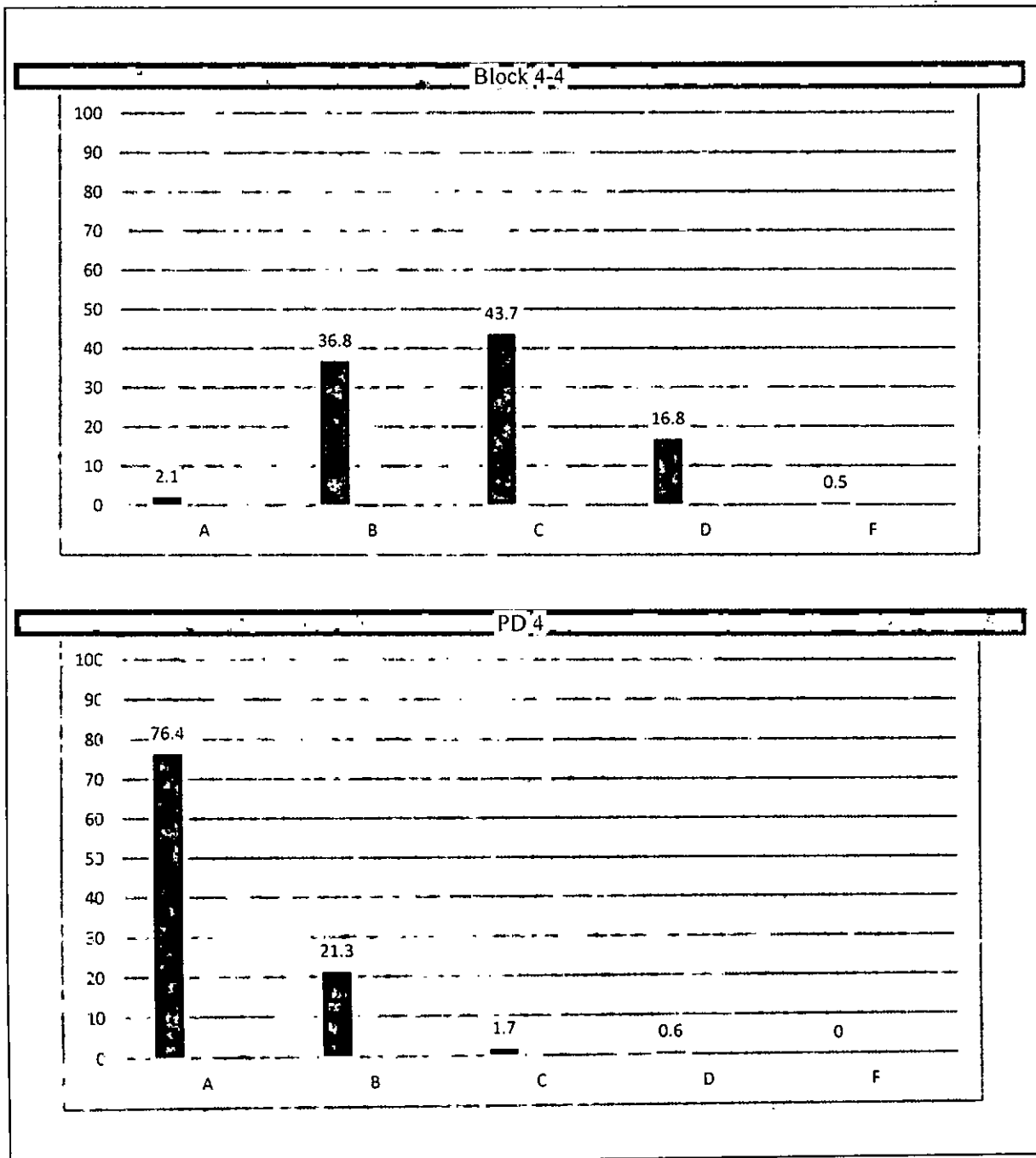
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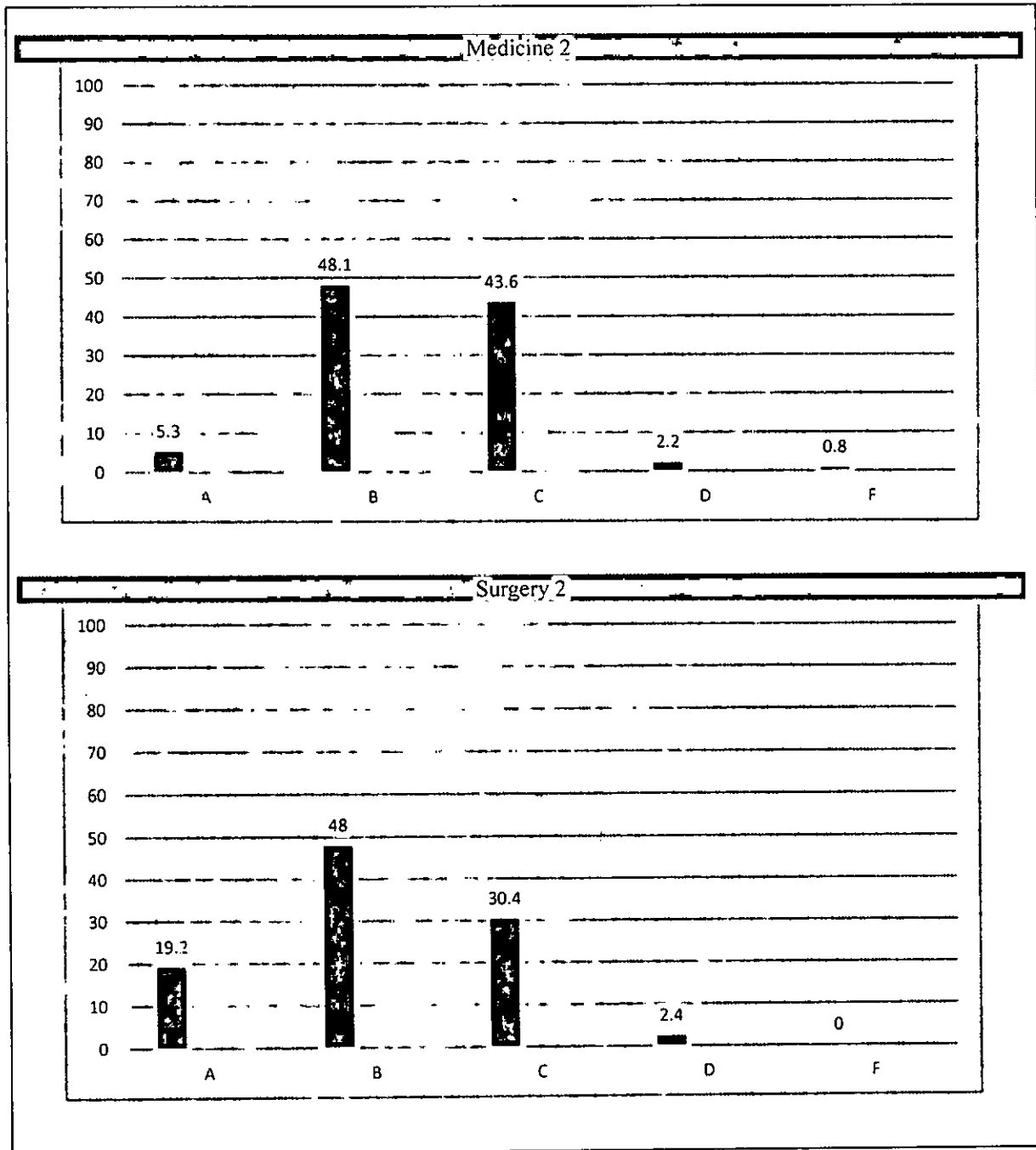


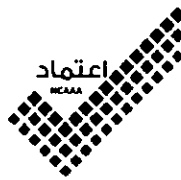
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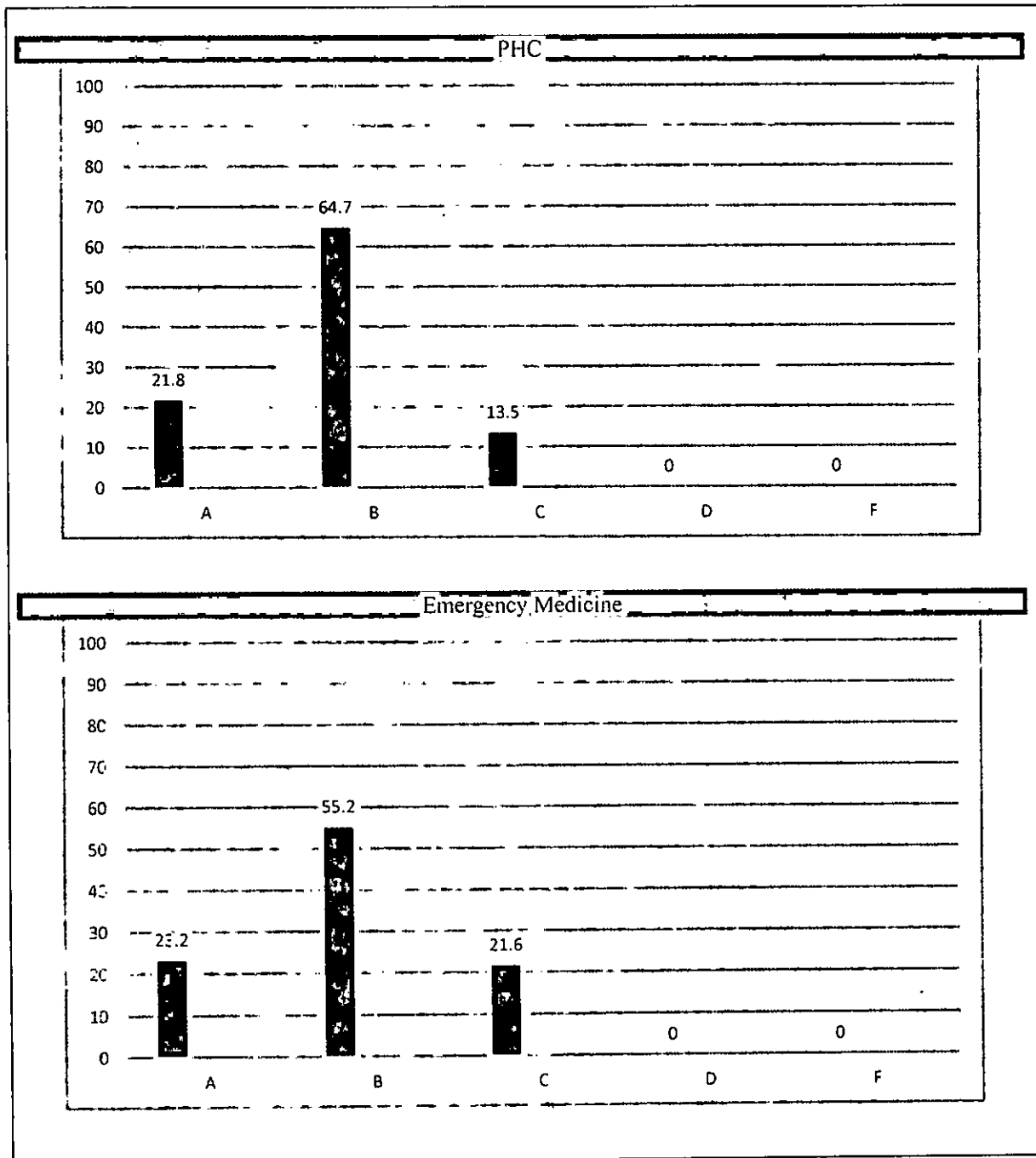


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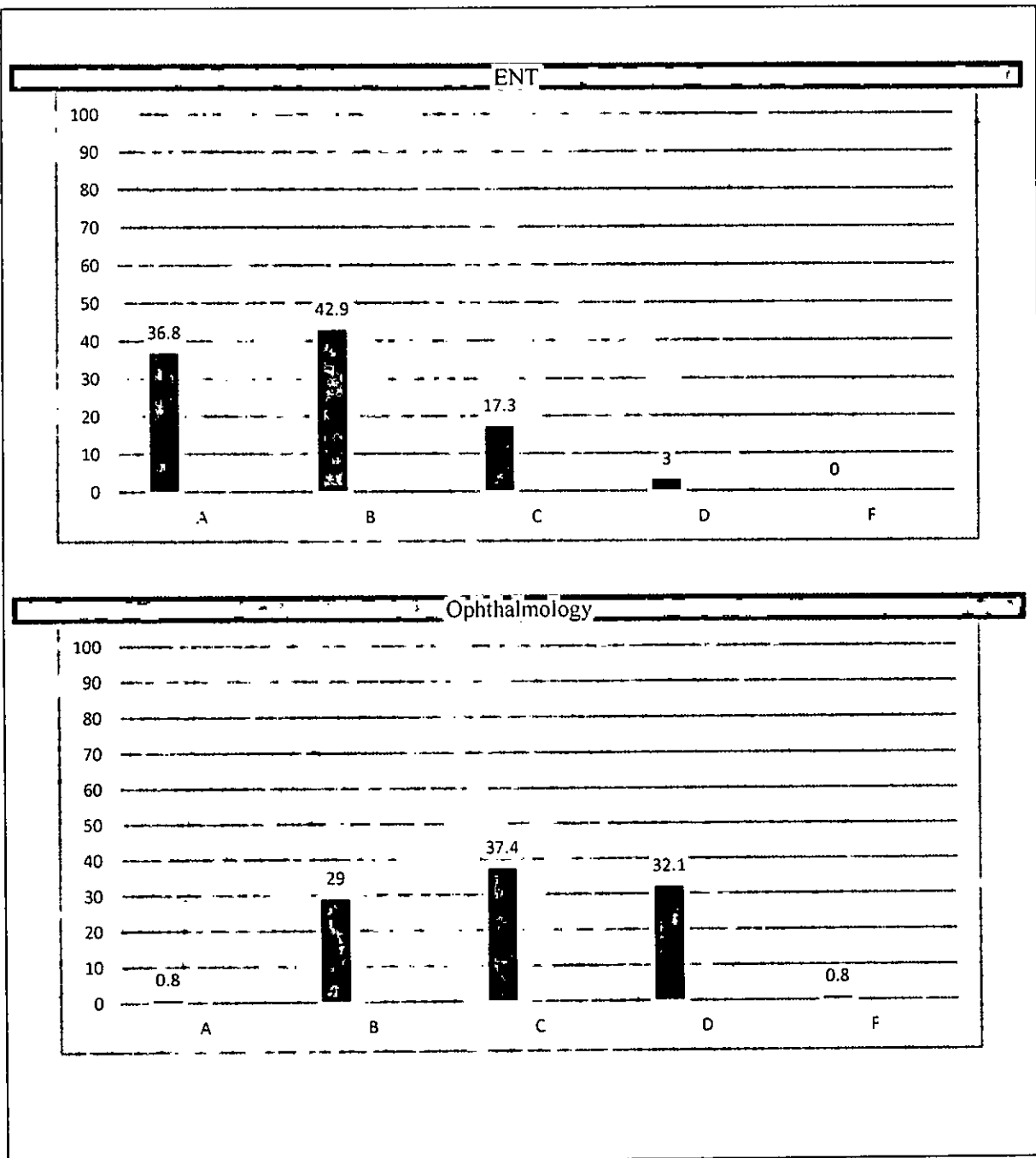


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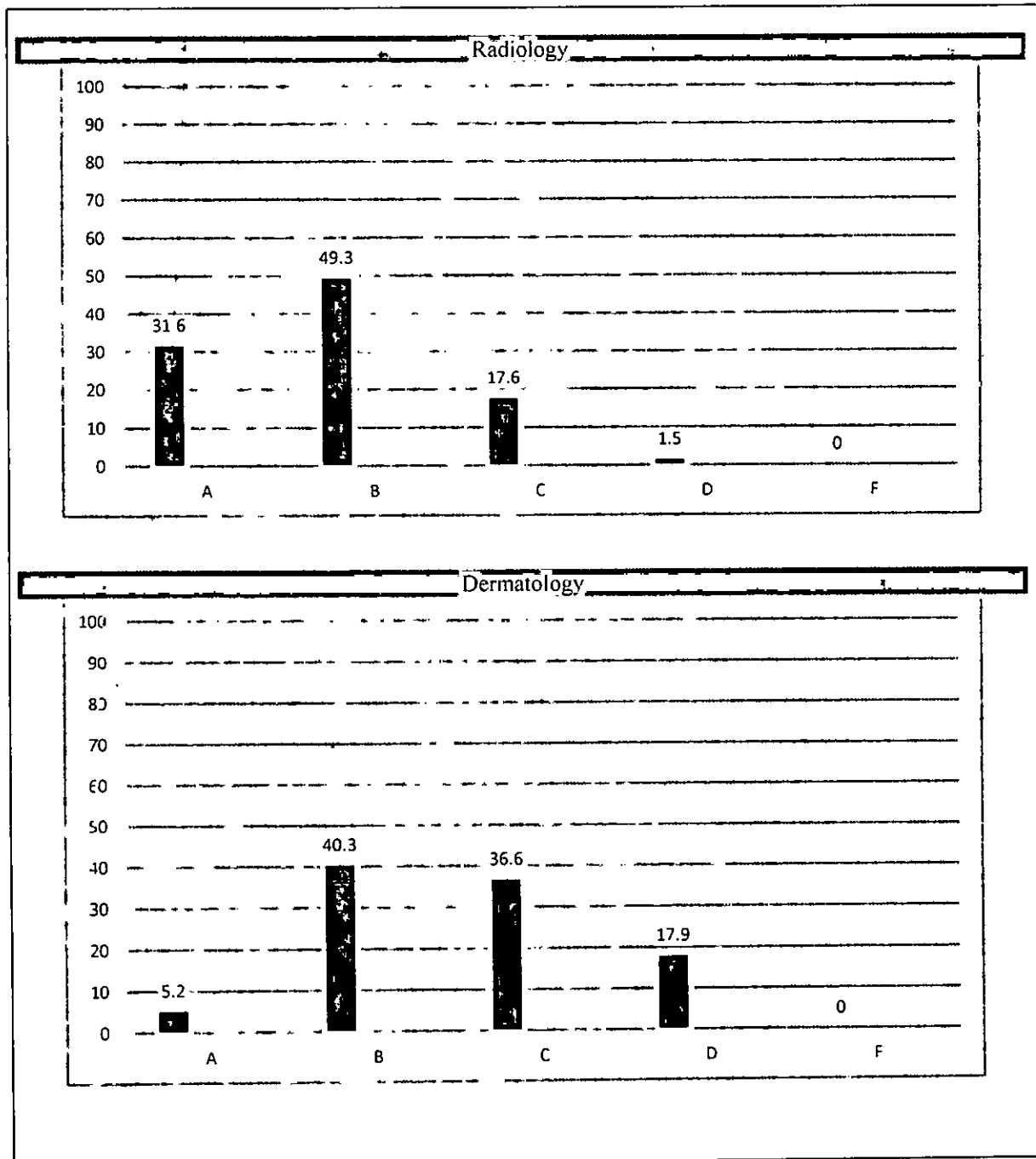


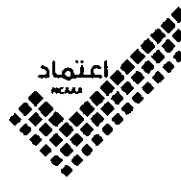
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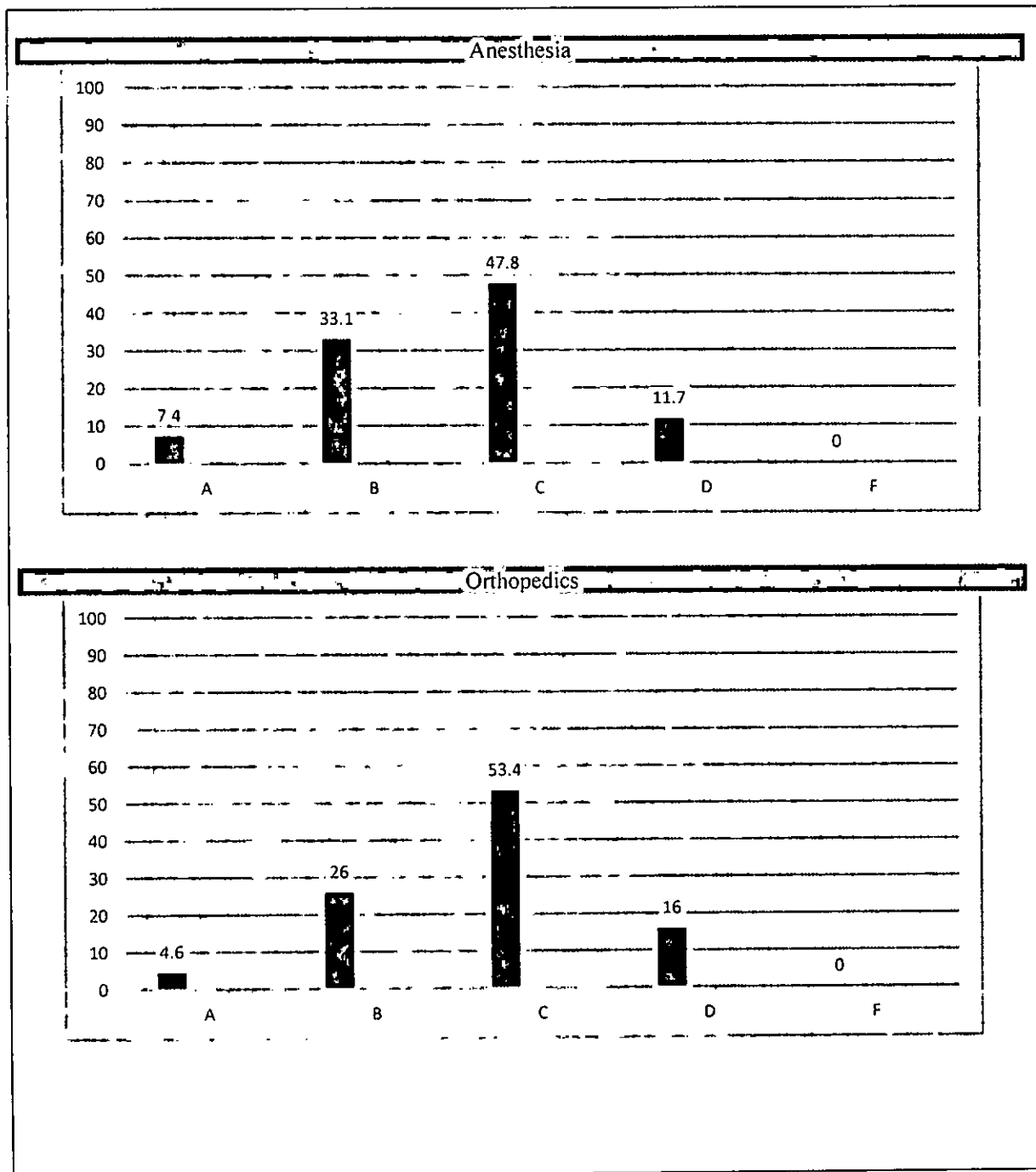


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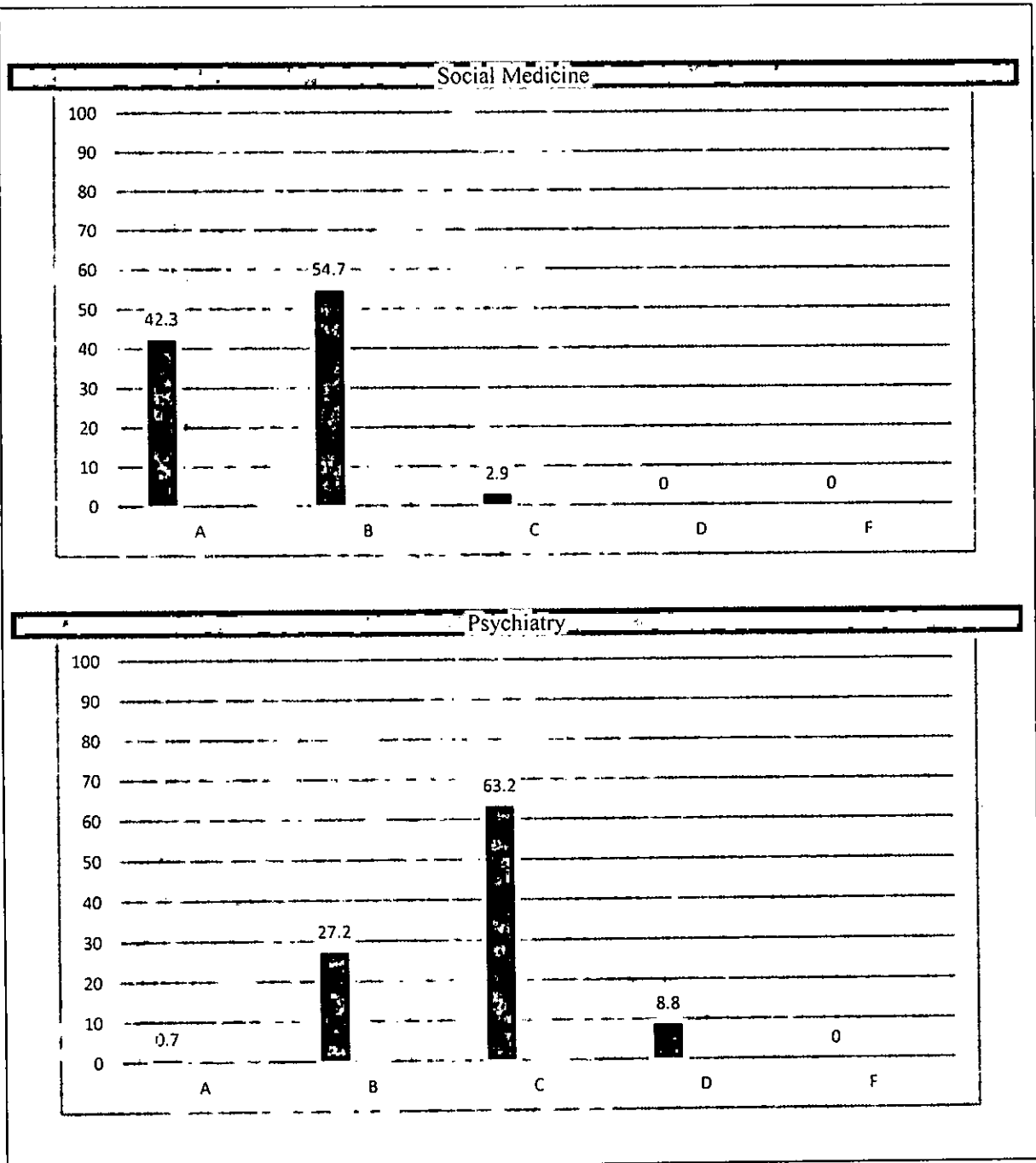


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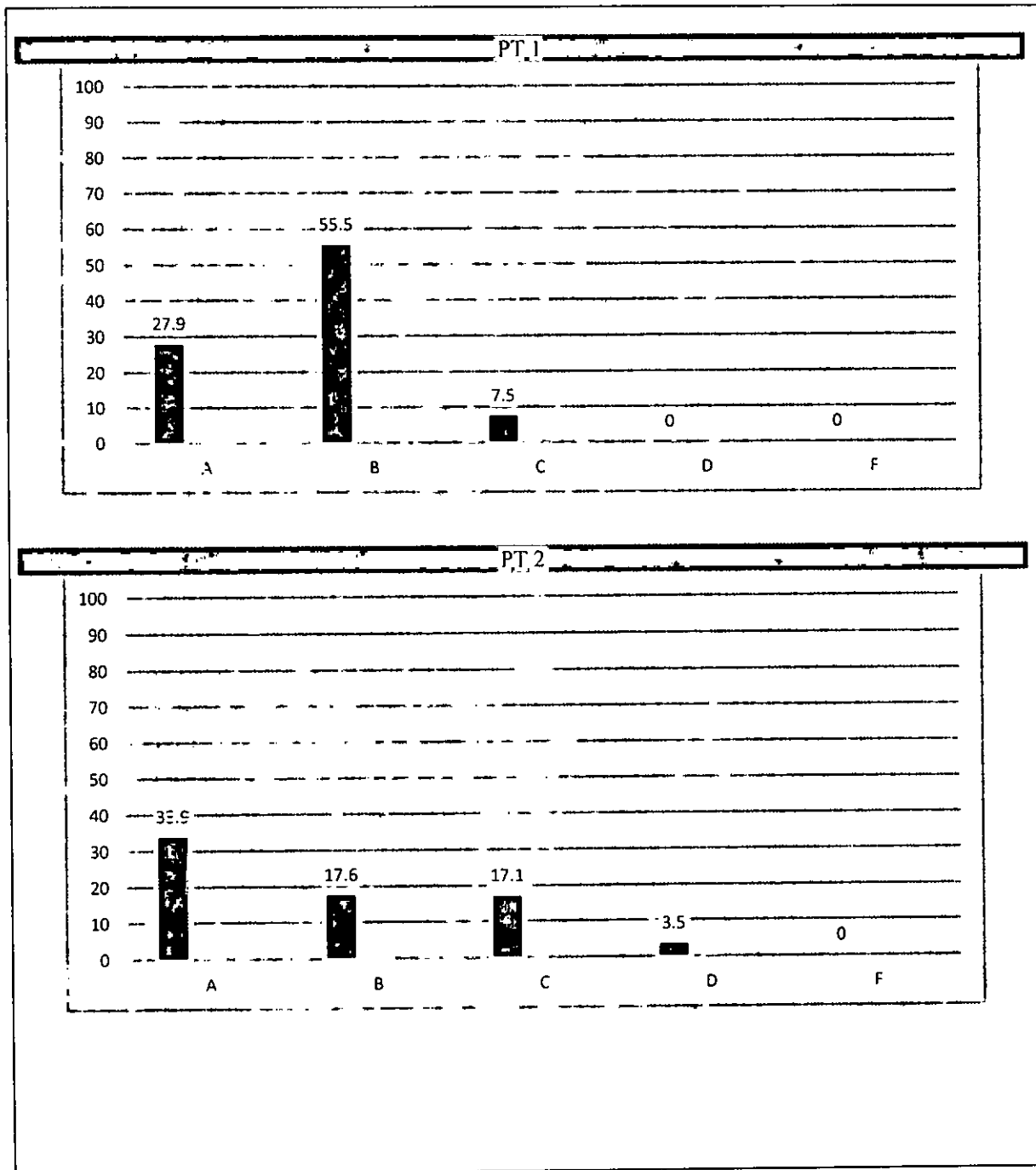


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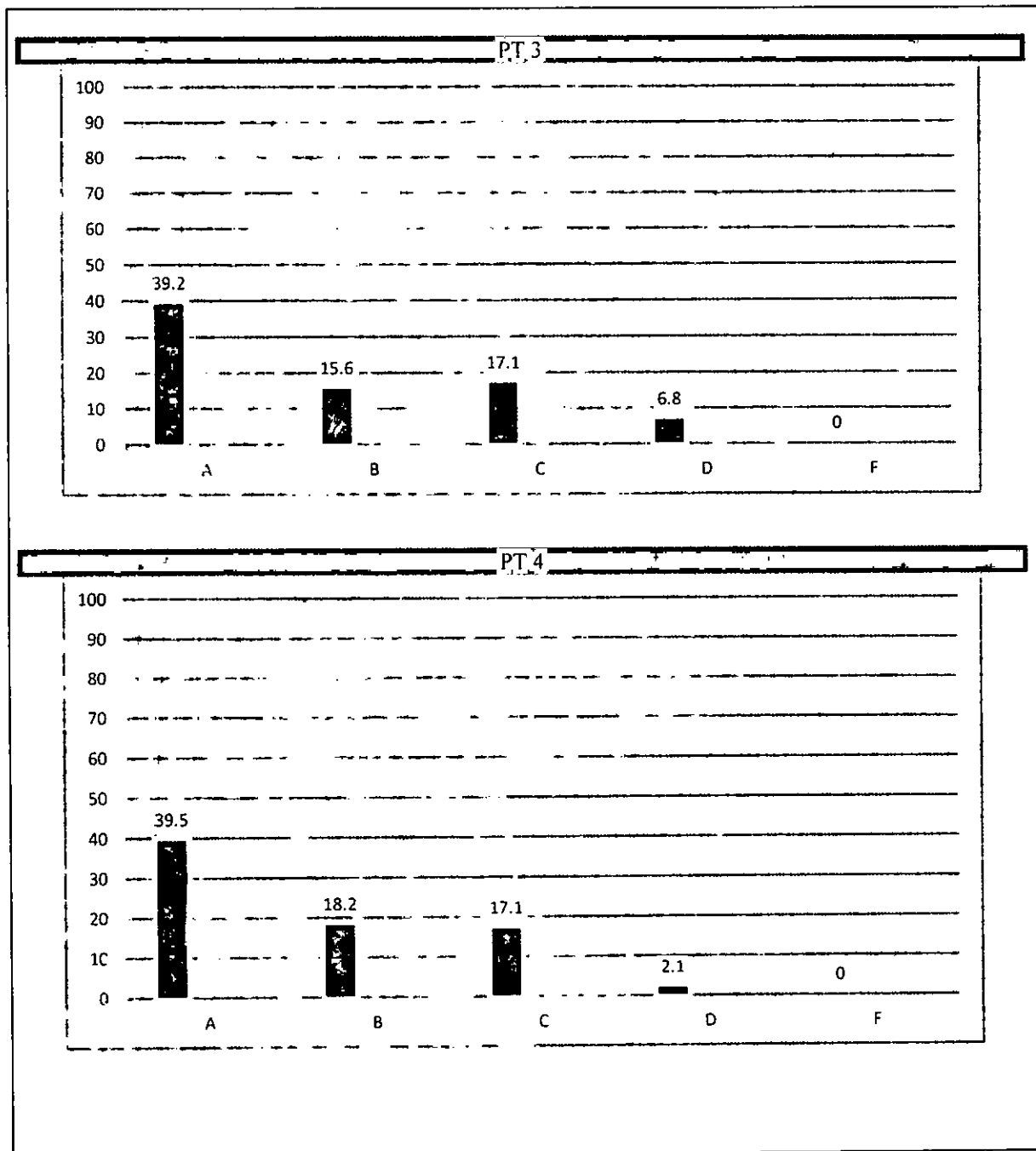
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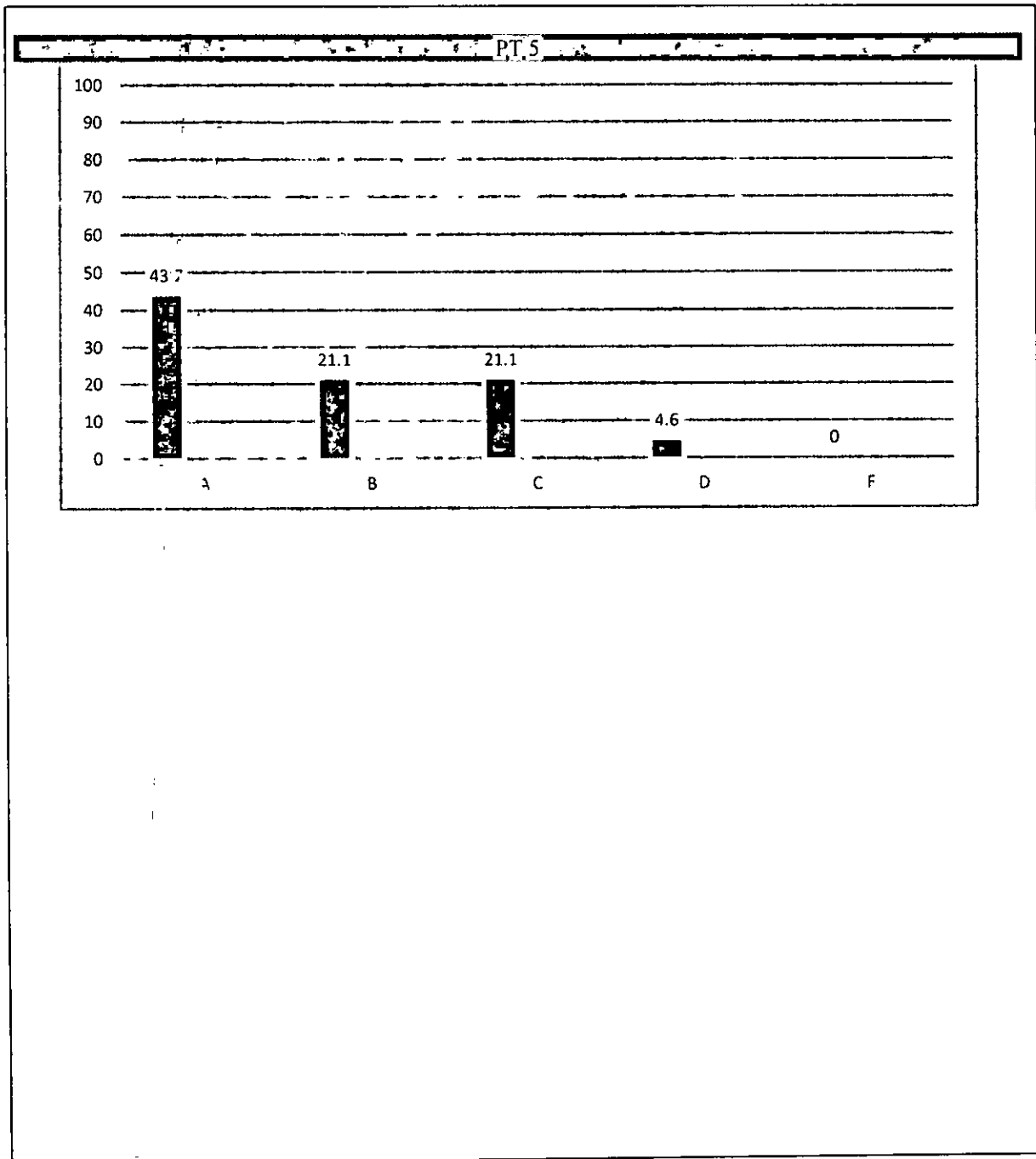


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Block	A%	B%	C%	D%	F%
1.1	18.8	45.9	31.8	0	3.4
1.2	18.2	41.7	30.2	0.3	9.5
1.3	34.2	45.1	14.8	0	5.9
1.4	43.1	40.3	12.4	1	3.1
PD 1	99.3	0.35	0	0	0.35
2.1	24.2	44.1	23.3	0.85	7.6
2.2	11.4	40.7	41.1	0.85	5.9
2.3	21.5	41.6	25.8	0	11.2
2.4	34.7	41	18.5	0.9	4.9
PD 2	96.6	2.8	0	0	0.5
3.1	27.3	53.7	16.6	0	2.4
3.2	30.5	50.5	17.4	0	1.6
3.3	20.8	52.2	25.6	0.5	0.9
3.4	17.2	40.9	35.3	2.8	3.7
PD 3	99	1	0	0	0
4.1	15.3	51.6	25.3	6.3	1.6
4.2	36.4	50	11.4	2.2	0
4.3	5.9	49.2	39.5	4.9	0.5
4.4	2.1	36.8	43.7	16.8	0.5
PD 4	76.4	21.3	1.7	0.6	0
Medicine 2	5.3	48.1	43.6	2.2	0.8
Surgery 2	19.2	48	30.4	2.4	0
PHC	21.8	64.7	13.5	0	0
Emergency	23.2	55.2	21.6	0	0
ENT	36.8	42.9	17.3	3	0
Ophthalmology	0.8	29	37.4	32.1	0.8
Radiology	31.6	49.3	17.6	1.5	0
Dermatology	5.2	40.3	36.6	17.9	0
Anesthesia	7.4	33.1	47.8	11.7	0
Orthopedics	4.6	26	53.4	16	0
Social Medicine	42.3	54.7	2.9	0	0
Psychiatry	0.7	27.2	63.2	8.8	0
PD 5	97	3	0	0	0
PT 1	27.9	55.5	7.5	0	0
PT 2	33.9	17.6	17.1	3.5	0
PT 3	39.2	15.6	17.1	6.8	0
PT 4	39.5	18.2	17.1	2.1	0
PT 5	43.7	21.1	21.1	4.6	0



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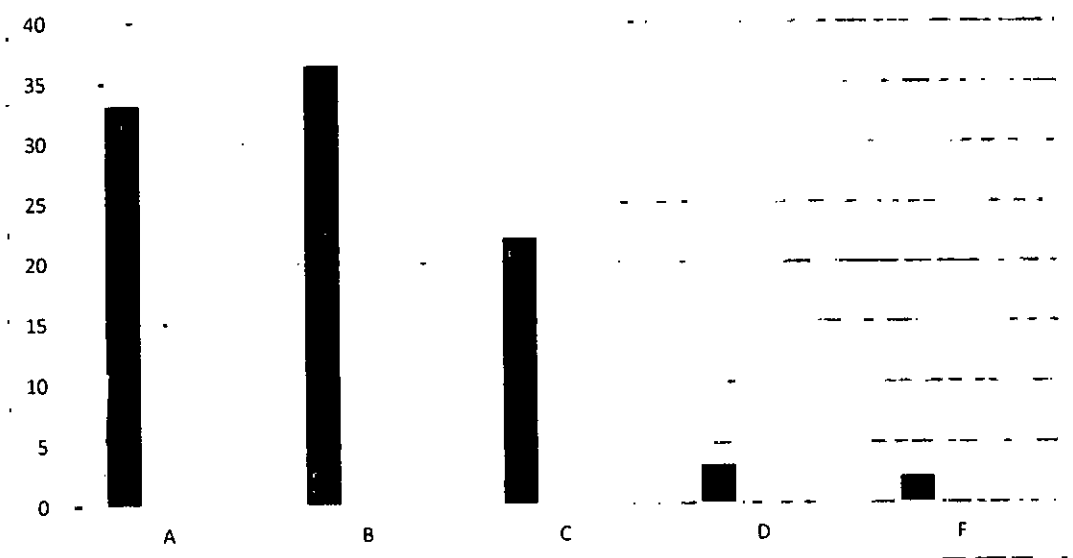
Summer courses:

Block	A%	B%	C%	D%	F%
3.3	0	12.5	75	12.5	0
3.4	0	0	100	0	0
Anesthesia	50	50	0	0	0
Medicine 2	0	14.3	85.7	0	0
Surgery 2	14.3	57.1	28.6	0	0
Radiology	50	50	0	0	0
Emergency Medicine	0	0	100	0	0
Orthopedics	50	50	0	0	0
PHC	14.3	71.4	14.3	0	0
Social Medicine	75	25	0	0	0

- For all blocks combined

A%	B%	C%	D%	F%
33.2	36.5	22.1	3.2	2.2

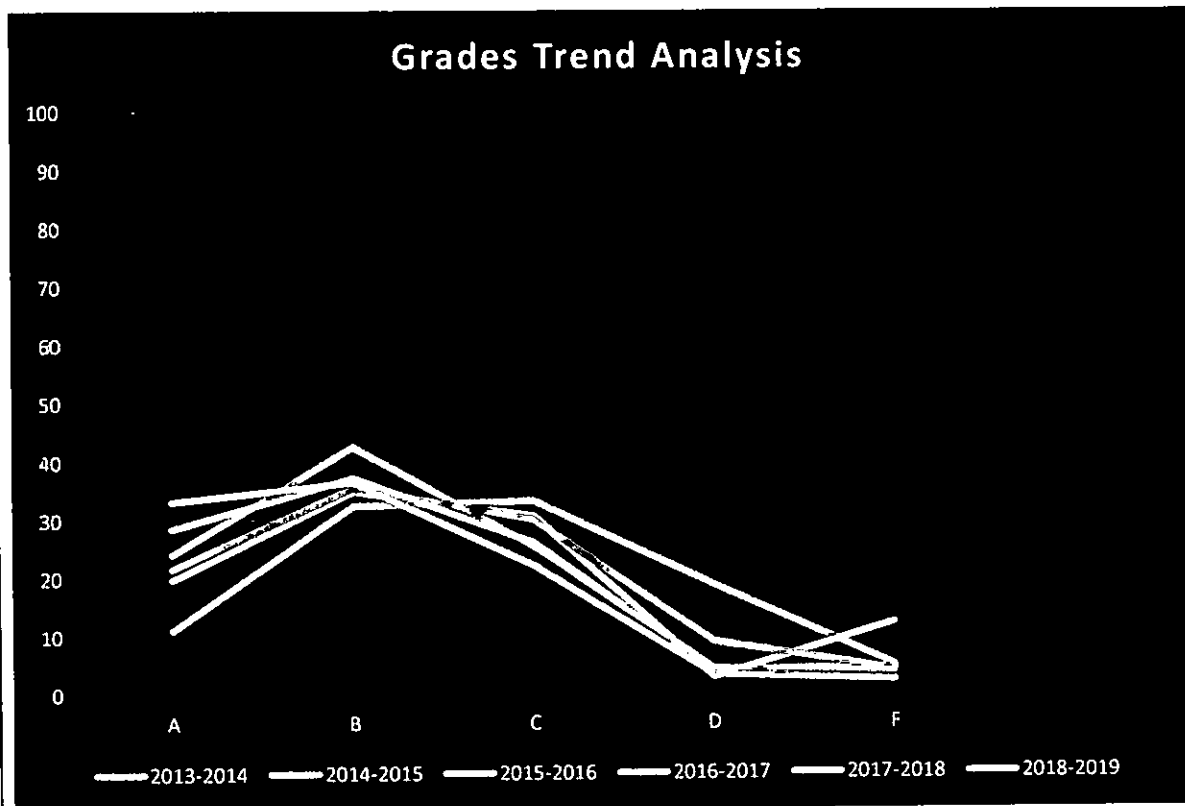
ALL BLOCKS





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



	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019
A	11	24.1	19.7	21.6	28.5	33.2
B	32.4	42.5	34.9	35.5	37.2	36.5
C	33.2	25.4	30.6	30	26	22.1
D	18.7	4.3	2.7	8.9	3.9	3.2
F	4.8	3.7	12.1	4	4.4	2.2



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2. Analysis of Significant Results or Variations (25% or more).	
List any courses where completion rates, grade distribution, or trends are significantly skewed, high or low results, or departed from policies on grades or assessments. For each course indicate what was done to investigate, the reason for the significant result, and what action has been taken.	
a. Course PD 1 – PD 5	Significant result or variation has high A grade result
Investigation undertaken Reason for significant result or variation Due to all these lines are mainly assessed over group discussion and assignments	
Action taken (if required) NONE NEEDED	
b. Course	Significant result or variation
Investigation undertaken  Reason for significant result or variation	
Action taken (if required)	



#### 4. Delivery of Planned Courses

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

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



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### E Program Management and Administration

List difficulties (if any) encountered in management of the program.	Impact of difficulties on the achievement of the program objectives.	Proposed action to avoid future difficulties in response.
Shortage in faculty in some specialties	Extra load to the faculty Large group of student per group	Recruit faculty in certain specialty that has shortage of faculty
Delay in completing the university teaching hospital	Affect the time and quality of clinical exposure for the student	Establish a clear policy with MOH for collaborate with MOH hospitals in the area  Benefiting from the Ministry of Health hospitals that are not operated to be operated by the university
The increase in the number of students and insufficient classrooms	No available large classrooms for large group classes	borrowing large halls from other colleges

### F. Summary Program Evaluation

1. Graduating Student Evaluations (surveys)	
Date of Surveys <input type="text"/>	Number of Participants <input type="text"/>
Attach survey reports.	
a. List most important recommendations for improvement, strengths and suggestions	Analysis (e.g. Assessment, action already taken, other considerations, strengths and recommendation for improvement.)
b. Changes proposed in the program (if any) in response to this analysis and feedback.	
2. Other Evaluation (e.g. Evaluations by employers or other stakeholders, external review)	
Describe evaluation process.	
Attach review/survey report.	





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a. List most important recommendations for improvement, strengths and suggestions for improvement.	(e.g. Analysis of recommendations for improvement: Are recommendations valid and what action will be taken, action already taken, or other considerations?)
b. Changes proposed in the program (if any) in response to this feedback.	
3. Ratings on Standards of Standard 4 by program faculty and teaching staff; 4.1 to 4.10.	



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Standard 4 Sub-Standards. Are the "Best Practices" followed; Yes or No? Provide a revised rating for each sub-standard. Indicate action proposed to improve performance (if any).			
Standard 4 Sub-Standards	Best Practices Followed (Y/N)	5 Star Rating	List priorities for improvement.
4.1 Student Learning Outcomes	Y	****	<ul style="list-style-type: none"> <li>Graduating student surveys, Alumni surveys planned to provide evidence about the appropriateness of intended learning outcomes and the extent to which they achieved.</li> </ul>
4.2 Program Development Processes	Y	***	<ul style="list-style-type: none"> <li>To enhance internal capacity for program development.</li> </ul>
4.3 Program Evaluation and Review Processes	Y	***	<ul style="list-style-type: none"> <li>Involvement of external stakeholders during conduction of program review with experienced teaching staff as external reviewers from other institutions.</li> </ul>
4.4 Student Assessment	Y	***	<ul style="list-style-type: none"> <li>Procedures to be updated to deal with situations where standards of student achievement are inadequate</li> </ul>
4.5 Educational Assistance for Students	Y	****	<ul style="list-style-type: none"> <li>Monitoring system of office hours of faculty.</li> </ul>
4.6 Quality of Teaching	Y	****	<ul style="list-style-type: none"> <li>Peer review for quality of teaching to be introduced.</li> <li>Faculty training in the areas identified by faculty through (Training needs analysis/ survey)</li> <li>Feedbacks from the graduates and other stakeholders</li> </ul>
4.7 Support for Improvements in Quality of Teaching	Y	****	<ul style="list-style-type: none"> <li>Electronic Staff Portfolios to be introduced.</li> <li>Faculty motivation plan at college level to be introduced.</li> </ul>



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<b>4.8 Qualifications and Experience of Teaching Staff</b>	Y	****	
<b>4.9 Field Experience Activities</b>	Y	***	<ul style="list-style-type: none"> <li>• Training of staff supervising internship Ensuring arrangement with MOH / other partners</li> <li>• Follow up meetings or classes should be organized in which students in the internship can reflect on their experience</li> </ul>
<b>4.10 Partnership Arrangements With Other Institutions</b>	Y	****	<ul style="list-style-type: none"> <li>• Review of arrangements with MoH, &amp; UoG after feedback from interns.</li> </ul>
Analysis of Sub-standards. List the strengths and recommendations for improvement of the program's self-evaluation of following best practices.			



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**G. Program Course Evaluation**

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

Course Title/Course Code	Student Evaluations		Other Evaluation (specify)	Action Planned	
	Yes	No		Yes	No
Block 1-1	YES			YES	
Block 1-2	YES			YES	
Block 1-3	YES			YES	
Block 1-4	YES			YES	
Block 2-1	YES			YES	
Block 2-2	YES			YES	
Block 2-3	YES			YES	
Block 2-4	YES			YES	
Block 3-1	YES			YES	
Block 3-2	YES			YES	
Block 3-3	YES			YES	
Block 3-4	YES			YES	
Block 4-1	YES			YES	
Block 4-2	YES			YES	
Block 4-3	YES			YES	
Block 4-4	YES			YES	
Internal Medicine 2	YES			YES	
Surgery 2	YES			YES	
Community health/PHC	YES			YES	
Emergency medicine/ GP	YES			YES	
Knowledge Development V	YES			YES	
ENT	YES			YES	
Ophthalmology	YES			YES	
Radiology	YES			YES	
Dermatology	YES			YES	
Anesthesia	YES			YES	
Orthopedics	YES			YES	
Social Medicine	YES			YES	
Psychiatry	YES			YES	
Professional development I	YES			YES	



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Professional development II	YES			YES	
Professional development III	YES			YES	
Professional development IV	YES			YES	
Professional development V	YES			YES	

(Add items or attach list if necessary)



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

Level	Course Code	Course Title	Number of Sections	Credit Hours	College or Department
Level 1 (Year 1)	1000101	Block 1.1 Fundamentals of Medicine	2	6	Biomedical science
	1000102	Block 1.2	2	6	Biomedical science
		Islamic Faith	2	2	
	1000105	Knowledge development 1	2	3	College of Medicine
	1000103	Block 1.3	2	6	Biomedical science
	1000104	Block 1.4	2	6	Neuroscience
		Islamic Faith (elective)	2	2	
Level 2 (Year 2)	1000106	Professional Development 1	2	5	FAMCO
	1000201	Block 2.1 Motion and senses	2	6	Neuroscience
	1000202	Block 2.2 Emotion and senses	2	6	Neuroscience
		Contemporary cultural issues	2	2	
	1000205	Knowledge development II	2	3	College of Medicine
	1000203	Block 2.3 Dysregulation and chronic diseases I	2	6	Internal medicine
	1000204	Block 2.4 Dysregulation and chronic diseases II	2	6	Internal medicine
Level 3 (Year 3)		Islamic Faith (elective)	2	2	
	1000206	Professional Development II	2	5	FAMCO
	1000301	Block 3.1 Oncology, Trauma-Orthopedics	2	6	Surgery department
	1000302	Block 3.2 Acute loss of function	2	6	Surgery department
	1000308-1000318	College elective I	2	3	
		Free elective I	2	1	
	1000305	Knowledge development III	2	1	College of Medicine
	1000303	Block 3.3 Life cycle I	2	6	OBE/GYN
	1000304	Block 3.4 Life cycle II	2	6	Pediatric
	1000306	Professional Development III	2	5	FAMCO
	1000319-1000329	College elective II	2	1	



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	1000307	Forensic Medicine	2	1	
Level 4 (Year 4)	1000401	Block/ Clerkship 4.1 Internal Medicine 1	2	6	Internal medicine
	1000402	Block/ Clerkship 4.2 Surgery 1	2	6	Surgery department
	1000405	Knowledge development VI	2	3	College of Medicine
	1000407- 1000416	College elective III	2	1	
	1000417- 1000426	College elective VI	2	1	
	1000403	Block/ Clerkship 4.3 Life cycle III	2	6	Pediatric
	1000404	Block/ Clerkship 4.4 Movement	2	6	Surgery department
	1000406	Professional Development IV	2	5	FAMCO
	1000427- 1000436	College elective V	2	1	
	1000400	Free elective I	2	1	
Level 5 (Year 5)	1000501	Internal Medicine 2	2	4	Internal medicine
	1000502	Surgery 2	2	4	Surgery
	1000503	Community health/PHC	2	4	FAMCO
	1000504	Emergency medicine/ GP	2	4	Surgery
	1000505	Knowledge Development V	2	3	College of Medicine
	1000507	ENT	2	1.5	Surgery
	1000508	Ophthalmology	2	1.5	Surgery
	1000509	Radiology	2	1.5	Surgery
	1000510	Dermatology	2	1.5	Internal medicine
	1000511	Anesthesia	2	1.5	Surgery
	1000512	Orthopedics	2	1.5	Surgery
	1000513	Social Medicine	2	1.5	FAMCO
	1000514	Psychiatry	2	1.5	Neuroscience
	1000506	Professional development V	2	5	FAMCO
Include additional levels if needed					







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		history of common surgical diseases – including but not limited to thyroid, breast GIT, acute & chronic abdominal and urinary disorders.			
	Orthopedics	Describe the etiologies, pathophysiology, clinical features, differential diagnosis, and related diagnostic testing and management of common orthopedic diseases (Which include Trauma, Sports, arthroplasty, Spine and Rheumatology)	<ul style="list-style-type: none"> <li>• Written examinations (Problem Solving)</li> <li>• Objective Structured Clinical Examination (OSCE)</li> <li>• Case Presentations</li> <li>• Interactive Seminar</li> </ul>	90%	100%



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K3	Explain different management for common clinical situations including common diagnostic tools, both the pharmacological and non-pharmacological therapies considering the different medical, social, psychological and cultural backgrounds	Medicine	Explain the management of common Internal Medicine disorders including common diagnostic tools and interpretation of the same and pharmacological and non-pharmacological therapies, considering the different medical, social, psychological and cultural backgrounds.	<ul style="list-style-type: none"> <li>• Written examinations (Problem Solving)</li> <li>• Objective Structured Clinical Examination (OSCE)</li> <li>• Case Presentations</li> <li>• Interactive Seminar</li> </ul>	90%	99.2%
		Surgery	Describe the etiologies, pathophysiology, clinical features, differential diagnosis, and related diagnostic testing and management of common infections in surgery and wound care including	<ul style="list-style-type: none"> <li>• Written examinations (Problem Solving)</li> <li>• Case Presentations</li> </ul>	90%	94.4



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			management of burns patients and plastic/reconstructive surgery			
K4	Outline the ethical principles of research, basic principles of scientific research methods, biomedical statistics and data management.	Primary Health Care	Studying the influence of psychosocial factors on illness frequency, care-seeking, and compliance with therapy	<ul style="list-style-type: none"><li>• Written examinations (Problem Solving)</li><li>• Objective Structured Clinical Examination (OSCE)</li><li>• Formative Assessment</li></ul>	90%	100
		Social Medicine	Outline the practical steps required to implement health education program tailored to the evolving health problems and health related behaviors.	<ul style="list-style-type: none"><li>• Written examinations (Problem Solving)</li><li>• Student Portfolio</li></ul>	90%	100
Skills						



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S1	Apply clinical reasoning, critical and analytical skills in discussing the patient's complaints, presenting the different possible solutions and therapies while considering the different medical, social, psychological and cultural backgrounds keeping in mind basic sciences knowledge.	Medicine	Apply clinical reasoning, critical and analytical skills in discussing the patient's complaints related to Internal Medicine diseases, presenting the different possible solutions and therapies while considering the different medical, social, psychological and cultural backgrounds keeping in mind basic sciences knowledge.	<ul style="list-style-type: none"> <li>• Written examinations (Problem Solving)</li> <li>• Objective Structured Clinical Examination (OSCE)</li> <li>• Case Presentations</li> <li>• Interactive Seminar</li> </ul>	90%	99.2%
		Medicine	Integrate and organize the historical, physical, and investigative findings into a meaningful differential diagnosis formulation in the context of	<ul style="list-style-type: none"> <li>• Written examinations (Problem Solving)</li> <li>• Objective Structured Clinical Examination (OSCE)</li> <li>• Case Presentations</li> </ul>	90%	82%



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			Internal Medicine disorders.	• Interactive Seminar		
		Surgery	Complete a patient's history and physical exam in a logical organized and thorough manner formulating a differential diagnosis based on the findings from the history and physical examination and apply differential diagnosis to help guide diagnostic test ordering and sequencing.	<ul style="list-style-type: none"> <li>• Final term Problem-solving questions</li> <li>• Student case presentations (formative), mini-CEX, short clinical case (real patients at bedside)</li> <li>• Clinical exam (OSCE)</li> <li>• Interactive seminar and CPC</li> <li>• Log book</li> </ul>	90%	94.4
		Orthopedics	Complete a patient's history and physical exam in a logical organized and thorough manner	<ul style="list-style-type: none"> <li>• Written examinations (Problem Solving)</li> <li>• Objective Structured Clinical Examination (OSCE)</li> <li>• Case</li> </ul>	90%	100%



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				Presentations • Interactive Seminar		
S2	Integrate and organize the historical, physical, and investigative findings into a meaningful differential diagnosis formulation, including identifying the most probable diagnosis in a patient.	Surgery	Evaluate and prioritize problems with which a patient presents, appropriately synthesizing these into logical clinical disorders Formulating an initial therapeutic plan and explain the extent to which the therapeutic plan is based on pathophysiologic reasoning and scientific evidence of effectiveness.	<ul style="list-style-type: none"> <li>• Final term Problem-solving questions</li> <li>• Student case presentations (formative), mini-CEX, short clinical case (real patients at bedside)</li> <li>• Clinical exam (OSCE)</li> <li>• Interactive seminar and CPC</li> <li>• Log book</li> </ul>	90%	94.4
		Orthopedics	Evaluate and prioritize problems with which a patient presents, appropriately synthesizing	<ul style="list-style-type: none"> <li>• Written examinations (Problem Solving)</li> <li>• Objective Structured Clinical Examination</li> </ul>	90%	100%



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			these into logical clinical syndromes.	(OSCE) • Case Presentations • Interactive Seminar		
53	Recognize the reflection methodology and demonstrate transparent and efficient reflective attitude in both academic and clinical situations	Orthopedics	Formulate a differential diagnosis based on the findings from the history and physical examination and apply differential diagnosis to help guide diagnostic test ordering and sequencing.	• Standardized oral examinations • OSCE	90%	100%
		Psychiatry	Design effective therapeutic and ongoing management of an individual patient in the context of psychological diseases	• Standardized oral examinations • OSCE	90%	100%
54	Design effective therapeutic and ongoing management of an individual patient and population at large besides	Medicine	Design effective therapeutic and ongoing management of an individual	• Written examinations • Standardized oral examinations • OSCE	90%	99.2%



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drafting of diagnosis and/or treatment plans with description of the different therapeutic modalities		patient in the context of Internal Medicine diseases			
	Orthopedics	Formulate an initial therapeutic plan (both surgical and non-surgical, whenever needed so) and explain the extent to which the therapeutic plan is based on pathophysiologic reasoning and scientific evidence of effectiveness.	<ul style="list-style-type: none"> <li>• Written examinations (Problem Solving)</li> <li>• Objective Structured Clinical Examination (OSCE)</li> <li>• Case Presentations</li> <li>• Interactive Seminar</li> </ul>	90%	100%
	Primary Health Care	Applying principles of clinical epidemiology and clinical decision making to common illnesses	<ul style="list-style-type: none"> <li>• Written examinations (Problem Solving)</li> <li>• Objective Structured Clinical Examination (OSCE)</li> <li>• Formative Assessment</li> </ul>	90%	100%





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S5	Apply epidemiological aspects in practice including practicing infection control at all levels and transfer patient safety guidelines to the practical level.	Orthopedics	Summarize basic diagnostic tools and select a plan of management for common orthopedic diseases. (Which include Trauma, Sports, arthroplasty, Spine and Rheumatology)	<ul style="list-style-type: none"> <li>• Written examinations (Problem Solving)</li> <li>• Objective Structured Clinical Examination (OSCE)</li> <li>• Case Presentations</li> <li>• Interactive Seminar</li> </ul>	90%	100%
S6	Elicit relevant information and perspectives from patients and their supporters, relatives, colleagues, and other professionals.	Surgery	Employ skills of consultation with other physicians and other health care professionals or patient relatives with team work spirit.	<ul style="list-style-type: none"> <li>• Direct observation and feedback during clinical sessions</li> <li>• Mini-CEX</li> <li>• OSCE</li> <li>• Log book</li> </ul>	90%	94.4
		Orthopedics	Recognize when additional information is needed to care for the patient and demonstrate ongoing commitment	<ul style="list-style-type: none"> <li>• Written examinations (Problem Solving)</li> <li>• Objective Structured Clinical Examination (OSCE)</li> <li>• Case</li> </ul>	90%	100%



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			to self-directed learning.	Presentations • Interactive Seminar		
		Dermatology	Integrate and organize the historical, physical, and investigative findings into a meaningful differential diagnosis formulation in the context of dermatologic disorders.	<ul style="list-style-type: none"> <li>Final term PS will test direct knowledge acquisition related to the objective</li> <li>Student case presentations (formative)</li> <li>Clinical exam (OSCE)</li> </ul>	90%	100
S7	Employ skills for both verbal and written communication that accurately convey relevant information and explanations to patients and their relatives considering different types of human behavior under different somatic, psychological and social conditions including conduction of bad news	Orthopedics	Demonstrate ability to answer clinical questions using evidence-based medicine.	<ul style="list-style-type: none"> <li>Written examinations (Problem Solving)</li> <li>Objective Structured Clinical Examination (OSCE)</li> <li>Case Presentations</li> <li>Interactive Seminar</li> </ul>	90%	100%
		Social Medicine	Demonstrate professionalism with respectable attitude at field training and marinating	• Student Portfolio	90%	100



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			data confidentiality all through along the ways of proper conduct and acceptable behaviors.			
S8	Communicate with colleagues, physicians, and other health professionals in a collaborative, responsive and responsible manner including writing clear and concise medical records.	Primary Health Care	Using appropriate consultation and referral	<ul style="list-style-type: none"> <li>• Written examinations (Problem Solving)</li> <li>• Objective Structured Clinical Examination (OSCE)</li> <li>• Formative Assessment</li> </ul>	90%	100%
		Social Medicine	Demonstrate effective communication with health team at the primary health care and delegate sources of appropriate knowledge and searching and maintaining key persons and contacts valuable for the field visits	<ul style="list-style-type: none"> <li>• Student Portfolio</li> </ul>	90%	100



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<p>S9</p> <p>Employ Information and communication technologies skills to acquire and apply information to manage self-directed learning and collaborative knowledge exchange with ability to facilitate the learning of others as part of professional responsibility</p>	Professional Development 4	Show responsibility and autonomy in carrying out training related assignments	<ul style="list-style-type: none"> <li>• Direct observation</li> <li>• Group dynamics</li> <li>• Assessment of the learning questions before the sessions and the reflection assignments after the session.</li> </ul>	90%	100%
	Professional Development 4	Employs skills for communicating information, negotiating, and taking charge; considering different human behaviors under various conditions (psychological and social conditions).	<ul style="list-style-type: none"> <li>• Direct observation</li> <li>• Group dynamics</li> <li>• Assessment of the learning questions before the sessions and the reflection assignments after the session.</li> </ul>	90%	100%
	Social Medicine	Demonstrate effective communication with health team at the primary health care and delegate sources of appropriate knowledge	<ul style="list-style-type: none"> <li>• Student Portfolio</li> </ul>	90%	100



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			and searching and maintaining key persons and contacts valuable for the field visits			
		Social Medicine	Effectively construct a teamwork working effectively to elicit and carry out a survey study with the starting point from creation of research questions and finalize with presentation of findings	• Student Portfolio	90%	100
<b>Competence</b>						
C1	Perform basic medical skills, a range of simple surgical and pharmacological therapies related to the different disciplines, including first aid and general management in both routine cases and emergencies.	Medicine	Perform basic medical skills and pharmacological therapies, including investigative procedures in both routine cases and in emergency settings related to Internal Medicine.	<ul style="list-style-type: none"> <li>• OSPE</li> <li>• Practical Workshop Assessment (PWA)</li> <li>• OSCE</li> </ul>	90%	99.2%



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		Surgery	Perform general and local examination of all relevant systems-general, abdominal, GIT, urinary in logical, organized and thorough manner.	<ul style="list-style-type: none"> <li>• Final term Problem-solving questions</li> <li>• Student case presentations (formative), mini-CEX, short clinical case (real patients at bedside)</li> <li>• Clinical exam (OSCE)</li> <li>• Interactive seminar and CPC</li> <li>• Log book</li> </ul>	90%	94.4
		Orthopedics	Demonstrate the competence of history taking in a logical manner for various musculoskeletal conditions and to reach to a differential diagnosis.	<ul style="list-style-type: none"> <li>• Written examinations (Problem Solving)</li> <li>• Objective Structured Clinical Examination (OSCE)</li> <li>• Case Presentations</li> <li>• Interactive Seminar</li> </ul>	90%	100%
	C2 Perform and document a complete and focused physical and mental examination	Medicine	Develop and implement a suitable plan of care for different Internal Medicine problems in a shared view with patients,	<ul style="list-style-type: none"> <li>• Written examinations (Problem Solving)</li> <li>• Objective Structured Clinical Examination (OSCE)</li> <li>• Case</li> </ul>	90%	99.2%



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	relatives and peers, including breaking bad news.	Presentations • Interactive Seminar		
Surgery	Develop and implement a suitable plan of care for different patient problems in a shared view with patients, relatives and peers.	<ul style="list-style-type: none"> <li>• Final term Problem-solving questions</li> <li>• Student case presentations (formative), mini-CEX, short clinical case (real patients at bedside)</li> <li>• Clinical exam (OSCE)</li> <li>• Interactive seminar and CPC</li> <li>• Log book</li> </ul>	90%	94.4
Orthopedics	Perform general examination in logical organized and thorough manner	<ul style="list-style-type: none"> <li>• Written examinations (Problem Solving)</li> <li>• Objective Structured Clinical Examination (OSCE)</li> <li>• Case Presentations</li> <li>• Interactive Seminar</li> </ul>	90%	100%
Psychiatry	Perform basic psychological skills like Mental state examination	<ul style="list-style-type: none"> <li>• Written examinations (Problem Solving)</li> <li>• Objective</li> </ul>	90%	100%



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			in both routine cases and in emergency settings related to psychiatry to come to a diagnosis.	Structured Clinical Examination (OSCE) • Logbooks and assignments		
C3	Develop and tailor the suitable plan of care for different patient problems in a shared view with patients, relatives and peers	Medicine	Apply the principles of teamwork dynamics, leadership processes, ethics, professional and legal standards to enable and support effective medical services and collaboration within an integrative health care environment.	• Objective Structured Clinical Examination (OSCE) • Case Presentations	90%	99.2%
		Surgery	Develop a plan for diagnosis and treatment	• Final term Problem-solving questions • Student case presentations (formative), mini-CEX, short clinical case (real patients at bedside) • Clinical exam	90%	94.4





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				(OSCE) • Interactive seminar and CPC		
		Orthopedics	Develop and implement a suitable plan of care for different musculoskeletal problems in a shared view with patients, relatives and peers, including breaking bad news.	• Written examinations (Problem Solving) • Objective Structured Clinical Examination (OSCE) • Case Presentations • Interactive Seminar	90%	100%
C4	Apply the principles of teamwork dynamics and leadership processes to enable and support effective health professional collaboration.	Orthopedics	Demonstrate use of interpersonal communication skills during history taking and examination of cases throughout the clinical training period	• Objective Structured Clinical Examination (OSCE) • Case Presentations • Logbook	90%	100%
		Primary Health Care	Use critical thinking skills, research skills and evidence-based	• Written examinations (Problem Solving) • Objective	90%	100%



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			practice to clinical nutrition services.	Structured Clinical Examination (OSCE) • Formative Assessment		
CS	Design, share and implement some steps in small-scale qualitative, practical or clinical scientific research project.	Orthopedics	Develop and implement a suitable plan of care for different musculoskeletal problems in a shared view with patients, relatives and peers, including breaking bad news.	• Objective Structured Clinical Examination (OSCE) • Case Presentations • Logbook	90%	100%
		Social Medicine	The students will demonstrate basic skills in accessing research materials from personal, print and electronic sources and provide structured and effective case presentations	• Student Portfolio	90%	100



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C6 Appropriately comply with ethical, Professional and legal aspects in dealing with patients medical problems and Colleagues.	Orthopedics	Show skills of consultation with other physicians and other health care professionals with teamwork spirit.	<ul style="list-style-type: none"> <li>• Objective Structured Clinical Examination (OSCE)</li> <li>• Case Presentations</li> <li>• Logbook</li> </ul>	90%	100%
	Dermatology	Apply the principles of teamwork dynamics, leadership processes, ethics, and professional standards to enable and support effective medical services and collaboration within an integrative health care environment in the context of a Dermatology out patient setting.	<ul style="list-style-type: none"> <li>• Final term PS will test direct knowledge acquisition related to the objective</li> <li>• Student case presentations (formative)</li> <li>• Clinical exam (OSCE)</li> </ul>	90%	100%

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

Provide "direct assessments" for the current year's program learning outcomes, according to the dates provided above (G.3). A *key performance indicator* (KPI) table is provided below. Each learning outcome



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should utilize a separate KPI table. Over the four (five/six) year cycle, all program learning outcomes are to be assessed and reported in the *Annual Program Report(s)*.

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

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

*KPI Assessment Table*

KPI Code # _____ Program KPI: _____	
Assessment Year _____ Program Learning Outcome: _____	
NQA Learning Domain	
KPI Target Benchmark	
KPI Actual Benchmark	
Last year's Benchmark (Internal Benchmarks)	
New Target Benchmark	
Analysis: (List strengths and recommendations)	

4. Orientation programs for new teaching staff

Orientation programs provided? Yes ☒ No ☐ If offered how many participated?

a. Brief Description

The Faculty Development Committee conducted an orientation session designed for all new faculty. The



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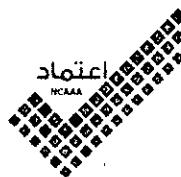
sessions had as its goal the enabling of new Faculty to understand the student-centered curriculum being presently implemented in the College of Medicine.

Time	Presenter/Facilitator	Activity
12.40 – 1.10 pm	Dr Gosai	Overview of our curriculum
1.10pm- 1.40 pm	Dr Feroze	Micro techniques for small groups
1.40- 2.40 pm	Dr Gosai/ Dr Feroze	Assessment
2.40- 3.30 pm	Medical education department/ PD line	Miscellaneous aspects PD line, mentor line Theme lectures/ patient lectures

b. List recommendations for improvement by teaching staff.

1. Detailed sessions for some aspects like assessment
2. Separate days for different aspects
3. Prepared booklet

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



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5. Professional Development Activities for Faculty, Teaching and Other Staff	How many Participated	
	Teaching Staff	Other Staff
a. Activities Provided		
b. Summary analysis on usefulness of activities based on participant's evaluations or other evaluation methods.		



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

1. Matters Raised by Evaluator Giving Opinion	Comments by Program Coordinator
2. Implications for Planning for the Program	

**Program KPI and Assessment Table**

S N	KPI Code #	Key Performance Indicator	KPI Target Benchmarks	KPI Actual Benchmark	KPI Internal Benchmarks	KPI External Benchmarks (UOG)	KPI Analysis	KPI New target Benchmarks
1	S1.1	Stakeholders awareness ratings of the Mission Statement and Objectives	100%	90%	90%	Not available	No change	100%
2	S3.1	Students overall evaluation on the quality of their learning experiences at the institution (Average rating of the overall quality of their program on a five point scale).	4	2.93	2.3	Not available	Improved	>3.5
3	S3.2	Proportion of courses in which student evaluations were conducted during the year.	100%	100%	87.5%	Not available	Achieved	100%
4	S4.1	Ratio of students to teaching staff. (Based on full time equivalents)	4:1	8:1	6:1	16:1	Decreased	6:1
5	S4.2	Students overall rating on the quality of their courses. (Average rating of students on a five points scale on overall evaluation of courses.)	5	3.69	3.46	>3.5	Improved	>3.5
6	S4.3	Proportion of teaching staff with verified doctoral qualifications.	90%	94.4%	129/147 87.8%	70%	Improved	90%
7	S4.4	Percentage of students entering programs who successfully complete first year.	80%	94%	88.9%	80%	Improved	90%
8	S4.5	Proportion of students entering undergraduate programs who complete those programs in minimum time.	80%	87%	68%	70%	Achieved	80%





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9	S4.7	Proportion of graduates from undergraduate programs who within six months of graduation are: (a) employed (b) enrolled in further study (c) not seeking employment or further study	100% Employed or enrolled in further study	Not available	Not available	90%	NA	NA
10	S5.1	Ratio of students to administrative staff	10:1	16.9:1	14.5:1	Not Yet available	Deceased	15:1
11	S5.3	Student evaluation of academic and career counselling. (Average rating on the adequacy of academic and career counselling on a five points scale).	5	3.14	Not available	>3.5	NA	>3.5
12	S6.1	Stakeholder evaluation of library and media center. (Average overall rating of the adequacy of the library & media center)	5	3.1	Not available	>3.5	NA	>3.5
13	S6.3	Stakeholder evaluation of the digital library. (Average overall rating of the adequacy of the digital library)	5	3.1	Not available	Not Yet available	NA	>3.5
14	S9.1	Proportion of teaching staff leaving the institution in the past year for reasons	5%	3%	15%	Not Yet available	Achieved	5%



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		other than age retirement.						
15	S9.2	Proportion of teaching staff participating in professional development activities during the past year.	80%	70%	68%	70%	Improved	75%
16	S11.1	Proportion of full time teaching and other staff actively engaged in community service activities.	80%	60%	40%	Not Yet available	Improved	80%
17	S11.2	Number of community education programs provided as a proportion of the number of departments.	12	9	6/12 50%	Not available	Improved	10

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

**KPI** refers to the key performance indicators the program used in its SSRP. This includes both the NCAAA suggested KPIs chosen and all additional KPIs determined by the program (including 50% of the NCAAA suggested KPIs and all others).

**Target Benchmark** refers to the anticipated or desired outcome (goal or aim) for each KPI.

**Actual Benchmark** refers to the actual outcome determined when the KPI is measured or calculated.

**Internal Benchmark** refers to comparable benchmarks (actual findings) from inside the program (like data results from previous years or data results from other departments within the same college).

**External Benchmark** refers to comparable benchmarks (actual findings) from similar programs that are outside the program (like from similar programs that are national or international).

**KPI Analysis** refers to a comparison and contrast of the benchmarks to determine strengths and recommendations for improvement.

**New Target Benchmark** refers to the establishment of a new anticipated or desired outcome for the KPI that is based on the KPI analysis.



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### Program Action Plan Table

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

No.	Recommendations	Actions	Assessment Mechanism or Criteria	Responsible Person	Start Date	Completion Date
1	Benchmarking with Imam Abdulrahman Bin Faisal University or King Abdulaziz University	Request the benchmarks to be our external benchmark and this requirement is crucial for us	Getting the benchmarks and use it during program evaluation.	Quality assurance committee / College Administration	8/2019	1/2020
2	Program accreditation	Reviewing the NCAAA quality standards and check for the strong and weak points. Collect our evidences of the strong points and to manage the weak points	Prepare all documents for accreditation	Quality assurance committee	12/2018	2/2020
3	Evaluate our graduate	Alumni surveys to check for employability Employers survey	High percentage of participation	Quality assurance committee	12/2018	10/2019
Action Plan Analysis (List the strengths and recommendations for improvement of the Program Action Plan).						



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### 3. Action Plan Progress Report

1. Progress on Implementation of Previous Year's Action Plans					
Actions Planned	Planned Completion Date	Person Responsible	Completed	If Not Complete, Give	
				Reasons	Proposed action
a. Benchmarking with Imam Abdulrahman Bin Faisal University or King Abdulaziz University	2/2019	Study plan committee	No	Still waiting for official approval	Follow up with administration
b. Curriculum revision plan.	5/2019	Curriculum committee / College Dean	Yes		
c. Ensure that students joining medical college successfully employed or join post-graduate studies	2/2019	Quality assurance committee/ Alumni office	Yes, but low participant		

Program Chair/ Coordinator Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date Report Completed: \_\_\_\_\_

Received by: Dr. Mohamed A. Hashan Dean/Department Head

Signature: \_\_\_\_\_ Date: \_\_\_\_\_