



# MANUAL OF POLICIES AND PROCEDURES FOR MBBS PROGRAM

**Quality and Accreditation Unit  
College of Medicine  
Shaqra University**

**March 2023**

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# INDEX

| <b>Contents</b>  | <b>Page no.</b> |
|--|-----------------|
| <b>University Vision, Mission, Goals and Values</b>          | <b>1</b>        |
| <b>College of Medicine Vision, Mission, Goals and Values</b> | <b>2</b>        |
| <b>Policies &amp; Procedures</b>                             | <b>3-5</b>      |
| <b>Policies Related to Quality Assurance</b>                 | <b>6-26</b>     |
| <b>Policies Related to Academic Program Management</b>       | <b>27-38</b>    |
| <b>Policies related to Conflict of Interest</b>              | <b>39-42</b>    |
| <b>Policies related to Students' Affairs</b>                 | <b>43-61</b>    |
| <b>Policies related to Assessment and Evaluation</b>         | <b>62-77</b>    |
| <b>Policies related to Community Services</b>                | <b>78-84</b>    |
| <b>Policies related to Research</b>                          | <b>85-102</b>   |
| <b>Policies related to Interns and Internship</b>            | <b>103-112</b>  |
| <b>Policies related to Teaching Staff and leaders</b>        | <b>113-122</b>  |
| <b>General polices related to Shaqra University Staff</b>    | <b>123-128</b>  |
| <b>Policies related to Partnerships</b>                      | <b>129-130</b>  |
| <b>Policies related to Graduates</b>                         | <b>131-132</b>  |

# **University Vision, Mission, Goals, and Values**

## **Vision:**

Contribute to achieving the goals of Saudi Vision 2030 in the education sector.

## **Mission:**

Seeking to implement initiatives with the various university authorities in line with the Kingdom's Vision 2030.

## **Goals:**

The Vision Realization Office at Shaqra University aims to educate the university's various sectors about the Kingdom's Vision 2030 and to collect and develop ambitious initiatives.

## **Values:**

1. Governance of institutional work
2. Continuing education
3. Teamwork and participation
4. Quality and excellence
5. Institutional loyalty

# College of Medicine Vision, Mission, Goals and Values

## **Vision:**

To be a unique medical college with excellence in medical education, scientific research, and community services.

## **Mission:**

Participation in health service enhancement for the community by providing remarkable educational and training programs. These programs aim to qualify physicians to be able to compete locally and internationally, and able to conduct distinguished scientific research in the medical fields with optimal investment of human and technical resources.

## **Goals:**

1. To provide unique academic program for the students and preparing distinguished physicians with high professional and research skills.
2. To create an effective environment for teaching, learning, and scientific research that assist in building knowledgeable community.
3. To attract and retain high quality faculty members.
4. To create effective partnership with highly reputed educational and research institutions, locally and internationally.
5. To increase the university involvement and the scientific research based on the community-related health issues.
6. To participate effectively in the community services.
7. To build a modern and smart healthcare infrastructure with increased capacity.
8. To continuously improve and reinforce the quality control system.

## **Values:**

1. Team spirit and leadership.
2. High standards of transparency and integrity.
3. Innovation, creativity, and adaptability
4. Commitment to community
5. Professionalism
6. Life-long learning ability
7. Partnership

# POLICIES AND PROCEDURES

College of Medicine in Shaqra University is governed by many policies categorized into 12 different domains as below:

1. Policies related to Quality Assurance
2. Policies related to Academic Program Management
3. Policies related to Conflict of Interest
4. Policies related to Students' Affairs
5. Policies related to Assessment and Evaluation
6. Policies related to Community Services
7. Policies related to Research.
8. Policies related to Interns and Internship
9. Policies related to Teaching Staff and Leaders
10. General Policies related to Shaqra University Staff
11. Policies related to Partnerships.
12. Policies related to Graduates.

These guidelines were adopted from policies and bylaws of Shaqra University. Several policies have been revised and written using a common template. The details of policies under each category are mentioned below:

| <b>Policy No.</b>                                      | <b>Document I.D.</b> | <b>Policy Title</b>  |
|--|----------------------|--|
| <b>Policies related to Quality Assurance</b>           |                      |  |
| <b>Policy 1</b>  | QA- 1                | Formulation and Compliance to Policies, Procedures & Job Descriptions. |
| <b>Policy 2</b>  | QA- 2                | Delivery of the Academic Program                                       |
| <b>Policy 3</b>  | QA- 3                | Assessment of the Academic Program                                     |
| <b>Policy 4</b>  | QA- 4                | Review of the Academic Program   |
| <b>Policy 5</b>  | QA- 5                | Course File Documentation Policy                                       |
| <b>Policy 6</b>  | QA- 6                | Internal Audit Policy for Course File                                  |
| <b>Policy 7</b>  | QA- 7                | Internal Peer Observation Policy                                       |
| <b>Policy 8</b>  | QA- 8                | Feedback Survey Policy   |
| <b>Policies related to Academic Program Management</b> |                      |  |
| <b>Policy 9</b>  | APM- 1               | Program Vision, Mission & Objectives                                   |
| <b>Policy 10</b>                                       | APM- 2               | Review of Program Vision, Mission, and Objectives                      |
| <b>Policy 11</b>                                       | APM- 3               | Academic Program Competences   |
| <b>Policy 12</b>                                       | APM- 4               | Program Leadership and Organization                                    |
| <b>Policy 13</b>                                       | APM- 5               | Program Management bodies  |
| <b>Policy 14</b>                                       | APM- 6               | Students Representation in Committees                                  |
| <b>Policy 15</b>                                       | APM- 7               | Program Administrative Structure                                       |
| <b>Policy 16</b>                                       | APM- 8               | Program Information System   |
| <b>Policy 17</b>                                       | APM- 9               | Financial and Infrastructure Supportive Resources                      |
| <b>Policies related to Conflict of Interest</b>        |                      |  |
| <b>Policy 18</b>                                       | COI- 1               | General Guidelines   |
| <b>Policy 19</b>                                       | COI- 2               | Conflict of Interest in Assessment                                     |
| <b>Policies related to Students' Affairs</b>           |                      |  |
| <b>Policy 20</b>                                       | STD- 1               | Admission to MBBS program and Orientation                              |
| <b>Policy 21</b>                                       | STD- 2               | Student Rights and Responsibilities Policy                             |
| <b>Policy 22</b>                                       | STD- 3               | Students' Code of Conduct  |
| <b>Policy 23</b>                                       | STD- 4               | Student's complain and grievance Issues                                |
| <b>Policy 24</b>                                       | STD- 5               | Student's Appeal for Academic Issues                                   |
| <b>Policy 25</b>                                       | STD- 6               | Student's Appeal for Final Course Grades                               |
| <b>Policy 26</b>                                       | STD- 7               | Supervision and Verification of Student's Work                         |
| <b>Policy 27</b>                                       | STD- 8               | Personal Tutoring Policy   |
| <b>Policy 28</b>                                       | STD- 9               | Academic Advising Policy   |
| <b>Policy 29</b>                                       | STD- 10              | Student Body By-laws   |
| <b>Policy 30</b>                                       | STD- 11              | Student Records Policy   |
| <b>Policies related to Assessment and Evaluation</b>   |                      |  |
| <b>Policy 31</b>                                       | AE- 1                | Formulation and Management of Assessment Policies                      |
| <b>Policy 32</b>                                       | AE- 2                | Quality Assurance of Assessment Process                                |
| <b>Policy 33</b>                                       | AE- 3                | Assessment Design  |
| <b>Policy 34</b>                                       | AE- 4                | Procedure for End of Block Examination                                 |
| <b>Policies related to Community Services</b>          |                      |  |
| <b>Policy 35</b>                                       | CS- 1                | Community Service Plan   |
| <b>Policy 36</b>                                       | CS- 2                | College - Community Interaction  |
| <b>Policy 37</b>                                       | CS- 3                | Quality Assurance of Community Service Activities                      |
| <b>Policy 38</b>                                       | CS- 4                | Faculty Participation in Community Services                            |
| <b>Policy 39</b>                                       | CS- 5                | Students' Participation in Community Services                          |

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| <b>Policies related to Research</b>                        |        |   |
| <b>Policy 40</b>   | RES- 1 | Unified Regulation of Scientific Research   |
| <b>Policy 41</b>   | RES- 2 | Student Research as a Partial Fulfilment of HIC 311 (year-2) & HIC 331 (year-3) Courses |
| <b>Policy 42</b>   | RES- 3 | Research Intellectual Property  |
| <b>Policy 43</b>   | RES- 4 | Research Ethics Policy  |
| <b>Policy 44</b>   | RES- 5 | Research Ethics on Living Creatures Policy  |
| <b>Policies related to Interns and Internship</b>          |        |   |
| <b>Policy 45</b>   | INT- 1 | Requirement to start Internship   |
| <b>Policy 46</b>   | INT- 2 | Rotation of Interns   |
| <b>Policy 47</b>   | INT- 3 | Roles and Responsibilities of Interns   |
| <b>Policy 48</b>   | INT- 4 | Maintenance of Confidentiality  |
| <b>Policy 49</b>   | INT- 5 | Reporting Unprofessional Behavior of an Intern  |
| <b>Policy 50</b>   | INT- 6 | Vacations   |
| <b>Policy 51</b>   | INT- 7 | Internship rotations for Outside applicants   |
| <b>Policy 52</b>   | INT- 8 | Issuance of Internship Certificate  |
| <b>Policy 53</b>   | INT- 9 | Application for Change of Schedule  |
| <b>Policies related to Teaching Staff and Leaders</b>      |        |   |
| <b>Policy 54</b>   | TSL-1  | Code of ethics policy   |
| <b>Policy 55</b>   | TSL-2  | Faculty recruitment policy and mechanism  |
| <b>Policy 56</b>   | TSL-3  | Faculty Development Plan  |
| <b>Policy 57</b>   | TSL-4  | New Faculty Orientation   |
| <b>Policy 58</b>   | TSL-5  | Self-Evaluation for Faculty   |
| <b>Policy 59</b>   | TSL-6  | Selection and Evaluation of Leaders   |
| <b>General Policies related to Shaqra University staff</b> |        |   |
| <b>Policy 60</b>   | SUS-1  | Internet Usage Policy for University 's Member  |
| <b>Policy 61</b>   | SUS-2  | Information Technology Policy   |
| <b>Policy 62</b>   | SUS-3  | Risk Management Framework   |
| <b>Policy 63</b>   | SUS-4  | Safety & Security Policy  |
| <b>Policies related to Partnership</b>                     |        |   |
| <b>Policy 64</b>   | P-1    | Monitoring and Evaluation of Effectiveness of Partnership                               |
| <b>Policies related to Graduates</b>                       |        |   |
| <b>Policy 65</b>   | G-1    | Professional Development of Graduates   |

## Policies Related to Quality Assurance

|                         |   |                            |
|-------------------------|---|----------------------------|
| <b>Policy 1</b>         | <b>Domain:</b> Quality Assurance.   |                            |
| <b>Doc. ID:</b><br>QA-1 | <b>Title:</b> Formulation of Policies, Procedures & Job Descriptions, and compliance.   |                            |
| <b>Document Status</b>  | <input checked="" type="checkbox"/> New <input type="checkbox"/> Modification; Old Document Ref. No.:   |                            |
| <b>Prepared by:</b>     | Prof. Jamal Arif<br><b>Position:</b> Coordinator of QAU   | <b>Date:</b><br>20/02/2023 |
| <b>Revised by</b>       | Dr Abdulrahman Alfaiz<br><b>Position:</b> Vice Dean.  | <b>Date:</b><br>09/03/2023 |
| <b>Approved by</b>      | Dr. Feras M. Almarshad<br><b>Position:</b> Dean, College of Medicine at Shaqra  | <b>Date:</b><br>12/03/2023 |
| <b>Notes</b>            | To be reviewed every five years.  |                            |
| <b>Policy 1</b>         | The program management of College of Medicine (COM) must implement, monitor, and activate an effective internal quality assurance system in consistency with the Shaqra University (SU) systems, policies, procedures, and regulations.<br>The Quality Assurance & Academic Accreditation Unit (QAU) is committed to standardize the program activities mainly policies, procedures, and job descriptions as per the standards of the quality assurance |                            |
| <b>Sub-Policy 1.1</b>   | The QAU formulates, reviews, and approves policies/procedures and job descriptions for academic and administrative staff as per the policies & procedures of SU which must be approved by the College Council.  |                            |
| <b>Sub-Policy 1.2</b>   | All departments, units, clinics/hospitals, and administrative offices must abide by the approved policies and procedures and job descriptions.  |                            |
| <b>Sub-Policy 1.3</b>   | The approved policies, procedures and job descriptions must be reviewed, updated, and approved every five years.  |                            |
| <b>Sub-Policy 1.4</b>   | The MBBS program in the COM is committed to the SU policies and procedures in the design, development, and modification of the curriculum to ensure the appropriateness and availability of learning resources and satisfactory services for supporting the student learning.   |                            |
| <b>Purpose</b>          | To define and standardize the processes and procedures essential for: <ol style="list-style-type: none"> <li>1. Formulation and compliance to the College Council approved policies and procedures.</li> <li>2. Formulation and compliance to the College Council approved job descriptions.</li> <li>3. Regular review, update and approval of policies, procedures, and job descriptions by the College Council.</li> </ol>                           |                            |



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| <b>Scope</b>            | <ol style="list-style-type: none"> <li>1. Vice Deans, Head of the Departments (HOD), Faculty, and administrative units.</li> <li>2. Quality Assurance and Academic Accreditation Unit (QAU).</li> <li>3. College Council.</li> </ol>   |
| <b>Responsibilities</b> | All parties mentioned in the scope are responsible for compliance.   |
| <b>Definitions</b>      | <ol style="list-style-type: none"> <li>1. <b>Policy:</b> It is defined as a statement to guide decision-making based on the university's, strategic goals, and management rules.</li> <li>2. <b>Procedure:</b> A kind of "documented process" comprising of systematic steps to be followed in a specific order to ensure compliance to the policy.</li> <li>3. <b>Performance Indicators (PIs):</b> Specific information which can be measured to prove the quality of the activities or tasks.</li> <li>4. <b>Activity/Task:</b> An activity is an action representing a step in the procedure while a task is a detailed description of an activity. They describe the working instructions to accomplish the process.</li> <li>5. <b>Forms:</b> These are documented information to get records, surveys, checklist etc.</li> <li>6. <b>Records:</b> Records are documents representing the output of any procedure.</li> </ol>  |
| <b>Procedure</b>        | <ol style="list-style-type: none"> <li>1. <b>Quality Assurance &amp; Academic Accreditation Unit.</b> <ol style="list-style-type: none"> <li>1.1. Formulate the policies and procedures related to the activities for various sectors according to the regulations and template of policy (QA-01-F01).</li> <li>1.2. Formulate the job descriptions related to various activities of different sectors according to the regulations and template of policy (QA-01-F02).</li> <li>1.3. Sends the drafts of their policies and procedures &amp; job descriptions to the QAU for revision, and processing to the next steps till final approval.</li> <li>1.4. Monitors compliance to the approved policies and procedures.</li> </ol> </li> <li>2. <b>Vice Dean.</b> <ol style="list-style-type: none"> <li>2.1. Revise and approve the final draft of the policies and procedures and job descriptions with the QAU and other Vice Deans.</li> <li>2.2. Ensures the policies and procedures and job descriptions are communicated to the concerned parties.</li> </ol> </li> <li>3. <b>College Council.</b> <ol style="list-style-type: none"> <li>3.1. Approves the policies and procedures and job descriptions.</li> </ol> </li> </ol> |
| <b>PIs</b>              | <ol style="list-style-type: none"> <li>1. Records of policies and procedures and job descriptions with approval at each step with signatures.</li> <li>2. Publication of policies and procedures and job descriptions to the concerned party.</li> </ol>   |
| <b>Templates</b>        | <ol style="list-style-type: none"> <li>1. QA-01-F01: Policy and Procedures.</li> <li>2. QA-01-F02: Job Description.</li> </ol>   |
| <b>References</b>       | 1. NCAAA Standards for Program Accreditation, 2018 edition, S2, S3-2-1, S4-0-4, S5-0-1 & S6-0-1.   |

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| <b>Policy 2</b>         | <b>Domain:</b> Quality Assurance.   |                            |
| <b>Doc. ID:</b><br>QA-2 | <b>Title:</b> Delivery of the Academic Program  |                            |
| <b>Document Status</b>  | <input checked="" type="checkbox"/> New <input type="checkbox"/> Modification; Old Document Ref. No.:   |                            |
| <b>Prepared by</b>      | Prof. Jamal Arif<br><b>Position:</b> Coordinator of QAU.  | <b>Date:</b><br>20/02/2023 |
| <b>Revised by</b>       | Dr Abdulrahman Alfaiz<br><b>Position:</b> Vice Dean.  | <b>Date:</b><br>09/03/2023 |
| <b>Approved by</b>      | Dr Feras M. Almaeshad<br><b>Position:</b> Dean, College of Medicine at Shaqra   | <b>Date:</b><br>12/03/2023 |
| <b>Notes</b>            | None.   |                            |
| <b>Policy 2</b>         | The program leadership must plan, implement, monitor, and internally activate a quality assurance system (QAS) that implement effective procedures to achieve target of program performance with integrity, transparency, and fairness. The QAS further monitors students' progress and verifies their eligibility for obtaining the MBBS degree. |                            |
| <b>Sub-Policy 2.1</b>   | At the beginning of each block/course, students are provided orientation with comprehensive information about the block/course, course learning outcomes, teaching and learning strategies/methods, assessment methods and important dates, along with what is expected from them during the study of the block/course.                           |                            |
| <b>Sub-Policy 2.2</b>   | Teaching staff implements the teaching and learning strategies as well as assessment methods which must be monitored for alignment with the intended learning outcomes at the course and program levels.  |                            |
| <b>Sub-Policy 2.3</b>   | The program through the block/course coordinator monitors the commitment of the teaching staff to the teaching and learning strategies and assessment methods defined in the course booklet, the program and course specifications through specific procedures.   |                            |
| <b>Sub-Policy 2.4</b>   | The block/course coordinator through the instructors and academic advisors implements effective mechanisms to ensure the regularity and punctuality of students' attendance and their active participation in the course and field experience activities.   |                            |
| <b>Purpose</b>          | To design and develop mechanisms and procedures for effective delivery of the courses to the students.  |                            |
| <b>Scope</b>            | <ol style="list-style-type: none"> <li>1. Basic &amp; Clinical Departments.</li> <li>2. Curriculum Committees.</li> <li>3. Teaching Staff.</li> <li>4. Students.</li> <li>5. Medical Education Department (MED).</li> <li>6. Assessment Unit (AU).</li> <li>7. Quality Assurance &amp; Academic Accreditation Unit (QAU).</li> </ol>              |                            |

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| <b>Responsibilities</b> | <ol style="list-style-type: none"> <li>1. Coordinator of the block/course</li> <li>2. Participating faculty members in course delivery.</li> <li>3. Block/course committee</li> <li>4. Departmental Head.</li> <li>5. Head/representative of the MED, AU &amp; QAU.</li> <li>6. Academic advisors</li> <li>7. Representative of the students.</li> </ol>  |
| <b>Definitions</b>      | None.   |
| <b>Procedure</b>        | <p><b>1 Four weeks before the start of the block/course, the coordinator should:</b></p> <ol style="list-style-type: none"> <li>1.1 Procure the previous year's timetable and timetable template from the timetable coordinator.</li> <li>1.2 Procure other related forms/templates from QAU.</li> <li>1.3 Contact the HoDs/representatives of the sharing departments or Subject coordinators to provide the teaching staff with the assigned load and record it on the meeting minute form.</li> <li>1.4 Make a list of the teaching team with their university emails and mobile numbers.</li> <li>1.5 To constitute the block/course committee from the list of the participant teachers.</li> <li>1.6 Calculate the contact hours of your block/course as per the approved document.</li> <li>1.7 Coordinator shall revise the previous year's timetable ensuring to be on the prescribed template and send to the timetable coordinator to ensure for any clashes.</li> <li>1.8 The revised timetable shall be reviewed by the coordinator and send back to the timetable coordinator for approval from HoD and the Vice Dean for Academic Affairs.</li> <li>1.9 The approved timetable shall be sent by the HoD to the coordinator in the same week.</li> <li>1.10 Course booklet should have the content aligned with the course learning outcomes (CLOs).</li> <li>1.11 To provide the main documents (course specification, course booklet, timetable, assessment plan) through their official emails.</li> </ol> <p><b>2 Three weeks before the start of the course, the coordinator should:</b></p> <ol style="list-style-type: none"> <li>2.1 Call for the first meeting of the block/course committee members and/or MED representative.</li> <li>2.2 During the meeting, the members should review the CLOs, teaching strategies and methods, adjust timetable (if required), and review the assessment plan (assessment methods, marks distribution, etc.).</li> <li>2.3 Revise and get approval from the members.</li> <li>2.4 The coordinator must record the meeting minutes on the form</li> </ol> <p><b>3 One week before the start of the course, the coordinator/dept. head should:</b></p> <ol style="list-style-type: none"> <li>3.1 E-Learning Unit (ELU) shall download the registered student list from the university site and send to the coordinator.</li> <li>3.2 ELU shall also register the course on the LMS along with the teaching faculty access.</li> <li>3.3 Coordinator will establish communication with the students' leader.</li> <li>3.4 Upload all the documents to the LMS.</li> </ol> <p><b>4 During teaching of the course, the following acts should be done:</b></p> <ol style="list-style-type: none"> <li>4.1 The coordinator shall deliver the orientation lecture to the students.</li> <li>4.2 The coordinator shall also ensure that the lectures must be uploaded 48 hr before the scheduled lecture in the timetable.</li> <li>4.3 All the instructors must prepare the lecture on the approved format with maximum 30 slides per lecture.</li> <li>4.4 Each instructor delivers his assigned lectures on time. In the event of an emergency, he must inform the concerned HoD and coordinator to assign another lecturer, and to</li> </ol> |

modify the course timetable, if necessary (only minor changes within 1-2 days) through the timetable coordinator.

- 4.5 Major timetable changes (if needed) should be approved by the HoD and the Vice Dean of Academic Affairs.
- 4.6 Each instructor shall record the students' absence on the prescribed attendance form and sends it to the course coordinator within 24 hr of the schedule lecture delivery.
- 4.7 The coordinator compiles the overall students' absence received from each instructor every Thursday using the prescribed form. Accordingly, he immediately informs the Academic Counselling Unit (ACU) head which in turns send it to the concerned assigned academic advisor for that student who exceed the absence rate of 15%.
- 4.8 The academic advisor will send the warning letter-1 (15% absenteeism rate) on the prescribed format.
- 4.9 The academic advisor will again send to the student a warning letter-2 if the absenteeism rate exceeds 25% using the approved format.
- 4.10 The concerned student can apply to the excuse committee with the excuse and following acceptance from the excuse committee, department, and college councils, he/she will be allowed to enter the exam.
- 4.11 If his absenteeism rate exceeds 50%, he can not be permitted even with the excuse.

**5 Around the middle of course delivery, the coordinator should:**

- 5.1 Invite the block/course committee members via email with the agenda for a meeting.
- 5.2 Use the prescribed meeting minute form to record the minutes including reviewing effectiveness of teaching strategies and assessment activities.
- 5.3 The coordinator should convene 1-2 meetings depending on the duration of the course.
- 5.4 The coordinator should also convene a meeting with the students for feedback on the teaching, learning and assessment. Record the meeting minutes on the prescribed form.
- 5.5 For mid-block exam, the coordinator should receive the questions aligned with the CLOs, difficulty index and model answers along with the blueprint on the prescribed format at least 1 or 2 weeks before the scheduled exam, depending on the course duration.
- 5.6 The coordinator compiles the questions and send to the AEU for review and finalization of the question papers.
- 5.7 The AU must compile the list of the invigilators for the mid-block, End of Block (EOB) and any other exam on the prescribed format and get the signature by the concerned personnel.

**6 One week before the exam, the coordinator should:**

- 6.1 Receive the questions aligned with the CLOs, difficulty index and model answers along with the blueprint on the prescribed format for EOB exam, compile them and subsequently submit along with the blueprint, to the AU for review and finalization of the question papers.
- 6.2 Ensure that the students' feedback has been completed by the students.

**7 Four days before the exam, the AU should:**

- 7.1 Provide OMR sheets for MCQs to the coordinator along with the answer keys for each version to finalize the key answers in the OMR sheets for each version.
- 7.2 Print the written exam and prepare the OSPE/OSCE.

**8 On the day of the exam, the AU should:**

- 8.1 Hand over the exam papers along with the attendance sheet to the invigilators.
- 8.2 Supervise all activities of the exam.
- 8.3 After the exam, the invigilators submit the answer sheets, attendance sheet and any

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|                           | <p>remaining set(s) of exam papers to the AU for correction and analysis.</p> <p>8.4 AU issued the answer sheets to the assigned faculty for evaluation.</p> <p>8.5 Evaluated answer sheets are again revised by a faculty member for any mistakes in counting the marks.</p> <p><b>9.1 One to two days after the final exam:</b></p> <p>9.2 The coordinator should collect marks for different assessment components, re-check the students' marks and grades.</p> <p>9.3 Coordinator then sends the compiled result in the Excel sheet to the relevant HoD for any adjustment and/or approval.</p> <p>9.4 The final grades after approval are put in the prescribed form by the coordinator and the result signed by the coordinator and co-coordinator is sent to HoD for approval who subsequently sends it to the Vice Dean of Academic Affairs for approval.</p> <p>9.5 The approved final grades are then sent to the Academic Advising Unit which forwards the result to the respective assigned academic advisors.</p> <p>9.6 One copy of the final grades is sent to the coordinators to upload the grades on the Edugate system.</p> <p>9.7 One copy of the final grades should be sent to both QAAU and AU.</p> <p>9.8 The coordinator runs the assessment of CLOs achievement from the item analysis on the provided software.</p> <p>9.9 The coordinator will also write a report on the CLO achievement and improvement plan, if any, which will be part of the course report.</p> <p><b>10 One to two weeks after the final exam, the coordinator should:</b></p> <p>10.1 Write the draft of the final course report, based on results, CLO achievement, and feedback reports of students and faculty by the statistics unit and/or MED.</p> <p>10.2 Invite the block/course committee meeting for approval of the final course report.</p> <p>10.3 The coordinator should also start writing the course file as per the approved policy and procedure and then approve by the block/course committee.</p> <p>10.4 The approved course file is then passed on to the assigned internal auditors who after revision will pass it on to the QAU for processing.</p> |
| <b>PIs</b>                | <ol style="list-style-type: none"> <li>1 Writing the first meeting minutes at least 3 weeks before the beginning of the course.</li> <li>2 Conducting 1-2 meetings during the course depending on the course duration, followed by the meetings for approval of the result, course report and course file.</li> <li>3 Approval of the meeting minutes by the HoD, Vice Dean of Academic Affairs and Dean on the prescribed template.</li> <li>4 Including the details of the students' and faculty' feedback in the course report.</li> <li>5 Writing the improvement action plan in the final course report to be adopted in the next academic year.</li> </ol>  |
| <b>Templates /Records</b> | <ol style="list-style-type: none"> <li>1 Meeting minute template.</li> <li>2 Meeting minute approval template.</li> <li>3 Students' attendance sheet.</li> <li>4 Exam invigilators list.</li> <li>5 Student grading sheet.</li> <li>6 CLOs achievement report along with the CLO achievement sheet and student wise CLO achievement.</li> <li>7 Final course report accompanied with exam blueprints, exam papers with answer keys, students' Course Evaluation Survey, exam item analysis, CLOs achievement analysis.</li> </ol>   |
| <b>References</b>         | <ol style="list-style-type: none"> <li>1 NCAAA: Templates of "Course Specification", "Course Report", "Field Experience".</li> <li>2 NCAAA: Standards for Program Accreditation; S:2-1, 2-2, S:3-2, 3-3.</li> </ol>   |

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|-------------------------|---|----------------------------|
| <b>Policy 3</b>         | <b>Domain:</b> Quality Assurance.   |                            |
| <b>Doc. ID:</b><br>QA-3 | <b>Title:</b> Assessment of the Academic Program.   |                            |
| <b>Document Status</b>  | <input checked="" type="checkbox"/> New <input type="checkbox"/> Modification; Old Document Ref. No.:   |                            |
| <b>Prepared by</b>      | Prof. Jamal Arif<br><b>Position:</b> Head of QAU.   | <b>Date:</b><br>20/02/2023 |
| <b>Revised by</b>       | Dr Abdulrahman Alfaiz<br><b>Position:</b> Vice Dean.  | <b>Date:</b><br>09/03/2023 |
| <b>Approved by</b>      | Dr Feras M. Almarshad<br><b>Position:</b> Dean.   | <b>Date:</b><br>12/03/2023 |
| <b>Notes</b>            | None.   |                            |
| <b>Policy 3</b>         | An internal quality assurance management system in the College of Medicine (COM) is committed to comprehensively assess the academic effectiveness of the program.  |                            |
| <b>Sub-Policy 3.1</b>   | The academic program of COM must apply appropriate mechanisms and tools for measuring the learning outcomes and graduate attributes as per the approved assessment plan.  |                            |
| <b>Sub-Policy 3.2</b>   | Assessment methods in the program may vary according to nature and level of the course to ensure acquisition of higher cognitive thinking and self-learning skills by the students.   |                            |
| <b>Sub-Policy 3.3</b>   | The assessment results must be discussed with the academic leadership and stakeholders to put a timed and monitored improvement action plan which is measurable using performance indicators.   |                            |
| <b>Sub-Policy 3.4</b>   | A periodic evaluation of the course must be done to ensure the effectiveness of the assessment methods and prepare reports. To verify the quality and validity of the assessment methods including specifications, diversity, and comprehensiveness to cover the learning outcomes, distribution of grades, accuracy of marking and to ensure the level of student achievement, the program shall implement a clear and publicized procedure.   |                            |
| <b>Purpose</b>          | <ol style="list-style-type: none"> <li>1 Defining the areas of strength and developing them</li> <li>2 Defining the weakness areas and put an improvement plan to amending them.</li> <li>3 Utilizing the evaluation results in developing the performance of the college.</li> </ol>   |                            |
| <b>Scope</b>            | <ol style="list-style-type: none"> <li>1 Faculty members.</li> <li>2 Academic leadership.</li> <li>3 Assessment Unit.</li> <li>4 Medical Education Department.</li> <li>5 Quality Assurance &amp; Academic Accreditation Unit.</li> <li>6 Curriculum Committee.</li> </ol>  |                            |
| <b>Responsibilities</b> | It lies with each party mentioned in the scope.   |                            |
| <b>Definitions</b>      | None.   |                            |
| <b>Procedure</b>        | <p><b>1 At the Course Level:</b></p> <p><b>1.1 Indirect evaluation of learning opportunities: At the end of the course, survey in the form of questionnaires must be distributed to students:</b></p> <p>1.1.1 The Course Evaluation Survey (CES) evaluates students' satisfaction of the curriculum, teaching staff, continuous assessment, and learning resources (distributed at the end of the course before the final exam by five days). This also evaluates students' opinion about their achievement to the course learning outcomes. The survey contains the course learning</p> |                            |

outcomes (CLOs) per domain and is distributed to students at the end of the course before the final exam by three days.

## **1.2 Direct evaluation of students' achievement of learning outcomes:**

1.2.1 Standardized performance indicators (e.g. completion rate, success rate, grade distribution) for each course must be determined and benchmarked with the values in the previous year. The trend of performance is indicated and interpreted based on evidence of ideal assessment practices.

1.2.2 The CLOs achievement is calculated for each course and each student, and the actual achievement outcome is compared to the target values expected from students to determine whether the students met or unmet the target. The CLO achievement tables for each CLO in a course and the achievement of each CLO by individual student should be with the final course report.

1.2.3 The course coordinator finalizes the annual course report which shows an improvement action plan informed by the evaluation and assessment results. It also contains the extent of achievement of the action plan from the previous year.

1.4.3 The course coordinator then sends the report, together with the related files, to the QAU.

1.4.4 The QAU reviews the report, updates statistical charts and database (if needed), and saves it in the course portfolio.

## **2 At the Academic Program Level:**

2.1 Survey of Students Satisfaction with the Policies, Academic Advising, Services, and Information Technology

2.2 Survey of Students satisfaction regarding the Academic program

2.3 Survey by the final year students: The Vice Dean urge all students of the final year to fill a questionnaire about their overall learning experience.

2.4 Program Evaluation Survey (PES): The Vice Dean urge all the students enrolled in the program to fill the questionnaire about their overall learning experience.

2.5 Alumni Survey: The Alumni Unit pursue all the graduates to fill a questionnaire about their perception of acquiring the expected competences after ending the internship year.

## **2.6 The Annual Program Report (APR):**

2.6.1 The results of all the previous surveys and the reports at the course and program levels, the QAU in coordination with the Program Report Preparation Committee (PRPC) compiles the draft of the annual report on the program (APR).

2.6.2 The QAU and PRPC finalize the standardized APR with its PLOs assessment as follows:

2.6.2.1 PLOs are internally benchmarked and matched to its target benchmark.

2.6.2.2 PLOs assessment values are used to identify the points of strength and the challenges which are subsequently utilized to compile the improvement action plan.

2.6.2.3 The QAU prepares a cohort actual PLOs achievement matrix which has the actual achievement of each PLO by using the CLOs achievement matrices for each course during that cohort.

2.6.2.4 The APR after review by the program coordinator send it back to the QAU. Which in turn sends the APR to the Vice Dean.

2.6.3 The Vice Dean discusses the report results in the College Council in the first semester of the following academic year and then presented to the Curriculum Committee.

2.6.4 Based on the evaluation results, the Curriculum Committee with inputs from the various stakeholders [faculty, students, heads of departments & block/course committees decide minor or major changes in the curriculum.

2.6.5 The proposed changes must be justified and evidenced by the evaluation results.

2.6.5 The Dean sends the modified curriculum plan with the justification form to the Curriculum Unit in the University.

## **3 At the College Level:**

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|---------------------------|---|
|                           | <p>3.1 <u>Annual Program Report (APR):</u></p> <p>3.1.1 The QAU in coordination of the KPI and Learning Outcomes Subcommittee leads the process measuring the faculty KPIs performance against the standards set by the National Commission for Academic Accreditation &amp; Assessment (NCAAA) and any added KPIs by the COM.</p> <p>3.1.2 The QAU updates the KPIs and the results are internally benchmarked with those of the previous year and externally with the Qassim University COM. A trend analysis of each KPI is performed.</p> <p>3.1.3 The improvement action plan of the previous year is included to the APR.</p> <p>3.1.4 The QAU sets an improvement action plan for the next year based on the results of evaluation of the KPIs. Then, the QAU finalizes the final APR of the COM.</p> <p>3.1.5 The improvement action plan is raised to both the Vice Dean and academic leaders which will be discussed in the College Council and Program Advisory Council.</p> <p>3.2 <u>Self-Study Report of Program (SSRP):</u></p> <p>3.2.1 Every 5 years, the COM conducts a comprehensive evaluation of the program through the Self-Evaluation Scales by the NCAAA based on the comprehensive reports by each of the six standards.</p> <p>3.2.2 The SSRP committee under the umbrella of QAU issues a draft of the SSRP.</p> <p>3.2.5 The QAU reviews the SSRP and approves the final version.</p> <p>3.2.6 The SSRP is then raised to the Dean and the College Council approves the SSRP.</p> <p>3.2.9 The Dean sends the SSRP to the Deanship of Development &amp; Quality who sends it for independent review. The reviewed, revised, and approved SSRP is again send to the Deanship of Development &amp; Quality for applying the NCAAA accreditation.</p> |
| <b>PIs</b>                | <ol style="list-style-type: none"> <li>1. Completing all the required forms by minimum 90% of the blocks/courses.</li> <li>2. A 75% or above achievement of improvement and action plan.</li> </ol>   |
| <b>Templates/ Records</b> | <ol style="list-style-type: none"> <li>1 Course Evaluation Survey (CES).</li> <li>2 CLOs actual achievement/target values Table.</li> <li>3 Student's experience survey of academic program</li> <li>4 Student's experience survey on policies and infrastructures</li> <li>5 Program Evaluation Survey (PES).</li> <li>6 Alumni' Survey.</li> <li>7 Annual Program Report (APR).</li> <li>8 Self-Evaluation Scales for Higher Education Program (SES).</li> <li>9 Self-Study Report of the Program (SSRP).</li> </ol>  |
| <b>References</b>         | <ol style="list-style-type: none"> <li>1 NCAAA Templates of "Course Report", "Field Experience Report", "Annual Program Report (APR)", "Self-Evaluation Scales for Higher Education Program (SES)" and "Self-Study Report of the Program (SSRP)".</li> <li>2 NCAAA Standards for Program Accreditation; S:3-1, 3-2 &amp; 3-3.</li> </ol>  |



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|-------------------------|--|----------------------------|
| <b>Policy 4</b>         | <b>Domain:</b> Quality Assurance.  |                            |
| <b>Doc. ID:</b><br>QA-4 | <b>Title:</b> Review of the Academic Program   |                            |
| <b>Document Status</b>  | <input checked="" type="checkbox"/> New <input type="checkbox"/> Modification; Old Document Ref. No.:  |                            |
| <b>Prepared by</b>      | Prof Jamal Arif<br><b>Position:</b> Head of QAU.   | <b>Date:</b><br>20/02/2023 |
| <b>Revised by</b>       | Dr Abdulrahman Alfaiz<br><b>Position:</b> Vice Dean.   | <b>Date:</b><br>09/03/2023 |
| <b>Approved by</b>      | Dr Feras M. Almarshad<br><b>Position:</b> Dean, College of Medicine  | <b>Date:</b><br>12/03/2023 |
| <b>Notes</b>            | Program review should be done every five years.  |                            |
| <b>Policy 4</b>         | The academic program of College of Medicine recognizes program learning outcomes (PLOs) and graduate attributes which are aligned with the mission of the college and graduate attributes of the Shaqra University. These items are approved, publicly disclosed, and reviewed after every five-years cycle.   |                            |
| <b>Sub-Policy 4.1</b>   | A periodically reviewed curriculum shall cover fulfillment of PLOs and the program goals and should consider academic, scientific, technical, and professional developments in the medical field. Any modification in the curriculum at the level of blocks/courses must be presented, discussed, and approved by the Curriculum Committee.  |                            |
| <b>Sub-Policy 4.2</b>   | <b>Minor Modifications (&lt;20%)</b> are changes that include addition or deletion of topics and modifying or changing the number of CLOs that do not interfere with the general objective/purpose of the course as well as cultural, political, or social beliefs and values. This could be also in developing teaching and assessment methods within the framework of the program specifications and available resources to ensure better achieving the course objectives and goals. These modifications are approved by the block/course committee and/or department council. |                            |
| <b>Sub-Policy 4.3</b>   | In case, minor modifications interfere with the cultural, social, political, or religious values and beliefs, the proposed changes must be discussed and approved by the Department Council and Curriculum Committee.  |                            |
| <b>Sub-Policy 4.4</b>   | <b>Major Modifications (&gt;20%)</b> are changes that include changing credit hours of a block/course, creating a separate and new course from a unit or part of it, and changing the teaching/assessment strategies. These modifications shall follow the policies and procedures set by the Shaqra University Curriculum Committee.  |                            |
| <b>Purpose</b>          | Aim to develop mechanisms to comprehensively review the program every five years and prepare reports on overall level of its quality, strengths, and weaknesses; plans for improvement and its implementation.   |                            |
| <b>Scope</b>            | Curriculum of M.B.B.S. program.  |                            |

|                           |  |
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| <b>Responsibilities</b>   | <ol style="list-style-type: none"> <li>1 Block/Course Committee.</li> <li>2 Department Council.</li> <li>3 Academic Affairs Committee.</li> <li>4 Curriculum Committee.</li> <li>5 College Council.</li> <li>6 QAU.</li> <li>7 Medical Education Department (MED).</li> <li>8 Assessment Unit (AU).</li> </ol>   |
| <b>Definitions</b>        | <ol style="list-style-type: none"> <li>1. Minor modifications are defined as the changes in the curriculum amounts to less than 20%.</li> <li>2. Major modifications are defined as the changes in the curriculum amounts to more than 20%.</li> </ol>   |
| <b>Procedure</b>          | <ol style="list-style-type: none"> <li><b>1. Minor modifications not interfering with cultural, political, social, or religious beliefs and values:</b> <ol style="list-style-type: none"> <li>1.1 The block/course committee discusses the proposed changes with justifications and evidence, then sends recommendations to the corresponding HoDs for information.</li> <li>1.2 The HoD accepts the suggested modifications.</li> </ol> </li> <li><b>2. Minor modifications interfering with cultural, political, social, or religious beliefs and values:</b> <ol style="list-style-type: none"> <li>2.1 The block/course committee discusses the proposed changes with justifications and evidence, then sends recommendations to the corresponding HoD.</li> <li>2.2 The corresponding HoD after discussion and approval in the Department Council sends the recommendations to the Curriculum Committee for rejection or preliminary approval.</li> <li>2.3 If the preliminary decision is “approval”, Curriculum Committee approves the proposed modifications.</li> </ol> </li> <li><b>3. Major modifications affecting the CLOs and/or the block/course credit hours:</b> <ol style="list-style-type: none"> <li>3.1 Proposed major modifications of blocks/courses are prepared by the Curriculum Committee with justification, and then presented to the College Council for discussion and approval.</li> <li>3.2 The College Council shall follow the policies and procedures set by the Shaqra University Curriculum Committee.</li> </ol> </li> </ol> |
| <b>PIs</b>                | <ol style="list-style-type: none"> <li>1 All minor modifications in the curriculum are duly approved and documented as per laid down procedures mentioned above.</li> <li>2 Any major modifications are presented to the College Council and approved by the Shaqra University Curriculum Committee.</li> <li>3 Curriculum review is conducted after completion of each cycle of the program (every five years).</li> </ol>  |
| <b>Templates/ Records</b> | <ol style="list-style-type: none"> <li>1 Meeting minutes of block/course Committees.</li> <li>2 Meeting minutes of Department Council.</li> <li>3 Meeting minutes of College Council.</li> <li>4 Curriculum Change Forms of Shaqra University.</li> </ol>  |
| <b>References</b>         | <ol style="list-style-type: none"> <li>1 NCAA Standards for Program Accreditation; S:3-1 &amp; 3-2.</li> </ol>   |

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| <b>Policy 5</b>         | <b>Domain:</b> Quality Assurance.  |                            |
| <b>Doc. ID:</b><br>QA-5 | <b>Title:</b> Course File Documentation.   |                            |
| <b>Document Status</b>  | <input checked="" type="checkbox"/> New <input type="checkbox"/> Modification; Old Document Ref. No.:  |                            |
| <b>Prepared by</b>      | Prof Jamal Arif<br>Head, QAAAC   | <b>Date:</b><br>20/02/2023 |
| <b>Revised by</b>       | Dr Abdulrahman Alfaiz<br><b>Position:</b> Vice Dean.   | <b>Date:</b><br>09/03/2023 |
| <b>Approved by</b>      | Dr Feras M. Almarshad  | <b>Date:</b><br>12/03/2023 |
| <b>Notes</b>            | None   |                            |
| <b>Policy 5</b>         | This policy laid down the process of documentation for each course in the program according to the Deanship of Development and Quality and NCAAA.  |                            |
| <b>Sub-Policy 5.1</b>   | Block/Course coordinator shall document the evidence of course delivery, assessment, and outcome as per the detailed procedure below.  |                            |
| <b>Sub-Policy 5.2</b>   | Block/Course coordinator shall get the approved course file internally audited by the designated auditor.  |                            |
| <b>Sub-Policy 5.3</b>   | Block/Course coordinator shall submit the audited, revised, and approved course file (soft and hard copies) by the block/course committee and Department Council to the QAU.   |                            |
| <b>Sub-Policy 5.4</b>   | Block/Course coordinator shall calculate and submit the approved CLO achievement report separately.  |                            |
| <b>Purpose</b>          | Aim to develop mechanisms to document the course activities on overall level of its quality of teaching, learning and assessment, strengths, weaknesses and plans for improvement and its implementation.  |                            |
| <b>Scope</b>            | Each course in the MBBS program.   |                            |
| <b>Responsibilities</b> | <ol style="list-style-type: none"> <li>1. Block/Course Coordinator</li> <li>2. Block/Course Committee</li> <li>3. Internal Auditors</li> <li>4. Statistics Unit</li> <li>5. Department Council</li> <li>6. Medical Education Department (MED)</li> <li>7. QAU</li> </ol> |                            |
| <b>Definitions</b>      | None   |                            |
| <b>Procedures</b>       | 1. The detailed procedures are defined in the Policy 2 (Delivery of Academic Program).   |                            |
|                         | 2. The block/course coordinator shall stick to the checklist for documentation of evidence in the course file.   |                            |
|                         | 3. Checklist of course file:   |                            |
|                         | Course Title/ Code   |                            |
|                         | Name of the Block/Course   |                            |

| Coordinator            |   |           |                 |
|------------------------|---|-----------|-----------------|
| Name of the HOD        |   |           |                 |
| COURSE FILE COMPONENTS |   |           |                 |
| Folder No              | Folder Name   | Submitted | Comments if any |
| 1                      | Index   |           |                 |
| 2                      | Course Specification of the relevant course (Signed)  |           |                 |
| 3                      | Approval of Course Specification  |           |                 |
| 4                      | Auditing report of Course Specification   |           |                 |
| 5                      | Announcement of Course Specification  |           |                 |
| 6                      | Course Report of the relevant course (Signed)   |           |                 |
| 7                      | Approval of Course Report   |           |                 |
| 8                      | Auditing report of Course Report  |           |                 |
| 9                      | Teaching Methods (includes timetable and inventory form for teaching and learning methods)                          |           |                 |
| 10                     | Auditing report for teaching methods  |           |                 |
| 11                     | Sample notes (assignments, homework, projects etc.)   |           |                 |
| 12                     | Learning assistance materials (Lecture, notes, videos etc)  |           |                 |
| 13                     | Assessment Methods (Timetable for all types of assessments and inventory form for assessment methods)               |           |                 |
| 14                     | Auditing report for assessment methods  |           |                 |
| 15                     | Sample of Exams (Question papers of Mid-term and final exams)   |           |                 |
| 16                     | Model Answers for the Mid-term and final exams  |           |                 |
| 17                     | Attendance sheets of students (to be downloaded on the last day)  |           |                 |
| 18                     | Sample answer copies of Student (Mid-term and final exam -3 copies showing the best, middle, and low graded papers) |           |                 |
| 19                     | Auditing report of theoretical exam   |           |                 |
| 20                     | Course statistics (CLO achievement sheets and report-signed and approved by coordinator and HoD)                    |           |                 |
| 21                     | Course evaluation by students (Detailed and 5-point scale reports)  |           |                 |
| 22                     | Course evaluation by faculty (Detailed and 5-point scale reports)   |           |                 |
| 23                     | Student Evaluation of the faculty (Detailed and 5-point scale reports)  |           |                 |
| 24                     | Course file auditing report   |           |                 |
| 25                     | CV of teaching staff  |           |                 |

|                          |   |   |                     |           |  |
|--------------------------|---|---|---------------------|-----------|--|
|                          | 26  | Office hours (relevant teaching staff)                      |                     |           |  |
|                          | 27  | Miscellaneous (Course booklet, PBL/seminar guidelines etc.) |                     |           |  |
|                          |   |   |                     |           |  |
|                          | Course coordinator  | Head of Department  | Program coordinator | Vice Dean |  |
|                          | Signature   | Signature   | Signature           | Signature |  |
|                          | Date  |   | Date                | Date      |  |
| <b>Activities</b>        | <ol style="list-style-type: none"> <li>1. Block/course coordinator sends the completed and audited course file along with all the evidence to the QAU.</li> <li>2. The QAU after auditing it, approves it and get the approval from the Vice Dean.</li> </ol>   |   |                     |           |  |
| <b>Templates/Records</b> | <ol style="list-style-type: none"> <li>1. Internal Auditing Form for Course Specifications (CS)</li> <li>2. Internal Auditing Form for Course Report (CR)</li> <li>3. Internal Auditing Form for Teaching Methods</li> <li>4. Internal Auditing Form for Assessment Methods</li> <li>5. Internal Auditing Form for Theoretical Exam paper</li> <li>6. Internal Audit Form for Criteria for Theoretical Exam Paper</li> <li>7. Inventory Forms for Teaching and Learning Methods</li> <li>8. Inventory Forms for Assessment Methods</li> <li>9. Meeting Minutes of Block/Course Committee for CS, CR, and CF</li> <li>10. Approval template for Meeting Minutes</li> <li>11. Exam question papers aligned with the CLOs</li> <li>12. Duly signed Checklist of Course File</li> </ol> |   |                     |           |  |
| <b>References</b>        | <ol style="list-style-type: none"> <li>1. NCAAA Standards for Program Accreditation</li> <li>2. Policies and procedures of the Shaqra University (Deanship of Development &amp; Quality)</li> </ol>   |   |                     |           |  |

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| <b>Policy 6</b>                | <b>Domain:</b> Quality Assurance.  |                            |
| <b>Doc. ID:</b><br><b>QA-6</b> | <b>Title:</b> Internal Audit Policy for Course Files   |                            |
| Document Status                | <input checked="" type="checkbox"/> New <input type="checkbox"/> Modification; Old Document Ref. No.:  |                            |
| <b>Prepared by</b>             | Prof Jamal Arif<br><b>Position:</b> Head, QAU  | <b>Date:</b><br>20/02/2023 |
| <b>Revised by</b>              | Dr Abdulrahman Alfaiz<br><b>Position:</b> Vice Dean.   | <b>Date:</b><br>09/03/2023 |
| <b>Approved by</b>             | Dr Feras M. Almarshad<br><b>Position:</b> Dean, College of Medicine  | <b>Date:</b><br>12/03/2023 |
| <b>Notes</b>                   | None   |                            |
| <b>Policy 6</b>                | The college must have an internal audit policy for the course file that is committed to perform sustainable comprehensive assessment of course delivery and outcome.   |                            |
| <b>Sub-Policy 6.1</b>          | The Medical Education Department (MED) supervise the internal auditing of the course file by appointing internal auditors.   |                            |
| <b>Purpose</b>                 | To check that the course file components are completed as per the laid procedures and policies for:<br><ol style="list-style-type: none"> <li>1. Ensuring that the course is delivered properly as per the teaching and learning processes defined in the program.</li> <li>2. Verifying the CLO achievement, feedback reports and improvement action plan in the course report.</li> </ol>  |                            |
| <b>Scope</b>                   | <ol style="list-style-type: none"> <li>1. Block/Course coordinator</li> <li>2. Medical Education Unit (MED)</li> <li>3. Respective internal auditors</li> <li>4. QAU</li> </ol>  |                            |
| <b>Responsibilities</b>        | Each party mentioned in the scope.   |                            |
| <b>Definitions</b>             | None.  |                            |
| <b>Procedure</b>               | <ol style="list-style-type: none"> <li>1. Block/course coordinator arrange the course file as per the course file documentation policy 5, get it approved in the block/course committee and send electronically it to the assigned internal auditor.</li> <li>2. Internal auditor after reviewing various course file components (course specification, course report, teaching and learning methods, assessment methods, criteria of the theoretical exam, theoretical exam, and course file) makes the report on the prescribed templates for each component within the 7 working days.</li> <li>3. Internal auditor sends back the course file with the auditing report for revision and/or clarifications within 7 working days.</li> <li>4. Block/course coordinators respond to the comments and suggestions of the internal auditor and revise the course file components accordingly.</li> <li>5. The coordinator again sends the revised version to the internal auditor for approval.</li> <li>6. The approved course file then must be approved by the Head of Department, Program Coordinator and Vice Dean.</li> <li>7. The signed and approved course file then submitted to the QAU.</li> </ol> |                            |

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| <b>Activities</b>         | <ol style="list-style-type: none"> <li>1. Block/course coordinator compiles the course file as per the documented policy 5 and then audited by the internal auditor.</li> <li>2. Audited and approved course file will be submitted by the coordinator to the QAU.</li> </ol>   |
| <b>Templates /Records</b> | <ol style="list-style-type: none"> <li>1. Auditing report of Course Specification</li> <li>2. Auditing report of Course Report</li> <li>3. Auditing report of Teaching and Learning Methods</li> <li>4. Auditing report of Assessment Methods</li> <li>5. Auditing report of the Criteria of the Theoretical Exam Paper</li> <li>6. Auditing report of the Theoretical Exam Paper</li> <li>7. Auditing report of the Course File</li> </ol> |
| <b>References</b>         | <ol style="list-style-type: none"> <li>1. NCAAA Standards for Program Accreditation</li> <li>2. Policies and procedures of the Shaqra University (Deanship of Development &amp; Quality)</li> </ol>   |

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| <b>Policy 7</b>         | <b>Domain:</b> Quality Assurance.  |                            |
| Doc. ID:<br>QA-7        | Title: Internal Peer Observation Policy  |                            |
| <b>Document Status</b>  | <input checked="" type="checkbox"/> New <input type="checkbox"/> Modification; Old Document Ref. No.:  |                            |
| <b>Prepared by</b>      | Prof Jamal Arif<br><b>Position:</b> Head, QAU  | <b>Date:</b><br>20/02/2023 |
| <b>Revised by</b>       | Dr Abdulrahman Alfaiz<br><b>Position:</b> Vice Dean.   | <b>Date:</b><br>09/03/2023 |
| <b>Approved by</b>      | Dr Feras M. Almarshad<br><b>Position:</b> Dean, College of Medicine  | <b>Date:</b><br>12/03/2023 |
| <b>Notes</b>            | None   |                            |
| <b>Policy 7</b>         | The college of Medicine must have an internal peer observation policy that is committed to perform comprehensive assessment of teaching and learning to enhance the quality of education.  |                            |
| <b>Sub-Policy 7.1</b>   | Peer observation should be used as a method for identifying, developing and adoption of best teaching practices and the outcomes must be kept confidential and not linked to penalties and punishments.  |                            |
| <b>Sub-Policy 7.2</b>   | The peer observation report must be utilized to improve the quality of teaching of a particular faculty by providing his/her feedback confidentially.  |                            |
| <b>Purpose</b>          | <ol style="list-style-type: none"> <li>1. Identifying good and innovative practices of teaching and assessment used by the faculty</li> <li>2. Spreading such practices amongst the teaching fraternity which would lead to expertise and development of enhanced teaching skills.</li> <li>3. Create an atmosphere of unity and sharing amongst the SU teaching community and will foster oneness amongst them.</li> <li>4. Peer observation can enable into faculty evaluation and into self-evaluation by faculty members.</li> <li>5. It aids in overall healthy and effective faculty development.</li> </ol> |                            |
| <b>Scope</b>            | <ol style="list-style-type: none"> <li>1. Faculty</li> <li>2. Internal Auditors</li> <li>3. Medical Education Department (MED)</li> <li>4. Quality Assurance &amp; Academic Accreditation Unit (QAU).</li> <li>5. Vice Dean</li> </ol>   |                            |
| <b>Responsibilities</b> | <p>This is a process managed and organized by internal auditors appointed or nominated by Medical Education Department (MED), who are responsible in conducting classroom's observations and preparing a report which need to be consistent with the college program's plans.</p> <p>MED shall send the reviewed and approved reports to the QAU and Vice Dean for further action and approval.</p>  |                            |
| <b>Definitions</b>      | None.  |                            |
| <b>Procedure</b>        | The reviewer and reviewee should agree the method adopted for the review process. It is however important that the peer observer comes to the class after understanding and reading up regarding the course before observing a class. The peer observer must stay not more than 15 minutes in the class and ensure the form is filled and recorded regarding the peer observation made. The observer should prepare a report which need to be consistent   |                            |



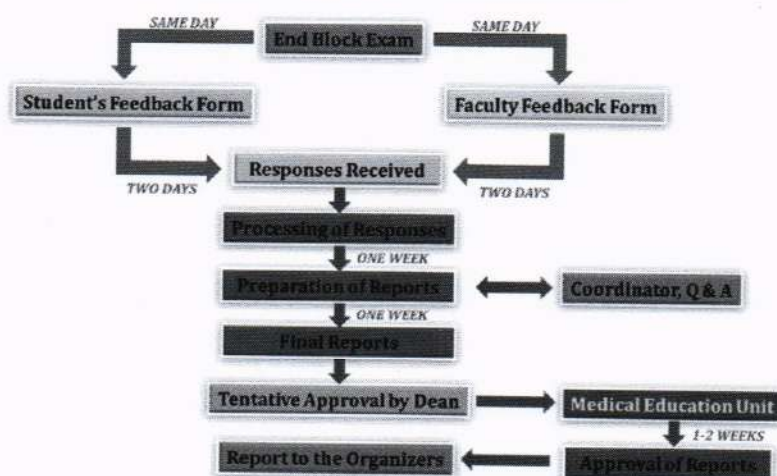
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|                           | with the departmental plans. The report should contain the details of the number of staff observed during the teaching schedule at least once a semester.<br>The forms to be used for Peer Observation are present in the QAU.   |
| <b>Activities</b>         | Peer review involves the faculty/student face to face activity it involves other activities like: <ol style="list-style-type: none"> <li>1. Observations which are made during teaching in class</li> <li>2. Evaluation of teaching methods and materials used by the faculty.</li> <li>3. Reviewing the assessment practices followed</li> <li>4. Arriving at better educational development and research.</li> </ol> |
| <b>Templates/ Records</b> | <ol style="list-style-type: none"> <li>1. Peer Observation Form</li> <li>2. Peer Observation Report</li> <li>3. Meeting minutes of the relevant stakeholders</li> </ol>  |
| <b>References</b>         | <ol style="list-style-type: none"> <li>1. NCAAA Standards for Program Accreditation; S:3-3.</li> <li>2. Policies and procedures of the Shaqra University (Deanship of Development &amp; Quality)</li> </ol>  |

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| <b>Policy 8</b>         | <b>Domain:</b> Quality Assurance.   |                                      |                                |                          |
| <b>Doc. ID:</b><br>QA-8 | <b>Title:</b> Feedback Survey Policy  |                                      |                                |                          |
| <b>Document Status</b>  | <input checked="" type="checkbox"/> New <input type="checkbox"/> Modification; Old Document Ref. No.:   |                                      |                                |                          |
| <b>Prepared by</b>      | Prof Jamal Arif<br><b>Position:</b> Head, QAU   | <b>Date:</b><br>20/02/2023           |                                |                          |
| <b>Revised by</b>       | Dr Abdulrahman Alfaiz<br><b>Position:</b> Vice Dean.  | <b>Date:</b><br>09/03/2023           |                                |                          |
| <b>Approved by</b>      | Dr Feras M. Almarshad<br><b>Position:</b> Dean, College of Medicine   | <b>Date:</b><br>12/03/2023           |                                |                          |
| <b>Notes</b>            | None  |                                      |                                |                          |
| <b>Policy 8</b>         | This survey policy ensures that surveys conducted in the College of Medicine are of a consistently high standard; do not duplicate data collection conducted through other University surveys; do not compromise population samples through overlapping surveys; and that survey outcomes are disseminated and used appropriately. Adherence to this policy will ensure that the college will be provided with robust data and analysis for its quality assurance, benchmarking, and continuous improvement purposes. |                                      |                                |                          |
| <b>Purpose</b>          | The purpose of this survey policy fulfils the college's commitment to ensuring that surveys conducted under the auspices of the College of Medicine are of the highest standard, meet ethical norms and deliver results that add significant value to the strategic decision-making processes of the college.   |                                      |                                |                          |
| <b>Scope</b>            | <ol style="list-style-type: none"> <li>1. Students</li> <li>2. Faculty</li> <li>3. Alumni</li> <li>4. Employers</li> <li>5. Internal Auditors</li> <li>6. Statistics Unit</li> <li>7. Medical Education Department (MED)</li> <li>8. QAU</li> <li>9. Vice Dean</li> </ol>   |                                      |                                |                          |
| <b>Responsibilities</b> | Each of the above-mentioned personnel.  |                                      |                                |                          |
| <b>Definitions</b>      | None  |                                      |                                |                          |
| <b>Procedure</b>        | The Statistics Unit is responsible for conducting the course related, event surveys and annual surveys, analysis, and preparation of reports.   |                                      |                                |                          |
|                         | <b>Evaluation Areas/Aspects</b>   | <b>Evaluation Sources/References</b> | <b>Evaluation Methods</b>      |                          |
|                         | <b>Effectiveness of Leadership</b>  | Staff and Admin staff                | Annual Survey                  | End of Academic Year     |
|                         |   | Staff members                        | Annual Survey                  | End of Academic Year     |
|                         | <b>Effectiveness of Teaching &amp; Assessment</b>   | Staff members                        | Course Evaluation Survey (CES) | End of each course/block |
| Organizers              |   | CES                                  | End of each course/block       |                          |

|                                       |                         |   |                          |
|---------------------------------------|-------------------------|---|--------------------------|
|                                       | Students                | CES                                     | End of each course/block |
|                                       | External reviewer       | Course file                             | End of each course/block |
| <b>Learning resources</b>             | Staff member            | Annual Survey                           | End of Academic Year     |
|                                       | Staff members           | CES                                     | End of each course/block |
|                                       | Students                | CES                                     | End of each course/block |
| <b>Research quality</b>               | Staff members           | Annual Survey                           | End of Academic Year     |
| <b>Overall quality of the program</b> | Accreditation Committee | Accreditation committee recommendations | Monthly meetings         |
|                                       | Alumni                  | Annual Survey                           | End of Academic Year     |
|                                       | Employers               | Annual Survey                           | End of Academic Year     |
|                                       | Administrators          | Annual Survey                           | End of Academic Year     |

1. The feedback survey reports are reviewed by the QAU and approved by the MED.
2. **For Course related surveys:** As per the mechanism below, all the course feedbacks shall be normally completed within two weeks. All the reports shall be reviewed by the QAU and then sent to the course organizers. All the reports should be subsequently approved by the MED.
3. At least 80% students and staff should fill the feedback form then only result is announced. In exceptional cases, the results may be announced by the HoD with permission from the Vice Dean of Academic Affairs.
4. **For Annual surveys:** The annual survey forms for Students, Faculty, Alumni, and Employers shall be conducted in the end of May each year. The data analysis and report shall be sent to QAU for review followed by the approval from MED.

#### MECHANISM OF FEEDBACK REPORTS



Templates/  
Records

All the feedback reports and

**References**

1. NCAAA Standards for Program Accreditation.
2. Policies and procedures of the Shaqra University (Deanship of Development & Quality)

## Policies Related to Academic Program Management

|                           |   |                            |
|---------------------------|---|----------------------------|
| <b>Policy 9</b>           | <b>Domain: Academic Program Management (EPM)</b>  |                            |
| <b>Doc. ID:<br/>APM-1</b> | <b>Title: Program Vision, Mission &amp; Objectives</b>  |                            |
| <b>Document Status</b>    | <input checked="" type="checkbox"/> New <input type="checkbox"/> Modification; Old Document Ref. No.: |                            |
| <b>Prepared by</b>        | Prof Jamal Arif<br><b>Position:</b> Head, QAU   | <b>Date:</b><br>20/02/2023 |
| <b>Revised by</b>         | Dr Abdulrahman Alfaiz<br><b>Position:</b> Vice Dean.  | <b>Date:</b><br>09/03/2023 |
| <b>Approved by</b>        | Dr Feras M. Almarshad<br><b>Position:</b> Dean, College of Medicine                                   | <b>Date:</b><br>12/03/2023 |
| <b>Notes</b>              | None  |                            |

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| <b>Policy 9</b> | The academic program must have a clear, approved, and publicized vision, mission; and objectives aligned with the University vision, mission, and objectives, respectively. |
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| <b>Purpose</b> | <ol style="list-style-type: none"> <li>1. The program vision, mission and objectives must be well formulated to ensure achieving the targeted graduate outcomes.</li> <li>2. They should be approved by the College Council</li> <li>3. The program vision, mission, and objectives must be well publicized through different methods to justify accountability.</li> </ol> |
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| <b>Scope</b> | <ul style="list-style-type: none"> <li>- Standard 1 subcommittee</li> <li>- Vice Dean</li> <li>- QAU</li> </ul> |
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| <b>Responsibilities</b> | QAU and Vice Dean review compliance and adherence to the policy. |
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| <b>Procedure</b> | <ol style="list-style-type: none"> <li>1. Standard 1 subcommittee using the checklist ensures: <ul style="list-style-type: none"> <li>- the presence of a documented vision, mission, and objectives</li> <li>- the alignment of the program vision and mission with the College and University vision and missions, respectively.</li> <li>- that the vision, mission, and objectives are approved by the College Council</li> <li>- that the vision, mission, and objectives are publicized through various means</li> </ul> </li> <li>2. Standard 1 subcommittee sends the compliance report the QAU reports which subsequently report it to the Vice Dean.</li> </ol> |
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| <b>Activities</b> | <ol style="list-style-type: none"> <li>1. The Vice Dean sends the documents to the QAU and website committee which ensures publication of the approved program vision, mission, and objectives through: <ul style="list-style-type: none"> <li>• College website</li> <li>• Students' handbook</li> <li>• Faculty handbook</li> </ul> </li> <li>2. The QAU reports compliance status to the Vice Dean.</li> </ol> |
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| <b>Templates/Records</b> | <ol style="list-style-type: none"> <li>1. A copy of the approved vision, mission, and objectives by the Standard 1 subcommittee and the College Council meeting minutes</li> <li>2. Evidence of publications</li> <li>3. Compliance report</li> </ol> |
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| <b>References</b> | 1. NCAAA Standards for Program Accreditation; S: 1.<br>2. Policies and procedures of the Shaqra University (Deanship of Development & Quality) |
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| <b>Policy 10</b>        | <b>Domain: Academic Program Management (APM)</b>   |                            |
| <b>Doc. ID: APM-2</b>   | <b>Title: Review of Program Vision, Mission, and Objectives</b>  |                            |
| <b>Document Status</b>  | <input checked="" type="checkbox"/> New <input type="checkbox"/> Modification; Old Document Ref. No.:  |                            |
| <b>Prepared by</b>      | Prof Jamal Arif<br><b>Position:</b> Head, QAU  | <b>Date:</b><br>20/02/2023 |
| <b>Revised by</b>       | Dr Abdulrahman Alfaiz<br><b>Position:</b> Vice Dean.   | <b>Date:</b><br>09/03/2023 |
| <b>Approved by</b>      | Dr Feras M. Almarshad<br><b>Position:</b> Dean, College of Medicine  | <b>Date:</b><br>12/03/2023 |
| <b>Notes</b>            | None   |                            |
| <b>Policy 10</b>        | The program vision, mission and objectives should be regularly reviewed every five years, approved, and updated.   |                            |
| <b>Purpose</b>          | 1. The College/program vision, mission and objectives must be reviewed and updated so that it can meet the demanding and evolving changes in the labor market.<br>2. The review process enables the academic leadership to undergo the required modifications in the program vision, mission, and objectives.  |                            |
| <b>Scope</b>            | 1. Academic Leaders<br>2. Standard 1 subcommittee<br>3. Curriculum Committee<br>4. Strategic Planning Unit<br>5. Website Committee<br>6. Students' Affairs Unit<br>7. Head of Departments<br>8. QAU<br>9. Vice Dean  |                            |
| <b>Responsibilities</b> | 1. Standard 1 subcommittee send the updated vision, mission, and objectives to the academic leaders and QAU for review.<br>2. Dean ensures approval of the updated vision, mission, and objectives in the College Council.<br>3. QAU ensures publication of updated vision, mission, and objectives through different routes.  |                            |
| <b>Procedure</b>        | 1. Standard 1 subcommittee review and revise the program vision, mission, and objectives based on the feedback survey reports, changing demands in the labor market, self-study report, annual program report etc. and send to various stakeholders (Students, faculty, employers, community leaders etc.).<br>2. The review committee comprising of academic leaders, members of curriculum committee and SPU, and QAU review the academic program vision, mission, and objectives.<br>3. They formulate and write the updated program vision, mission, and objectives.<br>4. The QAU distributes the proposed updated vision, mission, and objectives to all stakeholders. |                            |

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|                               | <ol style="list-style-type: none"> <li>5. Stakeholders discuss the proposed vision, mission, and objectives and send their feedbacks to the QAU.</li> <li>6. The Vice Dean finalizes the final version of program vision, mission, and objectives and submits to the College Council for approval.</li> <li>7. QAU receives an approved copy of the updated vision, mission, and objectives.</li> <li>8. Students' Affairs Unit publicizes the updated program vision, mission, and objectives to the students.</li> <li>9. Heads of Departments publicize the updated program vision, mission, and objectives through various routes to all staff members.</li> <li>10. Website committee publish the updated versions on the college website.</li> <li>11. QAU ensures adherence to the procedure.</li> </ol>  |
| <b>Activities</b>             | <ol style="list-style-type: none"> <li>1. Standard 1 subcommittee sends the updated version of program vision, mission, and objectives to the review committee comprising of the academic leaders; student leaders, members of curriculum committee, SPU and QAU review the educational program vision, mission, and objectives.</li> <li>2. The vision, mission, and objectives of the program must be reviewed after every complete cycle of the program which coincides with the formulation of the strategic plan of the college and university.</li> <li>3. Review process shall consider the retrospective evaluation of the program in the form of the different evaluation surveys of graduates by employers, annual program report, results of progress test and SMLE and self-evaluation of the program every five years as per the prescribed NCAAA academic standards.</li> <li>4. The review committee ensures alignment of the objectives to the updated mission.</li> <li>5. The review shall be done every 5 years from the last self-review or accreditation date.</li> </ol> |
| <b>Templates/<br/>Records</b> | <ol style="list-style-type: none"> <li>1. Feedback survey questionnaires reports</li> <li>2. Annual program report</li> <li>3. Improvement action plans</li> <li>4. Strategic plan</li> <li>5. Operational plan</li> <li>6. QAU letters to the stakeholders</li> <li>7. Self-study report</li> <li>8. The review committee structure and decision</li> <li>9. The review committee meeting minutes</li> <li>10. Evidence of feedback of stakeholders to QAU</li> <li>11. Meeting minutes of the College Council and a copy of the approved vision, mission, and objectives</li> </ol>  |
| <b>References</b>             | <ol style="list-style-type: none"> <li>1. NCAAA Standards for Program Accreditation; S: 1.</li> <li>2. Policies and procedures of the Shaqra University (Deanship of Development &amp; Quality)</li> </ol>   |

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|---------------------------|--|----------------------------|
| <b>Policy 11</b>          | <b>Domain: Academic Program Management (APM)</b>   |                            |
| <b>Doc. ID:<br/>APM-3</b> | <b>Title: Academic Program Competences</b>   |                            |
| <b>Document Status</b>    | <input checked="" type="checkbox"/> New <input type="checkbox"/> Modification; Old Document Ref. No.:  |                            |
| <b>Prepared by</b>        | Prof Jamal Arif<br><b>Position:</b> Head, QAU  | <b>Date:</b><br>20/02/2023 |
| <b>Revised by</b>         | Dr Abdulrahman Alfaiz<br><b>Position:</b> Vice Dean.   | <b>Date:</b><br>09/03/2023 |
| <b>Approved by</b>        | Dr Feras M. Almarshad<br><b>Position:</b> Dean, College of Medicine  | <b>Date:</b><br>12/03/2023 |
| <b>Notes</b>              | None   |                            |
| <b>Policy 11</b>          | The program must define the distinguished characteristics and graduate attributes which should be based on the labor market demands, employability skills and updated reference academic standards, providing competitiveness at the regional and national level.  |                            |
| <b>Purpose</b>            | To ensure that the program based on the competitiveness, graduate attributes, and characteristics and distinguish between the counterparts.  |                            |
| <b>Scope</b>              | <ol style="list-style-type: none"> <li>1. QAU</li> <li>2. Vice Dean</li> <li>3. Medical Education Department (MED)</li> <li>4. Academic Leaders</li> </ol>   |                            |
| <b>Responsibilities</b>   | Each of the above personnel mentioned in the Scope.  |                            |
| <b>Procedure</b>          | <ol style="list-style-type: none"> <li>1. The MED provides the QAU and Vice Dean with the latest labor market demands, employability skills required by the National Qualifications Framework and SaudiMED based on the Saudi Council for Health Specialties (SCHS) standards.</li> <li>2. The QAU after evaluating the program for the new and emerging qualifications and their feasibility send the recommendations to the MED.</li> <li>3. The MED reviews and approves the recommended modifications which will then be approved by the College Council</li> <li>4. The QAU and Vice Dean reviews compliance and adherence to the policy</li> </ol> |                            |
| <b>Templates/ Records</b> | 1. Meeting minutes records from QAU, MED and College Council   |                            |
| <b>References</b>         | <ol style="list-style-type: none"> <li>1. National Qualifications Framework (NQF-KSA) 2020</li> <li>2. Latest SaudiMed framework document</li> </ol>   |                            |



|                           |  |                            |
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| <b>Policy 12</b>          | <b>Domain: Academic Program Management (APM)</b>   |                            |
| <b>Doc. ID: APM-4</b>     | <b>Title: Program Leadership and Organization</b>  |                            |
| <b>Document Status</b>    | <input checked="" type="checkbox"/> New <input type="checkbox"/> Modification; Old Document Ref. No.:  |                            |
| <b>Prepared by</b>        | Prof Jamal Arif<br><b>Position:</b> Head, QAU  | <b>Date:</b><br>20/02/2023 |
| <b>Revised by</b>         | Dr Abdulrahman Alfaiz<br><b>Position:</b> Vice Dean.   | <b>Date:</b><br>09/03/2023 |
| <b>Approved by</b>        | Dr Feras M. Almarshad<br><b>Position:</b> Dean, College of Medicine  | <b>Date:</b><br>12/03/2023 |
| <b>Notes</b>              | None   |                            |
| <b>Policy 12</b>          | The program leadership must have the appropriate academic and administrative experiences to be able to achieve its mission and goals.  |                            |
| <b>Purpose</b>            | A qualified academic leadership is essential to ensure proper implementation of the academic program to the achieve the expected outcomes.   |                            |
| <b>Scope</b>              | <ol style="list-style-type: none"> <li>1. QAU</li> <li>2. Statistics Unit</li> <li>3. Vice Dean</li> <li>4. Dean</li> </ol>  |                            |
| <b>Responsibilities</b>   | Each of the above-mentioned unit or members.   |                            |
| <b>Procedures</b>         | <ol style="list-style-type: none"> <li>1. The Vice Dean puts the approved criteria for selection of academic leaders and program coordinator based on the Shaqra University guidelines.</li> <li>2. Based on the set criteria for selection and evaluation of staff, the Vice Dean and/or QAU designs a checklist or feedback questionnaire approved by the Dean.</li> <li>3. The QAU and Vice Dean ensures its compliance.</li> <li>4. The evaluation of academic leaders and program coordinator occurs annually.</li> <li>5. The statistics unit sends the report after analysis of the feedback questionnaire to the Vice Dean which after review is sent to the Dean.</li> <li>6. The Dean after review either approves the continuation or formally discuss the unsatisfactory results with the concerned person. The Dean has authority to take formal decision on the person and make a confidential report or meeting minutes.</li> </ol> |                            |
| <b>Templates/ Records</b> | <ol style="list-style-type: none"> <li>1. College Council approval of the selection criteria of academic leaders</li> <li>2. Feedback reports from Statistics Unit</li> <li>3. Approval meeting minutes from Statistics unit, QAU, and Vice Dean</li> <li>4. Final decision report or meeting minutes for the concerned person which is confidential and classified document</li> </ol>  |                            |
| <b>References</b>         | <ol style="list-style-type: none"> <li>1. NCAAA Standards for Program Accreditation; S: 2.</li> <li>2. Policies and procedures of the Shaqra University (Deanship of Development &amp; Quality)</li> </ol>   |                            |

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|---------------------------|---|----------------------------|
| <b>Policy 13</b>          | <b>Domain: Academic Program Management (APM)</b>  |                            |
| <b>Doc. ID:<br/>APM-5</b> | <b>Title: Program Management Bodies</b>   |                            |
| <b>Document Status</b>    | <input checked="" type="checkbox"/> New <input type="checkbox"/> Modification; Old Document Ref. No.:   |                            |
| <b>Prepared by</b>        | Prof Jamal Arif<br><b>Position:</b> Head, QAU   | <b>Date:</b><br>20/02/2023 |
| <b>Revised by</b>         | Dr Abdulrahman Alfaiz<br><b>Position:</b> Vice Dean.  | <b>Date:</b><br>09/03/2023 |
| <b>Approved by</b>        | Dr Feras M. Almarshad<br><b>Position:</b> Dean, College of Medicine   | <b>Date:</b><br>12/03/2023 |
| <b>Notes</b>              | None  |                            |
| <b>Policy 13</b>          | The program must have decentralized working atmosphere by the formally constituted and accountable councils, committees, and units to discuss, review, approve, conducts, and evaluate its activities and decisions.  |                            |
| <b>Purpose</b>            | Constitution of councils, committees, and units with defined tasks with accountability essentially ensure smooth and continuous functioning and evaluation of the program.  |                            |
| <b>Scope</b>              | <ul style="list-style-type: none"> <li>- Dean</li> <li>- Vice Deans</li> <li>- College Council members</li> <li>- Department councils</li> <li>- Coordinators and staff members of committees and units</li> <li>- QAU</li> </ul>   |                            |
| <b>Responsibilities</b>   | Each of the above-mentioned personnel.  |                            |
| <b>Procedures</b>         | <ol style="list-style-type: none"> <li>1. The Dean issues internal decisions for constitution of various units, committees and councils with the defined structure, tasks, terms of reference with lines of authority between committees, units, councils, and the administration.</li> <li>2. All committees and units must have an annual action plan or agenda on priority and meeting timetable approved by its members.</li> <li>3. All committees must have regular meetings at least 2 meetings in a semester or 4 meetings in an academic calendar.</li> <li>4. The concerned councils, committees, units document the meeting minutes on the prescribed format along with any evidence.</li> <li>5. A representative of the QAU must attend the curriculum committee meetings to be aware of any modifications and ensure compliance to the standards.</li> <li>6. Recommendations issued from the councils, committees and unit must be discussed and taken for approval by the concerned immediate authority and/or College Council.</li> <li>7. The College Council takes decisions based on recommendations issued from the committees and quality unit.</li> <li>8. A copy of all the decisions by the final authority must be sent to the QAU for documentation.</li> <li>9. All councils, committees, units shall constitute a report of their action and implementation plans along with the major activities which shall be approved by the College Council.</li> </ol> |                            |
| <b>Templates/ Records</b> | <ol style="list-style-type: none"> <li>1. The decisions of constitution of councils, committees, and units.</li> <li>2. Meeting minutes of the committees and/or annual report</li> </ol>   |                            |
| <b>References</b>         | <ol style="list-style-type: none"> <li>1. NCAAA Standards for Program Accreditation; S: 2.</li> <li>2. Policies and procedures of the Shaqra University (Deanship of Development &amp; Quality)</li> </ol>  |                            |

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| <b>Policy 14</b>         | <b>Domain: Academic Program Management (APM)</b>  |                            |
| <b>Doc. ID:</b><br>APM-6 | <b>Title: Representation of students in Committees</b>  |                            |
| <b>Document Status</b>   | <input checked="" type="checkbox"/> New <input type="checkbox"/> Modification; Old Document Ref. No.: |                            |
| <b>Prepared by</b>       | Prof Jamal Arif<br><b>Position:</b> Head, QAU   | <b>Date:</b><br>02/03/2023 |
| <b>Revised by</b>        | Dr Abdulrahman Alfaiz<br><b>Position:</b> Vice Dean.  | <b>Date:</b><br>09/03/2023 |
| <b>Approved by</b>       | Dr Feras M. Almarshad<br><b>Position:</b> Dean, College of Medicine                                   | <b>Date:</b><br>12/03/2023 |
| <b>Notes</b>             | None  |                            |

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| <b>Policy 14</b> | This policy ensures representation of students in various key committees of the College of Medicine for critical and constructive suggestions in the development and improvement of academic environment, quality of teaching and learning and infrastructure. |
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| <b>Purpose</b> | The purpose of this policy is to improve the quality of education in the college, the services provided to students, problem solving and to inculcate leadership skills in students to produce future leaders. |
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| <b>Scope</b> | <ol style="list-style-type: none"> <li>1. Dean</li> <li>2. Vice Dean</li> <li>3. QAU</li> <li>4. Students</li> </ol> |
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| <b>Responsibilities</b> | Of each party mentioned in the scope. |
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| <b>Procedure</b> | <p><b>Criteria for selection of students in committees:</b></p> <ol style="list-style-type: none"> <li>(1) Academic performance,</li> <li>(2) Leadership skills</li> <li>(3) Good conduct.</li> </ol> <p><b>Selection procedure:</b></p> <ol style="list-style-type: none"> <li>1. In the beginning of each academic year the students will be informed by the Vice Dean for students' representations in various key committees such as: <ul style="list-style-type: none"> <li>• Quality Assurance and Accreditation Committee</li> <li>• Strategic Planning Committee</li> <li>• Program Student Committee</li> <li>• Student Activities Committee</li> <li>• Student's Club</li> <li>• Community Services Committee</li> <li>• College Council</li> <li>• Program Advisory Committee</li> </ul> </li> <li>2. These committees are not limited to but various other committees may also deemed to require student representation will be included.</li> <li>3. The advertisement for this purpose will be circulated by various means such as email, notice board, LMS-Shaqra and College of Medicine website.</li> <li>4. The interested students will apply against each committee within the stipulated time for participation along with the statement of interest.</li> <li>5. The application will be screened by the Vice Dean based on the above-mentioned criteria.</li> <li>6. The selected students will be informed by the Vice Dean.</li> <li>7. The proposed committees will be prepared by the Vice Dean who will sent to the Dean for approval.</li> <li>8. The finalized committees will be circulated by email and/or updated on the website.</li> </ol> |
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|                               | 9. The College Council will have the selected students only as invited members according to the University rules.  |
| <b>Templates/<br/>Records</b> | <ol style="list-style-type: none"> <li>1. Communication evidence</li> <li>2. Applications of students</li> <li>3. Internal decisions for committees</li> </ol> |
| <b>References</b>             | NCAA Standards for Program Accreditation; S: 2 &4.   |

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| <b>Policy 15</b>              | <b>Domain: Academic Program Management (APM)</b>   |                            |
| <b>Doc. ID:<br/>APM-7</b>     | <b>Title: Program Administrative Structure</b>   |                            |
| <b>Document Status</b>        | <input checked="" type="checkbox"/> New <input type="checkbox"/> Modification; Old Document Ref. No.:  |                            |
| <b>Prepared by</b>            | Prof Jamal Arif<br><b>Position:</b> Head, QAU  | <b>Date:</b><br>20/02/2023 |
| <b>Revised by</b>             | Dr Abdulrahman Alfaiz<br><b>Position:</b> Vice Dean.   | <b>Date:</b><br>09/03/2023 |
| <b>Approved by</b>            | Dr Feras M. Almarshad<br><b>Position:</b> Dean, College of Medicine  | <b>Date:</b><br>12/03/2023 |
| <b>Notes</b>                  | None   |                            |
| <b>Policy 15</b>              | The program must have an organizational structure that clearly defines hierarchy, authority, and responsibilities along with the academic and administrative leadership of the program.  |                            |
| <b>Purpose</b>                | The organizational structure helps in understanding the assigned roles related to all academic and administrative activities and proper channel for logistic activities to get intended achievement and outcome.   |                            |
| <b>Scope</b>                  | <ol style="list-style-type: none"> <li>1. Dean</li> <li>2. Vice Dean</li> <li>3. College Council</li> <li>4. QAU</li> </ol>  |                            |
| <b>Responsibilities</b>       | Each of the above-mentioned personnel in Scope.  |                            |
| <b>Procedures</b>             | <ol style="list-style-type: none"> <li>1. The Dean and Vice Dean formulate the program organizational structure in agreement with the Shaqra University guidelines considering the qualifications and efficiency along with the responsibilities, authorization, and relationships.</li> <li>2. The College Council approves the organizational structure.</li> <li>3. The Vice Dean distributes and publicizes the structure to all stakeholders and supportive administrations.</li> <li>4. QAU ensures updated organizational structure on website and at the prominent places in the college.</li> <li>5. Organizational structure is reviewed every two years and modifications with justification may be performed as deemed necessary.</li> </ol> |                            |
| <b>Templates/<br/>Records</b> | <ol style="list-style-type: none"> <li>1. Program organizational structure chart</li> <li>2. Approval of College Council</li> <li>3. Records of publication of organizational chart</li> </ol>   |                            |
| <b>References</b>             | <ol style="list-style-type: none"> <li>1. NCAAA Standards for Program Accreditation; S: 2.</li> <li>2. Policies and procedures of the Shaqra University (Deanship of Development &amp; Quality)</li> </ol>   |                            |

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| <b>Policy 16</b>       | <b>Domain: Academic Program Management (APM)</b>  |                            |
| <b>Doc. ID: APM-8</b>  | <b>Title: Program Information System</b>  |                            |
| <b>Document Status</b> | <input checked="" type="checkbox"/> New <input type="checkbox"/> Modification; Old Document Ref. No.: |                            |
| <b>Prepared by</b>     | Prof Jamal Arif<br><b>Position:</b> Head, QAU   | <b>Date:</b><br>20/02/2023 |
| <b>Revised by</b>      | Dr Abdulrahman Alfaiz<br><b>Position:</b> Vice Dean.  | <b>Date:</b><br>09/03/2023 |
| <b>Approved by</b>     | Dr Feras M. Almarshad<br><b>Position:</b> Dean, College of Medicine                                   | <b>Date:</b><br>12/03/2023 |
| <b>Notes</b>           | None  |                            |

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| <b>Policy 16</b> | Program management utilizes an updated information system for documenting the necessary program related documents as well as informing the stakeholders. |
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| <b>Purpose</b> | This will help in preservation, timely retrieval, and publication of program documents towards effective performance of the program. |
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| <b>Scope</b> | <ol style="list-style-type: none"> <li>1. Vice Dean</li> <li>2. QAU</li> <li>3. IT department</li> </ol> |
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| <b>Responsibilities</b> | Each of the above-mentioned personnel in the scope. |
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| <b>Procedure</b> | <ol style="list-style-type: none"> <li>1. The QAU is responsible for developing any templates or policy and procedures required by the academic program for smooth functioning and documentary evidence besides the NCAAA prescribed templates.</li> <li>2. The coordinator of QAU and Vice Dean are the only authorized personnel to access the documents and provide them to any faculty unless Vice Dean also authorizes to co-coordinator of QAU.</li> <li>3. The Vice Dean puts the flow chart with roadmap of documents for academic program and classifies documents according to their level of confidentiality.</li> <li>4. The QAU distributes the Course Cycle related information to all the course coordinators and chairpersons of various committees and subcommittees in advance.</li> <li>5. The academic records and documents in the form of course file is uploaded on the Google drive or QAU website within 30 days of finishing the course.</li> <li>6. The QAU reviews the uploaded course file documents and inform the concerned person for any modifications according to the standards.</li> <li>7. Print copies of the documents after modifications and signature by the course coordinators are sent formally to the QAU.</li> <li>8. The submitted documents may be retrieved by the coordinators after permission from the coordinator (QAU) or Vice Dean.</li> <li>9. Any information or documents for college website must be approved by the Vice Dean and uploaded by the website committee.</li> <li>10. The IT Department is responsible for updating and maintenance of college website.</li> </ol> |
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| <b>Templates/ Records</b> | <ol style="list-style-type: none"> <li>1. All quality-related prescribed templates from ETEC website.</li> <li>2. Course specifications</li> <li>3. Field experience specification</li> <li>4. Course reports</li> <li>5. Filed experience report</li> <li>6. Course files</li> <li>7. Annual program report</li> <li>8. Self-evaluation scales</li> <li>9. SSRP</li> <li>10. Feedback survey questionnaires and reports</li> </ol> |
| <b>References</b>         | <ol style="list-style-type: none"> <li>1. NCAAA Standards for Program Accreditation; S: 2.</li> <li>2. Policies and procedures of the Shaqra University (Deanship of Development &amp; Quality)</li> </ol>  |

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| <b>Policy 17</b>        | <b>Domain: Academic Program Management (APM)</b>   |                            |
| <b>Doc. ID: APM-9</b>   | <b>Title: Financial and Infrastructure Supportive Resources</b>  |                            |
| <b>Document Status</b>  | <input checked="" type="checkbox"/> New <input type="checkbox"/> Modification; Old Document Ref. No.:  |                            |
| <b>Prepared by</b>      | Prof Jamal Arif<br><b>Position:</b> Head, QAU  | <b>Date:</b><br>20/02/2023 |
| <b>Revised by</b>       | Dr Abdulrahman Alfaiz<br><b>Position:</b> Vice Dean.   | <b>Date:</b><br>09/03/2023 |
| <b>Approved by</b>      | Dr Feras M. Almarshad<br><b>Position:</b> Dean, College of Medicine  | <b>Date:</b><br>12/03/2023 |
| <b>Notes</b>            | None   |                            |
| <b>Policy 17</b>        | Sufficient financial resources along with the physical infrastructure to ensure achievement of program mission and goals.  |                            |
| <b>Purpose</b>          | To deliver the program effectively and smoothly with adequate financial and physical resources.  |                            |
| <b>Scope</b>            | <ol style="list-style-type: none"> <li>1. Dean</li> <li>2. Vice Dean</li> <li>3. College Manager</li> <li>4. Hospital Coordinator</li> <li>5. IT Help desk Coordinator or Dean</li> <li>6. Lab Supervisor</li> <li>7. Library Manager</li> <li>8. Clinical Skill Lab Coordinator</li> </ol>  |                            |
| <b>Responsibilities</b> | Each of the above-mentioned personnel in the scope.  |                            |
| <b>Procedure</b>        | <ol style="list-style-type: none"> <li>1. The college manager must review annually the lectures halls, PBL rooms, seating arrangement, computers, printers, scanners, internet, virtual class, LMS, E-learning material, labs and equipment/chemicals/models, clinical skills labs, safety measures in class and labs and update accordingly.</li> <li>2. The lab supervisor and clinical skill lab coordinator should submit the requirement through the HoD to the college manager.</li> </ol> |                            |

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|                               | <ol style="list-style-type: none"> <li>3. The manager sends the requirement to the IT Help desk coordinator or Dean of IT.</li> <li>4. The hospital coordinator must review annually the adequacy of clinical training sites in the associated hospitals, primary healthcare centers or other hospitals.</li> <li>5. The college manager, hospital coordinator, lab supervisor and clinical skills coordinator must fill the template provided by QAU for infrastructure present in the current year and next requirement and return it to the QAU.</li> <li>6. The library manager reviews the educational materials related to the program in the central library and accordingly update it via the requisitions from the Vice Dean of college.</li> <li>7. Completed forms received by the QAU are processed for ensuring the adequacy of educational resources according to the KPIs and adopted standards.</li> <li>8. Vice Dean must review the availability of physical resources in the report issued by the QAU to ensure smooth running of the program and present the report to the higher administration.</li> <li>9. Based on the decision taken by the administration, an action plan is developed by the Vice Dean who sends it to the QAU for monitoring and evaluation for another cycle.</li> <li>10. Vice Dean must formally compile the expenditure of the allotted budget and accordingly propose the annual budget of the college to the Dean who in turn sends it to the University administration.</li> </ol> |
| <b>Templates/<br/>Records</b> | <ol style="list-style-type: none"> <li>1. Filled database forms</li> <li>2. Processed database</li> <li>3. Improvement action plan</li> </ol>   |
| <b>References</b>             | <ol style="list-style-type: none"> <li>1.NCAAA Standards for Program Accreditation; S: 2 and 6.</li> <li>2.Policies and procedures of the Shaqra University (Deanship of Development &amp; Quality)</li> </ol>  |



## Policies Related to Conflict of Interest

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| <b>Policy 18</b>        | <b>Domain: Conflict of Interest</b>   |                            |
| <b>Doc. ID: COI-1</b>   | <b>Title: General Guidelines</b>  |                            |
| <b>Document Status</b>  | <input checked="" type="checkbox"/> New <input type="checkbox"/> Modification; Old Document Ref. No.:   |                            |
| <b>Prepared by</b>      | Prof Jamal Arif<br><b>Position:</b> Head, QAU   | <b>Date:</b><br>20/02/2023 |
| <b>Revised by</b>       | Dr Abdulrahman Alfaiz<br><b>Position:</b> Vice Dean.  | <b>Date:</b><br>09/03/2023 |
| <b>Approved by</b>      | Dr Feras M. Almarshad<br><b>Position:</b> Dean, College of Medicine   | <b>Date:</b><br>12/03/2023 |
| <b>Notes</b>            | None  |                            |
| <b>Policy 18</b>        | The college must have a policy of conflict of interest referring to a situation where the employee's personal interest may affect the employee's decision in performing the work in a transparent manner.   |                            |
| <b>Sub-Policy 18.1</b>  | A written declaration to be provided every year by all members of the college council and decision-making committees or councils regarding any financial or credit interests among themselves or any members from first, second, third or fourth family degree relatives in the College or University.  |                            |
| <b>Sub-Policy 18.2</b>  | In case of a relationship of any kind between a faculty member with another colleague or a student, he/she must declare it in writing in the department or college council.   |                            |
| <b>Sub-Policy 18.3</b>  | Wherever or whenever a potential conflict of interest arises, the person involved must recuse/withdraw himself/herself from processes and decisions.  |                            |
| <b>Sub-Policy 18.4</b>  | Holding any position by the members in the college is not restrained provided that the member declares in writing any issues or relationships that might constitute a conflict of interest and the college council must examine it with neutrality keeping the benefit of the college on priority.  |                            |
| <b>Sub-Policy 18.5</b>  | Any Conflict of Interest is to be declared by all researchers.  |                            |
| <b>Purpose</b>          | Conflict of Interest is to promote integrity and objectivity in conduct of faculty members, transparency, and good governance.  |                            |
| <b>Scope</b>            | <ol style="list-style-type: none"> <li>1. Members of the College Council</li> <li>2. All staff members</li> <li>3. Academic Leaders</li> <li>4. College Administrative Employees</li> </ol>   |                            |
| <b>Responsibilities</b> | Each of the above-mentioned personnel in the scope.   |                            |
| <b>Definitions</b>      | Conflict of interest situation is defined as a situation that has the potential to undermine the impartiality of a person because of the possibility of a clash between the person's self-interest and professional interest or public interest. Or it is defined as a situation in which a party's responsibility to a second party limits its ability to discharge its responsibility to a third party. |                            |

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| <b>Procedure</b>              | <ol style="list-style-type: none"> <li>1. All members to understand and abide by the policy.</li> <li>2. Stakeholders in the decision-making committees and councils must report to the immediate supervisor who keeps the information confidential and report to the Dean who also keeps it confidential.</li> <li>3. Dean shall ensure that the academic process in such a case is not compromised and fair access to resources, opportunities and/or services is not damaged. Any bias or perceptions of bias also need to be avoided.</li> <li>4. Conflict of interest must be documented in the meeting minutes of the college council and decision-making committees where the declared conflict of interest is discussed.</li> <li>5. Researchers, particularly the Principal Investigators (PIs) must obligatorily make full declarations of conflict of interest in authorship or financial matters to the Deanship for Scientific Research which monitors and manages research-related conflicts of interest records and reports to the funders.</li> <li>6. The Deanship for Scientific Research must report any identified conflicts of interest between a researcher and a research project/research funder, and the steps taken to manage the conflict, to the Vice Rector for Postgraduate Studies and Scientific Research.</li> <li>7. Faculty member with reported conflict of interest is now allowed to supervise or evaluate student's academic assignments with whom she/he has a first to fourth degree of relationship.</li> <li>8. Declarations of conflict of interest must be annually updated.</li> <li>9. Any changes in the already submitted declarations of a concerned member, a new declaration form must be re-submitted again.</li> </ol> |
| <b>Templates/<br/>Records</b> | <ol style="list-style-type: none"> <li>1. Declaration forms</li> <li>2. Record of meeting minutes from councils, committees, and college council</li> </ol>  |
| <b>References</b>             | <ol style="list-style-type: none"> <li>1. NCAAA Standards for Program Accreditation; S: 5.</li> <li>2. Policies and procedures of the Shaqra University (Deanship of Development &amp; Quality)</li> </ol>   |

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| <b>Policy 19</b>          | <b>Domain: Conflict of Interest</b>   |                            |
| <b>Doc. ID:<br/>COI-2</b> | <b>Title: Conflict of Interest in Assessment</b>  |                            |
| <b>Document Status</b>    | <input checked="" type="checkbox"/> New <input type="checkbox"/> Modification; Old Document Ref. No.: |                            |
| <b>Prepared by</b>        | Prof Jamal Arif<br><b>Position:</b> Head, QAU   | <b>Date:</b><br>20/02/2023 |
| <b>Revised by</b>         | Dr Abdulrahman Alfaiz<br><b>Position:</b> Vice Dean.  | <b>Date:</b><br>09/03/2023 |
| <b>Approved by</b>        | Dr Feras M. Almarshad<br><b>Position:</b> Dean, College of Medicine                                   | <b>Date:</b><br>12/03/2023 |
| <b>Notes</b>              | None  |                            |

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| <b>Policy 19</b>       | The college must have a policy of conflict of interest referring to a situation where the employee's personal interest may affect the employee's decision in performing the assessment and evaluation work of a student in transparent manner. |  |
| <b>Sub-Policy 19.1</b> | A written declaration is to be provided every year by all members of the assessment and exam committees regarding any financial or credit interests among themselves or any members from first-, second-, third- or fourth-degree relatives.   |  |
| <b>Sub-Policy 19.2</b> | All faculty members involved in the assessment processes must declare any conflict of interest that may exist or arise during any stage of assessment and evaluation.  |  |
| <b>Sub-Policy 19.3</b> | In case of a relationship of any kind between a faculty member with another colleague or a student, he/she must declare it in writing in the department or college council.  |  |
| <b>Sub-Policy 19.4</b> | Wherever or whenever a potential conflict of interest arises, the person involved must recuse/withdraw himself/herself from processes and decisions.   |  |

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| <b>Purpose</b> | Conflict of Interest is to promote integrity and objectivity in conduct of faculty members, transparency, and good governance in assessment and evaluation process. |
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| <b>Scope</b> | <ol style="list-style-type: none"> <li>1. Members of Assessment Committee.</li> <li>2. Members of Exam Committee.</li> <li>3. Members of College Council</li> <li>4. All Faculty members, part-time faculty members, and any joint staff</li> <li>5. Academic leaders</li> <li>6. Administrative employees</li> </ol> |
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| <b>Responsibilities</b> | Each of the above-mentioned personnel in the scope. |
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| <b>Procedure</b> | <ol style="list-style-type: none"> <li>1. All members to understand and abide by the policy.</li> <li>2. All stakeholders in the Assessment Committee and Exam Committee must make a full declaration, in writing, of student's immediate family members to the HoD who keeps the information confidential.</li> <li>3. Any member in the College Council must declare his/her relationship with the student's immediate family members to the Dean in writing who may dissociate him/her in special cases.</li> <li>4. Any faculty member involved in the assessment and evaluation duties in the department(s) having a conflict of interest must declare it to the HoD.</li> </ol> |
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|                               | <ol style="list-style-type: none"> <li>5. If HoD himself/herself has a conflict of interest, she/he shall inform to the respective Vice Dean.</li> <li>6. Such members must withdraw themselves from any assessment and evaluation process in which the issue to be discussed has any direct or indirect financial or personal relation to that student.</li> <li>7. No faculty member is allowed to supervise or evaluate any student's academic task with whom he/she has a first, second, third or fourth relationship.</li> <li>8. Conflicts of interest situations reported to, or considered, by the College Council or an Assessment Committee or Exam Committee shall be recorded, with adequate evidence in the minutes concerned.</li> <li>9. Dean and HoD shall ensure that the academic process in such a case is not compromised and fair access to resources, opportunities and/or services is not damaged.</li> <li>10. HoDs will ensure the policy related to assessment being practiced in their respective Departments.</li> <li>11. Declarations of conflict of interest must be annually updated.</li> <li>12. Any changes in the already submitted declarations of a concerned member, a new declaration form must be re-submitted again.</li> </ol> |
| <b>Templates/<br/>Records</b> | <ol style="list-style-type: none"> <li>1. Declaration form</li> <li>2. Meeting minutes of respective department/unit or College Council</li> </ol>  |
| <b>References</b>             | <ol style="list-style-type: none"> <li>1. NCAAA Standards for Program Accreditation; S: 3.</li> <li>2. Policies and procedures of the Shaqra University (Deanship of Development &amp; Quality)</li> </ol>  |

## Policies Related to Students' Affairs

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| <b>Policy 20</b>       | <b>Domain: Students Affairs.</b>  |                            |
| <b>Doc. ID: STD-1</b>  | <b>Title: Admission to MBBS program and Orientation</b>   |                            |
| <b>Document Status</b> | <input checked="" type="checkbox"/> New <input type="checkbox"/> Modification; Old Document Ref. No.: |                            |
| <b>Prepared by</b>     | Prof. Bahaaeldin Hassan<br><b>Position:</b> Chairman, Student Affairs Committee                       | <b>Date:</b><br>21/02/2023 |
| <b>Revised by</b>      | Prof Jamal Arif<br><b>Position:</b> Head, QAU   | <b>Date:</b><br>27/02/2023 |
| <b>Revised by</b>      | Dr Muath Alammar<br><b>Position:</b> Vice Dean, Academic Affairs                                      | <b>Date:</b><br>02/03/2023 |
| <b>Approved by</b>     | Dr Feras M. Almarshad<br><b>Position:</b> Dean of College of Medicine                                 | <b>Date:</b><br>12/03/2023 |
| <b>Notes</b>           | None  |                            |

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| <b>Policy 20</b> | The Deanship of Admission and Registration at the Shaqra University has a plan for enrollment of student to MBBS program. |
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| <b>Purpose</b> | To define the parameters of enrollment to the college of Medicine |
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| <b>Scope</b> | 1. The Deanship of Admission and Registration at the Shaqra University.<br>2. The college admission and registration committee. |
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| <b>Responsibilities</b> | The Deanship of Admission and Registration at the Shaqra University. |
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| <b>Procedure</b> | <p><b>General Admission Requirements for the applicant:</b></p> <ol style="list-style-type: none"> <li>1. He must hold a secondary education certificate or its equivalent from inside or outside the Kingdom.</li> <li>2. He should not be more than five years since he graduated from high school or its equivalent,</li> <li>3. He must successfully pass any test or personal interview that the University Council may see appropriate.</li> <li>4. He must be medically fit.</li> <li>5. He should not be dismissed for academic or behavioral reasons from any university or any educational institution.</li> <li>6. He must pass the general abilities, the computer, and the achievement tests.</li> <li>7. Who is on the job must attain pre-approval from his sponsor.</li> </ol> <p><b>College of Medicine Admission Requirements</b></p> <ol style="list-style-type: none"> <li>1. He must obtain at least 78% of the composite percentage (30% for high school percentage + 30% for the aptitude test score + 40% for the achievement test score)</li> <li>2. The GPA for the preparatory year must not be less than 4.25</li> </ol> |
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|                           | <p>3. The applicant must fulfill the English language condition, which is not less than in the TOEFL test or in the STEP test, or the total score of General English (ENGL 109) and English for Health Specialties (ENGL 110) should not be less than 47.5 point.</p> <p><a href="https://www.su.edu.sa/ar/deanships/deanship-admission-and-registration/%D9%82%D8%A8%D9%88%D9%84-%D8%A7%D9%84%D8%B7%D9%84%D8%A7%D8%A8-%D8%A7%D9%84%D9%85%D8%B3%D8%AA%D8%AC%D8%AF%D9%8A%D9%86">https://www.su.edu.sa/ar/deanships/deanship-admission-and-registration/%D9%82%D8%A8%D9%88%D9%84-%D8%A7%D9%84%D8%B7%D9%84%D8%A7%D8%A8-%D8%A7%D9%84%D9%85%D8%B3%D8%AA%D8%AC%D8%AF%D9%8A%D9%86</a></p> <p><b>Orientation of Admitted Students:</b></p> <ol style="list-style-type: none"> <li>1. The admitted students should be orientated about the college, curriculum, teacher-centered teaching, assessment methods, LMS, infrastructure, labs infrastructure, student activities, student's rights and responsibilities, complaint system, academic advising, extracurricular activities, central library, Saudi Digital Library, college tour etc.</li> <li>2. The orientation program of the new students should be conducted in the presence of Dean, Vice Deans, Heads of Student's Affairs, Exam, Academic Advising and Extracurricular activities etc.</li> <li>3. It is mandatory for all students to attend.</li> <li>4. In the first lecture of each block/course, the block/course organizers should deliver an orientation lecture about the course including teaching and assessment plans.</li> <li>5. Feedback on the orientation program should be conducted and analyzed. The major suggestions to improve it further shall be included in the action plan.</li> <li>6. Vice Dean for Academic Affairs should prepare a report on the orientation plan and submit a copy to the Dean and QAU.</li> </ol> |
| <b>Templates/ Records</b> | <ol style="list-style-type: none"> <li>1. Meeting minutes of the relevant committees and councils</li> <li>2. Relevant forms</li> <li>3. Annual report on orientation of students</li> </ol>   |
| <b>References</b>         | <ol style="list-style-type: none"> <li>1. NCAAA Standards for Program Accreditation; S: 4.</li> <li>2. Policies and procedures of the Shaqra University (Deanship of Development &amp; Quality)</li> </ol>   |

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| <b>Policy 21</b>       | <b>Domain: Students Affairs.</b>  |                            |
| <b>Doc. ID: STD-2</b>  | <b>Title: Student Rights and Responsibilities Policy.</b>   |                            |
| <b>Document Status</b> | <input checked="" type="checkbox"/> New <input type="checkbox"/> Modification; Old Document Ref. No.: |                            |
| <b>Prepared by</b>     | Prof. Bahaeldin Hassan<br><b>Position:</b> Chairman, Student Affairs Committee                        | <b>Date:</b><br>21/02/2023 |
| <b>Revised by</b>      | Prof Jamal Arif<br><b>Position:</b> Head, QAU   | <b>Date:</b><br>27/02/2023 |
| <b>Revised by</b>      | Dr Muath Alammar<br><b>Position:</b> Vice Dean, Academic Affairs                                      | <b>Date:</b><br>02/03/2023 |
| <b>Approved by</b>     | Dr Feras M. Almarshad<br><b>Position:</b> Dean of College of Medicine                                 | <b>Date:</b><br>12/03/2023 |

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| <b>Notes</b>            | None   |
| <b>Policy 21</b>        | Attend SU, the student accepts responsibility for promoting the community's welfare by adhering to the Code of Student Rights and Responsibilities and all University Policies.  |
| <b>Purpose</b>          | The University and the college of Medicine reserve the right to take necessary and suitable action to protect the safety and welfare of the campus community and the College's learning, living, or work environment. This may include taking necessary and appropriate action in cases where a student is charged and accused of serious conduct on or off campus or interacting through social or other electronic media, and there is a clear correlation to the University community regardless of where the conduct occurred or is alleged to have occurred   |
| <b>Scope</b>            | <ol style="list-style-type: none"> <li>1. The University Council</li> <li>2. The College Council.</li> <li>3. The vice Dean of academic affairs.</li> <li>4. The head of departments.</li> <li>5. The student affair committee.</li> <li>6. The academic advising committee.</li> </ol>  |
| <b>Responsibilities</b> | <p><b>General Rights of SU:</b></p> <ul style="list-style-type: none"> <li>• An environment free from discrimination.</li> <li>• An environment free from harassment.</li> <li>• Participate in his/her education.</li> <li>• Engage in academic discourse with faculty and other students.</li> <li>• Instruction from competent and qualified faculty.</li> <li>• See all his/her evaluated, written work.</li> <li>• Be treated civilly by faculty, staff, and other students.</li> <li>• Reasonable privacy of his/her official records.</li> <li>• Reasonable access to her official records.</li> <li>• The student with special needs has the right to equal access to all University facilities, learning resources, and support services.</li> </ul> <p><b>A student has the following rights:</b></p> <ul style="list-style-type: none"> <li>• To be familiar with the requirements of their program of study, including attendance and coursework</li> <li>• To be provided with teaching and tutorial advice in preparation for assessment following the course regulations</li> <li>• To be evaluated following the course regulations</li> <li>• To be consulted on any proposed changes to advancement and assessment regulations that will relate to students currently on the course</li> <li>• To be able to request an inspection of a decision of a Board of Examiners and, provided that the request is made following the recognized appeal procedures and within the time limitations set, to have that request formally considered following the appeal procedures.</li> </ul> |
| <b>Procedure</b>        | <p><b>Students with disabilities at Shaqra University have the right to:</b></p> <ul style="list-style-type: none"> <li>• Access all offered courses, programs, and support services and activities.</li> <li>• Learn and have sensible academic adjustments and services.</li> </ul>  |

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|                           | <ul style="list-style-type: none"> <li>• Join committees and councils.</li> <li>• All other rights and privileges are available to all students at the College of Medicine.</li> <li>• Students with disabilities at Shaqra University have the responsibility to: <ul style="list-style-type: none"> <li>• Comply with awarding degree requirements and standards.</li> <li>• Prove that disability confines his/her from participation in courses, programs, services, and activities.</li> <li>• Adhere to the University's measures for attaining academic adjustments, and support services.</li> <li>• Ensure that he/she could manage his own personal affairs.</li> </ul> </li> </ul> <p>Other Students' rights are gathered in the student handbook and are published on the website. The rights and responsibilities are aligned with that of Shaqra University.</p> <p><b>The following are items of the students' rights and responsibilities:</b></p> <ol style="list-style-type: none"> <li>1. Addition and deletion of courses.</li> <li>2. Postponement and Dropping out of Studying</li> <li>3. Perseverance and Excuse for Studying.</li> <li>4. Excuses from courses and the whole year.</li> <li>5. Re-enrollment.</li> <li>6. Re-correction of results.</li> </ol> <p>The student has to go to his academic advisor first to discuss the issue and review the roles and regulations. After discussion, if the student still wants to proceed and if the rules permit, he will fill out the form and both the student and the advisor sign the form, then the form will be sent to stockholders by the advisor.</p> |
| <b>Templates/ Records</b> | <ol style="list-style-type: none"> <li>1. Meeting minutes of the relevant committees and councils</li> <li>2. Relevant forms</li> </ol>   |
| <b>References</b>         | <ol style="list-style-type: none"> <li>1. NCAAA Standards for Program Accreditation; S: 4.</li> <li>2. Policies and procedures of the Shaqra University (Deanship of Development &amp; Quality)</li> </ol>  |

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| <b>Policy 22</b>       | <b>Domain: Students Affairs.</b>  |                            |
| <b>Doc. ID: STD-3</b>  | <b>Title: Students' Code of Conduct.</b>  |                            |
| <b>Document Status</b> | <input checked="" type="checkbox"/> New <input type="checkbox"/> Modification; Old Document Ref. No.: |                            |
| <b>Prepared by</b>     | Prof. Bahaaeldin Hassan<br><b>Position:</b> Chairman, Student Affairs Committee                       | <b>Date:</b><br>21/02/2023 |
| <b>Revised by</b>      | Prof Jamal Arif<br><b>Position:</b> Head, QAU   | <b>Date:</b><br>27/02/2023 |
| <b>Revised by</b>      | Dr Muath Alammar<br><b>Position:</b> Vice Dean, Academic Affairs                                      | <b>Date:</b><br>02/03/2023 |
| <b>Approved by</b>     | Dr Feras M. Almarshad<br><b>Position:</b> Dean of College of Medicine                                 | <b>Date:</b><br>12/03/2023 |
| <b>Notes</b>           | None  |                            |



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| <b>Policy 22</b> | The Code describes the acceptable behavior expected from Students to assist the University in providing this productive environment. Students are required to adhere, as part of their Enrolment and Admission, to read and comply with the Code and all other standards of behavior required by the University's policies and procedures, and to then conduct themselves accordingly. Students found to have violated the Code may be subject to penalties following the University's policies and procedures. This policy operates in collaboration with common and statute law and does not exclude or replace the rights and obligations of any individual under common and statute law. |
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| <b>Purpose</b> | To establish the framework for the Students' Code of Conduct, describe the Code's principles and set out the foundation for the Code's procedures, including penalties. |
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| <b>Scope</b> | This policy applies to all Students in respect of all actions and activities (including inaction and inactivity) relating to or affecting the University or its Students or Employees. |
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| <b>Responsibilities</b> | <ol style="list-style-type: none"> <li>1. The College council.</li> <li>2. The vice Dean of academic affairs.</li> <li>3. The head of departments.</li> <li>4. The college ethics committee.</li> <li>5. The academic advising committee.</li> </ol> |
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| <b>Procedure</b> | <p><b>1 Obligation of personal responsibility Students will:</b></p> <ul style="list-style-type: none"> <li>• Read and adhere to their Enrolment conditions and the University's prescribed policies, procedures, and ethical requirements.</li> <li>• Read and adhere to their program and Course prescribed requirements.</li> <li>• Take responsibility to acquire their own education and direct their own learning strategies.</li> </ul> <p><b>2 Pledge to act with honesty and integrity</b></p> <ul style="list-style-type: none"> <li>• Students will uphold Academic Integrity.</li> <li>• Uphold research integrity.</li> <li>• Conduct themselves appropriately and wisely when representing the University within the community.</li> </ul> <p><b>3 Pledge of respect and fairness Students will:</b></p> <ul style="list-style-type: none"> <li>• Treat other Students and Employees with due respect and fairness.</li> <li>• Avoid discriminatory and violent conduct on grounds such as gender, sexuality, race, ability, cultural background, religion, age, or political conviction.</li> <li>• Not engage in conduct that may objectively be considered Bullying, or which is otherwise disruptive or intimidating.</li> <li>• Respect the privacy of others in the collection, use, or access of personal information amongst undertaking studies.</li> <li>• Not to disclose confidential information related to any matter related to the university or the individual.</li> <li>• Avoid interfering with any teaching, learning, research, or other academic activity of the University.</li> </ul> <p><b>4 Pledge to ensure safety and to respect property Students will:</b></p> <ul style="list-style-type: none"> <li>• Not to harm or endanger the safety or health of others;</li> </ul> |
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|                           | <ul style="list-style-type: none"> <li>• Be harmless to others, including students and staff, while on and off University premises;</li> <li>• Not to engage in illegal behavior.</li> <li>• Not to engage in any activity conducted by the University or authorized to be held at the University under the influence of alcohol or any prohibited substance;</li> <li>• Not to use, possess or offer a prohibited or potentially dangerous weapon or any prohibited or dangerous substance on the University;</li> <li>• Use university property or resources, including communication technology and other resources, cooperatively, legally, responsibly, and appropriately.</li> <li>• Respect the property rights of others, including students, staff and staff, while inside/outside the University premises.</li> </ul> <p><b>5 Obligation to maintain the University's reputation Students are obligated to:</b></p> <ul style="list-style-type: none"> <li>• Ensure that the University's reputation is not significantly affected when they undertake academic courses or other extra-curricular University activities.</li> <li>• Avoid using the University's name, reputation, intellectual property, crest, or resources for private or business purposes without the appropriate authorization from the head of the institution;</li> </ul> <p><b>6 SU has a zero-tolerance policy for drug and alcohol use,</b> weapons and dangerous materials brought to campus or any university-sanctioned event, and physical altercations. Violations of this Code of Conduct are subject to immediate dismissal from the University.</p> <p><b>7 Students are expected to abide by the values and traditions of Saudi society</b> inappropriate dress for males and females is prohibited.</p> |
| <b>Templates/ Records</b> | <ol style="list-style-type: none"> <li>1. Meeting minutes of the relevant committees and councils</li> <li>2. Relevant forms</li> </ol>  |
| <b>References</b>         | <ol style="list-style-type: none"> <li>1. NCAAA Standards for Program Accreditation; S: 4.</li> <li>2. Policies and procedures of the Shaqra University (Deanship of Development &amp; Quality)</li> </ol>   |

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| <b>Policy 23</b>       | <b>Domain: Students Affairs.</b>  |                            |
| <b>Doc. ID: STD-4</b>  | <b>Title: Student Complaints and Grievance Issues.</b>  |                            |
| <b>Document Status</b> | <input checked="" type="checkbox"/> New <input type="checkbox"/> Modification; Old Document Ref. No.: |                            |
| <b>Prepared by</b>     | Prof. Bahaaeldin Hassan<br><b>Position:</b> Chairman, Student Affairs Committee                       | <b>Date:</b><br>21/02/2023 |
| <b>Revised by:</b>     | Prof Jamal Arif<br><b>Position:</b> Head, QAU   | <b>Date:</b><br>27/02/2023 |
| <b>Revised by</b>      | Dr Muath Alammar<br><b>Position:</b> Vice Dean, Academic Affairs                                      | <b>Date:</b><br>02/03/2023 |
| <b>Approved by</b>     | Dr Feras M. Almarshad<br><b>Position:</b> Dean of College of Medicine                                 | <b>Date:</b><br>12/03/2023 |
| <b>Notes</b>           |   |                            |

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| <b>Policy 23</b>        | Fair practice and respect must be followed in all aspects of dealings between employees with each other, as well as with students .Governing transactions between faculty members, employees, with each other, and giving everyone his right. Investigate and verify the complaints of employees and students.  |
| <b>Purpose</b>          | To establish fairness and respect, and good conduct between college members   |
| <b>Scope</b>            | All students enrolled in the college  |
| <b>Responsibilities</b> | <ol style="list-style-type: none"> <li>1. Students</li> <li>2. All Staff members</li> <li>3. Employees</li> <li>4. Faculty Grievance Committee</li> <li>5. The Vice Dean of academic affairs</li> <li>6. The Dean</li> </ol>  |
| <b>Procedure</b>        | <p>Problems are solved in principle informally, and if it fails to bridge views, formal procedures will be taken:</p> <ol style="list-style-type: none"> <li>1. Hearings must be held within one week of the filing of the complaint.</li> <li>2. The Grievance Committee shall provide written notice of the time and place of the hearing, and the names of any witnesses.</li> <li>1. The committee receives the documents submitted by the parties days before the hearing.</li> <li>2. The hearing shall be held and shall be completed within 10 days unless the Committee decides to extend the time for necessary reasons.</li> <li>3. The sessions are recorded and the opponent can obtain a copy of the recording.</li> <li>4. Sessions shall be closed unless otherwise agreed by the parties.</li> <li>5. The session may be held in the absence of one of the parties if requested in writing.</li> <li>6. The Grievance Committee should present its recommendations in writing within ten days of the hearing and submit the conclusion, which should be compatible with university rules, to the Head of the Committee</li> <li>7. The Grievance Committee will recommend a decision and will inform the Dean of the college.</li> </ol> |

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| <b>Policy 24</b>       | <b>Domain: Students Affairs.</b>  |                            |
| <b>Doc. ID: STD-5</b>  | <b>Title: Students Appeal for Academic Issues.</b>  |                            |
| <b>Document Status</b> | <input checked="" type="checkbox"/> New <input type="checkbox"/> Modification; Old Document Ref. No.: |                            |
| <b>Prepared by</b>     | Prof. Bahaeldin Hassan<br><b>Position:</b> Chairman, Student Affairs Committee                        | <b>Date:</b><br>21/02/2023 |
| <b>Revised by</b>      | Prof Jamal Arif<br><b>Position:</b> Head, QAU   | <b>Date:</b><br>27/02/2023 |
| <b>Revised by</b>      | Dr Muath Alammar<br><b>Position:</b> Vice Dean, Academic Affairs                                      | <b>Date:</b><br>02/03/2023 |
| <b>Approved by</b>     | Dr Feras M. Almarshad<br><b>Position:</b> Dean of College of Medicine                                 | <b>Date:</b><br>12/03/2023 |
| <b>Notes</b>           | None  |                            |

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| <b>Policy 24</b> | The student has the right to apply for academic issues like re-correction of the answer papers |
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| <b>Purpose</b> | To preserve student's rights and developing trust between the student and the institution |
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| <b>Scope</b> | <ol style="list-style-type: none"> <li>1. Students</li> <li>2. Academic advisors</li> <li>3. Head of the departments</li> <li>4. Course organizers</li> <li>5. Exam committee</li> <li>6. Vice Dean of Academic Affairs</li> </ol> |
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| <b>Responsibilities</b> | All members mentioned in the scope |
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| <b>Procedure</b> | <ol style="list-style-type: none"> <li>1. The student holds a session with the academic advisor to discuss the issue of the re-correction of the answer sheets.</li> <li>2. The student must not have previously submitted a request to re-mark one of the tests and his request was proved to be incorrect</li> <li>3. The student submits a request for re-correction of the answer sheets to the department studying the course, signed by the student and the academic advisor, stating the justifications for the request for re-correction.</li> <li>4. It is not allowed to apply for re-correction of more than two courses per year, and three courses throughout the study period.</li> <li>5. The application should be submitted within one month from the end of the course examination.</li> <li>6. The Department submits the application to the College Council. The College Council may, in cases of necessity, approve the re-correction of the answer papers, and in the event that the re-correction is approved, the College Council forms a committee of three faculty members to re-correct the answer papers. The committee submits a report to the College Council for its decision, and the decision of the Council is considered final.</li> </ol> |
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| <b>Forms</b>  | <b>Re-correction Answer Sheet Form</b>   |  |
|   | <b>Name</b>  |  |
|   | <b>University ID</b>   |  |
|   | <b>Block name and code</b>   |  |
|   | <b>The answer sheet is to be re-corrected</b>  |  |
|   | <b>Mobile No</b>   |  |
|   | <b>Name of the academic advisor</b>  |  |
|   | <b>Date of the Exam</b>  |  |
|   | <b>Date</b>  |  |
|   | <b><u>Causes of re-correction:</u></b>   |  |
| 1.<br>.....<br>.....  |  |  |
| 2.<br>.....<br>.....  |  |  |
| 3.<br>.....<br>.....  |  |  |
| <b><u>General Rules</u></b>   |  |  |
| <ol style="list-style-type: none"> <li>1. The student must not have previously submitted a request to re-mark one of the tests and his request was proved to be incorrect.</li> <li>2. It is not allowed to apply for re-correction of more than two courses per year, and three courses throughout the study period.</li> <li>3. The application should be submitted within one month from the end of the course examination.</li> <li>4. The request for re-correction should be submitted to the department teaching the course, signed by the student and the academic advisor, stating the justifications for the request for re-correction.</li> </ol> <p>The application shall be submitted to the College Council, provided that the submission of the application does not exceed 30 days from the end of the probationary period in which the student wishes to review his answer papers.</p> <p>The Department submits the application to the Exam Unit. The Exam Unit may, in cases of necessity, approve the re-correction of the answer papers, and if the re-correction is approved, the Exam unit forms a committee of three faculty members, including the course organizer as a member, to re-correct the answer papers. The committee submits a report to the College Council for its decision, and the decision of the Council is considered final.</p> |  |  |
| <b>Student signature:</b>   |  |  |
| <b>Academic advisor signature</b>   |  |  |
| <b>Templates/ Records</b>   | <ol style="list-style-type: none"> <li>1. Meeting minutes of the relevant committees and councils</li> <li>2. Relevant forms</li> </ol>  |  |
| <b>References</b>   | <ol style="list-style-type: none"> <li>1. NCAAA Standards for Program Accreditation; S: 4.</li> <li>2. Policies and procedures of the Shaqra University (Deanship of Development &amp; Quality)</li> </ol> |  |

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| <b>Policy 25</b>       | <b>Domain: Students Affairs.</b>  |                            |
| <b>Doc. ID: STD-6</b>  | <b>Title: Students Appeal for Final Course Grades</b>   |                            |
| <b>Document Status</b> | <input checked="" type="checkbox"/> New <input type="checkbox"/> Modification; Old Document Ref. No.: |                            |
| <b>Prepared by</b>     | Prof. Bahaeldin Hassan<br><b>Position:</b> Chairman, Student Affairs Committee                        | <b>Date:</b><br>21/02/2023 |
| <b>Revised by</b>      | Prof Jamal Arif<br><b>Position:</b> Head, QAU   | <b>Date:</b><br>27/02/2023 |
| <b>Revised by</b>      | Dr Muath Alammar<br><b>Position:</b> Vice Dean, Academic Affairs                                      | <b>Date:</b><br>02/03/2023 |
| <b>Approved by</b>     | Dr Feras M. Almarshad<br><b>Position:</b> Dean of College of Medicine                                 | <b>Date:</b><br>12/03/2023 |
| <b>Notes</b>           | None  |                            |

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| <b>Policy 25</b> | The student has the right to apply for academic issues like re-correction of the final course answer papers |
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| <b>Purpose</b> | To preserve student's rights and developing trust between the student and the institution |
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| <b>Scope</b> | <ol style="list-style-type: none"> <li>1. Students</li> <li>2. Academic advisors</li> <li>3. Head of the departments</li> <li>4. Course organizers</li> <li>5. Exam committee</li> <li>6. Vice Dean of Academic Affairs</li> </ol> |
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| <b>Responsibilities</b> | All members mentioned in the scope |
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| <b>Procedure</b> | <ol style="list-style-type: none"> <li>1. The student holds a session with the academic advisor to discuss the issue of the re-correction of the answer sheets.</li> <li>2. The student must not have previously submitted a request to re-mark one of the tests and his request was proved to be incorrect</li> <li>3. The student submits a request for re-correction of the answer sheets to the department studying the course, signed by the student and the academic advisor, stating the justifications for the request for re-correction.</li> <li>4. It is not allowed to apply for re-correction of more than two courses per year, and three courses throughout the study period.</li> <li>5. The application should be submitted before the end of the academic year.</li> <li>6. The application shall be submitted to the College Council, provided that the submission of the application does not exceed 30 days from the end of the probationary period in which the student wishes to review his answer papers.</li> <li>7. The Department submits the application to the Exam Unit. The Exam Unit may, in cases of necessity, approve the re-correction of the answer papers, and if the re-correction is approved, the Exam unit forms a committee of three faculty members,</li> </ol> |
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|                           | including the course organizer as a member, to re-correct the answer papers at the first week of the next academic year. The committee submits a report to the College Council for its decision, and the decision of the Council is considered final. If there is any changes, the College Council will submit a report to the Deanship of admission and registration to change the grade of the student. |
| <b>Templates/ Records</b> | 1. Meeting minutes of the relevant committees and councils<br>2. Relevant forms   |
| <b>References</b>         | 1. NCAAA Standards for Program Accreditation; S: 4.<br>2. Policies and procedures of the Shaqra University (Deanship of Development & Quality)  |

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| <b>Policy 26</b>       | <b>Domain: Students Affairs.</b>  |                            |
| <b>Doc. ID: STD-7</b>  | <b>Title: Supervision and Verification of Students' Work</b>  |                            |
| <b>Document Status</b> | <input checked="" type="checkbox"/> New <input type="checkbox"/> Modification; Old Document Ref. No.: |                            |
| <b>Prepared by</b>     | Prof. Bahaaeldin Hassan<br><b>Position:</b> Chairman, Student Affairs Committee                       | <b>Date:</b><br>21/02/2023 |
| <b>Revised by:</b>     | Prof Jamal Arif<br><b>Position:</b> Head, QAU   | <b>Date:</b><br>27/02/2023 |
| <b>Revised by</b>      | Dr Muath Alammar<br><b>Position:</b> Vice Dean, Academic Affairs                                      | <b>Date:</b><br>02/03/2023 |
| <b>Approved by</b>     | Dr Feras M. Almarshad<br><b>Position:</b> Dean of College of Medicine                                 | <b>Date:</b><br>12/03/2023 |
| <b>Notes</b>           |   |                            |

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| <b>Policy 26</b> | Fair practice must be followed in determining the nature of staff interventions where student work is prepared and presented for assessment. As a ruling principle, all changes made in the various stages of development of written or other products or performances submitted for assessment must represent students' own work. |
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| <b>Purpose</b> | To establish fairness and academic integrity |
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| <b>Scope</b> | All students enrolled in the college |
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| <b>Responsibilities</b> | 1. The students<br>2. All Staff members<br>3. Course organizers<br>4. Vice Dean of academic affairs<br>5. Student Violations Committee |
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| <b>Procedure</b> | <p><b>Definitions</b></p> <ul style="list-style-type: none"> <li>- <b>Plagiarism</b> :The work or representation is in fact of another person's work, thoughts, or ideas and is presented as your own work with or without the consent of the original author without full acknowledgement.</li> <li>- <b>Collusion</b> :The student's work is the result of the work of another individual such as a parent or another classmate.</li> <li>- <b>Data fabrication</b>: The data presented is not real, invented, or purchased.</li> </ul> <p><b>Acceptable work:</b></p> <ul style="list-style-type: none"> <li>- That quote from other sources, with acknowledgment of the source and with interpretation, commentary, or analysis which incorporates some ideas or material drawn from other sources and transformed by the student in his own words for use in a new context, and supported by the student's own ideas or argument, with acknowledgment of the original source;</li> <li>- Self-refining or self-correcting actions by the student, including those arising from a claim or advice from another person or source.</li> <li>- Work done in groups, in proportion to the assessment task.</li> <li>- The help students get from using dictionaries and glossaries is acceptable</li> </ul> <p><b>Unacceptable Work:</b></p> <ul style="list-style-type: none"> <li>- That has been copied, without acknowledgment, from another source.</li> <li>- Include verbatim large or multiple passages from a source or sources, with little or no explanation, commentary, or analysis.</li> <li>- Include corrections or changes made by the tutor or someone else.</li> </ul> <p><b>Procedures:</b></p> <p><b><u>Tutor role:</u></b></p> <ul style="list-style-type: none"> <li>- The tutor can ask questions and give general advice.</li> <li>- The tutor should not make specific changes in such a way as to call into question the student's authorship of that particular work.</li> <li>- The tutor should focus on guiding the student rather than modifying the work.</li> <li>- The teacher should be able to identify the contribution of each individual to the estimated results of the group activity</li> </ul> <p><b><u>General Rules</u></b></p> <ul style="list-style-type: none"> <li>- Students must submit their own work. No part of anyone else's work may be copied, or based on an unnecessary level of assistance from another person.</li> <li>- Teachers should supervise student activity and provide feedback at different stages and in different forms to reduce the chance of plagiarism.</li> </ul> <p><b><u>Methods of verification</u></b></p> <ul style="list-style-type: none"> <li>- Checking plagiarism (online). Many sites provide online plagiarism checking e.g. <a href="https://smallseotools.com/plagiarism-checker/">https://smallseotools.com/plagiarism-checker/</a>,</li> <li>- Checking plagiarism in the subscribed <i>ithenticate</i></li> <li>- Discussing the student's work with the student. <a href="https://www.quetext.com/plagiarism-checker">https://www.quetext.com/plagiarism-checker</a>,</li> </ul> <p><b><u>Punitive measures</u></b></p> <ul style="list-style-type: none"> <li>- If the work is plagiarized, the student will take a zero mark.</li> <li>- If it is proven that the work is not the student's own work will take a zero mark.</li> <li>- If the process is repeated, the student will be reported to the Student Violations Committee.</li> </ul> |
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| <b>Policy 27</b>       | <b>Domain: Students Affairs.</b>  |                            |
| <b>Doc. ID: STD-8</b>  | <b>Title: Personal Tutoring Policy.</b>   |                            |
| <b>Document Status</b> | <input checked="" type="checkbox"/> New <input type="checkbox"/> Modification; Old Document Ref. No.: |                            |
| <b>Prepared by</b>     | Prof. Bahaeldin Hassan<br><b>Position:</b> Chairman, Student Affairs Committee                        | <b>Date:</b><br>21/02/2023 |
| <b>Revised by</b>      | Prof Jamal Arif<br><b>Position:</b> Head, QAU   | <b>Date:</b><br>27/02/2023 |
| <b>Revised by</b>      | Dr Muath Alammar<br><b>Position:</b> Vice Dean, Academic Affairs                                      | <b>Date:</b><br>02/03/2023 |
| <b>Approved by</b>     | Dr Feras M. Almarshad<br><b>Position:</b> Dean of College of Medicine                                 | <b>Date:</b><br>12/03/2023 |
| <b>Notes</b>           | None  |                            |

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| <b>Policy 27</b> | This policy document sets out a framework of the core principles for personal tutoring that will apply throughout the University. These main principles set out a minimum standard of expectations for all students and staff, however, to ensure consistency and a comparable experience. |
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| <b>Purpose</b> | To ensure and provide strong personal care and support to students during their tenure here |
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| <b>Scope</b> | This policy applies to all Students in respect of all actions and activities (including inaction and inactivity) relating to or affecting the University or its Students or Employees. |
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| <b>Responsibilities</b> | <ol style="list-style-type: none"> <li>1. The College council.</li> <li>2. The vice Dean of academic affairs.</li> <li>3. The academic advisor unit.</li> <li>4. Staff members.</li> </ol> |
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| <b>Procedure</b> | <p>All students at College of Medicine will be allocated a named personal tutor, who will be a member of the academic staff. Students will be given the name of their tutor during the orientation program conducted for freshman students. Normally the personal tutor would be the same until the student leaves the portals of the university but in circumstances of leave, staff changes another personal tutor would be appointed for the student. Student requests for a change of personal tutor could be considered and granted. The roles of the personal tutor and the student's responsibilities will be made clear in the student handbook as well as in meetings with the personal tutor.</p> <p><b>Role of the Personal Tutor:</b> The personal tutor is the student's first formal point of contact for general academic guidance and support and guidance. They can be identified as the following:</p> <ol style="list-style-type: none"> <li>1. All personal tutors should inform tutees of their availability and ensure they are available at relevant times</li> <li>2. Listen to students' issues, grievances, or concerns and provide appropriate advice and guidance to their tutees when they require it.</li> </ol> |
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|                           | <ol style="list-style-type: none"> <li>3. Personal tutors play a vital role in their tutees settling into University life both during induction and their subsequent re-orientation at the start of each academic year and following a period of placement activity, study abroad, or leave of absence. They need to assist their tutees and ensure that they show continued progression throughout their tenure at the university.</li> <li>4. They should be around as a sounding board for any positive or negative issues related to the experience of their students and act as an advocate and support for their students as required.</li> <li>5. The personal tutors must encourage tutees to attend meetings and try to make reasonable efforts to contact those who do not keep in touch with their tutors.</li> <li>6. Personal tutors should keep a record of their meetings with tutees and must keep the same confidential and only reveal the same if it would result in the welfare of their tutees.</li> <li>7. The personal tutor should play an important role in providing all support to the student for his academic affairs.</li> <li>8. Apart from academic advice, personal tutors may provide tutees with general career advice, help, and encouragement in preparation for placements, career advancement opportunities, or higher study advancements...</li> <li>9. The role of the personal tutor can extend to provide feedback following assessment and/or help students to reflect on feedback from other staff. They may guide students on module choices (where appropriate) and matters relating to the students' overall progression on the program/course.</li> </ol> <p><b>Frequency and Timing</b><br/>Students may meet with their tutors at the beginning of their freshman session and as and when required. For all other students, meetings can happen at the beginning of every academic year and when the student desires or when the need arises.</p> <p><b>Student Responsibilities</b><br/>Students should maintain regular contact with their tutor throughout the program. These include the following:</p> <ul style="list-style-type: none"> <li>• Attend and communicate with their assigned tutors.</li> <li>• Tutees have to take all the advantages and support given by their tutors.</li> <li>• Tutees need to communicate any personal issues and academic concerns with their tutors.</li> <li>• Tutees need to prepare adequately for the tutorial discussions.</li> </ul> |
| <b>Templates/ Records</b> | <ol style="list-style-type: none"> <li>1. Meeting minutes of the relevant committees and councils</li> <li>2. Relevant forms</li> </ol>  |
| <b>References</b>         | <ol style="list-style-type: none"> <li>1. NCAAA Standards for Program Accreditation; S: 4.</li> <li>2. Policies and procedures of the Shaqra University (Deanship of Development &amp; Quality)</li> </ol>   |

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| <b>Policy 28</b>       | <b>Domain: Students Affairs.</b>  |                            |
| <b>Doc. ID: STD-9</b>  | <b>Title: Academic Advising policy.</b>   |                            |
| <b>Document Status</b> | <input checked="" type="checkbox"/> New <input type="checkbox"/> Modification; Old Document Ref. No.: |                            |
| <b>Prepared by</b>     | Prof. Bahaeldin Hassan<br><b>Position:</b> Chairman, Student Affairs Committee                        | <b>Date:</b><br>21/02/2023 |
| <b>Revised by</b>      | Prof Jamal Arif<br><b>Position:</b> Head, QAU   | <b>Date:</b><br>27/02/2023 |
| <b>Revised by</b>      | Dr Muath Alammam<br><b>Position:</b> Vice Dean, Academic Affairs                                      | <b>Date:</b><br>02/03/2023 |
| <b>Approved by</b>     | Dr Feras M. Almarshad<br><b>Position:</b> Dean of College of Medicine                                 | <b>Date:</b><br>12/03/2023 |
| <b>Notes</b>           | None  |                            |

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| <b>Policy 28</b> | Academic advising is an important aspect of College of Medicine. The main aim of this is to aid students to develop and take decisions during their academic tenure in the College, which runs parallel to their values, future career path, and life goals. The College of Medicine acknowledges the importance of ensuring that students have all the support and guidance to enable them to make the best decisions regarding their academic and educational needs and to give them the best opportunity to succeed. This is aided through Academic Advising. |
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| <b>Purpose</b> | Faculty, administrators, and professional staff are expected to promote academic advising as a shared responsibility with students. The purpose of this policy is below: <ul style="list-style-type: none"> <li>• To assist students in understanding the purpose &amp; mission of the college towards academics.</li> <li>• To support and help students to plan their academic programs.</li> <li>• To assist students in identifying their interests and career goals with the academic programs offered by the University.</li> <li>• To enable students to make appropriate course selections.</li> <li>• To assist students in interpreting and applying College policies, student services &amp; resources</li> <li>• To acquaint students with the University's student services and resources.</li> </ul> |
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| <b>Scope</b> | This policy applies to all Students in respect of all actions and activities (including inaction and inactivity) relating to or affecting the University or its Students or Employees. |
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| <b>Responsibilities</b> | 1. Vice Dean of Academic Affairs<br>2. Academic Advising Unit<br>3. All staff members |
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| <b>Procedure</b> | All Students enrolled in the college of medicine will be assigned to an academic advisor whom they would meet to fulfill the duties as per this policy. The teaching staff will be assigned a list of students for academic advising. The list will be made available to the teaching faculty in their respective ERP system of the University which will give them access to the transcripts of the students and will provide them with a detailed study plan |
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of the student throughout his tenure with the university. Just as this policy has outlined duties for students, there are duties for academic advisors too mentioned in this policy. All courses enrolled by the students must have the approval of the academic advisor before the approval of the Dean/Chairman of the respective department.

**Duties of Students for Academic Advising:**

1. On completion of registration, the student needs to meet his/her academic advisor.
2. Every freshman is required to meet with his/her advisor during orientation to plan and enroll in appropriate courses for their first semester.
3. The students need to meet their advisor at least twice every semester and ensure that when they are opting for courses in the semesters to come are signed and approved by their academic advisor.
4. Students are encouraged to share their career path and decisions regarding their academic schedule with their academic advisor so that they may be able to complete their courses on schedule avoiding delays and misunderstandings.

**Duties of Academic Advisors:**

1. All academic staff should in their offices indicate their office hours and the time available for academic advising along with their schedule.
2. Be proficient and familiar with the academic advising electronic tools of the College.
3. Support and assist any problems which may affect the academic performance of the student when he/she faces any difficulty in academic progress, regarding adding or dropping of courses, any issues with the course or its examination, or any other issues about the academic activities
4. The advisor must be knowledgeable with matters regarding the curriculum requirements of the students, registration procedures and rules, class schedule and timings, student personal services such as medical, counseling, placement, recreational & extra-curricular activities, social and financial obligation career, and employment information.
5. Academic advisors must ensure that the form for registration of students' courses/ including adding and dropping of courses must be approved and signed by them.
6. The Academic Advisor must assist and guide students in the areas of choosing the appropriate course plan which should match the GPA of the student and the number of courses he/her can take in a semester.
7. Assist and support the assigned students in ensuring that the prescribed pre-requisite/co-requisite course is satisfied/completed as per the prescribed study plan of that particular department/college.

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| <b>Templates/<br/>Records</b> | <ol style="list-style-type: none"> <li>1. Meeting minutes of the relevant committees and councils</li> <li>2. Relevant forms</li> </ol>  |
| <b>References</b>             | <ol style="list-style-type: none"> <li>1. NCAAA Standards for Program Accreditation; S: 4.</li> <li>2. Policies and procedures of the Shaqra University (Deanship of Development &amp; Quality)</li> </ol> |

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| <b>Policy 29</b>       | <b>Domain: Students Affairs.</b>  |                            |
| <b>Doc. ID: STD-10</b> | <b>Title: Student Body By-laws Policy.</b>  |                            |
| <b>Document Status</b> | <input checked="" type="checkbox"/> New <input type="checkbox"/> Modification; Old Document Ref. No.: |                            |
| <b>Prepared by</b>     | Prof. Bahaaeldin Hassan<br><b>Position:</b> Chairman, Student Affairs Committee                       | <b>Date:</b><br>21/02/2023 |
| <b>Revised by</b>      | Prof Jamal Arif<br><b>Position:</b> Head, QAU   | <b>Date:</b><br>27/02/2023 |
| <b>Revised by</b>      | Dr Muath Alammar<br><b>Position:</b> Vice Dean, Academic Affairs                                      | <b>Date:</b><br>02/03/2023 |
| <b>Approved by</b>     | Dr Feras M. Almarshad<br><b>Position:</b> Dean of College of Medicine                                 | <b>Date:</b><br>12/03/2023 |
| <b>Notes</b>           | None  |                            |

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| <b>Policy 29</b> | The College Council has created several College-wide organizations which participate in the government of the College.<br>The student board is the structure created by them within which the students participate in University-wide governance. |
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| <b>Purpose</b> | A great way to get leadership skills and shape the college policy and events |
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| <b>Scope</b> | <p><b>Membership:</b> The Student Body shall be comprised of 12 members, who shall be referred to as Representatives, for a duration of one academic year (September – August, renewable).</p> <p><b>Qualifications:</b> A student may be selected as a member of the Student Body if:</p> <ol style="list-style-type: none"> <li>He is an exceptional student of College of Medicine.</li> <li>He has at least a cumulative grade point average of 2.5 out of 5.0.</li> <li>He has no disciplinary record with the university during his residency, as certified by the Student Affairs Council of the University (SAC).</li> </ol> <p><b>Vacancies:</b></p> <ol style="list-style-type: none"> <li>Vacancies among elected representatives of the respective governing bodies shall be filled according to the procedures of the body that elected them.</li> <li>Vacancies among administrative officers shall be filled by the President.</li> </ol> |
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| <b>Responsibilities</b> | All members mentioned in the scope |
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| <b>Procedure</b> | <p>Meetings will follow the parliamentary procedure as defined in the By-Laws. A motion may be proposed and seconded by any representative of the Student Body. Any duly seconded motion shall be passed upon receiving the affirmation of most of the members present and shall be otherwise defeated.</p> <p><b>Rules of Construction:</b> These Selection Rules shall be strictly construed according to their plain text and original understanding. Vagueness of a rule shall be no defense for any action taken under it. It is the right and responsibility of a candidate to request clarification of any rule before taking actions that may be inconsistent with these campaign rules.</p> <p><b>Campaigning:</b> It is the responsibility of all candidates to know these campaign rules and to ensure that they and anyone campaigning on their behalf, with their permission, follow these rules. All candidates are ultimately responsible for their campaigns.</p> |
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|                           | including individuals and groups campaigning on their behalf with their permission. Candidates must prepare and deliver a speech (promoting their candidacy with a limit of three minutes) to all students and the Selection Committee. A debate among the candidates will take place one week before the final selection of the Representatives. |
| <b>Templates/ Records</b> | 1. Meeting minutes of the relevant committees and councils<br>2. Relevant forms   |
| <b>References</b>         | 1. NCAAA Standards for Program Accreditation; S: 4.<br>2. Policies and procedures of the Shaqra University (Deanship of Development & Quality)  |

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| <b>Policy 30</b>       | <b>Domain: Students Affairs.</b>  |                            |
| <b>Doc. ID: STD-11</b> | <b>Title: Student Records Policy.</b>   |                            |
| <b>Document Status</b> | <input checked="" type="checkbox"/> New <input type="checkbox"/> Modification; Old Document Ref. No.: |                            |
| <b>Prepared by</b>     | Prof. Bahaaeldin Hassan<br><b>Position:</b> Chairman, Student Affairs Committee                       | <b>Date:</b><br>21/02/2023 |
| <b>Revised by</b>      | Prof Jamal Arif<br><b>Position:</b> Head, QAU   | <b>Date:</b><br>27/02/2023 |
| <b>Revised by</b>      | Dr Muath Alammar<br><b>Position:</b> Vice Dean, Academic Affairs                                      | <b>Date:</b><br>02/03/2023 |
| <b>Approved by</b>     | Dr Feras M. Almarshad<br><b>Position:</b> Dean of College of Medicine                                 | <b>Date:</b><br>12/03/2023 |
| <b>Notes</b>           | None  |                            |

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| <b>Policy 30</b> | This policy is to secure the confidentiality of Student educational records and personal information, all student and associated financial records are considered confidential. The records are maintained in a database without deleting any part of them. |
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| <b>Purpose</b> | This policy aims to set out consistent, accountable standards for the management of records affiliated with enrolled and former students, including examination work, to ensure their confidentiality, unity & availability to authorized users for as long as required by the college.<br>Records must be effectively and systematically managed for all students of the college, no matter where or how they are studying, following this policy. |
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| <b>Scope</b> | All students enrolled in the college |
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| <b>Responsibilities</b> | 1. The Dean<br>2. Exam committee<br>3. Student affair committee head<br>4. Academic advising unit and academic advisor<br>5. College registrar |
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| <b>Procedure</b>              | <ol style="list-style-type: none"> <li>1. The records are utilized for the preparation of various reports and the provision of some statistical data the College and University needs. All students' information is confidential, and nobody is authorized to check them except the internal stakeholders concerned. Work is underway on an independent database for graduate students to be returned to at any time and a backup copy is kept periodically to assure the reliability of data retrieval and recovery.</li> <li>2. Access to these records by other individuals requires the student's explicit written consent, except for the student's parents or his/her legal guardian if and only if the request is submitted by the student himself/herself.</li> <li>3. A permanent record, reflecting academic achievement, is maintained in the Office of the Registrar for each student who registers at the college.</li> </ol> |
| <b>Templates/<br/>Records</b> | <ol style="list-style-type: none"> <li>1. Meeting minutes of the relevant committees and councils</li> <li>2. Relevant forms</li> </ol>  |
| <b>References</b>             | <ol style="list-style-type: none"> <li>1. NCAAA Standards for Program Accreditation; S: 4.</li> <li>2. Policies and procedures of the Shaqra University (Deanship of Development &amp; Quality)</li> </ol>   |

## Policies Related to Assessment and Evaluation

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| <b>Policy 31</b>         | <b>Domain: Assessment and Evaluation</b>  |                            |
| <b>Doc. ID:</b><br>AE-1  | <b>Title: Formulation and Management of Assessment Policies</b>   |                            |
| <b>Document Status</b>   | <input type="checkbox"/> New <input checked="" type="checkbox"/> Modification; Old Document Ref. No.: 29-03-2021  |                            |
| <b>Prepared by:</b>      | Prof Mohammed Atef<br><b>Position:</b> Head of Assessment Unit  | <b>Date:</b><br>02/03/2023 |
| <b>Revised by:</b>       | Prof Jamal Arif<br><b>Position:</b> Head, QAU   | <b>Date:</b><br>04/03/2023 |
| <b>Revised by:</b>       | Dr Muath Alammar<br><b>Position:</b> Vice Dean, Academic Affairs  | <b>Date:</b><br>11/03/2023 |
| <b>Approved by:</b>      | Dr. Feras Almarshad<br><b>Position:</b> Dean of College of Medicine   | <b>Date:</b><br>12/03/2023 |
| <b>Notes:</b>            | None  |                            |
| <b>Policy 31</b>         | The college must have a supervision committee consisting of personnel with appropriate knowledge of assessment, blueprint and outcome achievement.  |                            |
| <b>Purpose</b>           | This policy shall aim to supervise the implementation of the assessment policies, ensuring the valid and reliable results of the assessment strategies and quality assurance of the assessment process and outcomes.  |                            |
| <b>Scope</b>             | <ol style="list-style-type: none"> <li>1. College Council</li> <li>2. Head of Department</li> <li>3. Assessment Unit</li> <li>4. Medical Education Department</li> <li>5. Curriculum Committee</li> <li>6. Block/Course coordinators</li> </ol>   |                            |
| <b>Responsibilities</b>  | Each of the above-mentioned personnel.  |                            |
| <b>Procedure</b>         | <ol style="list-style-type: none"> <li>1. Assessment Unit Create assessment policies to regulate assessment process.</li> <li>2. The Curriculum Committee Discusses policies with the course coordinators and heads of departments to ensure participation of all the stakeholders.</li> <li>3. The College Council reviews and approves the policies for implementation.</li> <li>4. The Assessment Unit ensures implementation of assessment policies and generate exams according to quality assurance criteria to ensure valid and reliable results.</li> <li>5. QAU ensures its compliance and adherence to the policies and verify and validate the process.</li> </ol> |                            |
| <b>Templates/Records</b> | <ol style="list-style-type: none"> <li>1. All policies related documents.</li> <li>2. Meeting minutes of College Council.</li> </ol>  |                            |
| <b>References</b>        | <ol style="list-style-type: none"> <li>1. Policies and procedures of the Shaqra University (Deanship of Development &amp; Quality)</li> <li>2. Latest Exam by-laws</li> </ol>   |                            |



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| <b>Policy 32</b>        | <b>Domain: Assessment</b>  |                            |
| <b>Doc. ID:</b><br>AE-2 | <b>Title: Quality Assurance of Assessment Process</b>  |                            |
| <b>Document Status</b>  | <input type="checkbox"/> New <input checked="" type="checkbox"/> Modification; Old Document Ref. No.: 29-03-2021 |                            |
| <b>Prepared by:</b>     | Prof Mohammed Atef<br><b>Position:</b> Head of Assessment Unit   | <b>Date:</b><br>02/03/2023 |
| <b>Revised by:</b>      | Prof Jamal Arif<br><b>Position:</b> Head, QAU  | <b>Date:</b><br>04/03/2023 |
| <b>Revised by:</b>      | Dr Muath Alammar<br><b>Position:</b> Vice Dean, Academic Affairs   | <b>Date:</b><br>11/03/2023 |
| <b>Approved by:</b>     | Dr. Feras Almarshad<br><b>Position:</b> Dean of College of Medicine  | <b>Date:</b><br>12/03/2023 |
| <b>Notes</b>            | None   |                            |

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| <b>Policy 32</b> | The College must ensure to have assessment plan to achieve the mission of the college through integrity of exams, blueprints and item analysis which shall be verified. |
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| <b>Purpose</b> | The aim of this policy is to ensure the validation of assessment process and protection of exam blueprint confidentiality. |
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| <b>Scope</b> | <ol style="list-style-type: none"> <li>1. Block/Course coordinator</li> <li>2. Instructors</li> <li>3. Assessment Unit</li> <li>4. Faculty Development Unit (FDU)</li> <li>5. QAU</li> </ol> |
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| <b>Responsibilities</b> | Each of the above-mentioned personnel. |
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| <b>Procedure</b> | <p><b>Block/Course coordinator:</b></p> <ul style="list-style-type: none"> <li>• The coordinator prepares the exam blueprint as per the checklist from the FDU.</li> <li>• Each instructor is required to submit the items as per the exam blueprint which shall be re-examined by the coordinator.</li> <li>• Coordinator sends the exam blueprint and questions to the Assessment Unit for verification of questions as per the difficulty index and setting the exam papers with various versions.</li> </ul> <p><b>Assessment Unit:</b></p> <ul style="list-style-type: none"> <li>• Verify the new items before using them in the summative exams.</li> <li>• Perform marking of the exam either using an OMR on computer or manual marking of short essay questions by formally assigned instructor.</li> <li>• Conduct item analysis.</li> <li>• Send analysis simultaneously for each of the course to block/course coordinator, and QAU.</li> <li>• Assessment Unit Head discusses the item analysis with the concerned department and coordinator to ensure the questions that must be deleted and re-distribution of its marks.</li> </ul> <p><b>Procedure for verification of results:</b></p> |
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|                           | <ul style="list-style-type: none"> <li>• Ensure the quality of tests, the validity of the results and the post-result analysis through the measurement and exam committee.</li> <li>• Review the test according to the form prepared for the exam specifications.</li> <li>• Prepare the test analysis report and submit it to the course coordinator.</li> <li>• Procedures for verifying the integrity and accuracy of the correction and monitoring processes of tests and their results.</li> <li>• Processing the results of the tests after their issuance, if necessary, in accordance with the regulations and standards adopted in this regard.</li> <li>• Consider grievances and issues received by the head of the department.</li> <li>• Supervise the electronic correction process by the evaluation member.</li> <li>• Monitoring all grades, preparing the test result statement, and approving it by the head of the department, Vice Dean for academic affairs and submitting a copy of the approved copy to the course coordinator.</li> <li>• The results sent to the student via the academic advisors first then announced on the site of university Edugate web site.</li> <li>• Preservation and archiving of the originals of tests, model answers and students' answer sheets electronically to ensure that they can be retrieved, protected and confidential at the same time, by the preservation and archive officer at the examination center.</li> <li>• Supervise the preservation and archiving of all results and issues related to tests to ensure that they can be retrieved, protected and confidential at the same time.</li> </ul> <p><b>QAU:</b></p> <ul style="list-style-type: none"> <li>• It categorizes the items in the blueprint after the end of the examination.</li> <li>• It further matches the submitted blueprint and categorized items.</li> <li>• After verification, item analysis is interpreted.</li> <li>• Issues a report and KPIs trend analysis.</li> </ul> <p><b>Disposal of assessment Material:</b></p> <ul style="list-style-type: none"> <li>• Any assessment material must be retained by the course coordinator for one year after the official announcement of the course results; except material related to an appeal.</li> <li>• Material related to an appeal must be retained for one year after the date of the final decision of the appeal is determined.</li> </ul> |
| <b>Templates/ Records</b> | <ol style="list-style-type: none"> <li>1. Exam blueprint</li> <li>2. Final exam papers</li> <li>3. Checklist</li> <li>4. Item analysis and report</li> <li>5. KPIs trend analysis</li> <li>6. Meeting minutes of the concerned units/committees</li> </ol>   |
| <b>References</b>         | <ol style="list-style-type: none"> <li>1. Policies and procedures of the Shaqra University (Deanship of Development &amp; Quality)</li> <li>2. Latest Exam by-laws</li> </ol>  |

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| <b>Policy 33</b>        | <b>Domain: Assessment</b>  |                            |
| <b>Doc. ID:</b><br>AE-3 | <b>Title: Assessment Design</b>  |                            |
| <b>Document Status</b>  | <input type="checkbox"/> New <input checked="" type="checkbox"/> Modification; Old Document Ref. No.: 29-03-2021 |                            |
| <b>Prepared by:</b>     | Prof Mohammed Atef<br><b>Position:</b> Head of Assessment Unit   | <b>Date:</b><br>02/03/2023 |
| <b>Revised by:</b>      | Prof Jamal Arif<br><b>Position:</b> Head, QAU  | <b>Date:</b><br>04/03/2023 |
| <b>Revised by:</b>      | Dr Muath Alammar<br><b>Position:</b> Vice Dean, Academic Affairs   | <b>Date:</b><br>11/03/2023 |
| <b>Approved by:</b>     | Dr. Feras Almarshad<br><b>Position:</b> Dean of College of Medicine  | <b>Date:</b><br>12/03/2023 |
| <b>Notes:</b>           | None   |                            |

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| <b>Policy 33</b>        | This policy ensures the conduct of examination in smooth, fair, and unbiased manner to overall assess the learning of students.   |  |
| <b>Purpose</b>          | To secure a comprehensive integrated assessment plan throughout the curriculum to ensure achievement of its learning outcomes with quality assurance of the assessment process and should yield fair, valid and reliable results.   |  |
| <b>Scope</b>            | <ol style="list-style-type: none"> <li>1. Dean</li> <li>2. Vice Dean of Academic Affairs</li> <li>3. Assessment Unit</li> <li>4. QAU</li> <li>5. Course Coordinators</li> </ol>   |  |
| <b>Responsibilities</b> | <p><b>Dean &amp; Vice Dean of Academic Affairs:</b></p> <ul style="list-style-type: none"> <li>• Shall ensure that the policies and exam bylaws are being followed.</li> <li>• Shall determine the eligibility of students for final exam based on attendance.</li> <li>• Shall approve any variations in the approved assessment due to special circumstances.</li> </ul> <p><b>Course Coordinators:</b></p> <ul style="list-style-type: none"> <li>• Communicate the approved assessment criteria and marks distribution in the course specification and course booklet.</li> <li>• Shall collect the exam questions from the instructors in the block/course.</li> <li>• Ensure that the questions are aligned with the CLOs and objectives.</li> <li>• The compiled set of questions shall be sent to the Assessment Unit.</li> <li>• An assessment plan includes the formative, continuous and summative assessments. The marks distribution between formative and summative assessments is 50:50.</li> <li>• Assessment methods must be diverse and not dependent on a single form.</li> <li>• Students must be trained on these methods of assessment tasks.</li> </ul> <p><b>Assessment Unit:</b></p> <ul style="list-style-type: none"> <li>• Ensures the implementation of criteria of setting questions.</li> </ul> <p><b>QAU:</b></p> <ul style="list-style-type: none"> <li>• Documentation of evidence of ideal practice and compliance to standards and policies of exam.</li> </ul> |  |
| <b>Procedure</b>        | <p><b>Assessment Unit and QAU:</b></p> <ul style="list-style-type: none"> <li>• Prepare assessment policies and ensure their understanding and compliance by all the</li> </ul>   |  |

stakeholders.

**Assessment Design:**

The most important criteria of assessment design are alignment between CLOs, teaching/learning activities and assessment tasks.

**Types of Assessment:**

**A. Formative Assessment:**

**Primary purpose** is to provide feedback to both student and staff while the program is still ongoing.

- **For student**, it provides information about their strengths and weaknesses.
- **For staff**, it provides information about the gaps that should be corrected.
- **Feedback** improves student learning and leads to better performance in summative assessment.

**B. Summative Assessment:** Assessment of learning, marking/grading is the main goal (e.g. mid-course and final exams) and is outcome focused.

- Primary purpose is to determine the achievement of the students or the program.
- A measure of an end point achievement.
- Distributed throughout with a bulk by the end of the course.
- Is used primarily to provide information about how many students have learned.
- Intends to assess all competencies/Outcomes
- To judge performance.
- Grade/rank.
- Quality assurance: internal & external.

**Examination Blueprint:**

- It specifies the objectives to be tested in the given examination and their relative weight in the examination.
- A proper blueprint is the first crucial step in developing a valid examination and must not be overlooked.
- A proper blueprint will ensure fair representation of all the important curricular objectives in the examination.
- It is the responsibility of all the course coordinators.

**Types of exam questions:**

**I. Multiple Choice Questions (MCQs):**

**Description:** An MCQ is a restricted response, objective assessment instrument. It contains:

- A stem or a description of a problem.
- Lead-in or the question.
- Options list.

**Advantages:**

- Assessment of a large amount of knowledge in a relatively short time.
- Contextualization with clinical vignette and scenario to improve validity.
- Can be made reliable and objective.
- Computerized marking is possible.

**Limitations:** Good quality MCQs are relatively difficult to construct.

**II. Modified Essay Question:**

- Useful in innovative integrated course curriculum.
- It is a problem-solving type of essay question.
- It assesses wide spectrum of cognitive levels.
- A short history is given to the student, based on it, questions are asked.
- Requires the student to apply what he has learnt, in the context of a given situation.
- The format has questions closely resembling a series of short answer questions than an essay question.
- It assesses wide spectrum of cognitive levels.

**III. Objective Structured Clinical Examination (OSCE):**

**Description:**

- OSCE is an assessment tool in which the components of clinical competence such as history taking, physical examination, simple procedures, patient management problems, communication, and attitude are tested using agreed checklists (a standardized marking scheme specific for each case is used.) and rotating the students round a number of stations some of which have observers with checklists.
- OSCE is applicable to any situation where clinical competencies are to be tested. It consists of multiple stations (each station takes around 5 to 10 minutes), where each candidate is asked to perform a defined task as mentioned above.
- OSCE stations, some of it might be silent; consist of skill of reading an ECG, Chest X-ray, Laboratory abnormality and/or a picture of abnormal signs etc. Number of silent can be up to seven stations out of 15 and the remaining are pure clinical examinations.

**Advantages:**

- An effective alternative to unstructured short cases.
- Allows wider sampling and standardization of cases.
- Greater reliability of marking.

**IV. Objective Structured Practical Examination (OSPE):**

**Description:**

- OSPE is a new concept in practical assessment of basic medical sciences; it is a tool, which is used to assess laboratory skills (e.g. anatomy) of students in the preclinical stage of a medical curriculum. It is more objective, reliable and a valid tool of assessment to assess practical aspects in integrated courses.
- In OSPE, multiple stations (usually 12-25, each station takes 4 minutes) are designed and each station has a specific objective, which needs to be tested.

**Advantages:**

- Assess higher cognitive skills like clinical application.
- It is objective, reliable, valid, and discriminatory.
- All students are exposed to same standardized questions.
- It covers a wide spectrum of learning domains.
- It tests a wide range of skills in a short period.
- Learning objectives can be achieved.
- The examiners can control the content and complexity of the exam.
- Gives a reasonable idea of student achievement in every objective of practical exercises.
- Helps to test the analytical abilities of the students.

- Organization is easy.
- Questions bank can be made.
- Large number of students can be examined in a short time.

**OSPE exam Stations:** OSPE examination constitutes a series of stations exhibiting:

- Cadaveric parts.
- Dissections.
- Plastinated models.
- Microscopic slides.
- Photomicrographs.
- A radiological/CT images with arrows.

**OSPE STATION CARD:**

- All faculty members are requested to use OSPE STATION CARD while formulating OSPE exam questions to ensure a fair, valid and reliable exam (a specimen OSPE Card is presented here).

**Discipline**

**Block**

**Topic of the station**

**Specific objective of the station**

**Description of the specimen/content of the station**

**Task for the examinee**

**Model answer with scoring guide**

#### **V. Checklists:**

**Description:** Checklists are commonly used in assessments to capture an observed behavior or action of a student. Generally, rating is by a five-point Likert scale (e.g. strongly agree, somewhat agree, neutral, somewhat disagree, strongly disagree). Checklists are usually used at the end of clinical rotations.

**Advantages:**

- Easy to develop.
- Captures actual action and performed behavior.

#### **VI. Logbook**

**Description:** The student keeps a record of the patients seen or procedures performed either in a book or in a computer. The program may or may not have a defined target (e.g. number of procedures to be performed, types and number of cases to be seen) for the student.

**Advantages:**

- Documents the range of patient care and learning experiences of students.
- Very useful in focusing students on important objectives that must be fulfilled within a specified period.
- Ensures uniformity of students' experience as students may have very different learning experiences even in seemingly similar rotations.

**VII. Portfolio**

**Description:** A portfolio is a collection of one's professional and personal goals, achievements, and methods of achieving these goals. It may contain items such as one's best essays, written or research projects, logbooks, letter of reflection and evidence of professional growth, to support individual accomplishment and progression.

**Advantages:**

- Collects evidence of actual performance in the "Does" level in longitudinal manner.
- Highly valued as a formative assessment and feedback tool.

**VIII. Key Features Test**

**Description:** The key features test is a clinical scenario-based paper and pencil test. A limited number of questions follows a description of the problem, usually two to three that focus only on critical, challenging actions or decisions. Both write-in and short-menu formats can be used in the answer scripts.

**IX. Short Cases:**

**Common Practice:** It involves the use of three non-standardized real patients, with one to two examiners. Usually there is a common marking scheme for all the cases. Often, short case examinations are conducted in conjunction with OSCE exam questions.

**Advantages:**

- Authenticity: provides opportunity for assessment with real patients.
- Allows greater sampling than the single longcase.
- Assessment of clinical examination skills in detail.
- Good construct validity.

**X. Field Visit Evaluation Report**

For each field visit activity, a checklist or structured report form for assessment of student work will be formulated. The checklist and/or structured report will cover all learning objectives specified for each field visit. The marks allocated for each field visit will be 10 of total marks of the course (out of 100), the whole marks will be for the activities carried out by the student during the visit.

Field visit marks earned by students are to be approved by the supervisor in case student visits health care setting under supervision by one of the college faculty members. In case students are tasked or assigned to visit health care setting independently, his/her works should be signed by health personnel in charge of that setting and approved by his/her supervisor.

**XI. Essay Questions:**

- Assessment of complex learning situations that cannot be assessed by other means.
- Assessment of writing skills and ability to present arguments succinctly & coherently.

**XII. Short Answer Questions (SAQ):**

**Description:** A practical alternative to the long essay question, the short answer question is an open ended, semi-structured question format. A structured, pre-determined marking scheme improves objectivity.

**Advantages:**

- Better content coverage as compared to long essay question.
- Improved objectivity as the marking scheme can be structured and predetermined.
- Less laborious to mark.

- Higher chance for assessment of clinical reasoning.

### **XIII. Oral / Structural Oral Examination:**

**Description:** In an oral examination, the student faces one or more examiners who ask questions. Examiners might use a blueprint to select content area and a structured marking scheme (Structural Oral Examination). Often, oral examinations are conducted in conjunction with OSCE exam questions. We prefer Structural Oral Examination to ensure consistency, fair, valid, and reliable assessment to our student.

### **XIV. Methods of assessment of clinical skills:**

Assessment is done with every teaching session (formative) and at the end of the clinical teaching course (summative).

#### **Objectives and Guidelines for clinical skills:**

- A clinical skill is a part of the curriculum that deals with learning of skills.
- In addition to learning skills, it deals with the understanding of the basic concepts of skills and its meaning not only the technical part of the skill. Always ask why?
- Learning clinical skills is NOT an internal medicine or general surgery session. It is NOT the place for learning etiology, pathogenesis, and treatment of diseases.
- Clinical skills try to connect basic knowledge that being taught in the class to the real clinical life.
- Practicing the skill that being taught in the session at home or in a nearby health facility is vital to enforce the teaching process.
- The skills sessions are done weekly and arranged to go hand in hand with the other parts of the syllabus, so keeping it in the same order is of utmost importance.
- A session of clinical skills and its formative assessment:
- The students are expected to come prepared about the topic.
- The session starts with a quiz for 10minutes.
- A demonstration is given for up to 30 minutes on the topic by the staff concerned in the class.
- All concerned staff and demonstrators are supposed to attend the demonstration so that the methodology is unified amongst all the groups.
- Students are then divided into groups (average 6-10 students per group).
- Each group is attended by a staff member to watch and supervise the students while practicing the skill.
- The clinical practice sessions are HANDS ON sessions which means that the student (PRACTICE NOTWATCH).
- A logbook will be filled by the supervising staff upon performing the skill properly.
- You are strongly advised to do some more reading on the topic on the same day after the session and more importantly to do a lot of practice at home or at nearby health facility (you can get a letter from the college to facilitate this).

#### **Examination Marking Scheme:**

- All examination questions in MCQs format are machine-marked by a COMPUTER.
- For all other formats of examination question e.g. clinical skills, essay etc. a Rubric, Check List and/or Model Answer will be formulated for each exam item to ensure fairness, reliability, and validity.

**Review of the results.** This review done by the course coordinators may comprise one or more of the following methods:

- Spot checking a random or selected sample of student work to check for consistent application of marking criteria and standards.
- Second marking a random or selected sample of student work to compare marks awarded.



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|                               | <ul style="list-style-type: none"> <li>• Second marking student work deemed to be at a borderline (pass/fail or between grade boundaries).</li> <li>• Statistical analysis of results to see if there is any substantial variation between marks.</li> <li>• If anomalies are detected, student work will be reassessed, and marks adjusted accordingly before released to students.</li> </ul> |
| <b>Templates/<br/>Records</b> | <ol style="list-style-type: none"> <li>1. All relevant questions papers, answer keys and model answers</li> <li>2. Forms related to all exam types.</li> <li>3. Answer sheets and test reports</li> </ol>   |
| <b>References</b>             | <ol style="list-style-type: none"> <li>1. Policies and procedures of the Shaqra University (Deanship of Development &amp; Quality)</li> <li>2. Latest Exam by-laws</li> </ol>   |

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| <b>Policy 34</b>        | <b>Domain: Assessment and Evaluation</b>   |                            |
| <b>Doc. ID:</b><br>AE-4 | <b>Title: Procedure for End of Block Examination</b>   |                            |
| <b>Document Status</b>  | <input type="checkbox"/> New <input checked="" type="checkbox"/> Modification; Old Document Ref. No.: 29-03-2021 |                            |
| <b>Prepared by:</b>     | Prof Mohammed Atef<br><b>Position:</b> Head of Assessment Unit   | <b>Date:</b><br>02/03/2023 |
| <b>Revised by:</b>      | Prof Jamal Arif<br><b>Position:</b> Head, QAU  | <b>Date:</b><br>04/03/2023 |
| <b>Revised by:</b>      | Dr Muath Alammar<br><b>Position:</b> Vice Dean, Academic Affairs   | <b>Date:</b><br>11/03/2023 |
| <b>Approved by:</b>     | Dr. Feras Almarshad<br><b>Position:</b> Dean of College of Medicine  | <b>Date:</b><br>12/03/2023 |
| <b>Notes</b>            | None   |                            |

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| <b>Policy 34</b> | This policy is to provide guidelines and regulations concerning the end of block examination procedures to the students and invigilators for adherence. |
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| <b>Purpose</b> | Aim is to set the responsibilities and rights of students before, during and after examination to ensure integrity and fairness of the examination process. |
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| <b>Scope</b> | <ol style="list-style-type: none"> <li>1. Dean</li> <li>2. Vice Dean</li> <li>3. Head of Department (HOD)</li> <li>4. College Council</li> <li>5. Examination controller</li> <li>6. Invigilators</li> <li>7. Course coordinators</li> <li>8. Students</li> </ol> |
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| <b>Procedure</b> | <p><b>General Instructions Before the Examination:</b></p> <ul style="list-style-type: none"> <li>• Each student is expected to display honesty, sincerity, punctuality and integrity in the examination.</li> <li>• Only those students with an attendance of at least 75% shall be allowed to sit in the block / course or end of the year exam.</li> <li>• No student shall be allowed in the examination room if his/her name did not appear in the examination list.</li> <li>• In exam hall, sit only on the allotted seats.</li> <li>• The students shall generally be allowed to enter in the exam hall 10 minutes before the start of exam.</li> <li>• No student can enter the examination venue more than 30 minutes after the examination begins or leave before the first 30 minutes of the examination have elapsed.</li> <li>• Cheating in examination or attempting to cheat, or violating instructions, and examination regulations shall render the student to punishment in accordance with the Student Disciplinary By-Laws as issued by the University.</li> <li>• Mobile phones, flash cards, electronic dictionaries, iPods, books, bags, notes, or any electronic devices are not permitted.</li> </ul> <p><b>Examination center, the block committee &amp; the course coordinator:</b></p> <ul style="list-style-type: none"> <li>• The head of the department is responsible for arranging the invigilators for the exam. For</li> </ul> |
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each examination room, there should be at least two invigilators. One faculty member who must be a content' expert for ongoing examination must visit all examination halls to answer students' queries during the first half of the exam. The invigilators are not allowed to clarify any questions or terminology.

- The exam committee shall provide the examination materials and the answer sheets. The course/block coordinator must provide the details of the exam to prepare the examination answer sheets.
- Booking for examination rooms shall be the responsibility of the head of the department. The departments offering the course in coordination with the assessment committee will decide the date of the examination during the assigned week.
- A course coordinator or HOD must prepare examinations in an accurate and strictly confidential manner and send to the assessment unit. The instructor has the sole responsibility for photocopying the examination papers at the examination center and for collecting them.
- The examination committee must revise all questions of the final exams and give the feedback to the instructor.
- The Examination Center must provide copies of the examination papers in an officially sealed envelope. The Center must also provide the answers sheets after the end of the exams.
- Students shall be present in the examination room, seated 10 minutes before the start of the exam on their assigned seats.
- Invigilators must check the ID card of each student and mark on the attendance sheet whether a student is present or absent. A student who fails to show his ID card will be considered absent.
- Student attendance must be taken during first 30 minutes of each examination. The invigilators should ensure that every student sign the examination attendance sheet upon arrival in the examination hall.
- During the exam, students must not communicate or talk with each other for any reason.
- At the end of the exam, invigilators should collect all the exam material including all extra-copies and attendance sheets while the students are seated. Answer sheets and examination papers shall be returned in the official envelope to the Examination Centre. Invigilators shall write down the number of answer sheets returned in the envelope and provide their name and signature on the envelope.
- No faculty member can take the examination materials out of the examination hall.
- No faculty member can keep the examination materials in his office. Marking of the examination papers will be organized by the "Examination Center".
- The course instructor corrects the final examination papers. When necessary, the department chairperson may appoint one or more specialist instructors to participate in the grading process. The College Board may also assign the grading to another instructor, when required.

#### **Examination room protocols:**

##### **A. Instructions for the invigilators**

- The invigilator may ask a student to leave the examination hall if there is evidence of cheating, bad behavior (such as disturbing and distracting other students), or having unauthorized materials (such as course materials, books, flashcards, mobile phones, electronic dictionaries, and iPods).
- The invigilator should report the incidence with a copy of the completed form to the Assessment and Evaluation Center, and a letter shall be issued to the Vice Dean for Academic Affairs to allocate a disciplinary committee to investigate the case and give

recommendations as per university regulations.

- At the beginning of the examination, all students must check their exam booklet and ensure that no page is missing. If there is a missing page or any issue, the block coordinator should be informed, and a correct copy should replace the exam materials.
- The supervisor of the invigilation team shall announce the start of the exam and the total time allowed for the examination. He shall also inform the students about the end of the exam 10 minutes before the end, and then the conclusion of the exam as well.

### **B. Breach of the examination policy**

The following penalties and appropriate measures may be adopted:

- Expulsion from the examination room: The supervisor of the examination hall has the authority to expel any student from the examination room if he/she commits an infringement of the examination regulations and an incidence report has to be filled and signed by all the invigilators in the exam hall.
- Report and Investigation: The invigilator shall report any breach of the examination regulations committed by a student immediately, and the case will be reported to the Assessment and Evaluation Centre, Department of Medical Education, and Vice Dean for Academic Affairs as an incident report.

### **Absence in Examination:**

- A student who is absent for a final examination, will be given a zero grade for that examination. His/her grade in the course will be calculated based on the class work score he/she obtained over the semester.
- If a student fails to attend a final examination in any course but offers a compelling excuse, the College Board may choose to accept his/her excuse and allow him/her to take a make-up examination.
- The excuse must be presented within one week after it happened.
- Valid excuses include hospital admissions, car/fire accidents and 1st degree deaths.
- The make-up examination must be taken prior to the end of the following semester. In such cases, the course grade will be given to the student after the make-up examination.
- A medical report should be submitted for an exam absence within three days from the date of exam.
- The student or someone on his behalf should present all the medical reports for the exam absence within three days from the date of sickness to the administration of academic affairs.
- Medical reports must be issued from a governmental hospital or a health centre.
- Medical reports that are issued from private hospitals should be approved by the specialized personnel in the General directorate for health affairs.
- The excuse will be presented to the Head of the department if the absence was for a periodic exam. However, it should be presented to the college board, if it was a final exam.
- In case of frequent exam absence with medical reports, then the committee of academic affairs has the right not to accept it or present the student to a medical committee.

### **Assessment (re-grading) Appeals:**

- **Review of Assessment:** Any student who has evidence that the marks or results awarded for an assessment task is unfair or incorrect, should in the first instance raise their concern with the course coordinator. Depending on the circumstances, the students may also need to raise the matter with the Head of Department.

**Conditions for submitting the formal re-grading appeal by student:**

- The student can make a petition for re-grading for one course only during the semester.
- The student has either never made a petition for re-grading or proven wrong.
- The Re-grading appeal form must be filled by the student and submitted to the Vice Dean of Academic Affairs within seven days after announcement of the course result.
- The College Board may recommend that the student be sent to the university disciplinary committee in case they see a reason for that.

**Formal Assessment Appeal:**

- If the student is still concerned with the process or the mark awarded, he/she may write and submit a formal appeal.
- If a student is unable to make timely contact with the course coordinator or the Head of Department, he/she may go to the Vice Dean, Academic Affairs directly for a formal appeal. The appeal form available in the Student Affairs office must be filled by the student and submitted to the vice Dean of the Academic Affairs within seven days of publication of the result.

**Grounds for a Formal Assessment Appeal:**

- Students requesting a review or submitting a formal assessment appeal must demonstrate the grounds on which they feel they were unfairly assessed.

**Determination of Appeal by College Council:**

- Where the vice Dean of the Academic Affairs has been involved in the original assessment of the student in respect of which the appeal has been submitted, he or she must not be involved in determining the appeal. The relevant faculty member or nominee will determine the appeal.
- On receipt of a formal assessment appeal, the Vice Dean of the Academic Affairs will immediately provide the head of the department with a copy of the appeal and request, who will send it to respective course coordinator to provide the following:
- Comments on the appeal including any information on discussions already conducted with the student.
- A recommendation as to how the matter should be determined.
- A copy of the assessed work that is the subject of the appeal if this has not been returned to the student.
- Details of the criteria used to assess the student's work.
- Any other information relevant to the appeal.
- Once in receipt of this information, the Vice Dean of Academic Affairs will submit it to College Council to assess the appeal and determine if a change of mark or result is warranted.
- The appeal must be determined within ten working days of it being received by the vice Dean of the Academic Affairs.

**Notification to the student:**

- Once a decision has been made on the appeal, the student must be informed of the outcome immediately by the head of the department in any case, no later than three working days from the date of the decision.

**Change of Results:**

- Where an appeal has been successful and the result for a student requires amendment, it is the responsibility of the course coordinator to arrange the change of result on the student records system.
- The change of result may also require the student's academic status to be reviewed.

**Student Assistance:**

- A student may seek assistance and advice from the Academic Advising Services, academic staff, and/or Student Services, in preparing an assessment appeal.
- In any discussions regarding review of marks or final results, the student is entitled to be accompanied and assisted by a support person e.g. his Academic Advisor or any other faculty member.

**Reset Exam:**

In general, student will be allowed to retake exam if he fails in no more than two courses in the academic year.

- If the student fails in two courses, he must apply for a re-sit exam in one course only.
- The student can pass to the next academic year with one course failed only.
- If the student fails in two courses after reset exams, he must repeat the year with the new fresh batch.
- If the student fails in more than two courses, he must repeat the year with the new fresh batch.
- In reset exam, if the student successfully passed the exam, the total exam score is adjusted out of 60 marks whatever the mark gained by the student.
- The student must finish and passes all courses in the first three years before passing to the 4th year.

**Graduation Requirement:**

- A student graduates after successfully completing all graduation requirements according to the degree plan, provided that his/her cumulative GPA is not less than 2.75 out of 5.00.
- If the student graduated with a GPA less than 2.75, the College Council under recommendation from designated department council may allow the student take some courses to raise his GPA.

| Percentage   | Grade name    | Grade Code | GPA out of 5 |
|--------------|---------------|------------|--------------|
| 95-100       | Exceptional   | A+         | 5.0          |
| 90 - < 95    | Excellent     | A          | 4.75         |
| 85 - < 90    | Superior      | B+         | 4.5          |
| 80 - < 85    | Very good     | B          | 4.0          |
| 75 - < 80    | Above average | C+         | 3.5          |
| 70 - < 75    | Good          | C          | 3.0          |
| 65 - < 70    | High Pass     | D+         | 2.5          |
| 60 - < 65    | Pass          | D          | 2.0          |
| Less than 60 | Fail          | F          | 1.0          |
|              | In-Progress   | IP         | -            |

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|                               |  | Denial   | DN | 1.0 |
|                               |  | Withdrew | W  | -   |
| <b>Templates/<br/>Records</b> | <ol style="list-style-type: none"> <li>1. All exam related forms</li> <li>2. Final Exam Question papers (all version) aligned with the CLOs</li> <li>3. Answer Sheets</li> <li>4. Model Answer Keys</li> <li>5. Communication for appeals</li> <li>6. Cheating reports forms</li> <li>7. Excuses etc.</li> <li>8. College Council Meeting minutes</li> </ol> |          |    |     |
| <b>References</b>             | <ol style="list-style-type: none"> <li>1. Policies and procedures of the Shaqra University (Deanship of Development &amp; Quality)</li> <li>2. Latest Exam by-laws</li> </ol>  |          |    |     |

## Policies Related to Community Services

|                       |   |                            |
|-----------------------|---|----------------------------|
| <b>Policy 35</b>      | <b>Domain: Community Services</b>   |                            |
| <b>Doc. ID: COM-1</b> | <b>Title: Community Service Plan</b>  |                            |
| <b>Document Type</b>  | <input checked="" type="checkbox"/> New <input type="checkbox"/> Modification; Old Document Ref. No.: |                            |
| <b>Prepared by:</b>   | Prof Jamal Arif<br><b>Position:</b> Head, QAU   | <b>Date:</b><br>22/02/2023 |
| <b>Revised by:</b>    | Dr. Muath Alammar<br><b>Position:</b> Vice Dean, Academic Affairs                                     | <b>Date:</b><br>28/02/2023 |
| <b>Approved by:</b>   | Dr Feras M. Almarshad<br><b>Position:</b> Dean, College of Medicine                                   | <b>Date:</b><br>12/03/2023 |
| <b>Notes:</b>         | None  |                            |

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| <b>Policy 35</b>          | This policy relates to the function, role and responsibility of the Community Service of College of Medicine (COM) and establishes instructions for effective Community Service administration.  |
| <b>Sub-Policy 35.1</b>    | The college must prepare an annual plan for community services based on community needs assessment and the capacity of the college which shall be consistently monitored.  |
| <b>Sub-Policy 35.2</b>    | Supporting and providing a rich cultural environment for staff and students and spread the same through workshops, seminars, cultural events, workshops, meetings, lectures, and special community projects designed to provide needed cultural and educational opportunities for the citizens of the region |
| <b>Sub-Policy 35.3</b>    | To promote community welfare awareness by enforcing community health awareness through programs like diabetes awareness, cancer awareness, smoke free campus awareness, blood donation campaigns and other programs deemed to benefit the student and community at large.                                    |
| <b>Sub-Policy QA-35.4</b> | To foster participation in these volunteer activities, the College will provide support to the student community and staff in the way of flexible working hours, release time for full time employees, paid leave opportunities etc. to offer their services and time to the community.                      |

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| <b>Purpose</b> | <ol style="list-style-type: none"> <li>1. COM has a responsibility to contribute to the public and to the region. COM seeks to provide services to the broader community through the application of the knowledge and skills of its students, graduates, and staff.</li> <li>2. The community service plan provides a roadmap for the community services conducted by the College.</li> <li>3. The success, effectiveness, and sustainability of the plan is measured through continuous monitoring and assessment of community needs to gain trust, credibility, accountability, and reputation of the college and university by the community.</li> </ol> |
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| <b>Scope</b> | <ol style="list-style-type: none"> <li>1. Vice Dean</li> <li>2. Community Services Unit (CSU)</li> <li>3. QAU</li> <li>4. Statistics Unit</li> <li>5. KPI and LO Committee</li> </ol> |
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| <b>Responsibilities</b>  | <p><b>Community Services Unit:</b><br/>CSU defines the participating bodies for community services and activities. This unit basically ensures the community service plan are aligned with the program's strategic plan and monitors the implementation of the plan. It also conducts surveys for the community needs, prepares the plan and implements it.</p> <p><b>Vice Dean:</b> Approves the plan.</p> <p><b>Statistics Unit:</b> Analyze the response and send the report to the CSU and QAU.</p> <p><b>QAU:</b> It basically reviews the compliance and adherence to the policy and evaluates the results.</p>   |
| <b>Procedure</b>         | <ol style="list-style-type: none"> <li>1. <b>At the start of Academic year:</b><br/>CSU conducts a survey sent by the Statistics Unit to know the needs of the community. After analysis of the survey results, it prepares the annual plan and get it approved in the unit meeting.</li> <li>2. <b>At the end of September:</b><br/>Vice Dean gets the approval of the plan from the College Council and send it to all concerned.<br/>CSU ensures publicization of the approved plan on the website, student and faculty handbooks, brochures, and booklets etc. to ensure compliance to the provision of the required data.</li> <li>3. QAU sends the required KPIs to the CSU.</li> <li>4. Departments sends the list of the faculty members who are going to share the community service activities. CSU will compile the list of the faculty members and students and conducts different activities.</li> <li>5. <b>Six weeks before the end of academic year:</b><br/>CSU will annually prepare a list of faculty members and students who shared in community services. It will also analyze the collected data.</li> <li>6. <b>Four weeks before the end of academic year:</b><br/>CSU should send an annual report on the implementation of the plan and the analyzed data to the QAU.</li> <li>7. <b>Before the end of academic year:</b><br/>KPI and LO committee calculates the KPIs and the performance indicators and send the report to the QAU which submits the KPIs report and the annual report of CSU to the concerned Vice Dean who gets approval of the annual report from the College Council.</li> </ol> |
| <b>Templates/Records</b> | <ol style="list-style-type: none"> <li>1. Survey reports from Statistics Unit.</li> <li>2. Approved plan with the CSU and Collège Council meeting minutes</li> <li>3. Lists of participating faculty members and students in community services</li> <li>4. CSU annual report</li> <li>5. KPIs report</li> </ol>  |
| <b>References</b>        | <ol style="list-style-type: none"> <li>1. NCAAA Standards for Program Accreditation; S: 5.</li> <li>2. Policies and procedures of the Shaqra University (Deanship of Development &amp; Quality)</li> </ol>  |

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| <b>Policy 36</b>      | <b>Domain: Community Services</b>   |                            |
| <b>Doc. ID: COM-2</b> | <b>Title: College - Community Interaction</b>   |                            |
| <b>Document Type</b>  | <input checked="" type="checkbox"/> New <input type="checkbox"/> Modification; Old Document Ref. No.: |                            |
| <b>Prepared by:</b>   | Prof Jamal Arif<br><b>Position:</b> Head, QAU   | <b>Date:</b><br>22/02/2023 |
| <b>Revised by:</b>    | Dr. Muath Alammar<br><b>Position:</b> Vice Dean, Academic Affairs                                     | <b>Date:</b><br>28/02/2023 |
| <b>Approved by:</b>   | Dr Feras M. Almarshad<br><b>Position:</b> Dean, College of Medicine                                   | <b>Date:</b><br>12/03/2023 |
| <b>Notes:</b>         | None  |                            |

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| <b>Policy 36</b> | Interaction of College with various stakeholders to encourage their participation in the community services. |
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| <b>Purpose</b> | Participation in the community services ensures effectiveness of the community services plan, building and sustaining the trust between the college and community along with improvement of understanding and importance of community service by prospective graduates. |
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| <b>Scope</b> | <ol style="list-style-type: none"> <li>1. Dean</li> <li>2. Vice Dean</li> <li>3. CSU</li> <li>4. College Council</li> </ol> |
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| <b>Responsibilities</b> | Each of the above-mentioned in the Scope. |
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| <b>Procedure</b> | <p><b>At the start of September:</b></p> <ul style="list-style-type: none"> <li>• Dean, Vice Deans and CSU should define the community stakeholders and framework for their participation and formulation of the annual community service plan.</li> <li>• College Council approves the list of stakeholders and community service plan.</li> </ul> <p><b>At the end of September:</b></p> <p>Vice Dean sends the list of the approved stakeholders, framework and plan to the CSU who publicizes it and communicate to the respective and concerned stakeholders with a cc to the departmental Heads.</p> <p><b>Follow up:</b></p> <ul style="list-style-type: none"> <li>• A timed follow-up of all the activities by CSU should be recorded.</li> <li>• At the end of the academic year, closing ceremony for the faculty and students shall be conducted.</li> </ul> |
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| <b>Templates/Records</b> | <p>Approved list of the stakeholders</p> <p>Meeting minutes of the College Council</p> <p>Meeting minutes of CSU with the concerned stakeholders</p> |
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| <b>References</b> | <ol style="list-style-type: none"> <li>1. NCAAA Standards for Program Accreditation; S: 5.</li> <li>2. Policies and procedures of the Shaqra University (Deanship of Development &amp; Quality)</li> </ol> |
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| <b>Policy 37</b>      | <b>Domain: Community Services</b>   |                            |
| <b>Doc. ID: COM-3</b> | <b>Title: Quality Assurance of Community Services Activities</b>                                      |                            |
| <b>Document Type</b>  | <input checked="" type="checkbox"/> New <input type="checkbox"/> Modification; Old Document Ref. No.: |                            |
| <b>Prepared by:</b>   | Prof Jamal Arif<br><b>Position:</b> Head, QAU   | <b>Date:</b><br>22/02/2023 |
| <b>Revised by:</b>    | Dr. Muath Alammar<br><b>Position:</b> Vice Dean, Academic Affairs                                     | <b>Date:</b><br>28/02/2023 |
| <b>Approved by:</b>   | Dr Feras M. Almarshad<br><b>Position:</b> Dean, College of Medicine                                   | <b>Date:</b><br>12/03/2023 |
| <b>Notes:</b>         | None  |                            |

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| <b>Policy 37</b> | CSU shall maintain all the documentation and evidence of services and activities conducted, prepare the annual report and coordinate with the QAU for assessment and improvement plan. |
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| <b>Purpose</b> | Proper documentation for performance evaluation through trend analysis and continuous improvement of quality of community services. |
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| <b>Scope</b> | 1. CSU<br>2. QAU<br>3. Vice Dean |
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| <b>Responsibilities</b> | Each of the above-mentioned in the Scope. |
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| <b>Procedure</b> | 1. CSU with defined bylaws, vision and mission is constituted by the Vice Dean and gets its approval from Dean and/or College Council.<br>2. The QAU defines the data needed for KPIs calculation for community services and the evidence for fulfilling the requirement of Standard 5.<br>3. CSU as per the approved plan collects the required data and analyze it. Collects the required evidence and prepare the annual report.<br>4. At the end of May, the annual report should be compiled by the CSU, approved by the CSU members and Vice Dean followed by the approval from the College Council. |
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| <b>Templates/ Records</b> | 1. Internal decision for establishment of CSU along with the duties<br>2. Annual plan for community services<br>3. Meeting minutes approving the annual report by the CSU, Vice Dean and College Council<br>4. Trend analysis report for KPIs related to community services<br>5. Improvement plan |
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| <b>References</b> | 1. NCAAA Standards for Program Accreditation; S: 5.<br>2. Policies and procedures of the Shaqra University (Deanship of Development & Quality) |
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| <b>Policy 38</b>          | <b>Domain: Community Services</b>   |                            |
| <b>Doc. ID:<br/>COM-4</b> | <b>Title: Faculty Participation in Community Services</b>   |                            |
| <b>Document Type</b>      | <input checked="" type="checkbox"/> New <input type="checkbox"/> Modification; Old Document Ref. No.: |                            |
| <b>Prepared by:</b>       | Prof Jamal Arif<br><b>Position:</b> Head, QAU   | <b>Date:</b><br>22/02/2023 |
| <b>Revised by:</b>        | Dr. Muath Alammar<br><b>Position:</b> Vice Dean, Academic Affairs                                     | <b>Date:</b><br>28/02/2023 |
| <b>Approved by:</b>       | Dr Feras M. Almarshad<br><b>Position:</b> Dean, College of Medicine                                   | <b>Date:</b><br>12/03/2023 |
| <b>Notes:</b>             | None  |                            |

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| <b>Policy 38</b> | Consideration of participation in the community services activities, community-related research or education in the promotion and assessment of the faculty. |
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| <b>Purpose</b> | To ensure the sincere participation, contribution, and accountability of faculty members in the community services. |
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| <b>Scope</b> | <ol style="list-style-type: none"> <li>1. Vice Dean</li> <li>2. Dean</li> <li>3. QAU</li> <li>4. CSU</li> <li>5. College Council</li> </ol> |
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| <b>Responsibilities</b> | <ol style="list-style-type: none"> <li>1. Vice Dean includes the criteria for promotion and evaluation of faculty members based on the community services followed by its approval from the College Council.</li> <li>2. QAU designs the evaluation form for faculty and get it approved by the Vice Dean, and College Council.</li> <li>3. CSU collects and analyze the data for preparation of the annual report.</li> </ol> |
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| <b>Procedure</b> | <ol style="list-style-type: none"> <li>1. Vice Dean publicizes the policy and approved criteria to all the faculty members.</li> <li>2. CSU collects the data of participation of faculty members in the community services activities at the end of the academic year for KPIs calculation.</li> <li>3. The collected data is sent to the KPI &amp; LO committee in the first week of June for KPIs calculation.</li> <li>4. QAU sends the calculated KPIs report and its trend analysis to CSU and Vice Dean.</li> <li>5. CSU at the end of August sends the annual report to the Vice Dean and Dean for approval in the College Council.</li> <li>6. In case of unsatisfactory participation of a specific Faculty member, Vice Dean and/or Dean meets formally with the concerned faculty members and gives necessary advice after discussion.</li> <li>7. The faculty shall be given certificates of participation.</li> </ol> |
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| <b>Templates/Records</b> | <ol style="list-style-type: none"> <li>1. Annual report of CSU regarding the participation of faculty members</li> <li>2. KPIs report and trend analysis</li> <li>3. Annual Faculty Self Evaluation Form</li> <li>4. College Council approval of the promotion criteria and/or evaluation form</li> <li>5. Confidential report of Dean and the concerned Faculty member meeting minutes</li> </ol> |
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| <b>References</b> | <ol style="list-style-type: none"> <li>1. NCAAA Standards for Program Accreditation; S: 5.</li> <li>2. Policies and procedures of the Shaqra University (Deanship of Development &amp; Quality)</li> </ol> |
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| <b>Policy 39</b>          | <b>Domain: Community Services</b>   |                            |
| <b>Doc. ID:<br/>COM-5</b> | <b>Title: Students' Participation in Community Services</b>   |                            |
| <b>Document Type</b>      | <input checked="" type="checkbox"/> New <input type="checkbox"/> Modification; Old Document Ref. No.:   |                            |
| <b>Prepared by:</b>       | Prof Jamal Arif<br><b>Position:</b> Head, QAU   | <b>Date:</b><br>22/02/2023 |
| <b>Revised by:</b>        | Dr. Muath Alammar<br><b>Position:</b> Vice Dean, Academic Affairs   | <b>Date:</b><br>28/02/2023 |
| <b>Approved by:</b>       | Dr Feras M. Almarshad<br><b>Position:</b> Dean, College of Medicine   | <b>Date:</b><br>12/03/2023 |
| <b>Notes:</b>             | None  |                            |
| <b>Policy 39</b>          | Students are required to enhance knowledge, skills and values through community service and extracurricular activities.   |                            |
| <b>Sub-Policy 39.1</b>    | The community services as an extracurricular activity shall be integrated in the curriculum appropriately where students must participate.  |                            |
| <b>Sub-Policy 39.2</b>    | Proper mechanism of identifying the gifted and talented students and give appropriate recognition.  |                            |
| <b>Purpose</b>            | To enhance the community wellbeing by making awareness of the community-specific medical problems to all the students and to achieve PLO for extracurricular activity.  |                            |
| <b>Scope</b>              | <ol style="list-style-type: none"> <li>1. Vice Dean</li> <li>2. Dean</li> <li>3. Curriculum Committee</li> <li>4. QAU</li> <li>5. Course organizer</li> <li>6. College Council</li> </ol>   |                            |
| <b>Responsibilities</b>   | Each of the above-mentioned personnel in the Scope.   |                            |
| <b>Definitions</b>        | Extracurricular activities include community services, medical awareness camps, seminars, workshops, research day, etc but not limited to.  |                            |
| <b>Procedure</b>          | <ol style="list-style-type: none"> <li>1. Course organizer of the concerned course (e.g. HIC-III) shall discuss the integration of extracurricular activities.</li> <li>2. Course organizer shall integrate it into the course along with a CLO for extracurricular activity and assign certain percentage of marks for participating students after producing the certificate of participation.</li> <li>3. Course organizer shall get it approved in the course committee followed by the curriculum and assessment committees.</li> <li>4. Vice dean gets the approved copy of the curriculum of the concerned course and get it approved by the College Council.</li> <li>5. Course organizer should communicate to the students of that course regarding the policy.</li> <li>6. After assessment, course organizer should calculate the related CLO.</li> <li>7. QAU monitors the incorporation of extracurricular activity in the educational program.</li> <li>8. CSU should register all the community activities conducted through courses and update its database and should also keep the copies of students' proposals, projects reports and posters etc.</li> <li>9. KPI &amp; LO committee will calculate the KPIs and PLO achievement and submit the report to</li> </ol> |                            |

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|                           | <p>the QAU.</p> <p><b>Procedure for identification of talented and gifted students:</b></p> <ol style="list-style-type: none"> <li>1. At the beginning of each academic year, CSU ask the students through their university e-mails, during the academic advising meetings and orientation about their hobbies and their talents in any field such as poetry, essay writing, photography, drawing, memorizing the Noble Qur'an/hadith and students who participated in any volunteer work and got volunteer hours on the national platform for volunteering. In addition, CSU also ask them about their sports hobbies such as football, volleyball, swimming and do they have won local, regional, or international awards or certificates in the Local, regional, or international events.</li> <li>2. Accordingly, the talented students are encouraged to participate in community services and sports activities organized in the college, university or anywhere outside the university.</li> <li>3. Every year, students who participated in various sports activities and won prizes in various sports events are honored by the CSU at the annual closing ceremony.</li> </ol> |
| <b>Templates/ Records</b> | <ol style="list-style-type: none"> <li>1. Approved modified course(s) and related CLOs aligned PLOs</li> <li>2. CSU database and other related documents.</li> <li>3. Meeting minutes of course committee, department council, curriculum committee and College Council.</li> <li>4. QAU annual report</li> <li>5. CLO achievement report of the course</li> <li>6. PLO achievement report</li> </ol>   |
| <b>References</b>         | <ol style="list-style-type: none"> <li>1. NCAAA Standards for Program Accreditation; S: 3 &amp; 5.</li> <li>2. Policies and procedures of the Shaqra University (Deanship of Development &amp; Quality)</li> </ol>  |

## Policies Related to Research

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|------------------------|---|----------------------------|
| <b>Policy 40</b>       | <b>Domain: Research</b>   |                            |
| <b>Doc. ID: RES-1</b>  | <b>Title: Unified Regulation of Scientific Research Policy</b>  |                            |
| <b>Document Status</b> | <input checked="" type="checkbox"/> New <input type="checkbox"/> Modification;  | Old Document Ref. No.:     |
| <b>Prepared by</b>     | Dr. Aslam Pathan<br><b>Position:</b> Head, Scientific Research Unit   | <b>Date:</b><br>16/02/2023 |
| <b>Revised by</b>      | Prof. Jamal Arif<br><b>Position:</b> Head, QAU  | <b>Date:</b><br>20/02/2023 |
| <b>Revised by</b>      | Dr Muath Alammar<br><b>Position:</b> Vice Dean, Academic Affairs  | <b>Date:</b><br>23/02/2023 |
| <b>Approved by</b>     | Dr. Feras Almarshad<br><b>Position:</b> Dean, College of Medicine   | <b>Date:</b><br>12/03/2023 |
| <b>Notes</b>           |   |                            |
| <b>Policy 40</b>       | This policy of the unified regulations of scientific research at Shaqra University displays the regulations of implementing, authoring, translating, and funding of research activities and the publishing of books at the University. It must be stated here that the regulations of scientific research are unified in all Saudi universities. They are defined by the decree of the Higher Education Council no (2/10/1419) dated 6/2/1419 This degree created definite articles concerning the procedures of scientific research and the activities of publication and translation at all universities. These articles are: |                            |
| <b>Sub-Policy 40.1</b> | Article (21) of the Act:<br>The scientific production submitted for publication in the University concerned includes the following:<br>A-Dissertations/theses<br>B-Researches which are scientific in nature<br>C- Course books of the Students<br>D-Books/references which are authored.<br>E-Translated books of students or other translated references etc.<br>F- Books which are verified.<br>G- Dictionaries and encyclopedias<br>H-Other books which are recognized by the University policy qualifying for publication  |                            |
| <b>Sub-Policy 40.2</b> | Article (22):<br>Based on the approval of the Scientific Council, the masters and PhD dissertations which hold material of scientific value, or concerned with the developmental goals of the country may be approved/considered for publication.   |                            |
| <b>Sub-Policy 40.3</b> | Article (23):<br>For any dissertations/theses submitted to the university in foreign language and are approved by the Scientific Council as important for translation into Arabic, a remuneration will be allocated.  |                            |

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| <b>Sub-Policy 40.4</b>  | Article (24):<br>If the dissertations of other universities in the Kingdom or abroad serve the goals of the University, it may consider them for publication purposes.   |
| <b>Sub-Policy 40.5</b>  | Article (25):<br>The remuneration for publication of MA thesis will be (9000) SAR and a PhD publication will be paid (17000) SAR.  |
| <b>Sub-Policy 40.6</b>  | Article (26):<br>The University has the right to determine from the inputs provided by the Scientific Council whether to consider the material of any publication as research oriented, or the translated/authored book/verified book or publication as worthy to be declared as a work of art and whether it is consistent with the goals of the University or not.                               |
| <b>Sub-Policy 40.7</b>  | Article (27):<br>The University supports that the Scientific Council will state rules concerning the material and content of the scientific publications mentioned in the article (21).  |
| <b>Sub-Policy 40.8</b>  | Article (28):<br>All research submitted for publication need to be evaluated by two specialists and the details of evaluation, assessment and review will be stipulated by the Scientific Council.   |
| <b>Sub-Policy 40.9</b>  | Article (29):<br>The University upholds that all the authors/verifiers/translators will be paid a remuneration approved by the Scientific Council based on the reports of the evaluators, which are primarily based upon the area of the subject of the book, its scientific value and the efforts of the author. The amount of remuneration for a book is limited to 50.000 (fifty thousand SAR.) |
| <b>Sub-Policy 40.10</b> | Article (30):<br>The University upholds that the remuneration of authoring/translating of encyclopedia need to be assessed and approved by the Scientific Council and that the amount of remuneration is limited to 50,000 (fifty thousand).   |
| <b>Sub-Policy 40.11</b> | Article (31):<br>The University upholds that a remuneration of 1000 (one thousand SAR) has to be paid for reviewing/ evaluating/verifying any translating a book.  |
| <b>Sub-Policy 40.12</b> | Article (32):<br>A remuneration of 2000 (two thousands SAR) will be awarded for editing one book.  |
| <b>Sub-Policy 40.13</b> | Article (33):<br>All participants involved in evaluating/ assessing the scientific production of the academic promotion need to paid a remuneration of 500 (five hundred SAR) for each research. The entire remuneration should not exceed 3000 (three thousand SAR).  |



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| <b>Sub-Policy 40.14</b> | Article (34):<br>The owner of the scientific production who has submitted for publication need to correct any printing mistakes and also prepare the indices.   |
| <b>Sub-Policy 40.15</b> | Article (35):<br>All scientific material need to have scientific validity or practical importance and these need to be subjected to the evaluation process of more than one evaluator. In the event of translation, the translator need to be proficient with both languages and ensure that the translation and copyrights of the material has been received. The translator need to be committed to make the remarks and suggested modifications of the editor.   |
| <b>Sub-Policy 40.16</b> | Article (36):<br>This copyright return of the scientific production will automatically allow the author to transfer his intellectual property right of such scientific production for a period of five years starting from the date of printing approval issued by the Scientific Council.  |
| <b>Sub-Policy 40.17</b> | Article (37):<br>When reprinting any earlier published material by the University, the owners of such material will not be repaid for reprinting the material which was classified among the scientific projects and which was funded by the University or obtained its intellectual property rights or authored by professors who on the order of the University for temporarily leaving job in order to fulfill such academic projects. The writer would be remunerated the same amount if the literature was funded by the writer and the copyright was transferred to the University. |
| <b>Sub-Policy 40.18</b> | Article (38):<br>The university preserves the right to reprint published material for a period of five years. If owners conduct additions to the original volume over the period - then the scientific board estimates a new bonus for the additions payable upon endorsement from the appraiser.   |
| <b>Sub-Policy 40.19</b> | Article (39):<br>The University withholds the rights of republishing its publications for five years in advance. If the author adds an important scientific value to the edition, the Scientific Council will check and assess the subsequent remuneration after being evaluated by the evaluator. On passing a period of five years from the consent and approval of the Scientific Council to print the material, all intellectual property rights will be transferred again to the original author and the process of reprinting shall be on a new agreement with the University.      |
| <b>Sub-Policy 40.20</b> | Article (40):<br>The Scientific Council holds the right to reconsider any republishing of a scientific production which holds great scientific value and which has not been previously published by the University. In such cases the Scientific Council will assess the value of the remuneration.   |

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| <b>Purpose</b>            | This policy of the unified regulations of scientific research at Shaqra University displays the regulations of implementing, authoring, translating, and funding of research activities and the publishing of books at the University.  |
| <b>Scope</b>              | This policy applies to all members of College of Medicine at Shaqra.<br>1 Scientific Research Unit.<br>2 Research & Development Committee.<br>3 Curriculum Committee.<br>4 Assessment Unit.<br>5 Faculty members<br>6 Staff<br>7 Students<br>8 Interns  |
| <b>Responsibilities</b>   | Each party mentioned in the scope.  |
| <b>Definitions</b>        | <b>Scientific research:</b> an achievement founded on world-renowned scientific basis resulting from individual or common efforts or a combination of both.<br><b>Main researcher:</b> a member of the teaching faculty or someone serving in his/ her position; representing the group participating in the research effort-and supervises and manages the group.<br><b>Co-researcher:</b> a member of the teaching faculty or someone serving in his/her position; working with the group to complete research in a certain topic.<br><b>Inspection arbitrator:</b> a member of the teaching faculty or the expert entrusted with scrutinizing and studying a scientific product.<br><b>Reviewer:</b> a member of the teaching faculty or the expert entrusted with scrutinizing and studying a scientific product.<br><b>Counselor:</b> a member of the teaching faculty or someone serving in his/ her position or the expert commissioned by the respective research center to provide consultative services or studies. |
| <b>Templates/ Records</b> | 1 All relevant forms<br>2 Meeting minutes of the relevant councils and committees   |
| <b>References</b>         | 1 Policies and Procedures of Shaqra University (Deanship of Scientific Research)<br>2 NCAAA standards for Program Accreditation: S-4 & S-5  |

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| <b>Policy 41</b>       | <b>Domain: Research</b>   |                            |
| <b>Doc. ID: RES-2</b>  | <b>Title: Student Research as a Partial Fulfilment of HIC 311 (year-2) &amp; HIC 331 (year-3) Courses</b> |                            |
| <b>Document Status</b> | <input checked="" type="checkbox"/> New <input type="checkbox"/> Modification; Old Document Ref. No.:     |                            |
| <b>Prepared by</b>     | Dr. Aslam Pathan<br><b>Position:</b> Head, Scientific Research Unit                                       | <b>Date:</b><br>16/02/2023 |
| <b>Revised by:</b>     | Prof. Jamal Arif<br><b>Position:</b> Head, QAU  | <b>Date:</b><br>20/02/2023 |
| <b>Revised by:</b>     | Dr Muath Alammar<br><b>Position:</b> Vice Dean, Academic Affairs  | <b>Date:</b><br>23/02/2023 |
| <b>Approved by:</b>    | Dr. Feras Almarshad<br><b>Position:</b> Dean, College of Medicine   | <b>Date:</b><br>12/03/2023 |
| <b>Notes</b>           | Nil   |                            |

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| <b>Policy 41</b>       | <b>AIM</b><br><br>To create and support research culture for developing and promoting scientific temper and research aptitudes among students, realize the vision and mission of the College/University and contribute to national development. It also aims to ensure the research activities at the College of Medicine confirm the established University regulations and are in line with the ethical standards of research.   |
| <b>Sub-Policy 41.1</b> | <b>Objectives</b><br><br>(A) To develop future researchers as an important domain of life-long learning and research excellence.<br><br>(B) To ensure students understand the research guidelines on ethics and integrity of conducting research<br><br>(C) To observe annual research day/s at the College of Medicine.<br><br>(D) To facilitate students to attend research conference for presenting their research findings.<br><br>(E) Students to have at least one published paper in Scopus or Web of Science/PubMed indexed journals before graduation as excellence and not as a graduation requirement. |

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| <p><b>Sub-Policy 41.2</b></p> | <p><b>Ethics Obligations and Research integrity</b></p> <ol style="list-style-type: none"> <li>1. All researchers (Supervisors/Students) should clear the bioethics course and earn a certificate (A two-hour online course followed by a test) before conducting research (cf. Deanship of research website; <a href="https://www.su.edu.sa/en/deanships/deanship-scientific-research/standing-committee-ethics-scientific-research/aboutethicresearch">https://www.su.edu.sa/en/deanships/deanship-scientific-research/standing-committee-ethics-scientific-research/aboutethicresearch</a>)</li> <li>2. Every research proposal should be submitted to the bioethical committee for approval. Students are required to carry out their research in compliance with the Course, university and ethical obligations. They should follow the research guidance from the allocated research supervisors.</li> <li>3. Research projects that involve human or animal subjects, must get ethical approval in advance before starting the research.</li> <li>4. The Faculty/Students, of the College of Medicine are required to make themselves aware about the guidelines for research and follow the Deanship of Research by visiting the above section of the University’s website.</li> <li>5. The Faculty/ Student research group should take care of plagiarism both in research proposal and paper writing as described in the relevant clause on research guidelines provided by the University.</li> </ol> |
| <p><b>Sub-Policy 41.3</b></p> | <p><b>Research Motivation</b></p> <p>The research policy will ensure steps are taken to motivate student participation in research. These steps will be the responsibility of <b>the College Research Unit</b> at the College of Medicine. They <b>should</b></p> <ol style="list-style-type: none"> <li>1. Ensure, that tools like SPSS, Endnote and Plagiarism checking software, are available to students and supervisors.</li> <li>2. Ensure the availability of funds for student research projects and their disbursement on a priority basis.</li> <li>3. Ensure the reimbursement of publication fees if applicable.</li> <li>4. Ensure that the provision of prize money and research certificate for the students and supervisor published paper are present.</li> <li>5. Ensure timely announcements of university projects on the dedicated notice board and the same is timely e-mailed to the faculty.</li> </ol>   |

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|                        | <ol style="list-style-type: none"> <li>6. Ensure timely announcements regarding national and international conferences on the dedicated notice board and the same is timely e-mailed to the faculty.</li> <li>7. Ensure the flyers/banners are available for the annual undergraduate research presentation and the research-related workshops.</li> <li>8. Ensure the flyers/banners are available for orientation workshops.</li> <li>9. Ensure the evidence of the above items are e-mailed to the Deanship of Quality unit at the College of Medicine.</li> </ol> |
| <b>Sub-Policy 41.4</b> | <p><b>Research Planning</b></p> <ol style="list-style-type: none"> <li>1. The speciality of Community Medicine to develop a detail blueprint of conducting and evaluating of research activities for HIC 311 (year-2) &amp; HIC 331 (year-3) courses.</li> <li>2. Any faculty project that involve students other than enrolled in HIC 311 &amp; HIC 331 courses must report the student research involvement to college research unit for compilation of students research records.</li> </ol>   |

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| <b>Purpose</b> | <p>This policy establishes the research environment in the College of Medicine within which the undergraduate students carry out their Research. It also provides an overarching framework for the development and implementation of research management at the College of Medicine, Shaqra University.</p> |
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| <b>Scope</b> | <ol style="list-style-type: none"> <li>1 Quality Assurance &amp; Academic Accreditation Unit.</li> <li>2 Research Unit.</li> <li>3 Assessment &amp; Evaluation Unit.</li> <li>4 Medical Education Unit.</li> <li>5 Academic leadership.</li> <li>6 Curriculum Committee.</li> <li>7 Faculty members.</li> <li>8 <b>Concerned specialty</b></li> </ol> |
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| <b>Responsibilities</b> | <p>All the parties mentioned in the scope.</p> |
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| <b>Definitions</b> | <ol style="list-style-type: none"> <li>1 Researcher: Supervisor(s) / Student(s) in the research group who should have completed the online course of Bio-ethics and possesses a certificate for the same.</li> <li>2 Research supervisor: Any faculty member preferably having two papers</li> </ol> |
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|                             | <p>published in peer-reviewed journals indexed in Scopus/ Web of Sciences.</p> <p>3 Authorship: The matter of authorship is guided by the relevant clause in the University's research regulations.</p>  |
| <b>Procedure</b>            | <p>The procedure related to research policy will be developed by the speciality of Community Medicine that run the research Courses for the year -2 (Course code: HIC 311) and for year-3 (Course code: HIC 331). The blue print of research activities for these courses to be part of this policy as annexures. Annexure-1 HIC-311, Annexure-2 HIC 331</p> |
| <b>Templates/ Annexures</b> | <ol style="list-style-type: none"> <li>1. Approval from speciality/ department/college council</li> <li>2. Plan for research activities by the speciality of Community Medicine.</li> </ol>  |
| <b>References</b>           | <ol style="list-style-type: none"> <li>1. Vision and Mission document of the College of Medicine</li> <li>2. NCAAA requirement for research policy</li> <li>3. NCAAA standard-2 (Sub 2.5), Standard-4 (Sub 4.2; 4.7)</li> </ol>  |

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| <b>Policy 42</b>       | <b>Domain: Research</b>   |                            |
| <b>Doc. ID: RES-3</b>  | <b>Title: Research Intellectual Property</b>  |                            |
| <b>Document Status</b> | <input checked="" type="checkbox"/> New <input type="checkbox"/> Modification;  | Old Document Ref. No.:     |
| <b>Prepared by</b>     | Dr. Aslam Pathan<br><b>Position:</b> Head, Scientific Research Unit   | <b>Date:</b><br>16/02/2023 |
| <b>Revised by</b>      | Prof. Jamal Arif<br><b>Position:</b> Head, QAU  | <b>Date:</b><br>20/02/2023 |
| <b>Revised by</b>      | Dr Muath Alammar<br><b>Position:</b> Vice Dean, Academic Affairs  | <b>Date:</b><br>23/02/2023 |
| <b>Approved by</b>     | Dr. Feras Almarshad<br><b>Position:</b> Dean, College of Medicine   | <b>Date:</b><br>12/03/2023 |
| <b>Notes</b>           |   |                            |
| <b>Policy 42</b>       | According to its mission and strategic objectives, college of medicine at Shaqra is committed to learning and teaching, creation of knowledge and academic research. The college, in this respect, realizes the importance of the issue of Intellectual Property, and therefore has created this policy to set forth the rights and obligations of the college and its members. |                            |
| <b>Sub-Policy 42.1</b> | To ensure that the knowledge and information prepared by the college of medicine at Shaqra's Research Committee benefits the Saudi economy and the citizens of the Kingdom.   |                            |
| <b>Sub-Policy 42.2</b> | To provide clear cut and defined guidelines and standards to identify and determine the rights and obligations of the university's stakeholders towards any third party regarding the sponsor of research.  |                            |
| <b>Sub-Policy 42.3</b> | To adhere to and to fulfill the mission components of the college of medicine at Shaqra relating to academic research.  |                            |
| <b>Sub-Policy 42.4</b> | The parties covered by this policy are authors, faculty, staff members, and research students of college of medicine at Shaqra who have contributed towards creating intellectual property for the college of medicine at Shaqra and other people who have used the facilities of college of medicine at Shaqra directly or indirectly for this purpose.                        |                            |
| <b>Sub-Policy 42.5</b> | With reference to ownership and funding, any intellectual work prepared by the college of medicine at Shaqra members using the funds and time of college of medicine at Shaqra will be deemed to be owned by the college of medicine at Shaqra and holds all rights on such work. No part of this work will be reproduced or used without prior approval.                       |                            |
| <b>Sub-Policy 42.6</b> | With reference to ownership and funding, any intellectual work prepared by the University members using the funds and time of SU will be deemed to be owned by the University and the University holds all rights on such work. No part of this work will be reproduced or used without prior approval.   |                            |

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| <b>Sub-Policy 42.7</b>  | When any member undertakes research, all proposals must be approved by the research committee of SU. All research work must respect the laws of the country and be for community benefit.   |
| <b>Sub-Policy 42.8</b>  | Any funding, internal and external, must be approved by the University and all paper work must adhere to the rules and regulations stated by the University.  |
| <b>Sub-Policy 42.9</b>  | In the case of external contracts and internal contracts regarding research, every member/third party must follow the prescribed template prescribed by SU and respect the agreements signed and hold and bind them contractually.  |
| <b>Sub-Policy 42.10</b> | If any third party has produced or authored any intellectual property and used the resources of SU, this party will be bound and restricted not to use work for any other purpose.  |
| <b>Sub-Policy 42.11</b> | It is mandatory that all authors and members certify all their research work and its authenticity through declaration documents to be filled by them.   |
| <b>Sub-Policy 42.12</b> | College of Medicine at Shaqra reserves all rights for commercialization & copy rights for the research rights of its members. The College of Medicine at Shaqra members must take prior approval from the Research Committees before submitting any abstracts, publications, manuscripts and research work and also before the publication of any research work consisting of any manuscripts, abstracts or any other research work that belong to the College of Medicine at Shaqra.   |
| <b>Sub-Policy 42.13</b> | Shaqra University reserves all rights for commercialization & copy rights for the research rights of its members. The SU members must take prior approval from the Research Committees before submitting any abstracts, publications, manuscripts and research work and also before the publication of any research work consisting of any manuscripts, abstracts or any other research work that belong to the University.   |
| <b>Purpose</b>          | The policy of research intellectual property of college of medicine at Shaqra aims to provide the rules, regulations and procedures that protect the transfer of intellectual property and at the same time do not contradict the acknowledged laws and regulations governing this issue outside the University. The suggested protection extends to the copyrights of such intellectual property rights and to the transfer of knowledge for the social benefit. This policy ensures the procedures suggested by this policy will be of a great benefit to the college and its stakeholders and members. |
| <b>Scope</b>            | This policy applies to all members of College of Medicine at Shaqra.<br>1 Scientific Research Unit.<br>2 Research & Development Committee.<br>3 Faculty members.<br>4 Staff.<br>5 Students.<br>6 Interns.   |
| <b>Responsibilities</b> | Each party mentioned in the scope.  |



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| <b>Definitions</b>        | Intellectual Property implies all the knowledge, research, ideas, discoveries, implicit and explicit information, methods, processes or work created by the members. |
| <b>Templates/ Records</b> | 1 All relevant forms<br>2 Meeting minutes of the relevant councils and committees  |
| <b>References</b>         | 1 Policies and Procedures of Shaqra University (Deanship of Scientific Research)<br>2 NCAAA standards for Program Accreditation: S-4 & S-5                           |

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| <b>Policy 43</b>       | <b>Domain: Research</b>  |                            |
| <b>Doc. ID: RES-4</b>  | <b>Title: Research Ethics Policy</b>   |                            |
| <b>Document Status</b> | <input checked="" type="checkbox"/> New <input type="checkbox"/> Modification; | Old Document Ref. No.:     |
| <b>Prepared by</b>     | Dr. Aslam Pathan<br><b>Position:</b> Head, Scientific Research Unit            | <b>Date:</b><br>16/02/2023 |
| <b>Revised by</b>      | Prof. Jamal Arif<br><b>Position:</b> Head, QAU                                 | <b>Date:</b><br>20/02/2023 |
| <b>Revised by</b>      | Dr Muath Alammar<br><b>Position:</b> Vice Dean, Academic Affairs               | <b>Date:</b><br>23/02/2023 |
| <b>Approved by</b>     | Dr. Feras Almarshad<br><b>Position:</b> Dean, College of Medicine              | <b>Date:</b><br>12/03/2023 |
| <b>Notes</b>           |  |                            |

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| <b>Policy 43</b>       | This policy of research ethics at the College of Medicine at Shaqra states and advocates all the ethical standards and conditions which researchers, collaborators, research fellows need to comply to. The guiding principles of the code of research ethics of the college includes the following:  |
| <b>Sub-Policy 43.1</b> | The policy guiding situations which identify the eventuality of the extent of risks associated with achieving the research objectives and research activities when there are potential hazards identified in this process.  |
| <b>Sub-Policy 43.2</b> | The policy advocates honesty, integrity and truthfulness in all facets of academic research. These values extend to crucial areas like the intentions, gathering data and facts, acknowledging the contributions from all sources used by the researcher. Any conflicts should be documented and declared.                                    |
| <b>Sub-Policy 43.3</b> | Accountability for research procedures and adherence to its ethics should prevail. All details of research activities should be transparent and all faculties need to contribute to their field of research and reveal its fruitful findings.   |
| <b>Sub-Policy 43.4</b> | Researchers must take appropriate consent when required from academic research participants and ensure that there will be no violation behind any concerns. In the case that there are other parties participating in research and require permission to contribute towards the research, such consent procedures should also be adhered too. |

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| <b>Sub-Policy 43.5</b>  | Documentations must be clear and understandable and all research work must ensure that the laws of the country are not violated.  |
| <b>Sub-Policy 43.6</b>  | The confidentiality of the participants must be maintained and all necessary steps and actions need to be adhered.  |
| <b>Sub-Policy 43.7</b>  | For projects and researches where risk is high, the proposal should automatically go to the Research Ethics Committee for consideration.  |
| <b>Sub-Policy 43.8</b>  | The researchers must ensure that the reasonable freedom of expression and speech should not be violated and, they must ensure that the research work brings no problems or troubles to the college; otherwise it will be violating the principles of this policy.   |
| <b>Sub-Policy 43.9</b>  | The researchers have to adhere to the ethical rules of not fabricating or inventing results, falsification of data, and dishonesty in research activities.  |
| <b>Sub-Policy 43.10</b> | Failure in crucial elements of research like authorship, confidentiality, and lack of appropriate consent, misuse of personal data and abuse of subjects, materials or funds will also result in the breach of the research ethics policy.  |
| <b>Sub-Policy 43.11</b> | Plagiarism and using other works of research without consent also violates this policy.   |
| <b>Purpose</b>          | The policy of research ethics at the College of Medicine at Shaqra, therefore, seeks to maintain that all the members of the college (staff, faculty, and students) should follow the highest ethical standards of every aspect of research. The policy raises issues which should be fully considered by researchers and their supervisors before undertaking any research activity. It is, therefore, the duty of the researcher to conduct his / her research with due consideration to the ethical framework provided by this policy and any relevant discipline of ethical guidance. |
| <b>Scope</b>            | <ol style="list-style-type: none"> <li>1. Scientific Research Unit.</li> <li>2. Research &amp; Development Committee.</li> <li>3. Faculty members</li> <li>4. Students</li> <li>5. Interns</li> </ol>   |
| <b>Responsibilities</b> | Each party mentioned in the scope.  |

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| <b>Definitions</b> | College of Medicine at Shaqra takes as one of its main concerns and strategic goals to encourage and motivate academic research and disseminate its culture. The College, in this respect, strongly encourages research activity amongst its staff, faculty and students. The college adopts and advocates the fact that academic research is the right way that creates sustainable development in all areas of life and opens gateways to new avenues and enhances the teaching learning process amongst its members. The college, accordingly, realizes that part of its mission is to occupy a distinguished place at the global frontier if healthy and effective research culture.   |
| <b>Procedure</b>   | <p><b>Ethical Approval Request</b></p> <p><b>First:</b> Forms used for the request<br/>The researcher fills out one of the following ethical consent forms depending on the type of study:<br/>Form No. 1 (PREA):<br/>This form is used for research studies that raises no ethical issues or raises any minimal ethical risks. The proposed research should not focus on sensitive topics; not to include those considered vulnerable in the research context. The proposed research should require minimal disturbance or interference with others.</p> <p>Form No. 2 (FERA):<br/>This form is used for research studies that may raise ethical issues or raise ethical risks. i.e., scientific experiments conducted on humans, animals, plants or living cells and microorganisms. Also, for research proposals focusing on sensitive topics, or participants in the context of the research project.</p> <p><b>Second:</b> Other forms that may some research types require:</p> <ul style="list-style-type: none"> <li>•Consent Form</li> <li>•Informed consent form for descriptive studies</li> </ul> <p><b>Third:</b> (depending on the nature of the research) the committee should be provided with the questionnaire for the study stamped with the college seal.</p> <p><b>Fourth:</b> Ethical Approval Request submission Procedure:</p> <ul style="list-style-type: none"> <li>•The entire form shall be filled out by the researcher and should include the endorsement of BOTH the head of the department and the research unit representative within the college (incomplete forms will not be accepted).</li> <li>•The entire application is sent by the head of the scientific research unit/committee at the college with all necessary attachments/ justifications to the committee's secretariat e-mail (erc@su.edu.sa), and applications sent directly through the researcher will not be accepted.</li> <li>•The application is examined by the secretariat of the Standing Committee for the Ethics of Scientific Research to ensure that the justifications necessary for submission to the committee are completed.</li> <li>•The researcher is contacted (through the head of the scientific research unit/committee at the college) in case there are notes on the application raised by the committee's secretariat or by one of the committee reviewers before submitting it to the committee meeting.</li> <li>•The request is presented to the committee meeting if the justifications for the request are completed and any observations or amendments (if any) have been avoided.</li> </ul> |

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|                               | <ul style="list-style-type: none"> <li>•The decision of committee is issued after the completion of all legal procedures and the approval of the meeting notes.</li> <li>•The principal investigator is notified with a copy of the committee's decision.</li> </ul> |
| <b>Templates/<br/>Records</b> | <ol style="list-style-type: none"> <li>1. Form No. 1 (PREA)</li> <li>2. Form No. 2 (FERA)</li> <li>3. Consent Form</li> <li>4. Informed consent form for descriptive studies</li> <li>5. Meeting minutes of the relevant councils and committees</li> </ol>          |
| <b>References</b>             | <p>Policies and Procedures of Shaqra University (Deanship of Scientific Research)<br/> NCAA standards for Program Accreditation: S-4 &amp; S-5</p>   |

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| <b>Policy 44</b>        | <b>Domain: Research</b>  |                            |
| <b>Doc. ID: RES-5</b>   | <b>Title: Research Ethics on Living Creature Policy</b>  |                            |
| <b>Document Status</b>  | <input checked="" type="checkbox"/> New <input type="checkbox"/> Modification;   | Old Document Ref. No.:     |
| <b>Prepared by</b>      | Dr. Aslam Pathan<br><b>Position:</b> Head, Scientific Research Unit  | <b>Date:</b><br>16/02/2023 |
| <b>Revised by</b>       | Prof. Jamal Arif<br><b>Position:</b> Head, QAU   | <b>Date:</b><br>20/02/2023 |
| <b>Revised by</b>       | Dr Muath Alammar<br><b>Position:</b> Vice Dean, Academic Affairs   | <b>Date:</b><br>23/02/2023 |
| <b>Approved by</b>      | Dr. Feras Almarshad<br><b>Position:</b> Dean, College of Medicine  | <b>Date:</b><br>12/03/2023 |
| <b>Notes</b>            |  |                            |
| <b>Policy 44</b>        | This policy guides the ethics dealing with the living creatures used in scientific research and should be followed by members of the college of medicine at Shaqra.  |                            |
| <b>Sub-Policy 44.1</b>  | To protect the welfare and interests of the participating subjects.  |                            |
| <b>Sub-Policy 44.2</b>  | To carry on the work in a way that minimizes risks to subjects.  |                            |
| <b>Sub-Policy 44.3</b>  | To protect the interests and welfare of the research subjects.   |                            |
| <b>Sub-Policy 44.4</b>  | To consider the ethical principles of respecting of participating parties, justice and transparency.   |                            |
| <b>Sub-Policy 44.5</b>  | To communicate to the prospective subjects all the information necessary for adequate informed consent.  |                            |
| <b>Sub-Policy 44.6</b>  | To give the prospective subject full opportunity and encouragement to ask questions.   |                            |
| <b>Sub-Policy 44.7</b>  | To seek consent only after the prospective subject has adequate knowledge of the relevant facts and of the consequences of participation and has had enough opportunity to consider whether to participate or not.   |                            |
| <b>Sub-Policy 44.8</b>  | In planning a study, researchers and supervisors must carefully evaluate its ethical guarantees and conform to the process of applying for ethical approval. The process is underpinned by the ethical principles outlined in this policy  |                            |
| <b>Sub-Policy 44.9</b>  | All research procedures should be planned, conducted and disseminated in accordance with the values of integrity, rigor, respect and the principles of open communication and open data.   |                            |
| <b>Sub-Policy 44.10</b> | A primary ethical concern of all researchers and research supervisors is to take into consideration the possible risks to which any party may be subjected. Potential harms may include physical, social, emotional or psychological distress to participants and researchers. It also extends to the harm that may touch the living creatures used for experiments of scientific research. Risks can relate to the participants or researcher's social or professional standing, personal values and beliefs as well as violation of legal aspects. |                            |

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| <b>Purpose</b>          | The policy of research ethics on living creatures at the College of Medicine at Shaqra articulates the principles upon which all research activities involving animals should be based on which procedures require ethical review. This policy applies to all staff members, students and persons or parties involved in research with the final aim of publishing their results under the name of the College of Medicine at Shaqra. This policy also applies to work carried out by other companies and organizations using the College of Medicine at Shaqra facilities.   |
| <b>Scope</b>            | This policy applies to all members of College of Medicine at Shaqra.<br>1. Scientific Research Unit.<br>2. Research & Development Committee.<br>3. Curriculum Committee.<br>4. Assessment Unit.<br>5. Faculty members<br>6. Staff<br>7. Students<br>8. Interns  |
| <b>Responsibilities</b> | Each party mentioned in the scope.  |
| <b>Definitions</b>      | The college of medicine at Shaqra regards the production, promotion and improvement of the atmosphere of academic and scientific research as one of its strategic goals. The college, in this respect gives much interest to the question of the ethics of scientific research. One of its faces is the ethics dealing with the living creatures used in scientific research. Research ethics deal with the way in which research is planned, conducted and executed, in order to ensure that the entire process conforms to the rules, standards or norms agreed upon by the research community in colleges and universities at large. Research ethics, therefore, are rules and values respected by researchers regardless of the field of study or the research methodologies.   |
| <b>Procedure</b>        | Ethical Approval Request<br><b>First:</b> Forms used for the request<br>The researcher fills out one of the following ethical consent forms<br><br>Form No. 2 (FERA):<br>This form is used for research studies that may raise ethical issues or raise ethical risks. i.e., scientific experiments conducted on humans, animals, plants or living cells and microorganisms. Also, for research proposals focusing on sensitive topics, or participants in the context of the research project.<br><br><b>Second:</b> Other forms that may some research types require:<br><ul style="list-style-type: none"> <li>•Consent Form</li> <li>•Informed consent form for descriptive studies</li> </ul> <b>Third:</b> (depending on the nature of the research) the committee should be provided with the questionnaire for the study stamped with the college seal.<br><br><b>Forth:</b> Ethical Approval Request submission Procedure:<br><ul style="list-style-type: none"> <li>•The entire form shall be filled out by the researcher and should include the endorsement of BOTH the head of the department and the research unit representative within the college (incomplete forms will not be accepted).</li> </ul> |

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|                          | <ul style="list-style-type: none"> <li>•The entire application is sent by the head of the scientific research unit/committee at the college with all necessary attachments/justifications to the committee’s secretariat e-mail (erc@su.edu.sa), and applications sent directly through the researcher will not be accepted.</li> <li>•The application is examined by the secretariat of the Standing Committee for the Ethics of Scientific Research to ensure that the justifications necessary for submission to the committee are completed.</li> <li>•The researcher is contacted (through the head of the scientific research unit/committee at the college) in case there are notes on the application raised by the committee’s secretariat or by one of the committee reviewers before submitting it to the committee meeting.</li> <li>•The request is presented to the committee meeting if the justifications for the request are completed and any observations or amendments (if any) have been avoided.</li> <li>•The decision of committee is issued after the completion of all legal procedures and the approval of the meeting notes.</li> <li>• The principal investigator is notified with a copy of the committee's decision.</li> </ul> |
| <b>Templates/Records</b> | <ol style="list-style-type: none"> <li>1 Form No. 2 (FERA):</li> <li>2 Consent Form</li> <li>3 Informed consent form for descriptive studies</li> </ol>  |
| <b>References</b>        | <ol style="list-style-type: none"> <li>1 Policies and Procedures of Shaqra University (Deanship of Scientific Research)</li> <li>2 NCAAA standards for Program Accreditation: S-4 &amp; S-5</li> </ol>   |

## **POLICIES RELATED TO INTERNS AND INTERNSHIP**

**Internship program is expected to build following competencies in the interns:**

1. Consolidate, expand, and apply knowledge of the etiology, pathology, clinical features, natural history and prognosis of common and important presentations at all stages of life
2. Demonstrate safety skills including effective clinical handover, graded assertiveness, infection control, and adverse event reporting.
3. Communicate clearly, sensitively, and effectively with patients, their family, doctors and other health professionals.
4. Perform and document a patient assessment, incorporating a problem-focused medical history with a relevant physical examination, and generate a valid differential diagnosis.
5. Safely perform a range of common procedural skills required for work as general physician.
6. Recognize and assess deteriorating and critically unwell patients who require immediate care. Perform basic emergency and life support procedures
7. Demonstrate ability to screen patients for common diseases and provide care for common chronic conditions.
8. Respect the roles and expertise of other healthcare professionals, learn and work effectively as a member or leader of an inter-professional team, and make appropriate referrals.



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| <b>Policy 45</b>          | <b>Domain: Internship</b>  |                                    |
| <b>Doc. ID:<br/>INT-1</b> | <b>Title: Requirement to start Internship</b>                                  |                                    |
| <b>Document Status</b>    | <input type="checkbox"/> New <input checked="" type="checkbox"/> Modification; | Old Document Ref. No. : 28/10/2018 |
| <b>Prepared by:</b>       | Dr Yasser Salim<br><b>Position:</b> Head, Internship Unit                      | <b>Date:</b><br>21/02/2023         |
| <b>Revised by:</b>        | Prof Jamal Arif<br><b>Position:</b> Head, QAU                                  | <b>Date:</b><br>26/02/2023         |
| <b>Revised by:</b>        | Dr. Muath Alammar<br><b>Position:</b> Vice Dean, Academic Affairs              | <b>Date:</b><br>02/03/2023         |
| <b>Approved by:</b>       | Dr Feras Almarshad<br><b>Position:</b> Dean, College of Medicine               | <b>Date:</b><br>12/03/2023         |
| <b>Notes:</b>             | None   |                                    |

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| <b>Policy 45</b> | <p><b>Applicant for Internship must fulfil the following criteria and requirements to be eligible for Internship:</b></p> <ol style="list-style-type: none"> <li>1 All interns must attend the orientation course organized by the Internship Unit. Orientation cannot be rescheduled, and all interns must know the exact days of the course before making any plan.</li> <li>2 The name on your graduation certificate must match completely with your name in the National Identity Card/ passport in any respect.</li> <li>3 Starting the internship is allowed only after successful completion of prerequisite academic courses of the MBBS program.</li> <li>4 Students must submit the marksheet to the Internship Unit.</li> <li>5 All needed documents to start internship should be provided by the Internship Unit.</li> <li>6 All needed documents to start making salaries should be provided by interns and raised to salaries administration by the Internship Unit.</li> </ol> |
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| <b>Policy 46</b>                             | <b>Domain: Internship</b>   |                                   |            |                   |                    |   |                      |   |                              |   |               |   |                       |   |  |   |
|--|---|-----------------------------------|------------|-------------------|--------------------|---|----------------------|---|------------------------------|---|---------------|---|-----------------------|---|--|---|
| <b>Doc. ID:</b><br>INT-2                     | <b>Title: Rotation of Interns</b>   |                                   |            |                   |                    |   |                      |   |                              |   |               |   |                       |   |  |   |
| <b>Document Status</b>                       | <input type="checkbox"/> New <input checked="" type="checkbox"/> Modification;  | Old Document Ref. No.: 28/10/2018 |            |                   |                    |   |                      |   |                              |   |               |   |                       |   |  |   |
| <b>Prepared by:</b>                          | Dr Yasser Salim<br><b>Position:</b> Head, Internship Unit   | <b>Date:</b><br>21/02/2023        |            |                   |                    |   |                      |   |                              |   |               |   |                       |   |  |   |
| <b>Revised by:</b>                           | Prof Jamal Arif<br><b>Position:</b> Head, QAU   | <b>Date:</b><br>26/02/2023        |            |                   |                    |   |                      |   |                              |   |               |   |                       |   |  |   |
| <b>Revised by:</b>                           | Dr. Muath Alammar<br><b>Position:</b> Vice Dean, Academic Affairs   | <b>Date:</b><br>02/03/2023        |            |                   |                    |   |                      |   |                              |   |               |   |                       |   |  |   |
| <b>Approved by:</b>                          | Dr Feras Almarshad<br><b>Position:</b> Dean, College of Medicine  | <b>Date:</b><br>12/03/2023        |            |                   |                    |   |                      |   |                              |   |               |   |                       |   |  |   |
| <b>Notes:</b>                                | None  |                                   |            |                   |                    |   |                      |   |                              |   |               |   |                       |   |  |   |
| <b>Policy 46</b>                             | <p>1 The interns are offered the opportunity for preliminary selection of preferred scheduling and training sites, however, this does not guarantee the realization of these choices.</p> <p>2 Internship scheduling (days, dates, time, sites, and sequence) is defined by the Internship Unit.</p> <p>3 The placements during medical internship include:</p> <table border="1" data-bbox="316 1070 1490 1348"> <thead> <tr> <th>Discipline</th> <th>Duration (months)</th> </tr> </thead> <tbody> <tr> <td>1. General Surgery</td> <td>2</td> </tr> <tr> <td>2. Internal Medicine</td> <td>3</td> </tr> <tr> <td>3. Obstetrics and Gynecology</td> <td>2</td> </tr> <tr> <td>4. Pediatrics</td> <td>2</td> </tr> <tr> <td>5. Emergency Medicine</td> <td>1</td> </tr> <tr> <td>6. Rotation in Elective Clinical Departments</td> <td>2</td> </tr> </tbody> </table> <p><b>Note:</b> Request for elective placement should be submitted at least two months in advance to the Internship Unit.</p> <p>4. After Completion of all pre-requisite for the medical internship, the intern will be eligible to start his rotations which should start at the beginning of a Gregorian month.</p> <p>5. The medical internship will be distributed into tracks. Once the tracks are officially released, no changes will be allowed unless reviewed and agreed upon by Internship Unit under special conditions.</p> <p>6. Medical interns can have their specialty rotations in any hospital/training Centre accredited by the Saudi Commission for Health Specialties and approved by the college of medicine to ensure high-quality training and proper supervision.</p> <p>7. The assignments of placements will depend on the latest available cumulative GPA.</p> <p>8. Evaluation forms will be either directly sent to the departments or to be carried by the interns to them. The evaluation must be sent directly to the Internship Unit. In special circumstances, the interns may bring the evaluation in a sealed and stamped envelope.</p> <p>9. <b>Duration of the Training:</b> The intern must complete all rotation and requirements within 1 full Gregorian year. Maximum extended time for completing the internship training is 6 months after that the intern shall repeat the whole year including a pre-training exam &amp; interview.</p> |                                   | Discipline | Duration (months) | 1. General Surgery | 2 | 2. Internal Medicine | 3 | 3. Obstetrics and Gynecology | 2 | 4. Pediatrics | 2 | 5. Emergency Medicine | 1 | 6. Rotation in Elective Clinical Departments | 2 |
| Discipline                                   | Duration (months)   |                                   |            |                   |                    |   |                      |   |                              |   |               |   |                       |   |  |   |
| 1. General Surgery                           | 2   |                                   |            |                   |                    |   |                      |   |                              |   |               |   |                       |   |  |   |
| 2. Internal Medicine                         | 3   |                                   |            |                   |                    |   |                      |   |                              |   |               |   |                       |   |  |   |
| 3. Obstetrics and Gynecology                 | 2   |                                   |            |                   |                    |   |                      |   |                              |   |               |   |                       |   |  |   |
| 4. Pediatrics                                | 2   |                                   |            |                   |                    |   |                      |   |                              |   |               |   |                       |   |  |   |
| 5. Emergency Medicine                        | 1   |                                   |            |                   |                    |   |                      |   |                              |   |               |   |                       |   |  |   |
| 6. Rotation in Elective Clinical Departments | 2   |                                   |            |                   |                    |   |                      |   |                              |   |               |   |                       |   |  |   |
| <b>Templates/ Records</b>                    | <p>1. Evaluation forms and relevant documents</p> <p>2. Meeting minutes of Internship Unit.</p>   |                                   |            |                   |                    |   |                      |   |                              |   |               |   |                       |   |  |   |

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| <b>Policy 47</b>              | <b>Domain: Internship</b>   |                                   |
| <b>Doc. ID:<br/>INT-3</b>     | <b>Title: Roles and Responsibilities of Interns</b>   |                                   |
| <b>Document Status</b>        | <input type="checkbox"/> New <input checked="" type="checkbox"/> Modification;  | Old Document Ref. No.: 28/10/2018 |
| <b>Prepared by:</b>           | Dr Yasser Salim<br><b>Position:</b> Head, Internship Unit   | <b>Date:</b><br>21/02/2023        |
| <b>Revised by:</b>            | Prof Jamal Arif<br><b>Position:</b> Head, QAU   | <b>Date:</b><br>26/02/2023        |
| <b>Revised by:</b>            | Dr. Muath Alammar<br><b>Position:</b> Vice Dean, Academic Affairs   | <b>Date:</b><br>02/03/2023        |
| <b>Approved by:</b>           | Dr Feras Almarshad<br><b>Position:</b> Dean, College of Medicine  | <b>Date:</b><br>12/03/2023        |
| <b>Notes:</b>                 | None  |                                   |
| <b>Policy 47</b>              | <ol style="list-style-type: none"> <li>1. The Medical Intern is responsible for their learning and performance including attendance.</li> <li>2. They will maintain an up-to-date portfolio. There will be an emphasis on gradually increasing responsibilities for patient care that facilitates the progress from being supervised to independence.</li> <li>3. During medical internship, each intern is expected to: <ol style="list-style-type: none"> <li>a. Have received required vaccinations.</li> <li>b. Follow the dress code specified by the training site.</li> <li>c. Have obtained Basic Life Support (BLS) certificate.</li> <li>d. Perform assigned work with responsibilities.</li> <li>e. Be a professional and effective team member.</li> <li>f. Provide safe evidence-based supervised patient care.</li> <li>g. Obtain a comprehensive medical history and conducting an appropriate physical examination for patients of different ages and presentations to demonstrate the ability to present and record them by various means including electronically.</li> <li>h. Prepare a list of differential diagnoses with prioritization, working diagnoses, appropriate investigations, and a management plan.</li> <li>i. Seek approval from the clinical supervisor before executing the management plan.</li> <li>j. Follow and document the management plan, results of investigations, and any changes in the patient's condition.</li> <li>k. Adhere to the professional conduct of the profession and workplace in addition to the rules and regulations of the assigned department.</li> <li>l. Dress professionally which is compatible with the medical profession or specific rotation.</li> </ol> </li> </ol> |                                   |
| <b>Templates/<br/>Records</b> | None  |                                   |

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| <b>Policy 48</b>          | <b>Domain: Internship</b>  |                            |
| <b>Doc. ID:<br/>INT-4</b> | <b>Title: Maintenance of Confidentiality</b>   |                            |
| <b>Document Status</b>    | <input type="checkbox"/> New <input checked="" type="checkbox"/> Modification; Old Document Ref. No.: 28/10/2018   |                            |
| <b>Prepared by:</b>       | Dr Yasser Salim<br><b>Position:</b> Head, Internship Unit  | <b>Date:</b><br>21/02/2023 |
| <b>Revised by:</b>        | Prof Jamal Arif<br><b>Position:</b> Head, QAU  | <b>Date:</b><br>26/02/2023 |
| <b>Revised by:</b>        | Dr. Muath Alammar<br><b>Position:</b> Vice Dean, Academic Affairs  | <b>Date:</b><br>02/03/2023 |
| <b>Approved by:</b>       | Dr Feras Almarshad<br><b>Position:</b> Dean, College of Medicine   | <b>Date:</b><br>12/03/2023 |
| <b>Notes:</b>             | None   |                            |
| <b>Policy 48</b>          | <ol style="list-style-type: none"> <li>1. Evaluation and feedback forms are received confidentially through the unit email either by the training centers. Students also receive their documents and certificates personally</li> <li>2. Interns are required to maintain strict confidentiality related to patients and workplace.</li> <li>3. Confidential Information will also include any information that has been disclosed by a third party to the Provider and governed by a non-disclosure agreement (NDA).</li> <li>4. The confidential information will remain exclusively the property of the hospital. The intern cannot use confidential information for any purpose that cause harm to hospital.</li> <li>5. The INTERN may disclose any of the Confidential Information: <ol style="list-style-type: none"> <li>a. to such of his colleagues, representatives and advisors that have a need to know for the permitted purposes</li> <li>b. to a third party where the Provider has consented in writing to such disclosure; and</li> <li>c. on the request or requirement of any judicial, legislative, administrative or other governmental body.</li> </ol> </li> <li>6. Confidential Information will not be used, reproduced, transformed, or stored on a computer or device that is accessible to unauthorized persons</li> <li>7. Upon the expiration or termination of this Agreement, the Intern: <ol style="list-style-type: none"> <li>a. returns all Confidential Information to hospital and will not retain any copies of this information.</li> <li>b. destroys all memoranda, notes, reports and other work based on or derived from the INTERN's review of the confidential information.</li> </ol> </li> <li>8. If the INTERN loses or fails to maintain the confidentiality of any of the Confidential Information in breach of this Agreement, the INTERN will immediately notify the hospital and take all reasonable steps necessary to retrieve the lost or improperly disclosed Confidential Information.</li> </ol> |                            |

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| <b>Policy 49</b>          | <b>Domain: Internship</b>  |                            |
| <b>Doc. ID:<br/>INT-5</b> | <b>Title: Reporting Unprofessional Behavior of an Intern</b>   |                            |
| <b>Document Status</b>    | <input type="checkbox"/> New <input checked="" type="checkbox"/> Modification;    Old Document Ref. No.: 28/10/2018  |                            |
| <b>Prepared by:</b>       | Dr Yasser Salim<br><b>Position:</b> Head, Internship Unit  | <b>Date:</b><br>21/02/2023 |
| <b>Revised by:</b>        | Prof Jamal Arif<br><b>Position:</b> Head, QAU  | <b>Date:</b><br>26/02/2023 |
| <b>Revised by:</b>        | Dr. Muath Alammar<br><b>Position:</b> Vice Dean, Academic Affairs  | <b>Date:</b><br>02/03/2023 |
| <b>Approved by:</b>       | Dr Feras Almarshad<br><b>Position:</b> Dean, College of Medicine   | <b>Date:</b><br>12/03/2023 |
| <b>Notes:</b>             | None   |                            |
| <b>Policy 49</b>          | <ol style="list-style-type: none"> <li>1. If the intern violates his professional duties or obligations, the department should address the college through the internship unit which recommends what are the appropriate penalties to be presented to the College Council to take the necessary penalty.</li> <li>2. If the intern commits any behavioral or ethical violation or does something that offends the doctor's ethics, contradicts Islamic values, or breaches his professional duties or obligations,</li> <li>3. The College Council has the right to take any of the following: <ul style="list-style-type: none"> <li>• Issuing a written warning</li> <li>• Repeating the whole internship period or part of it.</li> <li>• Recommendation to deduct the monthly reward or part of it.</li> <li>• Referring to the University Council for deprivation of the bachelor's degree.</li> <li>• Whatever the College Council deems appropriate.</li> </ul> </li> <li>4. The intern has the right to file a grievance with the dean of the college regarding any decisions taken against him within thirty days of being notified of it.</li> </ol> |                            |
| <b>Scope</b>              | <ol style="list-style-type: none"> <li>1. Internship Unit</li> <li>2. Interns</li> <li>3. Vice Dean</li> <li>4. College Council</li> <li>5. University Council</li> <li>6. Training department</li> </ol>  |                            |
| <b>Responsibilities</b>   | Each of the above-mentioned personnel.   |                            |
| <b>Templates/ Records</b> | <ol style="list-style-type: none"> <li>1. All relevant meeting minutes</li> <li>2. Forms or documents or communication form the training department</li> </ol>   |                            |
| <b>References</b>         |  |                            |

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|--------------------------|---|----------------------------|
| <b>Policy 50</b>         | <b>Domain: Internship</b>   |                            |
| <b>Doc. ID:INT-6</b>     | <b>Title: Vacations</b>   |                            |
| <b>Document Status</b>   | <input type="checkbox"/> New <input checked="" type="checkbox"/> Modification;      Old Document Ref. No.: 28/10/2018   |                            |
| <b>Prepared by:</b>      | Dr Yasser Salim<br><b>Position:</b> Head, Internship Unit   | <b>Date:</b><br>21/02/2023 |
| <b>Revised by:</b>       | Prof Jamal Arif<br><b>Position:</b> Head, QAU   | <b>Date:</b><br>26/02/2023 |
| <b>Revised by:</b>       | Dr. Muath Alammar<br><b>Position:</b> Vice Dean, Academic Affairs   | <b>Date:</b><br>02/03/2023 |
| <b>Approved by:</b>      | Dr Feras Almarshad<br><b>Position:</b> Dean, College of Medicine  | <b>Date:</b><br>12/03/2023 |
| <b>Notes:</b>            | None  |                            |
| <b>Policy 50</b>         | <ol style="list-style-type: none"> <li>1. The regular interns' vacation is maximum fifteen (15) days during the training period if it is taken in three different rounds of clinical rounds only. It shall not exceed five (5) days during any clinical round.</li> <li>2. Five days of educational leave to attend scientific activities.</li> <li>3. Five days as emergency leave during the year.</li> <li>4. Five days Eid vacation in any one of Eid holidays, in coordination with the hospital in which interns work and the unit supervising the training, if it does not exceed six days.</li> <li>5. The National Day holiday or replacing it with another day.</li> <li>6. The sick leave shall be compensated for with a similar amount of time before the granting of the training completion certificate.</li> <li>7. Maternity leave is considered a genuine absence and usually it lasts for a month. The intern should inform the Internship Unit in writing about her expected day of delivery as soon as she comes to know. She must submit a written request for the maternal leave with necessary medical reports/documentation, so the Internship Unit can make the required arrangement</li> </ol> |                            |
| <b>Templates/Records</b> | <ol style="list-style-type: none"> <li>1. All required forms, reports, and request letters</li> <li>2. Meeting minutes of Internship Unit</li> </ol>  |                            |

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|---------------------------|--|----------------------------|
| <b>Policy 51</b>          | <b>Domain: Internship</b>  |                            |
| <b>Doc. ID:</b><br>INT-7  | <b>Title: Internship Rotations for Outside Applicants</b>  |                            |
| <b>Document Status</b>    | <input checked="" type="checkbox"/> New <input type="checkbox"/> Modification;   | Old Document Ref. No.:     |
| <b>Prepared by:</b>       | Dr Yasser Salim<br><b>Position:</b> Head, Internship Unit  | <b>Date:</b><br>21/02/2023 |
| <b>Revised by:</b>        | Prof Jamal Arif<br><b>Position:</b> Head, QAU  | <b>Date:</b><br>26/02/2023 |
| <b>Revised by:</b>        | Dr. Muath Alammar<br><b>Position:</b> Vice Dean, Academic Affairs  | <b>Date:</b><br>02/03/2023 |
| <b>Approved by:</b>       | Dr Feras Almarshad<br><b>Position:</b> Dean, College of Medicine   | <b>Date:</b><br>12/03/2023 |
| <b>Notes:</b>             | Currently, Shaqra University does not have its own University Hospital and the interns from outside can only be admitted when the hospital is ready.   |                            |
| <b>Policy 51</b>          | <ol style="list-style-type: none"> <li>1. The interns from outside the college can be admitted based on the following criteria:</li> <li>2. The language of study in the College of Medicine from which the doctor graduated should be English.</li> <li>3. The content of the curriculum is close to the curriculum of the college (determined by a specialized committee from the college).</li> <li>4. The GPA must be very good or more according to the college standard.</li> <li>5. To have obtained the Saudi medical license test from the Saudi Commission for Health Specialties.</li> <li>6. The percentage should not be less than 90% in the general secondary school exam and 70% in the achievement test held by the Measurement and Evaluation Center in the Kingdom.</li> <li>7. The number of available seats is 5% of the total number of interns in the year of submission.</li> <li>8. The age of the applicant should not exceed 30 years.</li> <li>9. Not more than a year has passed since he graduated from the College of Medicine.</li> <li>10. The college should not bear financial burdens or monthly salaries.</li> <li>11. Bring proof of good conduct, such as a certificate, recommendation, or others.</li> <li>12. The approved applicant shall be subject to the list of rules and regulations approved by the college.</li> <li>13. To pass the personal interview conducted by the college.</li> <li>14. The conditions are reviewed every three years by the College Council.</li> <li>15. To undertake not to leave the training until after the approval of the college.</li> </ol> |                            |
| <b>Requirements</b>       | Application form with certificates, degree, ID/Passport, Photos, and other supportive documents.   |                            |
| <b>Templates/ Records</b> | <ol style="list-style-type: none"> <li>1. Required documents of applicants</li> <li>2. Meeting minutes of the Internship Unit and College Council</li> </ol>   |                            |

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|---------------------------|--|----------------------------|
| <b>Policy 52</b>          | <b>Domain: Internship</b>  |                            |
| <b>Doc. ID:<br/>INT-8</b> | <b>Title: Issuance of Internship Certificate</b>   |                            |
| <b>Document Status</b>    | <input type="checkbox"/> New <input checked="" type="checkbox"/> Modification;    Old Document Ref. No.: 28/10/2018  |                            |
| <b>Prepared by:</b>       | Dr Yasser Salim<br><b>Position:</b> Head, Internship Unit  | <b>Date:</b><br>21/02/2023 |
| <b>Revised by:</b>        | Prof Jamal Arif<br><b>Position:</b> Head, QAU  | <b>Date:</b><br>26/02/2023 |
| <b>Revised by:</b>        | Dr. Muath Alammar<br><b>Position:</b> Vice Dean, Academic Affairs  | <b>Date:</b><br>02/03/2023 |
| <b>Approved by:</b>       | Dr Feras Almarshad<br><b>Position:</b> Dean, College of Medicine   | <b>Date:</b><br>12/03/2023 |
| <b>Notes:</b>             | None   |                            |
| <b>Policy 52</b>          | <b>Internship Certificate will be issued:</b><br>1. After completion of 12 months training under the assigned hospital supervision with approved documents.<br>2. The hospital supervision unit submits the documents to the Internship Unit and/or the Vice Dean of Academic Affairs at the College of Medicine a list of the names of students who have successfully completed the internship period<br>3. Vice Dean submits it to the Dean of the college to issue a certificate of completion of the internship.<br>4. Then a letter is issued to the Deanship of Admission and Registration with the names of those who obtained the certificate of internship, to grant them graduation documents. |                            |
| <b>Templates/ Records</b> | 1. Hospital supervision unit certificates and list of students<br>2. Communication letters<br>3. Meeting minutes if any  |                            |



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| <b>Policy 53</b>          | <b>Domain: Internship</b>  |                            |
| <b>Doc. ID:</b><br>INT-9  | <b>Title: Application for change of Schedule</b>   |                            |
| <b>Document Status</b>    | <input type="checkbox"/> New <input checked="" type="checkbox"/> Modification; Old Document Ref. No.: 28/10/2018   |                            |
| <b>Prepared by:</b>       | Dr Yasser Salim<br><b>Position:</b> Head, Internship Unit  | <b>Date:</b><br>21/02/2023 |
| <b>Revised by:</b>        | Prof Jamal Arif<br><b>Position:</b> Head, QAU  | <b>Date:</b><br>26/02/2023 |
| <b>Revised by:</b>        | Dr. Muath Alammar<br><b>Position:</b> Vice Dean, Academic Affairs  | <b>Date:</b><br>02/03/2023 |
| <b>Approved by:</b>       | Dr Feras Almarshad<br><b>Position:</b> Dean, College of Medicine   | <b>Date:</b><br>12/03/2023 |
| <b>Notes:</b>             | None   |                            |
| <b>Policy</b>             | <p>There will be no changes in the schedule after submitting the final schedule in the internship office, except in special circumstances:<br/>No change is allowed from any affiliated hospital after sending the requests unless there is a strong documented and legitimate reason for such changes. The documents must be applied 2 months before the rotation.<br/>Interns are not allowed to directly communicate to the affiliated hospitals and any changes will not be accepted if it was not through the Internship Unit.<br/>The evaluations from any hospital will be accepted based on the records of Internship Unit. In case, the intern made any changes without proper written request to the Internship Unit, the intern will be punished and shall repeat the complete rotation again. He/she may also be subjected for other academic punishment.<br/>It is not allowed to change the internship training sites after the training letters issued except in case of refusal or decline from the assigned hospital training centers. This must be communicated to the Internship Unit with the approval of the supervision unit and the heads of the concerned departments in the hospitals at the earliest.<br/>If the intern is planning to apply for internship training abroad, he/she must schedule his rotation in the system as outside the Kingdom of Saudi Arabia. As soon as the intern is accepted for any such rotation, he/she must inform the Internship Unit within 3 working days. The Internship Unit will provide all academic support to help the interns get abroad medical training subject to following the policy and procedures of the internship of College of Medicine.</p> |                            |
| <b>Templates/ Records</b> | <ol style="list-style-type: none"> <li>1. Application with pertinent documents</li> <li>2. Communication letter between training centers and Internship Unit</li> <li>3. Meeting minutes if any</li> </ol>   |                            |

## POLICIES RELATED TO TEACHING STAFF AND LEADERS

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| <b>Policy 54</b>         | <b>Domain: Teaching Staff and Leaders</b>  |                            |
| <b>Doc. ID:</b><br>TSL-1 | <b>Title: Code of Ethics</b>   |                            |
| <b>Document Type</b>     | <input type="checkbox"/> New <input checked="" type="checkbox"/> Modification; Old Document Ref. No.: 28/10/2018 |                            |
| <b>Prepared by:</b>      | Prof Jamal Arif<br><b>Position:</b> Head, QAU  | <b>Date:</b><br>22/02/2023 |
| <b>Revised by:</b>       | Dr, Abdulrahman Alfaiz<br><b>Position:</b> Vice Dean   | <b>Date:</b><br>28/02/2023 |
| <b>Approved by:</b>      | Dr Feras M. Almarshad<br><b>Position:</b> Dean, College of Medicine  | <b>Date:</b><br>12/03/2023 |
| <b>Notes:</b>            | None   |                            |

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| <b>Policy 54</b> | <p>The college's mission of teaching, research and service to community requires a shared commitment to the core values of the college as well as a commitment to conduct college activities ethically.</p> <p>College of Medicine generally implements the University policies. A summary of Articles 1-10 of Code of Ethics for Faculty Members is given below:</p> <p><b>Ethical Values and Integrity</b></p> <ul style="list-style-type: none"> <li>• Commitment to the standards of academic integrity, scientific research.</li> </ul> <p><b>Islamic values</b></p> <ul style="list-style-type: none"> <li>• Commitment to Islamic principles in all aspects of collage life, respecting other religions, and avoiding any word or act that offends these principles in any way.</li> </ul> <p><b>Creative activity</b></p> <ul style="list-style-type: none"> <li>• Provide a suitable environment for scientific research and creative work in teaching and learning.</li> </ul> <p><b>Attracting students and staff</b></p> <ul style="list-style-type: none"> <li>• Achieving non-discrimination and equal opportunity in the admission of students and the recruitment of cadres in academic and administrative jobs. It is also providing scholarships for students and rewards for staff according to the rules and regulations of the University.</li> </ul> <p><b>Relations with others</b></p> <ul style="list-style-type: none"> <li>• Regulation of relationships among individuals (for both students and staff) balanced and based on mutual trust, respect, dignity, and equality. The collage systems do not tolerate any kind of harassment, including violence, intimidation and exploitation, prejudice, abuse of power, or exploitation of any type.</li> </ul> <p><b>Confidentiality</b></p> <ul style="list-style-type: none"> <li>• Working in some of the administrative units in the collage may require access to sensitive information about students or staff. The possession of this information is a responsibility that should be dealt with caution in confidentially and is not to be disclosed</li> </ul> |
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|                         | <p>to any party for any reason.</p> <p><b>Use of resources</b></p> <ul style="list-style-type: none"> <li>The University offers many resources to serve students and staff, such as computer supplies, facilities, equipment which are not to be used for personal benefits.</li> </ul> <p><b>Dress code</b></p> <ul style="list-style-type: none"> <li>All employees are expected to dress in a neat and clean manner and with lab coat while in the laboratories.</li> </ul> <p><b>Smoking policy</b></p> <ul style="list-style-type: none"> <li>The College and University strive for a smoke-free environment to provide a safe and healthy workplace for all staff and students.</li> </ul> |
| <b>Purpose</b>          | The purpose of this policy is to communicate the College's expectations with respect to the behavior of employees, academic staff members, students, and appointees.   |
| <b>Scope</b>            | <ol style="list-style-type: none"> <li>Dean</li> <li>Vice Dean</li> <li>Faculty members</li> <li>Students</li> <li>Administrative employees</li> </ol>   |
| <b>Responsibilities</b> | Each of the above-mentioned in the Scope.  |
| <b>References</b>       | <ol style="list-style-type: none"> <li>NCAAA Standards for Program Accreditation; S: 5.</li> <li>Policies and procedures of the Shaqra University (Deanship of Development &amp; Quality)</li> </ol>   |

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| <b>Policy 55</b>      | <b>Domain: Teaching Staff and Leaders</b>  |                            |
| <b>Doc. ID: TSL-2</b> | <b>Title: Faculty Recruitment Policy and Mechanism</b>   |                            |
| <b>Document Type</b>  | <input type="checkbox"/> New <input checked="" type="checkbox"/> Modification; Old Document Ref. No.:14/12/2020 5 <sup>th</sup> meeting of Accreditation Committee |                            |
| <b>Prepared by:</b>   | Prof Jamal Arif<br><b>Position:</b> Head, QAU  | <b>Date:</b><br>22/02/2023 |
| <b>Revised by:</b>    | Dr, Abdulrahman Alfaiz<br><b>Position:</b> Vice Dean   | <b>Date:</b><br>28/02/2023 |
| <b>Approved by:</b>   | Dr Feras M. Almarshad<br><b>Position:</b> Dean, College of Medicine  | <b>Date:</b><br>12/03/2023 |
| <b>Notes:</b>         | None   |                            |

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| <b>Policy 55</b> | The college's mission is to attract excellent staff with commendable skills of teaching, research, leadership, and service to community for quality teaching and learning in the program. |
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| <b>Purpose</b> | The purpose of this policy is to define the mechanism of selection of teaching faculty. |
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| <b>Scope</b> | <ol style="list-style-type: none"> <li>1. Dean</li> <li>2. Vice Dean</li> <li>3. Recruitment Committee</li> <li>4. Deanship Faculty and Staff Affairs</li> </ol> |
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| <b>Responsibilities</b> | Each of the above-mentioned in the Scope. |
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| <b>Procedure</b> | <pre> graph TD     A[Departmental Requirement] --&gt; B[Recruitment Committee]     B --&gt; C[College Board]     C --&gt; D[University Academic Affairs/Higher Studies]     D --&gt; E[Positions Advertised for Saudi Citizens]     D --&gt; F[Positions Advertised on Saudi Cultural Attaché Websites for Expats]     E --&gt; G[Entrance exam and/or interview by Recruitment Committee]     G --&gt; H[Department Committee]     H --&gt; I[College Council]     I --&gt; J[University Higher Studies]     F --&gt; K[Screening of CVs by Recruitment Committee/HoDs]     K --&gt; L[Interview by Recruitment Committee/Dean]     L --&gt; M[Initial Offer and Preliminary Contract]     M --&gt; N[University Academic Affairs]     J --&gt; O[Forwarded to HR for Contract Processing]     N --&gt; O   </pre> <p>The recruitment committee meets based on the approved recruitment plan for each academic year. The selected faculty members list after approval is forwarded to the Deanship Faculty and Staff Affairs office for further processing.</p> |
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| <b>Templates/ Records</b> | <ol style="list-style-type: none"> <li>1. Academic transcript of the recruited faculty</li> <li>2. Interview and screening details</li> <li>3. Meeting minutes of the recruitment committee</li> <li>4. Communication to the Deanship of Faculty and Staff Affairs</li> </ol> |

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| <b>References</b> | <ol style="list-style-type: none"> <li>1. NCAAA Standards for Program Accreditation; S: 5.</li> <li>2. Policies and procedures of the Shaqra University (Deanship of Development &amp; Quality)</li> </ol> |
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| <b>Policy 56</b>      | <b>Domain: Teaching Staff and Leaders</b>  |                            |
| <b>Doc. ID: TSL-3</b> | <b>Title: Faculty Development Plan</b>   |                            |
| <b>Document Type</b>  | <input type="checkbox"/> New <input checked="" type="checkbox"/> Modification; Old Document Ref. No.: 11/01/2021 |                            |
| <b>Prepared by:</b>   | Prof. Niaz Ali<br><b>Position:</b> Chairman, Faculty Development Unit  | <b>Date:</b><br>02/03/2023 |
| <b>Revised by:</b>    | Prof Jamal Arif<br><b>Position:</b> Head, QAU  | <b>Date:</b><br>04/03/2023 |
| <b>Revised by:</b>    | Dr, Abdulrahman Alfaiz<br><b>Position:</b> Vice Dean   | <b>Date:</b><br>09/03/2023 |
| <b>Approved by:</b>   | Dr Feras M. Almarshad<br><b>Position:</b> Dean, College of Medicine  | <b>Date:</b><br>12/03/2023 |
| <b>Notes:</b>         | None   |                            |

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| <b>Policy 56</b> | College of Medicine, at Shaqra University, owns the policy to offer its faculty members a variety of faculty development opportunities to support teaching, research and related activities. |
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| <b>Sub-Policy 56.1</b> | Faculty Development Unit plans to offer structured leadership development program for leaders and potential academic and administrative leaders. |
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| <b>Purpose</b> | The policy provides an account of resources available to faculty for their professional development based on their need assessment. |
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| <b>Scope</b> | The scope of the faculty development unit is to provide professional development opportunity for the faculty profession by offering continual professional development opportunities in teaching and learning across the entire college of Medicine to impart quality education as per the vision of the College. |
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| <b>Responsibilities</b> | <ol style="list-style-type: none"> <li>1. Faculty Development Unit (FDU)</li> <li>2. Dean</li> <li>3. Vice Dean</li> <li>4. Faculty Members</li> <li>5. Leaders and administrative staff</li> </ol> |
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## Procedure

1. College of Medicine, at Shaqra University, offers its faculty members a variety of faculty development opportunities to support teaching and research.
2. These opportunities are offered at the sole discretion of the authority of the college. Specific offerings vary over time as they evolve to meet changing faculty and the University needs.
3. Faculty development unit, College of Medicine, at Shaqra University is rendering services via:

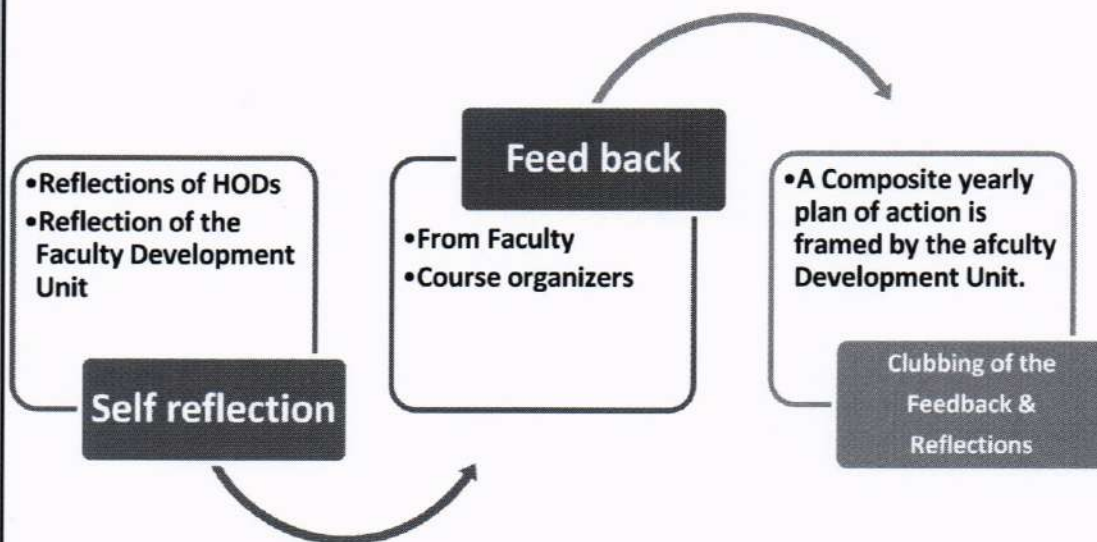
### Organizing Seminars, Orientations, Workshops, or related activities

These sessions are carried out to:

1. improve the quality teaching and learning.
2. train the faculty in perspective of their continuous development plan and
3. develop academic and administrative leaders and enhance their leadership skills

### Mechanisms:

The college has an adopted mechanism to determine the needs assessment for improvement as mentioned in following flow chart:



**Flowchart:** To show mechanism for planning the yearly calendar of activities for the faculty development.

### Implementation:

The Faculty Development Unit implements the activity calendar on the data received from the statistical unit, and all HODs of other teaching departments. The Unit conducts surveys through statistical Unit with a focus on the target audience to frame a precise plan of action using google form.

The google form primarily focusses on areas (but not limited to) as mentioned in the Google survey form (below). After the data is received/ generated, the faculty development Unit in meeting approves the calendar for activity.

### Operation:

The Head of faculty development Unit operates all these activities with the support of the facilitators and members of the faculty development Unit operates the yearly calendar.

A final yearly report is then framed for necessary actions and record.

### Google survey Form:

Faculty Development Unit is asking that faculty members take a moment to examine the following list of topics which might be considered for future discussion groups. Please select those items in which you might be interested, and number your first four of five choices in order of preference. If none of these topics is of interest, please take a moment to note any topics you might be interested in discussing at a faculty workshop.

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|                           | <ol style="list-style-type: none"> <li>1. Improving students' motivation</li> <li>2. Improving faculty members' motivation</li> <li>3. Improving the quality of lectures</li> <li>4. Alternatives to the lecture</li> <li>5. Using collaborative learning</li> <li>6. Teaching and critical thinking</li> <li>7. Active learning techniques</li> <li>8. Constructing effective exams</li> <li>9. Improving classroom discussion</li> <li>10. Useful techniques for dealing with large classes.</li> <li>11. Planning new course</li> <li>12. Handling the workload</li> <li>13. Writing across the curriculum</li> <li>14. Training teaching staff</li> <li>15. Coping with faculty stress</li> <li>16. Increasing production of scholarly writing</li> <li>17. Dealing with diverse student populations</li> <li>18. Making effective use of small groups</li> <li>19. Developing teaching portfolios</li> <li>20. Assessment and evaluation procedure</li> </ol> |
| <b>Templates/ Records</b> | <ol style="list-style-type: none"> <li>1. Meeting minutes of FDU</li> <li>2. Feedback reports</li> <li>3. Evidence of the sessions</li> <li>4. Other relevant forms</li> </ol>   |
| <b>References</b>         | <ol style="list-style-type: none"> <li>1. NCAAA Standards for Program Accreditation; S: 5.</li> <li>2. Policies and procedures of the Shaqra University (Deanship of Development &amp; Quality)</li> </ol>   |

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| <b>Policy 57</b>      | <b>Domain: Teaching Staff and Leaders</b>  |                            |
| <b>Doc. ID: TSL-4</b> | <b>Title: New Faculty Orientation</b>  |                            |
| <b>Document Type</b>  | <input type="checkbox"/> New <input checked="" type="checkbox"/> Modification; Old Document Ref. No.: 27/12/2020 |                            |
| <b>Prepared by:</b>   | Prof Jamal Arif<br><b>Position:</b> Head, QAU  | <b>Date:</b><br>22/02/2023 |
| <b>Revised by:</b>    | Dr, Abdulrahman Alfaiz<br><b>Position:</b> Vice Dean   | <b>Date:</b><br>28/02/2023 |
| <b>Approved by:</b>   | Dr Feras M. Almarshad<br><b>Position:</b> Dean, College of Medicine  | <b>Date:</b><br>12/03/2023 |
| <b>Notes:</b>         | None   |                            |

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| <b>Policy 57</b> | College must have a policy to ensure the new faculty gets proper guidance in academic and administrative affairs.                                     |
| <b>Purpose</b>   | To provide proper guidance to the newly joined faculty for academic and administrative rules and regulations for best output in a homely environment. |

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| <b>Scope</b>             | 1. Dean<br>2. Vice Dean<br>3. Faculty members<br>4. Head of Departments<br>5. Faculty Development Unit (FDU)   |
| <b>Responsibilities</b>  | Each of the above-mentioned in the Scope.  |
| <b>Procedure</b>         | 1. The newly recruited faculty will be received at the airport and placed in the hotel for up to 3 days as guest hospitality and will be taken for mandatory medical checkup at an appropriate time.<br>2. The faculty will be taken to the Deanship of Faculty and Staff Affairs for completion of documentation and joining.<br>3. The accommodation will be allotted in the University Housing appropriately.<br>4. New faculty will be briefly oriented by the Vice Deans followed by the academic orientation through the respective Head of Departments (HODs) who gives the departmental tour and discuss academic assignments.<br>5. The HODs are also expected to put the newly joined staff member under mentorship of some senior faculty in order to gain experience in the working in the department and in the college.<br>6. FDU further gives various workshops as per the requirement by the new faculty. |
| <b>Templates/Records</b> | Records of orientation including communication between the new staff, photos, orientation materials etc.   |
| <b>References</b>        | 1. NCAAA Standards for Program Accreditation; S: 5.<br>2. Policies and procedures of the Shaqra University (Deanship of Development & Quality)   |

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| <b>Policy 58</b>      | <b>Domain: Teaching Staff and Leaders</b>   |                            |
| <b>Doc. ID: TSL-5</b> | <b>Title: Self Evaluation of Faculty</b>  |                            |
| <b>Document Type</b>  | <input checked="" type="checkbox"/> New <input type="checkbox"/> Modification; Old Document Ref. No.: |                            |
| <b>Prepared by:</b>   | Prof Jamal Arif<br><b>Position:</b> Head, QAU   | <b>Date:</b><br>22/02/2023 |
| <b>Revised by:</b>    | Dr, Abdulrahman Alfaiz<br><b>Position:</b> Vice Dean  | <b>Date:</b><br>28/02/2023 |
| <b>Approved by:</b>   | Dr Feras M. Almarshad<br><b>Position:</b> Dean, College of Medicine                                   | <b>Date:</b><br>12/03/2023 |
| <b>Notes:</b>         | None  |                            |

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| <b>Policy 58</b> | This policy is to ensure the accountability of each teaching faculty towards development and maintenance of academic excellence. |
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| <b>Purpose</b> | Evaluate performance of each faculty in a fair manner on teaching, research, administration, conduct and community services: <ul style="list-style-type: none"> <li>To support, encourage, recognize, and reward the faculty with outstanding academic performance.</li> <li>To provide guidance and support for professional improvement and</li> </ul> |
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|                           | <p>development</p> <ul style="list-style-type: none"> <li>To get the information and recommendations for contract renewal, promotion, and termination</li> <li>To decide for awards for teaching, research and advising, and merit pay decisions.</li> </ul>   |
| <b>Scope</b>              | <ol style="list-style-type: none"> <li>Dean</li> <li>Vice Dean</li> <li>Faculty members</li> <li>Head of Departments</li> </ol>  |
| <b>Responsibilities</b>   | Each of the above-mentioned in the Scope.  |
| <b>Procedure</b>          | <ol style="list-style-type: none"> <li>Each faculty member will fill the Self-Evaluation form for Faculty in the month of March and furnish evidence.</li> <li>Head of Department will verify the details along with the faculty member (if required) and give opinion and rating of each faculty members in another template (Annual Faculty Evaluation by Chairman) to the Vice Dean who in agreement with the Dean finally rate the faculty member and sent the decision for renewal or termination to the Deanship of Faculty and Staff Affairs.</li> <li>The percentage allocated for teaching (50%), research &amp; scholarship (20%), committees and other community work (20%) and personal characteristics (10%) shall be taken into consideration for faculty evaluation.</li> <li>The faculty member whose performance is not satisfactory will get the notice of termination 2 months prior to the end of the contract.</li> <li>The faculty members require improvement gets feedback from the Head of Department.</li> </ol> |
| <b>Templates/ Records</b> | <ol style="list-style-type: none"> <li>Annual Self-Evaluation form for Faculty Members</li> <li>Annual Faculty Evaluation Form by Department Head</li> </ol>   |
| <b>References</b>         | <ol style="list-style-type: none"> <li>NCAAA Standards for Program Accreditation; S: 5.</li> <li>Policies and procedures of the Shaqra University (Deanship of Development &amp; Quality)</li> </ol>   |

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| <b>Policy 59</b>      | <b>Domain: Teaching Staff and Leaders</b>  |                            |
| <b>Doc. ID: TSL-6</b> | <b>Title: Selection and Evaluation of Leaders</b>  |                            |
| <b>Document Type</b>  | <input type="checkbox"/> New <input checked="" type="checkbox"/> Modification; Old Document Ref. No.: 12/01/2023 |                            |
| <b>Prepared by:</b>   | Prof Jamal Arif<br><b>Position:</b> Head, QAU  | <b>Date:</b><br>22/02/2023 |
| <b>Revised by:</b>    | Dr, Abdulrahman Alfaiz<br><b>Position:</b> Vice Dean   | <b>Date:</b><br>28/02/2023 |
| <b>Approved by:</b>   | Dr Feras M. Almarshad<br><b>Position:</b> Dean, College of Medicine  | <b>Date:</b><br>12/03/2023 |
| <b>Notes:</b>         | None   |                            |

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| <b>Policy 59</b>        | This policy is to have defined criteria of selection and evaluation of leaders for running the program with academic excellence.  |
| <b>Purpose</b>          | To ensure the accountability of academic leaders for development and maintenance of academic excellence in the program.   |
| <b>Scope</b>            | <ol style="list-style-type: none"> <li>1. Dean</li> <li>2. Vice Dean</li> <li>3. Academic Leaders</li> <li>4. Head of Departments</li> <li>5. Faculty Development Unit (FDU)</li> </ol>   |
| <b>Responsibilities</b> | Each of the above-mentioned in the Scope.   |
| <b>Procedure</b>        | <p><b>Mechanism of Selection of Leaders:</b></p> <ol style="list-style-type: none"> <li>1. Observe the minimum requirements for candidacy of the position.</li> <li>2. All members of the departments are notified.</li> <li>3. The nomination is made through the member himself or through another faculty member in the college.</li> <li>4. Following requirement and selection process for the Vice Dean and Head of Department are shown below: <ul style="list-style-type: none"> <li>• Biodata</li> <li>• Filling out the nomination application form</li> <li>• A presentation that does not exceed one page in which the applicant puts his qualifications and his future and development plan for the college.</li> <li>• All requirements are submitted to the committee chairman's email and a copy to the committee's secretariat, as shown in the announcement.</li> <li>• The committee examines the incoming nominations, interviews the candidates, and submits the final nomination according to the highest evaluation.</li> </ul> </li> </ol> <p><b>Criteria of Evaluation for Leaders:</b></p> <p><u>Administrative Leaders:</u></p> <ul style="list-style-type: none"> <li>• Flexible at work</li> <li>• Good communication skills</li> <li>• Creativity</li> <li>• Believes in teamwork.</li> <li>• Has the ability to make decisions.</li> <li>• Has the ability to deal with problems very efficiently.</li> <li>• Fully aware of the internal regulations of the college</li> <li>• Administrative ability and rational leadership away from bias, arbitrariness, and laxity</li> <li>• Take responsibility for administrators and students.</li> <li>• Objectivity, decisiveness, and boldness in facing the problems of administrators and students.</li> <li>• Organizes coordination between the college administration and its various departments.</li> <li>• Continuous evaluation and follow up the efficiency of employees in administrative body of the college.</li> <li>• Encourages discussion, acceptance of differences in opinion, and taking the best opinions.</li> <li>• Works to consolidate moral values within the college.</li> <li>• Overcoming obstacles facing college work and ways to solve them.</li> </ul> <p><u>Academic Leaders:</u></p> <ul style="list-style-type: none"> <li>• Respects the opinions of others.</li> <li>• Takes his decisions away from dictatorship.</li> <li>• Have a clear and declared vision and policy that achieves the mission and vision of the college.</li> </ul> |

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|                               | <ul style="list-style-type: none"> <li>● Familiar with the regulations and laws governing the institution.</li> <li>● Can form strong relationships with various institutions.</li> <li>● Keen to take advantage of the available resources objectively, which achieves benefit and development.</li> <li>● Considering the selection of qualified people to perform the various tasks.</li> <li>● He is keen to strengthen the college's infrastructure.</li> <li>● Activates units within the college.</li> <li>● Coordinates between the scientific and administrative departments of the college.</li> <li>● Adopts the development and improvement of educational programs and follows up their implementation.</li> <li>● Participate in creating the best conditions for scientific research.</li> <li>● Documenting research cooperation locally, regionally, and internationally.</li> <li>● Contributes effectively to the field of college service with the external community.</li> <li>● Supports the academic and administrative departments in the development of quality systems.</li> <li>● Works to achieve academic standards and obtain a distinguished educational output.</li> </ul> |
| <b>Templates/<br/>Records</b> | <ol style="list-style-type: none"> <li>1. Application/nomination forms</li> <li>2. Biodata and certificates</li> <li>3. Statement of interest</li> <li>4. Evaluation forms</li> <li>5. Meeting minutes of selection and evaluation</li> <li>6. Advertisement for the positions</li> </ol>  |
| <b>References</b>             | <ol style="list-style-type: none"> <li>1. NCAAA Standards for Program Accreditation; S: 5.</li> <li>2. Policies and procedures of the Shaqra University (Deanship of Development &amp; Quality)</li> </ol>   |

## Policies Related to Shaqra University Staff

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| <b>Policy 60</b>        | <b>Domain: Shaqra University Staff</b>   |                            |
| <b>Doc. ID:</b><br>SU-1 | <b>Title: Internet Usage Policy for University's Members</b>   |                            |
| <b>Document Type</b>    | <input checked="" type="checkbox"/> New <input type="checkbox"/> Modification; Old Document Ref. No.:  |                            |
| <b>Prepared by:</b>     | Prof Jamal Arif<br><b>Position:</b> Head, QAU  | <b>Date:</b><br>22/02/2023 |
| <b>Revised by:</b>      | Dr, Abdulrahman Alfaiz<br><b>Position:</b> Vice Dean   | <b>Date:</b><br>28/02/2023 |
| <b>Approved by:</b>     | Dr Feras M. Almarshad<br><b>Position:</b> Dean, College of Medicine  | <b>Date:</b><br>12/03/2023 |
| <b>Notes:</b>           | None   |                            |
| <b>Policy 60</b>        | As part of its educational mission, University purchases, develops, and maintains computers, computer systems and communication networks. These resources are intended to support College of Medicine-related activities, including direct and indirect support of the University's instruction, research, and service missions; University administrative functions; student and campus life activities; and the free interchange of ideas within and among the University community and the wider local, national, and international communities. As a user of these services and facilities, one would have access to valuable College/University resources, to sensitive information, and to internal and external networks. Accordingly, it is important for one to behave in a responsible, ethical, and legal manner. Inappropriate material usage is prohibited. |                            |
| <b>Purpose</b>          | The University provides computing systems and equipment's and access to the internet to enable staff to carry out their work for the University and allows limited use which is not work related. The purpose of this policy is to define what the University considers appropriate usage of the internet and how access to the internet will be managed and periodically inspected.   |                            |
| <b>Scope</b>            | This policy applies to all users of computing, networking, and communications facilities provided by any institute, department or section of the University wherever located, including privately owned or donated equipment connected to the University network and communications infrastructure. It applies to academic and support staff, students, guests, visitors and outside individuals or organizations accessing network services via the University's computing facilities. Computing resources include all university owned, licensed, or managed telephones, computer systems and its components, and use of the university network via a physical or wireless connection, regardless of the person found in possession of the computer or device connected to the network.  |                            |
| <b>Definitions</b>      | <p><b>Computer</b> - includes any electronic device provided by the University, or connected to its networks, which can access the internet.</p> <p><b>Internet usage</b> - for the purpose of this policy internet usage includes accessing websites, peer to peer networking and data sharing and "internet" has a similar meaning.</p> <p><b>Inappropriate material</b> - is material which could reasonably be described as unsuitable or offensive having regard to the nature of the workplace and includes material which is pornographic or is otherwise objectionable.</p>  |                            |
| <b>References</b>       | 1. Policies and procedures of the Shaqra University (Deanship of Development & Quality)  |                            |

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| <b>Policy 61</b>        | <b>Domain: Shaqra University Staff</b>  |                            |
| <b>Doc. ID:</b><br>SU-2 | <b>Title: Information Technology Policy</b>   |                            |
| <b>Document Type</b>    | <input checked="" type="checkbox"/> New <input type="checkbox"/> Modification; Old Document Ref. No.: |                            |
| <b>Prepared by:</b>     | Prof Jamal Arif<br><b>Position:</b> Head, QAU   | <b>Date:</b><br>22/02/2023 |
| <b>Revised by:</b>      | Dr, Abdulrahman Alfaiz<br><b>Position:</b> Vice Dean  | <b>Date:</b><br>28/02/2023 |
| <b>Approved by:</b>     | Dr Feras M. Almarshad<br><b>Position:</b> Dean, College of Medicine                                   | <b>Date:</b><br>12/03/2023 |
| <b>Notes:</b>           | None  |                            |

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| <b>Policy 61</b> | IT resources may be used only for their authorized purposes -- that is, to support the research, education, administrative, and other functions of the College. The purposes of any IT resource as well as the nature and scope of authorized, incidental personal use may vary according to the duties and responsibilities of the User. |
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| <b>Purpose</b> | This is a university computer and communication facilities, including those handling with voice, data, and video. It relates to the use and administration of telecommunications equipment (including computer networks and involving the Internet) as well as mainframe, midrange, minicomputer, workstation, and personal computer systems. Thus, it covers all activities involving computing and communication facilities of the University. Every user of these systems is expected to know and adopt this policy. |
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| <b>Scope</b> | <p>•<b>People to Whom Policy Applies:</b> This Policy applies to everyone who accesses University Information Technology Resources, whether associated with the University or not, whether on campus or from remote locations, including students, faculty, staff, contractors, consultants, temporary employees, guests, and volunteers. By accessing University Information Technology Resources, the user agrees to adhere with this Policy.</p> <p>•<b>Definition of Information Technology Resources:</b> The Information Technology Resources for purposes of this Policy include, but are not restricted to, University- owned transmission lines, networks, wireless networks, servers, exchanges, internet connections, terminals, applications, and personal computers. Information Technology Resources include those owned by the University and those used by the University under licenses or contracts, including but not restricted to information recorded on all types of electronic media, computer systems, computer networks.</p> <p>•<b>Information Technology Resources</b> also includes, but is not restricted to, personal computers, servers, wireless networks and other devices not owned by the University but intentionally connected to the University-owned Information Technology Resources (other than temporary legal access via the world wide web access) while so connected.</p> |
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| <b>Responsibilities</b> | <p>Users are expected to adhere to the following:</p> <ul style="list-style-type: none"> <li>•Adhering to policies, guidelines and procedures pertaining to the protection of Institutional Data.</li> <li>•Notifying actual or suspected vulnerabilities in the secrecy, integrity, or availability of Institutional Data to a manager or the Information Security Office.</li> <li>•Notifying actual or suspected breaches in the secrecy, integrity or availability of Institutional Data to the Information Security Office.</li> </ul> |
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| <b>References</b> | 1. Policies and procedures of the Shaqra University (Deanship of Development & Quality) |
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| <b>Policy 62</b>        | <b>Domain: Shaqra University Staff</b>   |                            |
| <b>Doc. ID:</b><br>SU-3 | <b>Title: Risk Management Framework</b>  |                            |
| <b>Document Type</b>    | <input type="checkbox"/> New <input checked="" type="checkbox"/> Modification; Old Document Ref. No.: 22/12/2022 |                            |
| <b>Prepared by:</b>     | Prof Jamal Arif<br><b>Position:</b> Head, QAU  | <b>Date:</b><br>22/02/2023 |
| <b>Revised by:</b>      | Dr, Abdulrahman Alfaiz<br><b>Position:</b> Vice Dean   | <b>Date:</b><br>28/02/2023 |
| <b>Approved by:</b>     | Dr Feras M. Almarshad<br><b>Position:</b> Dean, College of Medicine  | <b>Date:</b><br>12/03/2023 |
| <b>Notes:</b>           | None   |                            |

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| <b>Policy 62</b> | <ol style="list-style-type: none"> <li>1. Risk Management is fundamental to the University, to meet the expectations of the University's Governing Boards. Operating effectively and logically, it assures them but also externally, of the organisation's ability to implement their objectives and maintain sustainability.</li> <li>2. The Risk Management Framework helps to ensure a logical approach to the same risk by different sections of the University. It also provides a structure for: <ul style="list-style-type: none"> <li>• communicating, mitigating and escalating major risk issues within the University; and</li> <li>• incorporating risk management principles and objectives into strategic, operational and resourceful planned activities.</li> </ul> </li> <li>3. Risk management helps all staff and all teams to understand risks and participate in improved decision-making. It also enables all staff to provide assurance to the Council that our management operations are functioning effectively.</li> <li>4. We have a consistent approach to the identification, assessment and management of risks throughout the University.</li> <li>5. Risk control and mitigation measures are effective, appropriate, proportionate, affordable, and flexible.</li> <li>6. Risks must be identified and assessed as part of the business case for all new schemes, investments and projects; once approved risks must be reviewed regularly by the project board or similar governance committee.</li> <li>7. College of Medicine has it's Risk Management Plan in place as per this University policy.</li> </ol> |
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| <b>Purpose</b> | <p>The Risk Management Policy outlines the university's strategies, aim and approach to managing its business risks by:</p> <ul style="list-style-type: none"> <li>• establishing the principles by which the University will identify, evaluate and manage risks.</li> <li>• establishing the framework to embed risk management into the University's business processes and functions</li> <li>• enhancing the university's ability to seize opportunities while understanding, managing and reducing the impact of business risks to a practical level within the university's risk appetite</li> <li>• promoting a risk-aware culture</li> </ul> |
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| <b>Scope</b> | <p>The aim of this policy statement is to ensure risk management is being used by everyone with operational and management responsibilities across the University as well as those involved in the Internal Audit and other governance committees in the university. It enables everyone to deliver the Universities Risk Management Strategies, which sets out to describe how all staff undertake effective Risk Management in all they do to assure Council that they are working towards the Universities Strategic Objectives.</p> |
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| <b>Responsibilities</b> | <p>The Dean of College and College Management Groups will be responsible for risk management activities within their colleges. The College Heads of Finance will be responsible for administering the events and activities regarding the College risk management. President/Vice Presidents/Deans/Heads of Administrative Units are responsible for the following in relation to risk management:</p> <ul style="list-style-type: none"> <li>• Implementation of University Policy in relation to Risk Management policy within their specific area of control.</li> <li>• The identification, assessment, management and ownership of certain risks within their specific area of control.</li> <li>• Ensuring that all substantial projects or new programs undergo risk assessment and that such assessment are to be included in the project/ program proposal, and reporting on same to the Executive Committee.</li> <li>• Supporting the idea of embedding of risk management in their area and the development of a risk-aware culture in the university.</li> </ul>  |
| <b>Definitions</b>      | <ol style="list-style-type: none"> <li>1. <b>Risk Management:</b><br/>Risk Management is defined as the planned and systematic approach to identification, evaluation and mitigation of risk</li> <li>2. <b>Risk:</b><br/>Risk is defined as the possibility that an action, event or set of circumstances will adversely or beneficially affect an organisation's ability to achieve its objectives and aim.</li> <li>3. <b>Operational Risks:</b><br/>The inability to prevent a loss resulting from inadequate internal processes and systems.</li> <li>4. <b>Financial Risks:</b><br/>Exposure to losses arising as a result of inadequate controls or the need to improve the management of the University's financial assets.</li> <li>5. <b>Reputational Risks:</b><br/>Exposure to losses arising as a result of bad press, negative public image and the need to improve stakeholder relationship management.</li> <li>6. <b>Risk Appetite:</b><br/>The amount and type of risk that an organisation is willing to pursue or retain.</li> <li>7. <b>Risk Register:</b><br/>A document containing the results of the qualitative risk analysis, quantitative risk analysis, and risk response planning. The register includes identified risks, descriptions, categories, cause, likelihood of occurring, impact on objectives and aim, mitigation strategies, ownership, and status.</li> <li>8. <b>Risk Mitigation:</b><br/>A risk mitigation action refers to actions that must be taken to lower the likelihood of the risk occurring and/or to minimize the impact if the risk did occur. Risks can never be totally eliminated, but it can be mitigated to lessen its likelihood and or impact on University.</li> </ol> |
| <b>References</b>       | <ol style="list-style-type: none"> <li>1. Policies and procedures of the Shaqra University (Deanship of Development &amp; Quality)</li> </ol>  |

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| <b>Policy 63</b>        | <b>Domain: Shaqra University Staff</b>  |                            |
| <b>Doc. ID:</b><br>SU-4 | <b>Title: Safety and Security Policy</b>  |                            |
| <b>Document Type</b>    | <input checked="" type="checkbox"/> New <input type="checkbox"/> Modification; Old Document Ref. No.: |                            |
| <b>Prepared by:</b>     | Prof Jamal Arif<br><b>Position:</b> Head, QAU   | <b>Date:</b><br>22/02/2023 |
| <b>Revised by:</b>      | Dr, Abdulrahman Alfaiz<br><b>Position:</b> Vice Dean  | <b>Date:</b><br>28/02/2023 |
| <b>Approved by:</b>     | Dr Feras M. Almarshad<br><b>Position:</b> Dean, College of Medicine                                   | <b>Date:</b><br>12/03/2023 |
| <b>Notes:</b>           | None  |                            |

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| <b>Policy 63</b> | It is mandatory for all staff to comply with all the guidelines, rules and regulations of the Head of Safety and Security department. Any violation of the security procedures will be considered as a violation of the labor law and will be questioned in accordance to the penalties and awards By-law of the University. Safety & Security department shall take the responsibility of arranging rules for entrance to and exit from University premises whether for personnel or cars during or after official working hours. |
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| <b>Purpose</b> | The purpose of this policy is to ensure that the University create, implement, and monitor appropriate plans, programs, procedures, and training consistent with applicable legal and professional standards, regulations, and available resources to encourage safety and security of individuals and University property. |
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| <b>Scope</b> | Safety and Security Manager |
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| <b>Responsibilities and Procedure</b> | <p><b>Entrance &amp; Exit Procedures for Staff:</b></p> <ul style="list-style-type: none"> <li>• Head of Admin Services shall issue identity cards for every employee and worker at any of the University's buildings. The ID should show the University's name, logo, employee name and photo, department or any other information. The ID is considered an official document for identifying the employee. On implementation of entry and exit electronic system, IDs shall be issued to be compatible with electronic systems where University entrances are equipped with. Such cards shall be delivered to employees against their signature on a specially prepared list.</li> <li>• Head of Admin Services Dept shall ascertain that each employee carries his card with him to present it to the receptionist upon entering the University buildings. The employee is not entitled to lend his card to his colleague or anyone else. Such action is considered a violation requiring questioning and disciplining according to applicable Penalties By-laws applied in the University. Upon losing a card, the Security Manager should be notified immediately.</li> <li>• The university visitors shall register their names in a visitors' record against furnishing them with a visitor ID card allowing them to enter the University premises, and after enquiring about the unit or employee they wish to visit. Upon exit, the visitor shall return the visitor ID card.</li> </ul> <p><b>Accidents:</b></p> <p>The Safety &amp; Security Manager shall take appropriate actions on the occurrence of any accident, and shall carry out the following:</p> <ul style="list-style-type: none"> <li>• Inform Civil Defense Department upon fire occurrence and failure of prompt control.</li> <li>• Contact police in case of any altercation or assault any employees belonging to SU. It is up to the Head of Admin Services to call the police or resolve the issue amiably.</li> <li>• To contact ambulance on the occurrence of any injury.</li> <li>• Contact insurance company should there be damages of the SU insured properties.</li> </ul> |
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|                   | <p><b>Guarding Procedures:</b></p> <ul style="list-style-type: none"> <li>• The University Admin shall appoint security guards to guard its buildings and facilities during day and nighttime as full-time employees, or by contracting a private security company.</li> <li>• The guard shall patrol around the buildings and facilities during nighttime and not authorize any person to access to the facilities except from the main gate according to regular procedures.</li> </ul> <p><b>Prevention Procedures:</b></p> <p>Head of Safety &amp; Security department must ensure of the availability of all necessary and appropriate supporting measures in particular:</p> <ul style="list-style-type: none"> <li>• The availability of fire extinguishers and equipment ensure their validity and fitness for work and inspect them from time to time.</li> <li>• Availability of alarm systems and the regulation of their maintenance and validity for use.</li> <li>• To ensure safety of doors and locks and to restrict receipt of keys to authorized officials only, determine entrance and exit gates, in case there is more than one gate to the building, and try to maintain more than one gate for emergencies, and place sign boards at noticeable places.</li> </ul> |
| <b>References</b> | 1. Policies and procedures of the Shaqra University (Deanship of Development & Quality)  |

## Policies Related to Partnership

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| <b>Policy 64</b>        | <b>Domain: Partnership</b>   |                            |
| <b>Doc. ID: P-1</b>     | <b>Title: Monitoring and Evaluation of Effectiveness of Partnership</b>  |                            |
| <b>Document Type</b>    | <input checked="" type="checkbox"/> New <input type="checkbox"/> Modification; Old Document Ref. No.:  |                            |
| <b>Prepared by:</b>     | Prof Jamal Arif<br><b>Position:</b> Head, QAU  | <b>Date:</b><br>22/02/2023 |
| <b>Revised by:</b>      | Dr, Abdulrahman Alfaiz<br><b>Position:</b> Vice Dean   | <b>Date:</b><br>28/02/2023 |
| <b>Approved by:</b>     | Dr Feras M. Almarshad<br><b>Position:</b> Dean, College of Medicine  | <b>Date:</b><br>12/03/2023 |
| <b>Notes:</b>           | None   |                            |
| <b>Policy 64</b>        | The policy ensures the effective, productive and renewable aspects of a mutual partnership to improve functioning and productivity.  |                            |
| <b>Purpose</b>          | The purpose of this policy is to ensure that the partnership organization is delivering on the lines of the understandings in an effective and productive manner.  |                            |
| <b>Scope</b>            | <ol style="list-style-type: none"> <li>1. Dean</li> <li>2. Vice Dean</li> <li>3. In Charge of the partnership organization</li> <li>4. QAU</li> <li>5. Faculty</li> <li>6. Students</li> </ol>   |                            |
| <b>Responsibilities</b> | Each of the above-mentioned personnel.   |                            |
| <b>Procedure</b>        | <p><b>The elements of monitoring and evaluation plan are:</b></p> <ul style="list-style-type: none"> <li>• Evaluation questions</li> <li>• Indicators -measures needed to answer the evaluation questions.</li> <li>• Data sources</li> <li>• Data collection method</li> <li>• Time frame</li> <li>• Data analysis</li> <li>• Communicate results.</li> <li>• Lead person responsible for overseeing the work.</li> </ul> <p><b>Procedure:</b></p> <ul style="list-style-type: none"> <li>• At the end of the validity of Memorandum of Understanding (MoU), a partnership-based specific questionnaire has to be formulated keeping in mind that the intent of the questions should be related to the specified purpose(s) of the partnership.</li> <li>• Online forms shall be communicated to various stakeholders.</li> <li>• Collected data should be analyzed using the Likert scale and a detailed report is prepared by the Statistics Unit.</li> <li>• Statistics Unit should also calculate the percentage of achievement against each performance indicator.</li> <li>• The report along with the results and data shall be communicated to the authorized lead person in QAU and lead person for the specific partnership.</li> <li>• QAU analyze the performance evaluation report of partnerships and give its</li> </ul> |                            |

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|                           | <p>recommendation to the Vice Dean who will be in charge for monitoring the partnerships and MoU.</p> <ul style="list-style-type: none"> <li>• Vice Dean should discuss the results in the higher committees or with the Dean and a proper action plan for improvement shall be prepared and shared with the other partner if performance in few indicators could be improved.</li> <li>• Based on the acceptance of the improvement plan by the partner, MoU can be renewed for another term.</li> <li>• If the satisfaction level of each performance indicator is below 50%, the partnership or MoU may be terminated.</li> </ul> |
| <b>Templates/ Records</b> | <ol style="list-style-type: none"> <li>1. The questionnaire for evaluation</li> <li>2. Analysis report</li> <li>3. Action Plan, if any</li> <li>4. Renewed MoU</li> <li>5. Decision of Dean or Committee in the form of meeting minutes</li> </ol>   |
| <b>References</b>         | <ol style="list-style-type: none"> <li>1. Policies and procedures of the Shaqra University (Deanship of Development &amp; Quality)</li> </ol>  |

## Policies Related to Graduates

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| <b>Policy 65</b>     | <b>Domain: Graduates</b>  |                            |
| <b>Doc. ID: G-1</b>  | <b>Title: Professional Development of Graduates</b>   |                            |
| <b>Document Type</b> | <input checked="" type="checkbox"/> New <input type="checkbox"/> Modification; Old Document Ref. No.: |                            |
| <b>Prepared by:</b>  | Prof Jamal Arif<br><b>Position:</b> Head, QAU   | <b>Date:</b><br>22/02/2023 |
| <b>Revised by:</b>   | Dr Muath Alammar<br><b>Position:</b> Vice Dean, Academic Affairs                                      | <b>Date:</b><br>28/02/2023 |
| <b>Approved by:</b>  | Dr Feras M. Almarshad<br><b>Position:</b> Dean, College of Medicine                                   | <b>Date:</b><br>12/03/2023 |
| <b>Notes:</b>        | None  |                            |

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| <b>Policy 65</b>       | The policy ensures that the graduates should get additional professional and labor market development.    |
| <b>Sub-Policy 65.1</b> | To build effective communication with the graduates for their current information in the form a database. |

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| <b>Purpose</b> | The purpose of this policy is to ensure that the graduates are UpToDate on the demands of evolving labor market. |
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| <b>Scope</b> | <ol style="list-style-type: none"> <li>1. Vice Dean</li> <li>2. Alumni Unit</li> <li>3. Faculty Development Unit</li> <li>4. Intellectual Awareness Unit</li> <li>5. Graduates</li> </ol> |
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| <b>Responsibilities</b> | Each of the above-mentioned personnel. |
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| <b>Procedure</b> | <p><b>To build communication with the graduates and their database:</b></p> <ul style="list-style-type: none"> <li>• Alumni Unit will design an online Google Questionnaire form for getting updated and renewed information about the graduates in terms of their job placements or fellowship.</li> <li>• The Interns before getting their Internship Completion Certificate should be given an online questionnaire form to fill prior to issuance of their certificates.</li> <li>• A database of all the interns in a particular year shall be prepared and maintained by the Alumni Unit.</li> <li>• Twice a year, the same online questionnaire shall be circulated for any update in the contact details or job.</li> <li>• Accordingly, the Alumni Unit shall also communicate with the graduates through e-mails, WhatsApp, Telegram and mobile phone to reach out to the graduates.</li> </ul> <p><b>Professional Development of Graduates:</b></p> <ul style="list-style-type: none"> <li>• Alumni Unit shall also arrange expert lectures in coordination with the Faculty Development Unit or any other expert on a current topic in the medical field or by hospital management on evolving needs of labor market, international experts on fellowship opportunities abroad for the graduates who can be delivered this in an online mode if the graduates cannot attend in person.</li> <li>• Annual Alumni Meet may also be arranged by the Alumni Unit in support from the</li> </ul> |
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|                           | <p>College of Medicine for a get together of the graduates where expert lectures and cultural event can be organized by the current students.</p> <ul style="list-style-type: none"> <li>• Alumni Unit may also wish to start an Alumni monthly magazine with the help of the graduates in the advisory or editorial board.</li> <li>• Alumni can also be invited in any event like Research Day conducted by the College of Medicine.</li> <li>• Intellectual Awareness Unit in coordination with the Alumni Unit can also arrange special lectures on moral, ethical and religious beliefs delivered by the community and religious leaders. These lectures can be arranged online to ensure increased participation.</li> </ul> |
| <b>Templates/ Records</b> | <ol style="list-style-type: none"> <li>1. Graduates' communication records</li> <li>2. Graduates database</li> <li>3. Feedback questionnaire report</li> <li>4. Expert lectures</li> </ol>   |
| <b>References</b>         | <ol style="list-style-type: none"> <li>1. Policies and procedures of the Shaqra University (Deanship of Development &amp; Quality)</li> </ol>  |

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