REPORT ON PERIODIC PROGRAM SELF STUDY

The Self Assessment Team, College of Medicine, King Saud University

Dr. Ayman A. Abdo - Vice Dean for Quality & Development, Chairman
Dr. Sami Al-Nassar - Member
Dr. Mohammed Al-Ghonaim - Member
Dr. Faisal Al-Saif - Member
Dr. Nervana Bayoumy - Member
Dr. Ghadeer Al-Shaikh - Member
Prof. Ola Farouk Leheta - Member
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Report on Periodic Program Self-Study

A. General Information

Name of Institution: King Saud University (KSU)
College/Department: College of Medicine

1 Program title and code: Bachelor of Medicine and Surgery MBBS
2 Total credit hours needed for completion of the program: 213 credit hours
3 Award granted on completion of the program: Bachelor of Medicine and Surgery MBBS
4 Major tracks/pathways or specializations within the program: None
5 Professions or occupations for which students are prepared: None
6 Name and position of faculty member managing or coordinating the program:
   Dr. Muslim Mohammed Al-Saadi, Vice Dean for Academic Affairs
7 Name and position of person responsible for leadership/management of the self study
   Dr. Ayman Abdo, Vice Dean for Quality and Development
8 Location if not on main campus or locations if program is offered in more than one location
   Main Campus and the Malaz Campus - King Saud University
9 Date of approval of program specification within the institution: 1967
10 Date of most recent self-study: 2008
11 Date of report: May 2010
B. 1. Brief Introductory Summary about KSU and College of Medicine:

About KSU:
KSU was established by Royal Decree on 14/11/1957, with the College of Arts as the first to start in 1957–1958, followed by the College of Science. During its half a century developmental history, KSU has accumulated substantial experience and has become an important higher education leader in the country. Prior to 2009, KSU consisted of 76 colleges with more than 400 programs. In 2009, 53 colleges and approximately 250 programs were separated from KSU to form three new standalone universities. This restructuring was undertaken to achieve a more efficient organization and a more effective management in accordance with its strategic goals.

In 2009 the total number of students enrolled at the different colleges was 35,893 male and 25,222 female students distributed over the different Bachelor, Master’s, and Doctoral programs. For the same year, the total number of faculty members was 2,946 male and 949 female, which reflects the fact that KSU enjoys an acceptable international standard of student-to-faculty ratio, as shown in Table B.4. This data indicates that the student-to-faculty ratio is 16:1 at the university level. Following the KSU 2030 Strategic Plan’s directions of downsizing KSU, the above numbers of students and faculty are decreasing in order to achieve higher management efficiency. In 2009, this has been achieved by supporting and developing the scattered colleges affiliated with KSU to become new standalone universities with the establishment of Al-Kharj, Al-Majmah and Shaqra Universities.

About the College of Medicine and University Hospitals:
The college of Medicine at King Saud University was established in 1967 as the first medical school in Saudi Arabia and the Gulf Region.

The first university Hospital was King Abdul-Aziz University Hospital which was originally founded in 1956 but only got affiliated to the college in 1976. This facility now specializes in ENT and ophthalmology. These two departments are among the largest in the Middle East in these specialties. They host extremely skilled physicians in all subspecialties of ENT and ophthalmology as well as world class researchers. In addition, it contains some general medical and paediatric services as well as the university diabetes centre.

The hospital provides primary, secondary care services for Saudi patients from Northern Riyadh area. It also provides tertiary care services to all Saudi citizens on referral bases. All care is free of charge for eligible Saudi patients including medications.

In 1982, a dedicated university hospital was opened and was named King Khalid University Hospital. This facility is an 800 bed facility with all general and subspecialty medical services. It contains a special outpatient building, more than 20 operating rooms, and a fully equipped and staffed laboratory, radiology, and pharmacy services in addition to all other supporting services.

To date, the college has graduated more than 5000 undergraduate students, 200 postgraduate students, and more than 700 graduates from different medical specialties fellowship programs. Graduates of this college are the current leaders of the medical sectors in the Saudi Arabia in the Ministry of Health as well as all major hospitals and healthcare sectors in the Kingdom. Its graduates have also gone out to pursue postgraduate and fellowships all over the world and have proven their excellence in all international fields with excellent pass rates in board exams and
fellowships. They are all around the country serving patients and spreading the knowledge that they have gained.

To further testify to the leadership of this college and quality of its programs it has been ranked 97th in the world in the Times QS ranking of world universities in the field of Medical and Biological Sciences.

<table>
<thead>
<tr>
<th>Number of undergraduate students</th>
<th>1674</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of postgraduate students</td>
<td>268</td>
</tr>
<tr>
<td>Number of postgraduate Programs</td>
<td>46</td>
</tr>
<tr>
<td>Academic faculty staff</td>
<td>489</td>
</tr>
<tr>
<td>Healthcare workers in the University Hospitals</td>
<td>2975</td>
</tr>
<tr>
<td>Administrative and supporting staff</td>
<td>296</td>
</tr>
</tbody>
</table>

**B. 2. Self-Study Process**

The previous self study (June 2008) was prepared initially by a special task force committee that was officially appointed by the dean to prepare the college for national and international accreditation. That study was sent to all academic staff and feedback was received from them. It was later discussed in the College Board and approved.

For this self study (2010) a special task force committee was appointed by the dean headed by the Vice Dean for Quality and Development.

Multiple meetings were held (9-12 hrs/week) for reviewing gathered information, statistics, surveys and documents related to the program and the 11 NCAAA standards. The present self study was initiated based on the previous study and on the multiple external review bodies input. It aimed to incorporate the many changes and developments that took place in the college in the period between the two studies. Multiple smaller task forces and groups worked to help prepare the evidence for this self study.

Multiple interviews were held with academic and non academic staff members to set the areas require improvement and establish the college priorities of action.

The final SSR will be sent to all staff and student bodies for feedback. Open discussions with staff and students will take place. The final version will also be discussed in the College Board and approved by all chairmen of department before the final accreditation visit.

The goals of conducting the self study of the College of Medicine, King Saud University were to:

Document and appreciate the achievements and contributions of the College of Medicine.

1) Identify the points of strength and the areas that require improvement.
2) Plan for reformatory and quality improvement projects.
3) Prepare the College of Medicine to be ready for national and international accreditation.
C. Mission and Goals of the Program

1. Mission of Program

**College Mission:**

- To **educate and train** future health professionals in an innovative learning environment.
- To **explore** new areas of **research** and produce significant scientific contributions to the world.
- To **provide** high quality compassionate healthcare to the Saudi society.
- To **integrate** education, research, and healthcare in an inclusive environment.

**Program Mission Statement**

To prepare physicians who would be able to meet and respond to the changing health care needs and expectations of the Saudi Arabian Community.

2. **Major Goals/Objectives for Development of the Program:**

**Strategic objectives of the program:**

- To develop doctors who possess knowledge, skills and attitudes that will insure that they are competent to practice medicine safely and effectively.
- To ensure that graduates have appropriate foundation for lifelong learning and further training in any branch of Medicine.
- To help graduates develop to be critical thinkers and problem solvers when managing health problems in the community of Saudi Arabia.

3. **Performance Indicators:**

For providing evidence of achievement of objectives the faculty prepared a set of key performance indicators that are considered as a part of the whole quality system indicators that were driven from the Quality Management System of KSU (QMS-KSU) and the NCAAA. Examples of such indicators include:

1) Ratio of students to teaching staff.
2) Proportion of teaching staff trained in medical education.
3) Proportion of students entering undergraduate program who complete it in the allocated time.
4) The overall rating of graduates on the quality of their program from answering the question “I am satisfied with my experience in this college”.
5) The overall rating of graduates on the quality of their program from answering the question “learning sources were known to me and available”.
6) The overall rating of graduates on the quality of their program from answering the question “I received appropriate academic guidance when I needed it”.
7) Proportion of students entering post graduate programs who complete those programs in specified time.
8) The overall rating of students on the quality of small group sessions from answering the question “The activities taught me life-long learning”.
9) The overall rating of graduates on the quality of their program from answering the question “Studying here helped me think and solve problems”.

7
10) The overall rating of graduates on the quality of their program from answering the question “Studying here helped me be a better communicators and team player”.

11) The overall rating of students on the quality of small group sessions from answering the question: “These activities helped me to improve my ability to think and solve problems rather than just memorizing information”.

12) Proportion of teaching staff with verified doctoral qualifications.

D. Program Context

1. Significant Changes in the External Environment

General economic, political, social, and market changes and trends in the region:

The key factors and trends associated with the regional context pertaining to education are summarized as follows:

1) The major issues of increasing oil depletion and high population growth.
2) Low Saudi school outcomes: In a 2007 Trends International Math and Science Study (TIMSS) of 8th graders, Saudis ranked 62nd out of 64 countries in Math, and 51st out of 56 countries in Science, and 80% of Saudi 8th graders showed ‘little to no Math skill’ in TIMSS.
3) Shifting Saudi demographics and job market needs: In the KSA there is a large youth population (over 40% are below the age of 15), with a high youth unemployment rate despite the strong demand for highly-skilled labor (30% of Saudi youth are unemployed).
4) Increasing support to the Saudi higher education sector: A substantially larger budget for the educational sector reaching SAR 120 billion in 2009 from SAR 94 billion in 2007). In addition, 2009 has seen the establishment of King Abdullah University of Science and Technology, which is the first Saudi post-graduate university.
5) Entry of competing outstanding international universities into the region: Qatar has attracted institutions such as Cornell Medical School, Carnegie Mellon and Georgetown University; and the UAE has attracted the London Business School, the Sorbonne, and INSEAD.
6) Desired shift in the Kingdom towards a knowledge-based economy: The national leadership has clearly emphasized the importance of creating a competitive knowledge-based economy (e.g., professional knowledge services, healthcare, engineering, education), and has designated Saudi’s six economic cities to focus on knowledge industries.

More specific changes and trends related to medical education:

1) The rapid developments and new tends in the field of medical education necessitated adoption of new learning methods and application of new education standards. Medical curricula and learning material and methods cannot remain stagnant ignoring these new trends. This has necessitated a significant reform in our curriculum and learning environment to adapt to these changes.
2) Until 7 years ago, there were only 5 medical schools in Saudi Arabia. In the last 7 years, more than 25 new medical schools have opened, mainly governmental but also private. As the first medical school in the country and a leader of medical education in the middle
east and as many of the deans and faculty of the new emerging medical schools are graduates of this college there has been a tremendous responsibility felt by staff and administration of this college in maintaining a role model in effective under and postgraduate medical education in addition to the research and community service functions of the institution. The leadership role of the college is a high standard that we are committed to and that will require a continuance quality improvement system in which accreditation is a strong component off.

3) The low percentage of Saudi doctors in the general physician work force in Saudi Arabia remains a very important pressure factor on the college to graduate more doctors to serve the community. This is a true challenge since in many occasions this may come on the expense of quality of the graduate. The college has managed over the years to put quality as the upmost factor and accommodate increasing numbers of students only after high quality education is secured.

2. Changes in the Institution Affecting the Program.

At the University level:

- Major changes and improvements have taken place at the university level that has affected the program in a very positive way. KSU’s major transformation into a smaller, more agile, more compact, and research-focused institution based on the KSU 2030 Vision is having tremendous implications, calling for a new mindset, processes and procedures, and human, informational, and resource organizational systems, that are beginning to unfold and take shape.

- In its continuous search for excellence, KSU embarked in June 2009 on an ambitious project by redefining its future strategic directions. This has resulted in a new 2030 Vision and Mission as well as key strategic objectives enshrined in the new Strategic Plan for the University. The new vision of KSU is : To be a world-class university and a leader in building the knowledge-based society and the new mission is: To provide distinctive education, produce creative research, serve the society and contribute in building the knowledge-based economy and community through learning, a creative thinking environment, an optimal use of technology, and effective local and international partnerships

- To pursue the goals of enhancing students’ skills, and supporting their competitiveness in the labour market, KSU initiated the Preparatory Year Program that emphasizes English language skills, computer skills, thinking skills, communication skills and entrepreneurship

- Furthermore, the University leadership’s ambitions for quality and improvement led to the creation of new deanships, including:
  1) The Deanship of Quality
  2) The Deanship of Development
  3) The Deanship of Skills Development
  4) The Deanship of E-learning and Distance Education
  5) The Deanship of E-Transactions and Communications

- KSU has embarked on several vigorous initiatives to improve its academic performance, scholarship and research outcomes. Examples of such initiatives include (1) the research
chairs’ program, which currently includes 92 committed chairs, as well as several specialized research institutes and centers of excellence, (2) the Nobel Laureates’ program, c) the International Twining Program, and (3) an ambitious excellence rewarding system, which includes various awards on academic scholarship and research achievements. Some impacts of such vigorous improvement initiatives have already been felt University-wide and have resulted in a significantly improved international standing where KSU is currently ahead of all Saudi, Gulf and Arab universities in three major academic rankings, namely Webometrics, QS Time, and Shanghai Jiatong. Noting the documented results from various professional tests (e.g. medical and accounting professional tests), the KSU graduates are currently rated the best across the Kingdom. Furthermore, KSU graduates constitute the highest rate among Saudi universities in regard to both admission and degree completion at international leading universities at part of the King Abdullah Scholarship Program. The KSU TA’s studying abroad for Master and Ph.D. degrees have been noted for their outstanding performance and competitive status. Many of these graduates are returning to constitute a highly skilled workforce at the University.

- These graduates are supported by the drive to develop the human skills and knowledge in society through a Science Park that includes:
  1) The Riyadh Techno Valley Project (RTV).
  2) Research Excellence Centres.
  3) Satellite Labs.
  4) Technology Incubators.

- KSU has recognized the importance of Strategic Planning and Management and has made milestone achievements in this regard, including the development of the KSU 2030 Strategic Plan, which has resulted in newly established implementation entities such as the University Advisory Council, Project Management Office as well as new streamlined university organization structure. In addition, KSU has completed an ambitious project to develop procedure manuals for all academic units, which would enhance and streamline various administrative processes at the University. KSU has also established the new administrative system Madar, which has—to a great extent—facilitated information exchange within the University and automated performance statistics and report generation services. Furthermore, the University has actively encouraged all units within its campus to obtain the ISO 9001 as a quality assurance measure. Extensive discussions on the University strategic directions have taken place across KSU at all levels, including a specific invitation by the Rector to all faculty, students and staff to actively participate in the quality improvement process currently taking place.

- In order to maintain the strategic focus and effectiveness in meeting its strategic objectives, KSU has exercised its leading role in deriving a national higher education initiative, which has resulted in the spin-off, in 2009, of three regional universities (Al-Kharj; Al-Majmaah and Shaqra) from the geographically distributed Colleges originally associated with KSU. Such undertaking has resulted in a leaner, more focused institution with more efficient academic programs.

- KSU has initiated several strategic infrastructure programs, with large investments, in order to position itself—as a leading regional and international institution—and to better deal with the associated challenges and competitions. In this regard, the University has initiated a large
endowment fund program toward being self-sufficient in terms of undertaking high-investment projects. Fifteen percent of the endowment income has been designated for the College of Medicine.

- Quality Management has also been placed top on the agenda of KSU, which reflects its continual strive for excellence. In this respect, several far-reaching accomplishments have been realized, including (1) the development of the KSU Quality Governance Structure, (2) the development of the Quality Model for KSU (a pioneering original work by KSU which has been presented at international conferences and submitted for journal publication), (3) the implementation of the KSU–QMS, (4) completion of the KSU-KPI project which yielded an innovative KPI map providing measures of performance for all activities at the University (academic, financial, management, customer, etc.), (5) the development of the Management Information System (MIS), and (6) the launch of the Data Warehouse Project, which ensures active participation by various departments within KSU in the performance data compilation and assessment.

At the level of the College of Medicine:

- The introduction of the new skills lab in its present temporary form and the approval and beginning of the construction of the new state of the art skills lab has offered a new opportunity to train our under and postgraduate students as skills lab sessions are now integrated in the formed curriculum. This has added a significant learning advantage to our curriculum. In addition, the skills lab is now utilized in OSCE exams for clinical years instead of using the clinical areas as previously conducted.

- The university has created a designated Vice Dean in each college for quality and development. In the college of Medicine this has been created in July 2008. The Vice Dean is responsible for all quality assurance and management activities whether in the college or hospital. A full academic quality unit has been created and is staffed currently with a director, a consultant, and two coordinators.

- The College made a milestone step by establishing the Academic Medical Education Department. This, long awaited move, greatly enhanced and improved our curriculum. The medical education department with help of the curriculum committee and supervision by the Vice Dean for Academic Affairs who supervises all aspect of medical education in the college from learning outcomes, to learning methods, curriculum, and assessment. It also, contributes to faculty development. This department (only 1 year old now) has been able to recruit more that 15 staff and the department is now well established. All curriculum issues are now centralized and coordinated through this department. There is wide spread support and cooperation from all departments with this new strategy.

- The College has supported many members of the staff to enrol in formal medical education training. In addition to the 9 members of the academic staff who are formally trained in medical education either though a diploma or master degree, the medical education department hired 3 medical education staff one professor from Sydney (Australia), Assistant medical education from Ankara and one staff member (Master medical education - Dundee).

- The university has totally reformed the pre-medical year in a way that helps to stratify the deficiency in educational skills that has previously been a problem. The reformed pre-med
year curriculum strongly emphasises on providing students with learning skills they need during their medical school years.

- Huge emphasis, expansions, and funding are being provided for research in the University in the last year. The portion allocated for the College of Medicine has been large. In addition, there has been significant extra funding for research from King Abdul Aziz city for Science and Technology. Funding of the research centre in the college has also increased especially in the form of new research supporting staff jobs

3. **Implications for changes that may be required in the mission and goals, content, or methods of delivery of the program as a result of changes noted under 1 and 2.**

1) Significant reform of the curriculum by introducing a system based integrated block system.
2) Introduction of self directed learning.
3) Introduction of small group teaching.
4) Introduction of three new longitudinal courses: learning skills, professionalism, and medical informatics.
5) Integration with the skills lab.
6) Completion of course specifications and reports of most courses.
7) Major renovations of the medical library.
8) Introduction of an e-learning system.
9) Reduction in the number of students per year from 350 to 250 to improve quality and optimize student staff ratio.
10) Expansion and reform of the Postgraduate Education Centre.
11) Creation of the research chairs and centres of excellence.
12) A very active faculty development program has been initiated. This is supervised by the faculty development unit.
13) The approval of the Prince Naif Medical Research centre (a large core facility for biomedical research).
14) Development of a wide spectrum quality system.
15) Expansions in the college space and facilities.
16) Expansions in the hospitals space and facilities.

**E. Program Developments**

1. **Summary of changes made in the program**

The program was developed after an extensive research done by the curriculum committee. The curriculum committee undertook the responsibility to debate and to discuss the reformed curriculum. During the exercise, the committee members visited well known institutes including University of Toronto; University of Ottawa; University of Manchester; University of Otago; and Gulf University in Bahrain. This provided the committee with an opportunity to observe the different medical curricula and to design the curriculum based on the best available evidence. In addition, well-renowned, international consultants were invited to participate in the planning of the program development. Some of the international consultants include: Dr. David Cook - the University of Alberta, Dr. Zubair Amin - National University of Singapore and Professor Karim Qayumi - University of British Columbia, Canada. The planning process was based on the need and benchmarking with international institutions. Later the processes of program delivery was
developed and followed by execution and continual assessment of the effectiveness of our program as well as our teaching means.

Some changes in approaches to teaching had been introduced gradually:

- Preparation of year one and two courses (blocks) by medical education department to become an integrated program rather than separate subjects that allow students to be self learners and to develop capabilities in problem solving, communication and leadership skills
- Establishment of skill lab
- Introduction of simulated patients in OSCE to overcome shortage in clinical cases

2. Statistical summary (Provide figures beginning with the current year and for the previous four years)

<table>
<thead>
<tr>
<th>Year</th>
<th>Students Commencing</th>
<th>Students Completing</th>
<th>Apparent Completion Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008-2009</td>
<td>328</td>
<td>284</td>
<td>86%</td>
</tr>
<tr>
<td>2007-2008</td>
<td>313</td>
<td>277</td>
<td>88%</td>
</tr>
<tr>
<td>2006-2007</td>
<td>326</td>
<td>270</td>
<td>82%</td>
</tr>
<tr>
<td>2005-2006</td>
<td>340</td>
<td>250</td>
<td>73%</td>
</tr>
<tr>
<td>2004-2005</td>
<td>340</td>
<td>250</td>
<td>73%</td>
</tr>
</tbody>
</table>

3. Year to year progression rates. (Latest year)

Commenced in Year 1 and continued to commence in Year 2: 96%
Commenced in Year 2 and continued to commence in Year 3: 97%
Commenced in Year 3 and continued to commence in Year 4: 98%
Commenced in Year 4 and continued to commence in Year 5: 97%

Comment on trends in year to year progression rates: None

4. Comparison of planned and actual enrolments

<table>
<thead>
<tr>
<th>Year</th>
<th>Planned Enrolments</th>
<th>Actual Enrolments</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008-2009</td>
<td>250</td>
<td>328</td>
</tr>
<tr>
<td>2007-2008</td>
<td>250</td>
<td>313</td>
</tr>
<tr>
<td>2006-2007</td>
<td>250</td>
<td>326</td>
</tr>
<tr>
<td>2005-2006</td>
<td>250</td>
<td>340</td>
</tr>
<tr>
<td>2004-2005</td>
<td>250</td>
<td>340</td>
</tr>
</tbody>
</table>

After the self assessment report in 2008 and because College was totally certain that the ideal number of students was around 250. The University honored this and the number of students was reduced in the year 2010 to 250 students.
F. Program Evaluation

1. Evaluation in Relation to Goals and Objectives for Development of the Program

(i) Strategic objective

To develop doctors who possess knowledge, skills and attitudes that will insure that they are competent to practice medicine safely and effectively

Desired benchmark or standard of performance

In terms of knowledge:
Graduates completing our program will have sufficient knowledge in the following:

1) Scientific method relevant to biological, behavioral and social sciences at a level sufficient to understand the basis for present medical practice and to assimilate the advances in knowledge that will occur over their careers.
2) The normal structure, function and development of the human body and mind at all stages of life, the interactions between body and mind, and the factors that may disturb these.
3) The etiology, pathology, symptoms and signs, natural history and prognosis of common mental and physical ailments in children, adolescents, adults and the aged.
4) Common diagnostic procedures, their uses and limitations.
5) Management of common conditions including pharmacological, physical, nutritional and psychological therapies.
6) Cultural and social factors affecting human relationships, the psychological well-being of patients and their families, and the interactions between humans and their social and physical environment.
7) The principles of ethics that relate to health care and the legal responsibilities of the medical profession.

Objectives relating to skills:
Graduates completing our program will have developed the following skills to an appropriate level for their stage of training:

1) The ability to take a tactful, accurate, organized, and problem-focused medical history.
2) The ability to perform an accurate physical and mental state examination.
3) The ability to choose the appropriate and practical clinical skills to apply in a given situation.
4) The ability to interpret and integrate the history and physical examination findings to arrive at an appropriate diagnosis or differential diagnosis.
5) The ability to select the most appropriate and cost effective diagnostic procedures.
6) The ability to formulate a management plan and to plan management to concert with patient.
7) The ability to communicate clearly, considerately and sensitively with patients, relatives, doctors, nurses, other health professionals and the community.
8) The ability to counsel sensitively and effectively and to provide information in a manner that ensures patients and families can be truly informed when consenting to any procedure.
9) The ability to recognize serious illness and to perform common emergency and life-saving procedures such as caring for the unconscious patient and cardiopulmonary resuscitation.
10) The ability to interpret medical evidence in a critical and scientific manner and to use libraries and other information resources to pursue independent inquiry relating to medical problems.

Objectives relating to attitudes as they affect professional behavior:

During basic medical education, students should acquire the following professional attitudes, which are regarded as fundamental to medical practice:

1) Respect for every human being with an appreciation of the diversity of human background and cultural values.
2) An appreciation of the complexity of ethical issues related to human life and death including the allocation of scarce resources.
3) A desire to ease pain and suffering.
4) An awareness of the need to communicate with patients and their families and to involve them fully in planning management of their condition.
5) A desire to achieve the optimal patient care for the least cost to allow maximum benefit from the available resources.
6) Recognition that the health interests of the patient and the community are paramount.
7) A willingness to work effectively in a team with other health care professionals.
8) An appreciation of the responsibility to maintain standards of medical practice at the highest possible level throughout a professional career.
9) An appreciation of the need to recognize when a clinical problem exceeds their capacity to deal with it safely and efficiently and of the need to refer the patient for help from others when this occurs.
10) A realization that it is not always in the interests of patients or their families to do everything which is technically possible to make a precise diagnosis or to attempt to modify the course of an illness.

Result Achieved

- Ratio of students to teaching staff (4/1)
- The overall rating of graduates on the quality of their program from answering the question I am satisfied with my experience in this college (3.7/5 satisfaction)
- The overall rating of graduates on the quality of their program from answering the question Learning sources were known to me and available (3.6/5 satisfaction)
- The overall rating of graduates on the quality of their program from answering the question I received appropriate Academic guidance when I needed it (3.3/5 satisfaction)
- Employers of our students rate our students highly in annual surveys when answering the question I am generally satisfied with the level of your graduates (3.7/5 satisfaction)
- Our staff are among the best in the country in terms of Saudi Licensing exam results held annually by the Saudi Commission for health specialties (Annex F.1.1)
- Our graduates achieve results comparable to all first time takers of the Medical Council of Canada Evaluation Exam (Our graduates overall pass rate = 83% (n=78) vs. 87% of all worldwide first time exam takers (n=2250) (Annex F.1.2)
Comment
The learning resources and academic guidance need continuous monitoring and improvement.

(ii) Strategic objective
To ensure that graduates have appropriate foundation for lifelong learning and further training in any branch of Medicine.

Desired benchmark or standard of performance
- To be able to enrol in postgraduate studies or residency and fellowship programs without difficulty
- To be able to pass foreign residency and fellowship examinations
- To be able to use e-learning resources

Result Achieved
- The overall rating of graduates on the quality of their program from answering the question *I am satisfied with my experience in this college* (3.7/5 satisfaction).
- The overall rating of students on the quality of small group sessions from answering the question *the activities taught me life-long learning* (86.8% satisfaction).
- Employers of our students rate our students highly in annual surveys when answering the question *they have the ability to reach medical information from its sources* (4/5 satisfaction).
- Employers of our students rate our students highly in annual surveys when answering the question *they have the ability to self develop* (4.2/5 satisfaction).
- Around 20% of our graduates go abroad for postgraduate and residency training. They are regarded by international centres as the best of all Saudi graduates as evident by the acceptance rates and recommendation letters.
- Pass rates of our graduates abroad in residency training programs in Royal College exams is comparable to local candidates (Annex F.1.3).

(iii) Strategic objective
To help graduates develop to be critical thinkers and problem solvers when managing health problems in the community of Saudi Arabia.

Desired benchmark or standard of performance
- To be able to solve clinical patient problems in a systematic and reasonable way.
- To be able to explore the mechanisms of disease.
- To be creative in approaching medical community issues.

Result Achieved
- The overall rating of graduates on the quality of their program from answering the question *Studying here helped me think and solve problems* (3.95/5 satisfaction).
- The overall rating of graduates on the quality of their program from answering the question *Studying here helped me be a better communicators and team player* (3.78/5 satisfaction).
• The overall rating of students on the quality of small group sessions from answering the question *these activities helped me to improve my ability to think and solve problems rather than just memorizing information* (92.5% satisfaction).
• Employers of our students rate our students highly in annual surveys when answering the question *they have the ability to think and analyze* (3.8/5 satisfaction).

Table F.1: Key Performance Indicators

<table>
<thead>
<tr>
<th>Standard/Broad Area</th>
<th>Domain</th>
<th>Key Performance Indicator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mission, Goals and Objectives</td>
<td>Awareness of the vision, mission and objectives among the college</td>
<td>The average ratings of staff to the question <em>I know the vision, mission, and objectives of the college</em> in the staff satisfaction survey. The average ratings of graduate to the question <em>I know the vision, mission, and objectives of the college</em> in the graduate satisfaction survey.</td>
</tr>
<tr>
<td></td>
<td>Sharing of staff in setting the vision and mission</td>
<td>The average ratings of staff to the question <em>I am involved in setting the college’s mission and vision</em> in the staff satisfaction survey.</td>
</tr>
<tr>
<td></td>
<td>Mission guiding daily activities</td>
<td>The average ratings of staff to the question <em>The mission guide/influence my daily activities</em> in the staff satisfaction survey.</td>
</tr>
<tr>
<td>Program Administration</td>
<td>Staff satisfaction</td>
<td>The average ratings of staff to the questions (in staff satisfaction survey) a) <em>The administration is understanding and cooperative</em> b) <em>I can easily reach the administration</em> c) <em>The head of my department is understanding and cooperative</em> d) <em>can easily reach the head of my department</em></td>
</tr>
<tr>
<td>Management of Quality Assurance and Improvement</td>
<td>Overall students satisfaction with the quality of learning</td>
<td>The average rating of the overall quality of their program from answering the question in graduate evaluation survey.</td>
</tr>
<tr>
<td></td>
<td>Students involvement in program evaluation</td>
<td>Proportion of courses in which student evaluations were conducted during the year.</td>
</tr>
<tr>
<td></td>
<td>Ensuring courses and program improvement</td>
<td>Proportion of course reports conducted by the departments.</td>
</tr>
<tr>
<td>Learning and Teaching</td>
<td>Appropriateness of students/staff ratio</td>
<td>Ratio of students to teaching staff.</td>
</tr>
<tr>
<td></td>
<td>Students satisfaction</td>
<td>The overall rating on the quality of their courses from answering the question <em>I am happy with this course in general</em> in the course evaluation survey.</td>
</tr>
<tr>
<td></td>
<td>Quality of teaching staff</td>
<td>Proportion of teaching staff with verified doctoral qualifications.</td>
</tr>
<tr>
<td>Category</td>
<td>Description</td>
<td>Details</td>
</tr>
<tr>
<td>--------------------------------</td>
<td>------------------------------------------------------------------------------</td>
<td>-----------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Students progress in the program</td>
<td>Proportion of teaching staff trained in medical education</td>
<td>Percentage of students entering programs who successfully complete first year.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Proportion of students entering undergraduate programs who complete those programs in minimum time.</td>
</tr>
<tr>
<td>Postgraduate performance</td>
<td>Proportion of students entering post graduate programs who complete those programs in specified time.</td>
<td></td>
</tr>
<tr>
<td>Student Administration and Support Services</td>
<td>Appropriateness of students/ administrative staff ratio</td>
<td>Ratio of students to administrative staff</td>
</tr>
<tr>
<td></td>
<td>Overall students satisfaction with the academic guidance and supporting services</td>
<td>The average rating on the adequacy of academic and career counselling from answering the question <em>I received appropriate Academic guidance when I needed it</em> in graduate evaluation survey</td>
</tr>
<tr>
<td></td>
<td></td>
<td>The average rating by students to the question: <em>Students supporting services are adequate</em> in graduate evaluation survey</td>
</tr>
<tr>
<td>Learning Resources</td>
<td>Students satisfaction with the adequacy and appropriateness of learning resources</td>
<td>The average rating by the students to the question: <em>The learning resources are adequate</em> in course evaluation survey</td>
</tr>
<tr>
<td></td>
<td></td>
<td>The average rating by the graduates to the question: <em>Learning sources were known to me and available</em> in graduate evaluation survey</td>
</tr>
<tr>
<td></td>
<td></td>
<td>The average rating by the students to the question: <em>The learning resources were appropriate and useful</em> in course evaluation survey</td>
</tr>
<tr>
<td></td>
<td>Students and staff satisfaction with the library services</td>
<td>The average rating by graduates to the question: <em>The library facilities were adequate</em> in graduate and intern evaluation surveys</td>
</tr>
<tr>
<td></td>
<td></td>
<td>The average rating by staff to the question: <em>The library services are appropriate</em> in staff evaluation survey</td>
</tr>
<tr>
<td>Facilities and Equipment</td>
<td>Staff and graduate satisfactions</td>
<td>The average overall rating by the staff to the questions:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>a) <em>I am satisfied with the available student services</em></td>
</tr>
<tr>
<td></td>
<td></td>
<td>b) <em>The audiovisual aids in the lecture halls are appropriate</em></td>
</tr>
<tr>
<td></td>
<td></td>
<td>c) <em>The lecture halls are appropriate</em></td>
</tr>
</tbody>
</table>
in staff evaluation survey

The average overall rating by the students to the questions:

a) *The Audiovisual educational aids were suitable*

b) *Lecture halls were suitable and comfortable*

in graduate evaluation survey

<table>
<thead>
<tr>
<th>Faculty and Staff Employment Processes</th>
<th>Proportion of teaching staff leaving the institution in the past year for reasons other than age retirement.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Proportion of teaching staff participating in professional development activities during the past year.</td>
</tr>
<tr>
<td></td>
<td>Proportion of Academic staff participating in professional development activities during the past year.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Research</th>
<th>Quality of research</th>
<th>Number of publications in reviewed journals in the previous year per full time member of teaching staff.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Proportion of full time member of teaching staff with at least one publication in reviewed journals during the previous year.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Number of papers or reports presented at academic conferences during the past year per full time members of teaching staff</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Research support</th>
<th>Research income from external sources in the past year as a proportion of the number of full time teaching staff members.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Community Service</th>
<th>Level of community services</th>
<th>Proportion of full time teaching and other staff actively engaged in community service activities.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Number of community education programs provided as a proportion of the number of departments.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Percentage of students involved in awareness campaigns/research directed to community health</td>
</tr>
</tbody>
</table>

2. *Effectiveness of Program Improvement Initiatives*

1) Development workshops for teaching staff in different areas:
2) Curriculum development
3) Assessment methods
4) Establishment of comprehensive system for courses evaluation
5) Introduction of simulation technology in clinical training
6) More development of the skill lab
All these priorities are under progress and they will be completed by the end of 2010 as planned in the last program report 2009

Annexes

- Annex F.1.1: Saudi Licensing Exam Results
- Annex F.1.2: Medical council of Canada Evaluation Exam
- Annex F.1.3: Royal College Exams for residency
G. Evaluation in Relation to Quality Standards

Standard 1: Mission and Objectives (Overall Rating Four Stars)

The mission of the program must be consistent with that for the institution and apply that mission to the particular goals and requirements of the program concerned. It must clearly and appropriately define the program’s principal purposes and priorities and be influential in guiding planning and action.

Explanatory note about development and use of the mission

Introduction:

The college of Medicine at King Saud University serves three main purposes: medical education (undergraduate, postgraduate, and continuance medical education), research, and healthcare. It is through these three main arms that we serve the community and promote wellness and health.

And so the mission of the college is:

- To **educate** and **train** future healthcare professionals in an innovative learning environment.
- To explore new areas of research and produce significant scientific contributions to the world.
- To **provide** high quality and compassionate healthcare to the Saudi community.
- To **integrate** education, research, and healthcare in an inclusive environment.

The mission of the undergraduate program is: To prepare physicians who would be able to meet and respond to the changing health care needs and expectations of the Saudi Arabian community.

The vision of the college is:

To be a leading medical school and health care provider, that has a major impact on the health of the Saudi community and contributes significantly to the science and practice of Medicine worldwide.

The identified values are:

- Creativity
- Excellence
- Teamwork
- Honesty
- Accountability
- Lifelong learning

The mission of the college is translated into 10 strategic priorities for the years 2010-2013 for the college and 10 strategic priorities for the hospitals. The strategic priorities for the college are:

1) Develop our curriculum to be consistent with the best medical education standards.
2) Improve student- supporting services and optimize staff-to-student ratio.
3) Improve the recruitment and retention of distinguished academic staff.
4) Develop effective faculty development and evaluation programs.
5) Encourage individual variation in domains of excellence by allowing different academic tracks.
6) Improve the quality of postgraduate training programs.
7) Integrate research in residency training programs and establish formal research degrees.
8) Establish and improve research facilities and supporting services.
9) Develop a mechanism to best utilize national and international collaboration agreements.
10) Identify and support areas of excellence in medical research.

As an integral part of King Saud University our vision, mission, and values had to be integrated with the same for KSU.

The vision and mission of King Saudi University are:

**Vision:** To be a world-class university and a leader in building the knowledge-based society.

**Mission:** To provide distinctive education, produce creative research, serve society and contribute in building the knowledge-based economy and community through learning, a creative thinking environment, an optimal use of technology, and effective local and international partnerships.

The strategic priorities for KSU are:

1) Advance in international ranking by comprehensively strengthening the University with academic areas of research and teaching excellence, which is often summarized in the slogan “Good everywhere, great in focus areas.”
2) Attract and develop distinctive faculty.
3) Achieve quality needed by reducing KSU’s student volume, increase the share of graduate students and raise entry requirements.
4) Enable KSU students to learn hard and soft skills throughout their academic life.
5) Build bridges internally within KSU and externally with local and international groups.
6) Create an engaging environment at KSU for faculty, students, and staff.
7) Build KSU’s endowment and diversify sources of funding.
8) Create a performance contract with the government.
9) Establish an organization and governance model that supports KSU’s Mission.

**Description of the process for investigation and preparation of report on this standard**

- The committee reviewed the process by which the mission was created and its relevant documents in details. Some members in the SSR team have been members of the strategic plan team.
- The committee has seen the mission and vision clearly displayed in the college and hospital main locations and the college website.
- The committee has seen the mission clearly stated in the orientations manuals of staff, students, and new employees.
- The committee has seen rates of response to the question: “Do you know the mission of the college”.

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Report on subsections of the standard

1.1 Appropriateness of the Mission

The college mission is clear and exactly described what this organization is meant to do. It clearly outlines the three functions through which we serve the community which are the education and production of future healthcare professionals, the direct and indirect healthcare services, and the research that will eventually improve health care. The vision, mission, and values are all directly related to our community needs and the role that we serve in the community in terms of healthcare, medical education, and research.

The undergraduate program’s mission clearly identifies the changing nature of healthcare needs of the Saudi community. With a rapidly growing population and diversity of nationalities and ethnic backgrounds medical practice is challenging. Diseases faced by future doctors include diseases seen in developing as well as developed countries. With increasing awareness and modernization, issues of health prevention and education are becoming of increased importance.

The mission and vision is very tightly related to the KSU mission and vision. Through innovative education, world class research, and high quality healthcare we can achieve the vision of KSU by contributing in building the knowledge based economy that our country greatly needs.

When the strategic objectives of our college and university hospitals were mapped against the strategic objectives of KSU there was a very significant match (Table G.1.1 and G.1.2).

Table: G. 1.1: Mapping of College of Medicine Strategic objectives against KSU Objectives
The mission, vision, and values are well communicated and visible in most locations in the college and hospital. Multiple open sessions has been organized to familiarize our staff about this mission. It is also clearly posted on the college website. This mission enjoys wide awareness from staff and students as evident by the results of related questionnaires (Table G.1.1.3)

<table>
<thead>
<tr>
<th>Awareness of the mission and objectives</th>
<th>Staff</th>
<th>Students</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly agree</td>
<td>14%</td>
<td>2%</td>
</tr>
<tr>
<td>Agree</td>
<td>43%</td>
<td>34.7%</td>
</tr>
<tr>
<td>True sometimes</td>
<td>22%</td>
<td>36.7%</td>
</tr>
<tr>
<td>Disagree</td>
<td>14%</td>
<td>18.4%</td>
</tr>
<tr>
<td>Strongly disagree</td>
<td>7%</td>
<td>8.2%</td>
</tr>
</tbody>
</table>
1.2 Usefulness of the Mission Statement

The mission reminds all staff and students of the three main community services that we provide namely education, research, and healthcare. In response to this mission, the strategic objectives for the college in the next three years have been formed to cover all three aspects. In response to the program mission many changes in the curriculum have been done recently. For example: three courses that would prepare the students for the future challenges and needs for the Saudi community were added namely: learning skills, professionalism, and health informatics. In addition, more emphases on research have been added in the fact that the official research course was increased from two credit hours to six. Furthermore, significant student research programs have been encouraged and students are now commonly involved in research projects that end up in publications (Annex G.1.2.1) The course of professionalism contains many issues and areas that are not covered by the traditional courses and topics like: end of life issues, patient safety, alternative medicine, informed consent, balancing work and family, health promotion, smoking cessation and so many others topics that will be useful and important for the future doctor.

The college stressed the importance of integrating education with research and healthcare. This is best exemplified by the utilization of many research chairs. For example Sheik Bahmadan chair for evidence based medicine provides many courses in evidence based medicine and knowledge transfer to students, residents and healthcare professionals, perform research and help researchers evaluate studies and compile meta-analyses and systematic reviews and also helps healthcare teams and health accreditation teams in choosing, formulating, and practicing clinical practice guidelines in various branches of Medicine (Annex G.1.2.2).

1.3 Development and Review of the Mission

The college have assigned a special committee to work on development of the strategic plan for the college and the hospital. This committee has worked for almost 8 months to formulate the first draft of the plan. Included in this plan and as part of its creation, the mission of the college and program was defined (Annex G.1.3.1).

The college have assigned a special unit for strategic planning head by a fulltime director.

The strategic plan including the mission will be evaluated every 3 years.

A summary as well as a detailed explanation of the process is described in the strategic plan document.

The mission statement is specific enough to guide to decision-making and choices among alternative planning strategies.

The strategic plan (including the mission) has been formulated with wide consultation and participation of all stakeholders. A formal SWOT analyses, as well as, many meetings and interviews were undertaken with students, staff, nurses, employees, and faculty. In addition, all relevant external stakeholders and patients were consulted including: the Ministry of Health, the Saudi Commission for Health Specialties, the university officials, some other healthcare organizations in Riyadh, and members of the private healthcare system.

The plan and mission was discussed in detail in all departments and approved by Department Council.
The strategic plan was approved by both the college and hospital boards and by the university. Benchmarking of the mission and key indicators was undertaken with three Canadian Universities (UBC, McGill and Ottawa) as well as Manchester University - UK. The plan has been reviewed by an international expert.

1.4 Use Made of the Mission Statement

The most salient feature of the “Use Made of the Plan” is the Strategic Objectives that are guided by the Mission Statement. The Mission Statement together with these objectives help in materializing KSU’s vision to become world-class educational leader that offers national as well as international services. This is done via fostering learning and creative thinking environments and supporting an optimal use of technology while maintaining effective international partnerships further fuelling KSU ambitions and aspirations in all fields.

At the college level refer to standard 1.3.

1.5 Relationship Between Mission Goals and Objectives

It is clearly evident that the mission of the program is reflected on the main program objectives which are:

- To develop doctors who possess knowledge, skills and attitudes that will insure that they are competent to practice medicine safely and effectively.
- To ensure that graduates have appropriate foundation for lifelong learning and further training in any branch of Medicine.
- To help graduates develop to be critical thinkers and problem solvers when managing health problems in the community of Saudi Arabia.

In order to prepare physician to meet the needs and expectations of the healthcare system of the future doctors must possess knowledge, skills, and attitudes that define their basic competency. In order to meet rapid changes in the healthcare needs of very vibrant Saudi community physicians need to be able to continuously learn and develop themselves to adopt and accommodate new changes in knowledge technology, and best practices. For that to be possible graduates must develop the skill of critical thinking and problem solving abilities. All these objectives will all prepare the student to be a physician who will be able to meet the needs, changes, and challenges of the future of the healthcare in Saudi Arabia which is the mission of the program.

Key Performance Indicators considered:

<table>
<thead>
<tr>
<th>Awareness of the vision, mission and objectives among the college</th>
<th>The average ratings of staff to the question I know the vision, mission, and objectives of the college in the staff satisfaction survey</th>
</tr>
</thead>
<tbody>
<tr>
<td>The average ratings of graduate to the question I know the vision, mission, and objectives of the college in the graduate satisfaction survey</td>
<td></td>
</tr>
<tr>
<td>Sharing of staff in setting the vision</td>
<td>The average ratings of staff to the question I am</td>
</tr>
</tbody>
</table>
and mission

| Mission guiding daily activities | The average ratings of staff to the question *The mission guide/influence my daily activities* in the staff satisfaction survey |

**Evaluation of Quality of Mission and Objectives**

**Strengths**

1) The vision, mission, and values are clear and appropriate.
2) The mission captures the three main function of the college.
3) The mission is aligned with the university mission.
4) The mission has been developed after wide consultation with internal and external stakeholders.
5) The mission is well disseminated in the college.
6) The mission has been the bases of a full strategic and operational plan.

**Areas for improvement**

1) More benchmarking of indicators from the operational plan needs to be done.
2) There is a need to find more ways to express the mission in daily activities.
3) Some staff members expressed competition between different arms of the mission.
4) The involvement of KSU’s alumni as links with the job market so as to better prepare KSU’s students for workforce.

**Priorities for action**

1) Provide support for the Strategic Plan to activate its responsibilities toward the strategic objectives and to facilitate cooperation with students, staff and faculty initiatives relating to promotion of the public awareness of college vision and mission.
2) Coordinate with external community organizations to increase the society involvement in college mission implementation and Strategic Plan.
3) Utilization of students and college alumni in promoting the college vision and mission.

**Annexes**

Annex G.1.2.1: Students’ Research Report
Annex G.1.2.2: Sheik Abdullah Bahamdan Research Chair for Evidence Based Medicine
Annex G.1.3.1: Strategic Plan Document
Standard 2 Program Administration (Overall Rating Four Stars)

Program administration must provide effective leadership and reflect an appropriate balance between accountability to senior management and the governing board of the institution within which the program is offered, and flexibility to meet the specific requirements of the program concerned. Planning processes must involve stakeholders (e.g. students, professional bodies, industry representatives, teaching staff) in establishing goals and objectives and reviewing and responding to results achieved. If a program is offered in sections for male and female students resources for the program must be comparable in both sections, there must be effective communication between them, and full involvement in planning and decision making processes. The quality of delivery of courses and the program as a whole must be regularly monitored with adjustments made promptly in response to this feedback and to developments in the external environment affecting the program.

Explanatory note about program administration arrangements

The main governing body of the college is the College Board. It is chaired by the Dean and members include the Vice Deans and all Departments Chairmen (Annex G.2.0.1). All major issues are discussed in details during a monthly meeting and decisions are reached voting.

The leadership were trained and obtained degrees in several aspects to deepen their abilities as visionaries, leaders and managers (Annex G.2.0.2). They have been working to provide effective leadership in the interest of the college through policy development and accountability processes. Policies and regulations have been adopted to lead the activities of the college effectively within a clearly defined governance structure. KSU as a whole upholds and protects its integrity by abiding by the laws and regulations. Integrity is further ensured by follow-up systems and internal financial auditing.

Description of the process for investigation and preparation of report on this standard

The SSR Committee has carried out the following:

- Interviewing samples of faculty members and employees.
- Examining the records and reports for related events and committees, the Colleges Annual Report 2008- 2009 and job descriptions.
- Examining University and College Strategic Plans.
- Examining samples of documents from departments (committee minutes, decisions, missions and goals, plans, etc.) and data available at the college website.
- Completing self evaluation scales based on results of indicators and information available, and identifying strengths, weaknesses, and priorities for improvement.
- Referring to the previous SSR for comparison and identifying progress made this year.
- Referring to the report of the external reviewers, and action plan responding to their recommendations.

Use of evidence

1) The level of inclusion of clear responsibilities and accountability mechanisms and processes for performance evaluation in position descriptions and formulation of major committees.
2) Administrative organizational charts.
3) Job description of administrative personnel.
4) Policies, by-laws, rules and regulations of different sectors/situations which are available on the University/College websites.
5) CV’s of senior management personnel available at the University websites.
6) Annual Institutional report of achievements in administration, teaching, research and community service.
7) Surveys conducted to record views and good practice in governance and administration.
8) Documents of the Skills Development Deanship showing workshops for senior managers and number of managers attending the events.
9) The extent to which objectives set in annual operating plans are achieved.

Key Performance Indicators considered

The average ratings of staff to the following questions in staff satisfaction survey

1) The administration is understanding and cooperative.
2) I can easily reach the administration.
3) The head of my department is understanding and cooperative.
4) I can easily reach the head of my department.

Report on subsections of the standard

2.1 Leadership

The organizational structure of College is shown in figure G.2.1.1. The University provides strong support for leadership development. Chairmen & Deputy Chairmen of Departments and other academic administrators attend several Leadership Development Programs arranged by the Skills Development Deanship, and new staff members participate in the New Staff Members Program (Annex G.2.1.1). Departments also encourage leadership development through various teams and committees within their structure. Leadership experiences are available to students through organizations in student life and implementation of a Class Leader System.

Formal appointment procedures are followed for Deans, Vice Deans and Department Chairmen through selection committee based on clear guidelines (Annex G 2.1.2). A new procedure of delegation of authority at all levels of KSU’s management has been developed and approved (Annex G.2.1.3). The responsibilities of Deans and Department Heads are clear to every one of them and detailed in their job description, which provide full explanation of their roles and responsibilities and is updated every two years (Annex G.2.1.4). In addition, development programmes are available for senior academic managers in the form of specific management training programs and professional development initiatives.
2.2 Planning Processes

The college has assigned a special unit for strategic planning headed by a fulltime director and a comprehensive strategic plan has been developed. It has been approved by both the college and hospital boards and by the university. The strategic plan (including the mission) has been formulated with wide consultation and participation of all stakeholders. A formal SWOT analyses, as well as, many meetings and interviews were undertaken with students, staff, nurses, employees, and faculty. In addition, all relevant external stakeholders were consulted including: the Ministry of Health, the Saudi Commotion for Health Sciences, the university officials, some other healthcare organizations in Riyadh, and members of the private healthcare system. The approved strategic plan is available on the college web site. The plan and mission were discussed in details in all departments and approved by Department Boards. Benchmarking of the mission and key indicators were undertaken with three Canadian Universities (UBC, McGill and Ottawa) as well as Manchester University-UK. The plan has also been reviewed by an international
expert Dr. Steve Watson (Professor of Strategic Planning – University of Oklahoma) (Annex G.2.2.1).

2.3 Relationship between Sections for Male and Female Students

According to the Rector’s decision in May 2008, the beginning of the academic year 2008-2009, female faculty members participate in Department, College and University Councils with their male counterparts, sharing in decision making and voting (Annex G.2.3.1).

At the College level, by the commencing of the forthcoming academic year all our students share the same facilities with no segregation. Currently, only 2nd year female students are based at Malaz with complete coordination and compatibility with the main Campus.

2.4. Integrity

KSU upholds and protects its integrity by abiding by the laws and regulations of the Civil Service Laws, the Ministry of Higher Education’s policies, bylaws and regulations, Financial Bylaws, Student Academic Regulations, and other governing and regulating bodies and guidelines (Annex G.2.4.1). Integrity is further ensured by follow-up systems and internal financial auditing (Annex G.2.4.2).

Departments uphold their integrity by ensuring that students are provided with a course syllabus that outlines the course expectations and grading procedures. Departments also ensure that faculty members understand academic polices. The College is responsive to student complaints and student/staff grievances through committees in colleges and students’ rights bylaws, which have established clear policies and procedures for student grievances (Annex G.2.4.3). In addition, the Dean and Vice Deans have generic email accounts that are widely accessible to students and are used to respond to their grievances—an issue which is given a high priority. In general there are periodic meetings between the Dean and Vice Deans and students in their locations to listen to their voices.

The Deanship follows an open-door policy (once a week). In addition, he holds an open meeting three times per academic year for all staff and employees to encourage them to discuss ideas, concerns or problems with their leadership. Furthermore, all employees are welcomed to provide ideas and input into college procedures, events and initiatives by contacting the appropriate committee, administrator or other governing body and to outline their weaknesses, strengths and futuristic visions for their departments/units. There is strong evidence that the administrators and others speaking on behalf of the university represent it honestly and accurately at both internal and external agencies.

2.5 Policies and Regulations

KSU policies and procedures delineate categories of rules and regulations in effect at the University at this time. All these policies are easily accessible on the University web site which falls in these categories a) Students affairs b) Financial affairs c) Faculty and d) Research, postgraduate studies and legations regulations. Regular updating of policies and regulations is required to accommodate the vision and aspiration of the Collage. Attempts to involve all staff members in reviewing the University’s regulations and policies have been issued by Ministry of Higher Education (Annex G.2.5.1).
Evaluation of Program Administration

There is obvious improvement since the last College self-study review. It is evident that the College has been improving its management and administrative structure and processes. Several initiatives, which are currently taking place, indicate that the College is keen on enhancing leadership through periodic re-training and performance evaluation mechanisms. The Strategic Plan is intended to push the College to an international status.

KSU’s policies and procedures delineate categories of rules and regulations in effect at the university. Deanships of the University are keen on promoting a positive organizational climate at the department level through specifying office hours for meetings with administrative staff, faculty members and students. Evidence also exists concerning female participation in decision-making. At all administrative levels there is a culture, encouraging initiatives and innovative ideas.

Strengths

1) KSU upholds and protects its integrity by abiding by the laws and regulations of the Civil Service Laws, the Ministry of Higher Education’s policies, bylaws and regulations, Financial Bylaws, Student Academic Regulations, and other governing and regulating bodies and guidelines. Integrity is further ensured by follow-up systems and internal financial auditing.

2) KSU’s policies and procedures delineate categories of rules and regulations currently in force at the University. All these policies are easily accessible on the University website, and fall into the following categories: Student affairs, financial affairs, Faculty, Research and postgraduate studies and delegation regulations.

3) Vice Deans, Departments ‘Vice Heads, Department Chairmen and other academic administrators attend several Leadership Development Programs arranged by Skills Development Deanship and new staff participate in Program of New Staff Members. In addition, establishment of clear policies and procedures for student/staff grievances.

4) The administrative structure of the college is well designed and defined with clear responsibilities, reporting lines, and authorities. All major positions have clear job descriptions. Likewise, all major committees have clear terms of reference. The Deanship follows an open-door policy that encourages staff to discuss ideas, concerns or problems with their managers. All employees are welcome to provide ideas in weekly meeting.

5) The leadership support for the program is evident and reflected in several decisions and actions for example: the creation and support of the Medical Education Department, the adoption of reformed educational methods, the creation of the skills lab and the introduction of the e-learning system. An important addition is the commencement of work on the new college building. This represents a state of the art extension of the current college with four dedicated educational floors with many lecture halls, small group discussion rooms, smart board facilities teleconferencing capabilities.

Areas for improvement

1) The need for periodic studies dealing with issues relevant to organizational climate, job satisfaction and confidence in future development.
2) Distinguished academic staff recognition system needs to be more wide scale better announced.
3) A well defined and formal risk management program is required.
4) Sufficient resources, to assist the leadership, are lacking in some areas e.g. supporting administrative staff and data management systems.

**Priorities for Action**

1) To put in place a proper and formal risk management program.
2) Creation of an efficient intranet system

**Annexes**

Annex G.2.0.1: Collage Governance body structure.
Annex G.2.0.2: CVs the Dean and Vice Deans of the Colleges.
Annex G.2.1.1: List of workshops for leaders and new academic staff (Skills Development Deanship).
Annex G.2.1.2: Policy of Deans’ and Department chairmen Nomination Committee.
Annex G.2.1.3: Delegation of Authority
Annex G.2.1.4: Job descriptions and duties of the Dean, Vice deans and department chairmen.
Annex G.2.2.1: External reviewers’ reports
Annex G.2.3.1: Decision of His Excellency the Rector in 5/1430H.
Annex G.2.4.1: Collection of all policies of the University and Civil Servant Laws.
Annex G.2.4.2: Sample of financial auditing documents (Finance Unit).
Annex G.2.4.3: Student rights bylaws.
Annex G.2.5.1: His Excellency the Rector generalization for all staff members to share suggestions in development of some University Policies
Standard 3: Management of Program Quality Assurance (Overall Rating Three Stars)

Teaching and other staff involved in the program must be committed to improving both their own performance and the quality of the program as a whole. Regular evaluations of quality must be undertaken within each course based on valid evidence and appropriate benchmarks, and plans for improvement made and implemented. Central importance must be attached to student learning outcomes with each course contributing to the achievement of overall program objectives.

Explanatory note on the quality assurance processes used in the program

The Quality management system, at the College of Medicine, is based on pillars:

- KSU’s Quality Management System (KSU-QMS).
- Internal Academic Quality management.

KSU’s quality management system (KSU-QMS);

Quality management and continuous improvements have been embraced at King Saud University by both management and faculty at all levels. In its quality commitment, a big leap forward was taken from January 2009 to June 2009 when the KSU Quality Committee set forth to develop and finalize its own IQA (Internal Quality Assurance) system in KSU’s drive towards quality education and the beginning of an ongoing effort of quality improvement. This resulted in the finalization of the IQA Handbook. Basically the IQA system uses the NCAAA as the blueprint to identify the 11 Standards and 58 Criteria as the main standards and criteria, with a change in the assessment methodology and approach in writing the reports of which the basic characteristics are summarized in Annex G.3.0.1. This introduction of the KSU – QMS lays a strong foundation for quality standards with continuous improvements and innovations that are expected to pervade all levels of operations in terms of both changes and culture. This momentum towards high quality standards is only now beginning and will undoubtedly grow through experience. The organizational aspects and the KPIs aspects are addressed in the later sections.

Internal Academic Quality management;

The Academic Quality Unit “AQU” under the leadership of the VDQD takes on the implementation of the KSU-QMS and self study, as part of the requirement of NCAAA. To guarantee smooth operation, the VDQD developed elaborate internal mechanisms and systems for each of the standards in the strategic plan. The Quality Unit is responsible for development, monitoring and implementing quality management procedures. The strong drive towards quality management and improvement is fully supported by the leadership.

Description of the process for investigation and preparation of report on this standard

The “SSR Committee” and the “AQU” reviewed program report, departmental course reports with emphasis on methods of continuous quality management. Similarly, the students’ course evaluation surveys were examined. All Quality Management files were assessed (Job descriptions, KPIs and policies and procedures and Quality report). All statistical data relating to the general and specific KPIs identified by the VDQD plans were reviewed. Previous SSR and strategic plans were inspected.
Key Performance Indicators considered

1) The average rating of the overall quality of the program by graduates answering the question in program evaluation survey.
2) Proportion of courses in which student evaluations were conducted during the year.
3) Proportion of course reports conducted by the departments.
4) Level of development achievement of internal QA systems and mechanisms which is part of the education management process.
5) Level of Internal Quality Assurance systems and mechanisms achievement that bring about continuous development of education quality.
6) Level of systems and mechanisms achievement to share QA knowledge and skills to the students.
7) Level of effectiveness achievement of the Internal Quality Assurance.

Report on subsections of the standard

3.1 Commitment to Quality Improvement in the programme

The highest level to quality commitment is driven by the highest University leadership in the form of the Rector’s direct involvement and by the Vice Rectors of the University. The Rector chairs the KSU Quality Council that also includes prominent representatives of internal and external stakeholders. The Council is responsible for establishing policies and overseeing the quality assurance system. The operation of the procedures is the responsibility of the Vice Rector for Quality and Development who is assisted by the Dean of Quality and by the KSU Quality Committee, which includes representatives of the Colleges and which advises on mechanisms, policies, and procedures.

A Board of Assessors is, also, appointed by the University on an annual basis. The Board is made up of qualified internal and external members who are appointed on the basis of their knowledge of quality assurance and their disciplinary expertise. The assessors’ main role is to conduct an annual audit of assessment of the Colleges.

At the college level, the Vice Dean of Development and Quality “VDQD” is primarily responsible for operating the quality management systems through the AQU (annex G.3.1.1). The strong commitment to Quality Improvement amongst leadership resulted in increased awareness of Quality measures that penetrated to all levels. This also put emphasis on the need for proper documentation of all program and individual efforts. The VDQD guides this important process and has set up a functional AQU supported by a director, two coordinators and a full time quality consultant. Improvements in quality are appropriately acknowledged and great achievements recognized. Faculty members are involved in the quality improvement processes and their participation is required in all sorts of activities. Training programs relating to quality have been provided by Deanship for Quality, Academic Quality Unit and Medical Education Department (examples in Annex G.3.1.2 & 3.1.3). The implementation of the KSU – QMS (Annex 3.1.4) will ensure continued quality monitoring.

The above represents a sustainable drive in the recognition and realization of College’s commitment to quality improvement by following a continuous and rigorous program of continuous improvements and innovations.
3.2 Scope of Quality Improvement Processes

At the level of the University, KSU states its commitment to continual improvements of its performance on all fronts in order to better serve its mission and maintain its responsiveness to societal needs as a whole. In 2008 the University started the development of an integrated quality management system model KSU – QMS, the main engine for the internal audit and assessment of quality performance at KSU. Although, the KSU – QMS is still in the early stages of implementation, the College of Medicine has completed and submitted its first report this academic year (2009-2010), a process which will be followed annually to ensure continued quality improvements (Annex G.3.2.1).

At the College level, the “AQU” oversees the overall program planning, delivery and evaluation by following up:

- The preparation of academic course specifications, learning objectives and plans.
- All courses’ reports and take appropriate action depending on results.
- The Design and conduct academic quality educational programs and activities.
- The assessment and examination methods and results in collaboration with departments and Medical Education Department.

In addition, The AQU deals with the administrative processes including: (preparation and updating of job descriptions of main academic positions and “Terms of Reference” of all college committees, creation and approval of policies and procedures related to academic functions of the College and monitoring compliance with policies and procedure). As for monitoring academic staff performance, it is carried out, through preparing the annual academic staff activities capture forms (AACF) and producing detailed comparative reports between Departments/Units and staff for academic loads and performance. This is based on the use preset indicators and benchmarking to improve academic staff performance. All quality planning, reports and surveys were discussed and approved by the College Board (Annex G.3.2.2). These evaluations and reports provide an overview of performance for the program as a whole to guide in planning for improvements.

3.3 Administration of Quality Assurance Processes

The University has clarified its KSU Quality Governance Structure (Annex G.3.3.1) with the definitions of the roles and responsibilities of the key structural units and Councils and Committees established to advise on key quality issues and polices to the Rector, Vice Rector for Development and Quality, and the Deanship of Quality. The quality driven policies are determined by the KSU Quality Committee and approved by the KSU Quality Council, then applied and rendered operational by the Deanship of Quality. This is an improvement from the past practices as the chain of authority and report with specific roles and responsibilities better clarified and to be practiced to ensure a common and singular structure to move forward the whole quality drive via the KSU – QMS that would be in full operation by October 2010.

At the College level, The Quality Governance Structure is well defined (Annex 3.3.2) with the roles and responsibilities of the key structural units and Committees established to advise on key quality issues and polices to the VDQD. The quality driven policies are determined by the AQU and approved by the College Board, then applied and rendered operational by the Dean.

The VDQD is given the responsibility for leading and supporting quality management arrangements carried out by the teaching team in the program. However, the Dean is personally
involved in overseeing of all quality aspects. The Quality management processes make use of standard forms and survey instruments across the collage. All statistical data on indicators, including grade distributions, progression and completion rates are properly retained and regularly reviewed and reported in annual and periodic program reports.

3.4 Use of Indicators and Benchmarks

The KSU – QMS has identified two types of KPIs. The first is a closed and generic set based on the 11 Standards comprising of 64 KPIs.

This is applicable across the board throughout the Colleges and administrative units, and will be assessed every year and used on a comparative basis, as these are commonly accepted quantifiable KPI used in most international quality assessment. In the 64 sets of KPIs, 29 are quantitative and 35 are qualitative based on levels of performance. Basically all these KPIs cover and address the quantifiable KPI in each of the standards itself. For certain KPI, a qualitative approach to determine the performance level is used as these KPI looks at the process approaches, its deployments and its coverage in addressing the Standards themselves.

The system also uses an open set whereby the faculty can define their own unique KPIs relevant and representative of their unique nature of operations. The College of Medicine has set 36 additional quantitative KPIs to be measured and reported annually as an integral part of the KSU-QMS report. The assessment of these open and closed sets of KPIs is based on an adapted version of the MBNQA (Malcolm Baldridge National Quality Award) as the benchmark for an internationally used assessment mechanism in more than 80 countries.

At the level of the College, the AQU identified our own set of KPIs and benchmarks used for quality assessment. Interpretations of evidence for quality of performance were verified through independent advice by external reviewers (Annex G.3.4.1). Program indicators and benchmarking were approved by Faculty Board and University Councils as a part of the KSU-QMS

3.5 Independent Verification of Standards

The University has taken positive steps in the independent verification of the standards, an example of which is the Institution Developmental Review in November 2008 by the NCAAA through an independent Board of Assessors from different countries and backgrounds, who provided a rich set of performance assessment and comments for further development and the mock accreditation exercise using external expert opinions for the audit and assessment in October 2009 and January 2010.

The same also holds true for the KSU – QMS annual audit and assessment, as there is an independent Board of Assessors appointed by the University to assess the performance of each of the Colleges based on the 11 Standards and 80 Criteria. The composition of the Board of Assessors is drawn from the internal KSU faculty from all the different Colleges and external prominent members of society or institutions. This is aimed at helping the Colleges in getting independent and impartial performance and assessment that will bring about a developmental approach for continuous improvements and innovations. The evaluation and interpretation of the assessment is based on the Standards and Criteria and standard operating procedures of the annual internal audit and assessment exercise.

At the College level, evaluations are based on a set of provisional performance indicators and benchmarks which have been put in place with careful consideration and wide consultations.
They have been verified by external experts at different stages of program development and are under continuous review.

**Evaluation of quality of management of program quality assurance**

The highest level to quality commitment is driven by the highest University leadership in the form of the Rector’s direct involvement and by the Vice Rectors of the University. The Rector chairs the KSU Quality Council that is responsible for establishing policies and overseeing the quality assurance system. At the college level, the Vice Dean for Quality and Development is primarily responsible for supervising all the quality aspects and most of teaching staff participate in self-assessments and cooperate with reporting their sphere of activity and implementation of quality measures. The Vice Dean for Quality and Development is given the responsibility for leading and supporting quality assurance arrangements carried out by the teaching team in the program. However the Dean is personally involved in overseeing all quality aspects.

Improvements in quality are appropriately acknowledged and great achievements recognized. The AQU deals with the evaluation of program planning and delivery that includes student learning outcomes, facilities and services to support learning. This is carried out through course, program and staff evaluation surveys that are designed to ensure all aspects of the program (inputs, process and learning outcomes). All quality planning, reports and surveys were discussed by the College Board for improvement. The evaluations and reports provide an overview of performance for the program as a whole, and all courses.

Statistical data on indicators, including grade distributions, progression and completion rates are regularly reviewed and reported in the annual program report.

Key performance indicators and comparison with benchmarks were approved by College Board and by the university as a part of the QAS-KSU and applied. Interpretations of evidence of quality of performance were verified through independent advice from external reviewers.

**Strengths:**

1. There is a strong commitment to Quality Improvement amongst leadership in the College. This resulted in increased awareness and penetration to all levels with an understanding for the need of consistent documentation at the program and individual levels.
2. The University's commitment to Quality Improvement is clear.
3. The College has appointed a Vice Dean of Quality and Development to guide this important process.
4. The creation and support for the Academic Quality Unit
5. A strategic and quality plans were developed together with indicators and benchmarks
6. Course and program reports are regularly submitted.
7. Program, courses, staff evaluation surveys are continuously conducted to the students and graduates.
8. The quality of performance is checked against related evidence including feedback through user surveys and opinions of stakeholders such as students, faculty, graduates and employers.
9. A system for staff self evaluation is established by the use of certain criteria and scoring
10. The use of KSU - QAS annually will give opportunity for continuous improvement.
**Areas requiring improvement:**

1) More education for all staff including administrators about basic quality management concepts needs to be undertaken.
2) The main KPIs need to be continuously reviewed and improved.
3) More benchmarking needs to be done.

**Priorities for action:**

1) To hire qualified staff in the Academic Quality unit and provide needed training.
2) To continue to use the approved set of KPI to continuously measure performance.

**Annexes**

Annex G.3.1.1: Organizational chart of the Collage of Medicine.
Annex G.3.1.2: Academic Quality training programmes.
Annex G.3.1.3: Medical Education Department training programmes.
Annex G.3.1.4: King Saud University Master Plan for KSU – QMS Implementation.
Annex G.3.2.1: College Board minutes to adopt KSU-QMS system.
Annex G.3.2.2: Faculty board minutes on quality planning, reports and surveys.
Annex G.3.3.1: Collage of Medicine Quality Governance Structure.
Annex G.3.4.1: Table of external program reviewers.
Standard 4 Learning and Teaching (Overall Rating Four Stars).

Student learning outcomes must be clearly specified, consistent with the National Qualifications Framework and requirements for employment or professional practice. Standards of learning must be assessed and verified through appropriate processes and benchmarked against demanding and relevant external reference points. Teaching staff must be appropriately qualified and experienced for their particular teaching responsibilities, use teaching strategies suitable for different kinds of learning outcomes and participate in activities to improve their teaching effectiveness. Teaching quality and the effectiveness of programs must be evaluated through student assessments and graduate and employer surveys with evidence from these sources used as a basis for plans for improvement.

Description of process for investigation and preparation of report on the standard for learning and teaching

The evaluation was done based on dialogue, debate and discussion within the Department of Medical education. The evaluation reports, surveys information and documents were reviewed for the process:

- Program specific learning outcomes
- Course specifications
- Course and program reports
- Independent evaluation of the program
- Workshops held by medical education department and Academic quality unit
- Survey results
- Policies and procedures
- In addition different departments participated in the discussion to provide the information which was relevant to their fields

Key Performance Indicators considered:

<table>
<thead>
<tr>
<th>Appropriate students/staff ratio</th>
<th>Ratio of students to teaching staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Students satisfaction</td>
<td>The overall rating on the quality of their courses from answering the question “I am happy with this course in general” in the course evaluation survey</td>
</tr>
<tr>
<td></td>
<td>The overall rating on the quality of their program from answering the question “I am satisfied with my experience in this college” in the program evaluation survey</td>
</tr>
<tr>
<td></td>
<td>The overall rating on the quality of their program from answering the question “I received appropriate Academic guidance when I needed it” in the program evaluation survey</td>
</tr>
<tr>
<td></td>
<td>The overall rating on the quality of their program from answering the question “I am satisfied with my experience in Internship” in the intern evaluation survey</td>
</tr>
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</table>
4.1 Student Learning Outcomes (Overall Rating: **Four Stars**)

*Description of the processes for ensuring the appropriateness and adequacy of intended student learning outcomes from the program.*

**At the level of the University:**

The National Commission for Academic Accreditation & Assessment (NCAAA) identifies SLOs in five domains of learning (Knowledge, Cognitive Skills, Interpersonal skills & responsibility, Analytic & Communication skills and Psychomotor Skills). The National Qualification Framework (NQF) stipulates that graduates at higher educational institutions in KSA are expected to demonstrate a range of attributes such as:

1. Take initiative in identifying and resolving problems and issues both at the individual and group levels, exercising leadership in pursuit of innovative and practical solutions
2. Apply the theoretical insights and methods of inquiry from their field of study in considering issues and problems in other contexts
3. Recognize the provisional nature of knowledge in their field, and take this into account in investigating and proposing solutions to academic or professional issues.

KSU realized that the objectives of NCAAA outcomes are generic and cannot suit all specific requirements of each program. In this sense, KSU’s Strategic Plan noted that degree-specific as well as discipline-specific objectives should be specified and developed for all KSU programs based on international standards. Consequently, these programs are currently working with international accreditation agencies such as ABET, NCATE, AALE, AACSB, etc., and inviting external reviews to facilitate the development of their learning objectives. However, since the discipline qualification framework being produced by NCAAA is not ready, KSU encouraged all colleges to research into widely and internationally accepted qualification frameworks of each discipline and adapt them to the KSA and KSU environment and requirements. This initiative has been undertaken by Colleges such as the College of Engineering which defined SLOs as what students are expected to know and be able to do by the time of graduation. These relate to the skills, knowledge, and behaviours that students acquire during their enrolment to the program.

Since some of the learning outcomes are not entirely dependent on the programs, and given the relatively poor outcome from Saudi high school system, KSU has initiated in 2007 the Preparatory Year (Prep Year) program that aims at:

- Instilling in students the principles of self-discipline, commitment and responsibility;
- Enhancing students’ self-confidence, leadership skills and initiative;
Developing students’ skills in English, Information Technology, and Mathematics, as well as communication, learning, thinking, and research skills;

- Encouraging innovation, creativity and self-development;
- Preparing students to excel academically and to maximize their involvement in University life;
- Improving students’ learning achievements to enable them to compete for quality jobs;
- Acclimatizing students to the global knowledge environment and to the benefits of e-learning; and
- Improving students’ health awareness and physical fitness.

At the Prep Year, students are streamed into two main tracks upon their admission to the University, Health/Medical Track and Engineering/Science Track. The former track leads to four colleges and the latter leads to six colleges. The skills and needs required by these colleges are varied as the Needs Analysis shows. While we believe that a score of 6 in IELTS may be a reasonable and logical outcome for the medical track (mainly since medical colleges are English-medium colleges), the other track leads to colleges that do not teach everything in English and do not require a high level of English (Engineering and Computer Science, for example, give more importance to math ability than to language ability). Therefore, a score of 5 would be sufficient as an outcome for this track. All incoming students take an English language placement test then they are allocated to the proficiency levels where they receive English training appropriate to their abilities and backgrounds. Based on the last two years statistics, the majority of KSU’s students (60-70%) are placed in the lower three levels. Based on PY IEP Curriculum/Assessment Framework (Annex G.4.1.1), only students who start at level 4 and above have a reasonable chance to obtain Band 5 or 6 in IELTS by the end of the program. This is the main rationale behind setting the score of 5 in IELTS as a desired outcome of the program, which is more reasonable than 6 since most students will not be able to achieve the latter score given their low proficiency entry levels and the time allocated to the program (i.e., two semesters or eight months). Another reason is worthy of note. Based on the Needs Analysis that has been conducted for the ten colleges that are served by the program, most colleges selected 5 in IELTS as the desired outcome for their students.

Since its inception in the fall of 2007 (1428H), the Prep Year has adopted a continuous assessment approach for its programs and courses in order to ensure quality and continuous improvement. In addition to the periodic internal evaluations conducted by academic departments for its courses, faculty, quality of teaching, learning and resources, there were a number of external evaluations and reviews conducted by national and international agencies, such as Bell International (two major QA visits/reviews for the Intensive English Program), Saudi Aramco (two comprehensive assessments), and EAQUALS advisory QA visit (for the English program). These assessments were primarily positive, and suggested some useful developmental recommendations with regard to enhancing and improving the programs and outcomes of the Prep Year. Include some examples of findings in (Annex G.4.1.2)

At the level of the College of Medicine:

The process of identifying student's outcomes in the college of Medicine has been derived from the program mission. The process initiated with the rapidly evolving culture of outcome based education, adopted world-wide. The mission of the program defines the broad outcome of expected in all graduates which is to be able to meet the healthcare expectations and needs of the
Saudi community. Based on that mission, the College of Medicine has worked extensively this year in developing the outcomes for the Saudi doctor (Annex 4.1.3). The outcomes and competencies were designed after careful review of the different outcomes, AAMC, Brown’s 9 Abilities, GMC Tomorrows Doctors WHO five star doctors and the International Medical University Malaysia Outcomes. The Saudi-Meds outcome document is now under review in the National dean's board of all medical schools in Saudi Arabia to be adopted nationally. More specific objectives and outcomes where derived from the published WHO guidelines for quality assurance and the global standards for undergraduate medical education of the world federation (WFME).

The overall learning outcome is measured based on the continual student's assessment, quizzes, tutorial participation, presentations delivery, active participation during classes, small group discussions and feedback on clinical rounds and final exams. Beside the student's accomplishments in the international qualifying exams clear evaluation process is in place. Although all courses have goals and objectives included in block manuals, the achievement of these goals are assessed through a vigorous evaluation process.

To ensure that we are teaching the appropriate knowledge, skills, and attitudes, the following are currently being applied and there are some in the process of implementation:

1) Individual course objectives and intended learning outcomes is defined for all courses and are made known to all students.

2) During course design, the assessment method(s) suitable for each intended learning outcome must be specified and currently a blue-print is used in the design of the assessment.

3) Adequate training is in place for all staff involved in assessment to improve their skills and attitudes towards excellence in the assessment system.

4) The college has recently formed a special committee for program evaluation which is completely independent. This quality assurance committee are responsible for program evaluation

5) The “Academic Quality Unit” pursues and ensures continuous quality management processes are followed. This includes examining course specifications for intended learning outcomes and assessment methods. In addition, course reports are overseen; student surveys are conducted to reflect on the individual courses, program as a whole, and staff. Survey results are reported to the academic departments and if actions are taken accordingly they are reported back to the “Academic Quality Unit”. Furthermore, student results are monitored and reported.

**Evaluation of intended student learning outcomes**

*Strengths*

1) Learning outcomes stem from the program mission.

2) Learning outcomes are clearly defined.

3) Individual course learning outcomes are put by specialists in each department under supervision of the medical education department.

4) Learning outcomes are based on international standards and local needs.

5) Learning outcomes are measured in a variety of valid assessment methods.

*Areas requiring improvement*
1) Mapping of the whole program against the learning outcomes is lacking
2) Some courses still use traditional assessment tools
3) Learning outcomes needs to be well known by all teachers in every course

Priorities of Action

1) Mapping of the whole program against the learning outcomes

Annexes

Annex G.4.1.1: PY IEP Curriculum/Assessment Framework
Annex G.4.1.2: The assessments of the Prep Year
Annex G 4.1.3: KSU, College of Medicine Outcomes.

4.2 Program Development Processes (Overall Rating: Four Stars)

Description of the processes followed for developing the program and implementing changes that might be needed.

At the university level:

There is a well-developed process for new program development and for major changes to existing programs. The KSU Council and administration are committed to maintaining the University’s position at the forefront of higher education in educational programs that meet the needs of the community.

For new program proposals, the faculty member should first ascertain the need and viability of the new program through consultation with colleagues and the administration. After review, all such proposals approved by the Curriculum Committee are then presented to the faculty for approval at a regular monthly department meeting. Moreover, the Curriculum Committee and the academic departments periodically review academic programs and courses offered at the College to determine whether they meet KSU’s requirements, and examine their current suitability to the job market. All programs are reviewed, and, if necessary, revised at least once every five years. KSU program approval procedures were developed to provide a rational and effective method of program development, examination, and approval. These procedures provide mechanisms for ensuring that consistent and coordinated decisions are made concerning program development and resource allocation. The process as described in Figure G.4.1 usually begins at the college/department level, and then involves all relevant parties at the school/college, campus level, ending up with curriculum and academic programs committee at the Vice Rector for Academic Affairs office. The committee is comprised of faculty from across campus. The primary focus is to ensure that curricular development and changes are aligned with institutional and individual department goals and procedures. Other objectives are:

- Discussing the academic plans received from colleges and making the necessary recommendations
- Proposing programs and curricula for new colleges
- Providing opinion and advice on what would raise the academic units’ performance at KSU, as well as any other tasks referred to the committee in this regard.
The next stage involves the University review, culminating with the University Council, which reviews programs based on a number of factors including Mission, needs, duplication. A proposed program should be described in a detailed document that explains the rationale for developing the program, its need, curriculum and requirements for admission and graduation, identify faculty and other program resources, and provide information about opportunities for graduates. In developing any new program, KSU’s Mission Statement (http://www.ksu.edu.sa/AboutKSU/Pages/visionMission.aspx) which describes the three sub-Missions of the University as instruction, research, and community service, and the University Strategic Plan that describes the unique qualities and priorities of KSU’s Plan (http://www.ksu.edu.sa/sites/KSUArabic/Strategy/En/Pages/Strategicobjectivesandinitiatives.aspx), should be consulted, since these documents provide the context in which program approval decisions are made. Additionally, the advisory committees which have been established recently at the Vice Rectorate for Academic Affairs play an integral role in reviewing academic curricula and programs at KSU, ascertaining coherence and alignment of colleges’ curricula and programs with KSU’s Mission, and suggesting any improvements or developments in academic programs.
The timelines for program development at KSU vary depending upon a variety of factors. Generally, the approval process can be accomplished within six to eight months.

At the level of the college:

The program was developed after an extensive research done by the curriculum committee. The curriculum committee undertook the responsibility to debate and discuss the reformed curriculum. During the exercise, the committee members visited well known institutes including University of Toronto Canada; University of Ottawa, Canada; University of Manchester, United Kingdom; University of Otago, New Zealand; etc. this provided the committee an opportunity to observe the different medical curricula and to design our curriculum based on the best evidence available. In addition, well-renowned, international consultants were invited to participate in the planning of the program development. Some of the international consultants include: Dr. David Cook - the University of Alberta Canada, Dr. Zubair Amin - National University of Singapore and Professor Karim Qayumi - University of British Columbia, Canada. The planning process was based on the need and benchmarking with international institutions. Later the processes of program delivery was developed and followed by execution and continual assessment of the effectiveness of our program as well as our teaching means.

Internal stakeholders were heavily involved in the process. The curriculum committee has representatives from different basic and clinical specialties. The reformed curriculum was debated and discussed extensively among staff. It was also discussed and approved officially at the level of the College Board. At the university level, the curriculum was discussed in the general curriculum committee and was approved.

Students’ input was obtained through regular meetings with team and year leaders. Continuance feedback about the curriculum is obtained through regular students’ satisfaction surveys and through direct feedback. External stakeholders were also involved through many means including the college advisory committee.

The overall program is handled by the department of medical education and the curriculum committee under supervision of the Vice Dean for Academic Affairs.

General features of the revised “Reformed Curriculum”:

- It prepares the students to be lifelong learners by adopting a gradual student centered approach.
- It adopts new and internationally approved methods in medical education.
- It runs by multidisciplinary team of expert educators and clinicians.
- It is responsive to Saudi societal and community needs and expectations.
- Its delivery is in horizontally and vertically integrated multidisciplinary fashion.
- It uses small group and problem based learning which makes teaching and learning student-centered and in an enjoyable safe environment.
- Very early exposure (year one) to clinical practice where students will have contact with simulated and real patients.
- It makes effective use of available resources including:
  The skills lab where students will have early exposure to different clinical skills, and human simulated and standardized patient program (Annexes G.4.2.1, G 4.2.2)
  Integrated e-learning where students will interact with different software programs like DxR, IMC and other reading references in a huge e-library.
It is responsive to student’s personal and academic needs by including two independent learning sessions per week in all block and 3 hours of elective in years 4 and 5. These elective courses are mostly selected and designed by students.

The different faculty members in the College of Medicine work hard to reform the discipline based curriculum to a student centered, system based integrated curriculum.

Student assessment is centralized and outcome driven.

The curriculum will be going for continuous review and improvement.

In addition to the hard work and commitment of the faculty members, the Department of Medical Education has been formally established and has overtaken the responsibility of the implementation of the reformed curriculum. The curriculum will be under regular review and evaluation with continuance improvement measures as needed.

Evaluation of program development processes

The different faculty members in the College of Medicine work hard to reform the discipline based curriculum to a student centered, system based integrated curriculum.

**Strengths**

1) The reformed curriculums have been developed after extensive research and discussion.
2) The reformed curriculum has been bench marked with curricula of world top universities.
3) International consultants from different countries of the world helped design and evaluate this curriculum
4) Curriculum is well integrated and utilizes the current methods of medical education

**Areas requiring Improvement**

1) Improved integration at every level of the curriculum.
2) Improving the quality of student interactivity within the curriculum at every level.
3) More extensive reform in the clinical years.

**Priorities for Action:**

1) Perform more extensive reform in the clinical years.
2) Find channels to get more students feedback in the curriculum design and reform.

**Annexes**

Annex G.4.2.1: Skills lab program.
Annex G.4.2.2: Simulated patient program.
Annex G.4.2.3: Curriculum Block Books.
Annex G.4.2.4: Curriculum Student Guide.
Annex G.4.2.5: Curriculum Tutor Guide.

4.3 Program Evaluation and Review Processes (Overall Rating: Three Stars)

Description of the processes followed for program evaluation and review.

At the level of the university:

The KSU policy is to review all programs at least every five years, and these are reported in the departmental self-studies. Program Evaluation is a mandatory tool to help KSU learn about the quality of the programs that the University offers, to know whether they meet the needs of the
students and those of the community at large. It is a systematic approach that assists in discovering what a KSU student thinks of the learning and teaching process, their progress, and assessment results. Moreover, it assesses the effectiveness and efficiency of the courses, identifying what measures are required to improve them. The KSU 2030 Strategic Plan highlights as part of its strategic orientation that: “We measure ourselves according to challenging criteria, honoring high ambitions and the pursuit of distinctiveness through our commitment to the highest intellectual standards in teaching, learning and innovation”. Accordingly, KSU has put in place a number of processes to help ensure the quality of its programs:

1) The Program Review process is a very broad review aimed at providing information at a strategic level. All programs at KSU are frequently reviewed and evaluated by curriculum committees. In 2007-2008, a comprehensive internal program evaluation was conducted by ten academic departments, and results were reported in their departmental self-studies. This review was part of a developmental program sponsored by NCATAA. As a result of these reports, most KSU programs are undergoing massive reform and adjustment to suit students and job market needs, and to meet developmental plan requirements. In 2009, the College of Engineering conducted its own program reviews in response to Accreditation Board for Engineering and Technology (ABET) requirements. As a result of this review all programs at the College of Engineering have developed their intended learning outcomes and adopted new teaching and learning strategies.

2) Program Evaluation Survey (PES) is another instrument that is being utilized in order to obtain specific data about programs and whether they meet their learning objectives, exploring student progress and assessment results and implementing systematic improvement processes.

3) Course Evaluation Survey has been going on since 2005 with focus on course development.

4) The Student Experience Survey (SES) has a main objective of determining what graduates think of the coursework program that they have completed, including their attitudes towards the skills they have acquired, and the quality of teaching provided to them during their program.

**At the level of the college:**

The program evaluation is currently being done internally and externally.

**INTERNAL EVALUATION**

This is done through a variety of methods including:

1) Annual program report and review: This system is designed by NCATAA and covers all aspects of the program (Annex G.4.3.1) and includes a general program evaluation survey (Annex G.4.3.2). This report is discussed at the college council and priorities for action are created and followed.

2) A recent Program Evaluation Survey (PES), revealed (Annex G.4.3.3) that approximately 61% of college students were satisfied about the quality of their educational experience. Almost 65% of them indicated that the program will help them to be better doctor. Nearly 76% were satisfied about becoming good thinkers and problem solvers. Furthermore, 71%
of students thought that the program has improved their communication skills. These data analyses suggest that the college program is undergoing continual improvement.

3) Preparation of both course specification and report are the responsibility of the departmental head and course organizer. The academic quality unit held three workshops to help the course organizers providing their course reports in the proper informative form. Course reports should be provided to the AQU by the end of the academic year to be revised and to follow up improvement actions required (Figure 4.2)

4) Course report: This also is designed by NCAAA and covers all aspects of the course and is based on a course evaluation survey (Annexes G.4.3.4, G.4.3.5). All reports are reviewed by the academic quality unit and discussed in the departmental council and priorities for improvement created and followed.

5) Staff surveys which measures the teachers prospective on the program (Annexes G.4.3.6, G.4.3.7).

EXTERNAL EVALUATIONS

This is done through many ways including:

- Regular visits by national and international experts in medical education and quality for training and evaluation are arranged by the college administration. Formal feedback is always requested at the end of these visits. Different, well-known, international experts from well-established universities were invited in the last 2 years for consultation and evaluation of the reform curriculum (Annex G.4.3.8). Some of the consultants invited include: Dr. David Cook; Dr. Ara Tekian - University of Illinois, Chicago; and Dr. Zubair Amin - National University of Singapore. In addition, every department in the college of medicine is inviting different experts in their respective field to serve as external examiners and external reviewers of the different courses. (Table G.4.1)

- External examiners are frequently invited in exams of various departments. This also is followed by a formal assessment and report.

- The college is actively in the NCAAA accreditations system

- The college will also seek international accreditation although this is not routinely offered by international agencies for foreign medical schools

All this internal and external feedback is reflected in the program report and discussed at the levels of: (Figure G.4.2)

- Academic quality unit
- Curriculum committee
- Departmental councils
- College Board
Figure G.4.2: Flowchart of Internal Evaluation of courses and program

- **Departments Prepared Course Specification**
  - NO: Curriculum Committee Revise CS
  - Accepted: YES
  - NO: Academic Quality Unit Revise CS
  - Accepted: YES
  - NO: Academic Quality Unit Perform CES
  - YES: CES Send to student
  - YES: Department Discuss CES Report
  - NO: Department Prepare Course Report & Suggest Plan for Improvement
  - YES: Academic Quality Unit Revise CR & Plan for Improvement
  - Accepted: YES
  - NO: Faculty Council to Approve the Improvement Plan
  - YES: Academic Quality Unit to Follow-up Implementation of Improvement Plan
  - NO: Department Council for Actions Implementation
  - YES: Faculty Council Approve Program Report

- **Abbreviations**
  - CS: Course Specification
  - AQU: Academic Quality Unit
  - CR: Course Report
  - CES: Course Evaluation Survey
  - PES: Program Evaluation Survey
  - PR: Program Report
Table G.4.1: External Reviewers who visited College of Medicine, KSU

<table>
<thead>
<tr>
<th>Name of Reviewer</th>
<th>Activity</th>
<th>Date</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>NCAAA developmental review</td>
<td>General accreditation preparation review</td>
<td>June 2008</td>
<td>Overall assessment and evaluation of all aspects of college. Detailed report submitted</td>
</tr>
<tr>
<td>Huron consulting group</td>
<td>General review</td>
<td>June 2009</td>
<td>Overall assessment and evaluation of all aspects of college. Detailed report submitted</td>
</tr>
</tbody>
</table>

**Specific program evaluations and review**

<table>
<thead>
<tr>
<th>Name of Reviewer</th>
<th>Activity</th>
<th>Date</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. David Cook Dr. Yousef Al Washahi</td>
<td>Training and evaluation</td>
<td>24-29th January, 2009</td>
<td>Evaluation and assessment of curriculum and program and suggestion of reform plan</td>
</tr>
<tr>
<td>Dr. David Cook</td>
<td>Follow up</td>
<td>18-19th April 2009</td>
<td>Follow up visit to evaluate changes and recommend follow up plans</td>
</tr>
<tr>
<td>Prof. Abdu Karim Qayum, Prof. Nic A. Bos, Prof. Jan B. M. Kuks, Prof. Anke M. Van Trigt (From the university of Groningen)</td>
<td>Training and assessment</td>
<td>27-29th Sep.2009</td>
<td>Detailed assessment of the program, teaching and learning, and faculty development activities</td>
</tr>
</tbody>
</table>

**Evaluation of program evaluation and review processes.**

**Strengths**

1) Extensive internal and external evaluation
2) Complete feedback loop with continuance improvements.
3) Online survey system

**Areas requiring Improvement**

1) The process is still in its beginning and full loop evaluations have not taken place in all courses.
2) Students’ participation in the process is still suboptimal.
Priorities for action

1) Strict enforcement of the evaluation process.
2) More awareness of students about results of surveys and awareness of the improvement projects to increased their involvement and ownership of the process.
3) Put a centralized system for the departmental external examiners to maximize the gain from these visits.

Annexes

Annex G.4.3.1: Annual Program Report
Annex G.4.3.2: Program Evaluation Survey form
Annex G.4.3.3: Program Evaluation Survey results 2009-2010
Annex G.4.3.4: Course Evaluation Survey form
Annex G.4.3.5: Course Evaluation Survey result example 2009-2010
Annex G.4.3.6: Staff Evaluation Survey form
Annex G.4.3.7: Staff Evaluation Survey result 2009-2010
Annex G.4.3.9: International Consultants program evaluation reports

4.4 Student Assessment (Overall Rating Three Stars)

Describe strategies for student assessment in the program and the processes used to verify standards of student achievement.

For the reformed curriculum there is a well developed formal assessment program that is currently in place. All assessment is based on course objectives and the assessment is based on course blue-print. This has not yet infiltrated enough to the rest of the curriculum where although assessment is still based on learning outcomes it is not very formally assessed. Assessment methods vary from course to course and are not supervised by a central body. Most departments review their assessment methods regularly. We have noticed many departments changing their assessment methods to more objective methods like OSCE examinations. Over the last year, with work from the medical education department and collaboration of the clinical departments, long case examinations were substituted by OSCE in the department of Medicine and such no more long case examinations exist in the college. Also, negative marking has been removed from all exams in the college.

A college wide policies and procedures were created for assessment through the college that all departments will have to comply with.

We are in the process of developing a centralized examination unit, which will overtake the overall responsibility for the examination in each academic year. Moreover, a specialized assessment committee that reports to the curriculum committee has been formed. In addition, the Department of Medical Education is currently working to introduce newer technology in assessment and develop web-based assessment system, program portfolio for evaluation. The software and ethics for detecting the plagiarism in student assignments are underdevelopment.

The assessment system is also in the process of vigorous statistical analysis to determine the standard setting, discriminatory index and other test specific for evaluation. This assessment evaluation is also supplemented with student surveys about test system. Two articles concerning the assessment system in the surgical field and pediatrics have been publicized.
Regular faculty development activities are undertaken in the area of assessment. See next standard.

**Evaluation of student assessment processes.**

**Strengths**

1) Centralized exam unit for the block system.
2) Exam design based on well developed blue print for the block system.
3) Psychometric analysis regularly done for each exam for the block system.
4) Significant move to more objective assessment tools in clinical years.
5) Faculty enhancement programs in the area of assessment.

**Areas requiring Improvement**

1) Assessment evaluation is not applied in all years
2) In some courses, assessment is not always based on course outcomes
3) Skills lab is still under utilized for assessment purposes

**Priorities for Action Improvement**

1) Perform rigorous assessment evaluation of all exams
2) Disseminate and educate staff and students about the new assessment policy and procedure
3) Extend the centralized exam unit services for all academic years.

**Annexes**

Annex G.4.4.1: Assessment Policy and Procedures
Annex G.4.4.2: Examination Guidelines
Annex G.4.4.3: Examples of some Exam Psychometric Analysis Results

4.5. **Educational Assistance for Students** (Overall Rating **Three Stars**)

**At the university level:**

KSU has an obvious commitment to provide services necessary to support and enhance learning and to provide students with opportunities for academic success. The policies, requirements, procedures and options available in KSU programs are summarized in a department undergraduate handbook that is made available to all students in all programs.

Both hard and soft copies are accessible through KSU’s website: (http://www.ksu.edu.sa/sites/KSUArabic/Mngmnt/RectorAndDeputies/SDF/Departments/Pages/ism.aspx). Admission requirements and procedures are summarized in the general undergraduate catalogue of the University and through the comprehensive KSU’s admissions website (http://www.ksu.edu.sa/sites/KSUArabic/Deanships/dar/Pages/default.aspx).

Students admitted at the University are advised on curriculum matters through orientation programs, which are conducted once at the beginning of the year/semester. In the orientation programs, representatives from each college introduce their curriculum and career opportunities. In addition, students enrolling at the University are advised on curricula and career matters through the following channels:
• Student Council Committees (SCC), which consists of students representing various colleges
• Academic Mentors

At the University level, the Deanship of Student Affairs has established students counselling and guidance units in order to:

1) Help students understand the dimensions of the situation (the problem) and that is half the solution.
2) Help students recognize their potentialities and abilities, as well as environmental resources around them and try to exploit them.
3) Solve the problems of academic achievement.
4) Solve mental and social problems that may impede academic achievement.

(http://www.ksu.edu.sa/sites/KSUArabic/Deanships/StudentsDeanships/Students_S/Pages/default.aspx)

Furthermore, the Deanship of Student Affairs, in coordination with colleges and departments, implements a comprehensive and diverse program of extracurricular activities, such as sports, community services and training courses in various areas.

Other important students’ services include:

1) Educational Services Office: aimed to help students to improve their writing.
2) Student Employment Office: aimed to provide jobs for students on campus.
3) Psychological Counselling and Social Development Office: aimed to provide students with psychological and social counselling in terms of diagnosis and treatment.

Prince Salman Central Library provides services and materials to all students who enrol in on-campus courses or who register for thesis or dissertation research hours. The library has thousands of printed and digital materials that support students’ learning in various subjects. Additionally, the library has a subscription to a wide range of remotely-accessible databases, e-journals, and e-books. Most of the databases are indexers to scholarly literature and provide citations and abstracts for journals based on input subject parameters. A lot of the databases contain full-text information. In other words, they contain the entire text of an article or an image of each page of the article. Moreover, the library subscribed to a large number of scholarly e-journals which can be accessed through the libraries’ website at http://ksu.edu.sa/sites/KSUArabic/Deanships/library/Pages/default.aspx.

At the college level:

We have a full committee to give students support both on academic and personal level. This committee is certainly helpful and has done a lot of work. One academic staff member who is not full time devoted is appointed to each year. Overall, students get enough orientation in the beginning of the year and semester. Students’ team leaders are in direct and continued communication with the Vice Dean for Academic Affairs. A special seminar is arranged for final year students to orient them on the issue of choosing their specialty. Also continuous student surveys are being conducted by the Department of Medical Education to ascertain student satisfaction. Well written and organized student guide books are designed for each block. Orientation sessions are conducted for the new students.
Evaluation of processes for educational assistance for students

Strengths

1) Orientation programs for new students are in place.
2) Academic guidance committee is established and active.
3) Two academic advisors are present for each year.
4) Academic advisory office hours are practiced.
5) Career choice seminars are offered.

Areas Requiring Improvements

1) Academic guidance needs significant improvement.
2) Significant lack of supporting trained staff in the student support office.
3) No clear policy for students with significant academic difficulties.

Priorities for Action Improvement:

1) Improve students supporting services (this has been identified as one of the strategic plan priorities).
2) Develop a mechanism to deal with students with sub-satisfactory performance.

4.6 Quality of Teaching (Overall Rating Four Stars)

The evaluation of teaching quality is a mandatory tool to help College of Medicine learns about the quality of the program offered and to know whether they meet the needs of the students. It is a systematic approach that assists in discovering the student opinion of the learning and teaching process, their progress, and assessment results. Moreover, it assesses the effectiveness and efficiency of the courses, identifying what measures are required to improve them. Accordingly, the academic quality unit (AQU) has put in place a number of processes to help ensure the quality of the program:

- Three workshops were held for course organizers (Annex G.4.6.1)
  - Two workshops titled guidelines for writing course specification
  - One workshop titled guidelines for writing course report
- The achievement of the strategic objectives of the program is monitored through a set of key performance indicators
- Policy and procedures for students evaluation of courses, program and staff members is applied (Annex G.4.6.2)
- Program Evaluation Survey (PES) is another instrument that is being utilized in order to obtain specific data about programs and whether they meet their learning objectives, exploring student progress and assessment results and implementing systematic improvement processes.
- Course Evaluation Survey started in 2008-2009 in some courses and continued for most of the courses in 2009-2010
- The Student Experience Survey (SES) has a main objective of determining what graduates think of the course work program that they have completed, including their attitudes towards the skills they have acquired, and the quality of teaching provided to them during their program.
• Staff performance evaluation by the students is monitored by using a designed checklist, about 60% of the staff members were evaluated till now and the final statistics will be ready by the end of this academic year. All evaluations will be sent to the faculty himself and to the department chair. Underperformers are subjected to training programs and consistent underperformers are removed from teaching.

• Course reports for most of courses were provided to the academic quality unit and revised as a preliminary step for preparation of the program report.

• All course reports are discussed in departmental councils and appropriate action taken to assure continuance improvement

**Evaluation of quality of teaching**

**Strengths**

1) An academic quality unit is regularly monitoring the quality of teaching.
2) Most of courses have course surveys where student's feedback is given about their learning.
3) Students assess most of teachers on regular bases.
4) Course and faculty evaluations are sent to the teacher and discussed in departmental council.
5) Teachers who are underperforming are subjected to extensive training.
6) Consistently underperforming teachers are removed from teaching.
7) KPIs were established for monitoring the strategic objectives of the program.

**Areas requiring improvement**

1) Students' evaluations of faculty and courses needs to be strictly implemented in all courses.
2) Feedback from some departments to reports of evaluations is suboptimal.
3) The course report and program report plan of actions need to be monitored.

**Priorities of action**

1) Evaluation of the impact of the training courses on overall learning and teaching process.
2) All course reports should be submitted and a system of revision of how these reports reflected on the program must be followed.

**Annexes**

Annex G.4.6.1: Workshops on course specification and report
Annex G.4.6.2: Policy and procedures for students’ evaluation of courses, program and staff members

**4.7 Support for Improvements in Quality of Teaching (Overall Rating Four Stars)**

**At the university level:**

In 2007 KSU established the Deanship of Skills Development (DSD), which has adopted the concepts and practices of on-going self-development for the professional skills of the faculty, lecturers, teaching assistants, the academic and administrative leaders, and other employees, and the development of the students' skills in order to improve the quality of KSU’s outcome in a
way that contributes to the provision of a suitable environment and ease of achieving academic development.

Faculty development activities are designed on the basis of the priorities of the University system, the KSU 2030 Strategic Plan, and the specific needs of the faculty. For the last two years, the activities of the Faculty Development Plan, under the responsibility of the DSD, were in the areas of:

1) Personal, technical and professional skills of the faculty and other KSU staff.
2) Academic teaching and research skills.
3) Leadership and administrative skills of all staff.
4) Active interconnection and communication skills of all KSU staff.
5) Critical and creative thinking skills.
6) Students’ self-learning and on-going education skills.
7) in order to ensure the quality of learning and teaching, KSU has in place a range of quality assurance mechanisms:

All newly appointed faculty members involved in learning and teaching delivery should attend initial professional development programs, which ensure that they are appropriately prepared for their defined roles in learning and teaching and research degree supervision, and can demonstrate that they have met the relevant level (as determined by the nature and extent of the learning and teaching responsibilities).

Since the creation of the DSD, it has organized about 3,534 workshops. These training courses were aimed at developing personal skills for faculty, administrators, staff, and students both male and female. Table G.4.7.1 shows the total number of faculty members attending training courses organized by DSD in 2008-2009.

Table G.4.7.1: Total number of faculty members attending training courses organized by DSD.

<table>
<thead>
<tr>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1,349</td>
<td>1,239</td>
<td>2,588</td>
</tr>
</tbody>
</table>

Although these figures indicate that there is some progress in developing teaching skills of KSU faculty, it is obvious that more systematic skills development plans need to be established. KSU is encouraging all faculty members to actively participate in these skills development workshops. It plans to links these skills development workshops with incentives and promotion requirements of faculty members. KSU will create greater professional development opportunities for its faculty by establishing a Teaching Institute, enabling attendance of key conferences in the discipline, and promoting sabbaticals for completion of major research. The DSD is planning to evaluate the effectiveness of these training courses on overall learning and teaching process. However, the impact of such a process requires more time to be measured.

The DSD offers a host of resources on a wide range of topics which are more fully described on the DSD’s website:


Another initiative in supporting quality of teaching at KSU is the establishment of the Deanship of E-learning and Distance Education. KSU views e-learning as a promising vehicle to achieve
learning objectives effectively. Thus, it established the Deanship of E-learning and Distance Education which aims at:

1) Supporting the development of University courses in electronic form.
2) Providing faculty members with advice and technical support for the development of educational sites.
3) Providing an environment to stimulate electronic communication between faculty members and students.
4) Developing faculty member skills to enable them to convert their courses into e-courses.
5) Providing the appropriate environment and training to enable faculty members to carry out their tasks related to students’ evaluation and monitoring and deal effectively with the Learning Management System (LMS) at the University.
6) Creating incentives for faculty members who show excellence in e-learning application in the learning and teaching process.
7) Promoting the culture of e-learning at KSU.

Effective teaching is highly valued within KSU. The University recognized outstanding teaching through an award. In 2007, the Deanship of Quality established the Teaching Excellence Award. The award aim at acknowledging and encouraging excellence in teaching while providing an opportunity for faculty to further their careers and share their good practice with others. Furthermore, a key focus of the award is to identify and reward teaching practices that are student-focused and committed to promoting effective learning. It is an annual award at three levels: department level, college level, and university level. The candidate faculty must meet specific and precise criteria in order to be eligible for candidacy (Annex G.4.7.1). KSU constantly provides support to allow the award winners to continue developing their teaching practice in ways that support and enhance their own professional development and the learning opportunities available to their students.

At the college level:

Through a dedicated faculty development unit at the college level several workshops had been held under the supervision of medical education department in the area of faculty development (Annex G.4.7.2). All new staff are invited to attend a three day workshop on medical education. This program has been running for three years now and has been successful. In this academic year ample work has been done in faculty development in numerous areas in Medical Education. In addition, external international consultants have been invited to participate in faculty development. The faculty development activities are covered a different array of principles related to medical education such as teaching and learning, MCQ design and development, curriculum design, evaluation, small group teaching and biostatics and statistical analysis.

Participation in faculty development activities at the college level has been excellent (Annex G 4.7.3). A survey to evaluate the actual needs and requirements by teaching staff has been conducted. Satisfaction surveys are performed after each educational activity and most faculty seem to be quite satisfied with these activities.

In addition to the university's annual teaching award, the college also in its annual ceremony of postgraduates’ graduation awards the best teachers in each department.
Evaluation of arrangements for supporting improvements in quality of teaching

Strengths

1) A dedicated active faculty development deanship in the university.
2) A dedicated faculty development unit in the college.
3) Training in medical education and teaching skills for all new teaching staff.
4) Teaching excellence award is in place.
5) Staff guidance in developing a professional portfolio is currently in the process of being established.

Area of Improvement

1) Difficulties in attending KSU faculty enhancement programs for our staff because of timing issues.
2) Awards for excellence in teaching needs to be increased and better announced.

Priorities of Action

1) Bring faculty enhancement programs to the departmental level.
2) Create new innovative ways to recognize excellence in teaching.

Annexes

Annex G. 4.7.1: Teaching Excellence Award criteria
Annex G.4.7.2: List of Faculty of Enhancement activities
Annex G. 4.7.3: Report of Faculty Development Unit.

4.8. Qualifications and Experience of Teaching Staff (Overall Rating Four Stars)

Comment on qualifications and experience of teaching staff relating to program requirements. A table should be attached listing staff teaching in the program, their highest academic qualification, with an indication beside their names if the courses they teach are within the field of their advanced study)

At the university level:

KSU is committed to hiring and keeping an effective and qualified faculty. Qualifications for hiring faculty at different faculty ranks are explicitly stated in the Higher Education Manual. In this manual, faculty members are classified into five categories/ranks: teaching assistants, lecturers, assistant professors, associate professors and professors. As shown in, KSU has over 5,000 full-time faculty members, 65% of whom are Saudis.

Several packages of incentives are set for distinguished faculty members in teaching. For instance, Saudi faculty members who teach their full load will receive an additional 25% salary compensation. Currently, the University is in the midst of a developmental phase, which will help host international workshops on campus. Speakers for these workshops are outstanding international professors and scholars from all over the world. Faculty members have prior information of these workshops and are encouraged to attend.

Every KSU faculty member is entitled to attend national and international conferences, symposia, workshops, and both specialized and general training courses. Faculty members are given financial support for transportation, conference/workshop registration fees and living
allowance for the event duration. The member can simply fill an electronic form (KSU website) for conference attendance, which is then approved by the Vice Rector for Graduate Studies and Research, and finally by the Minster of Higher Education. This process takes about 1-2 weeks. This indicates that KSU encourages faculty to actively engage in a variety of professional workshops, meetings, and conferences world-wide, which will enhance their teaching and research capabilities.

KSU faculty members are eligible for one semester sabbatical leave every three years or one year every five years. The procedure for applying for sabbatical leave involves written requests that go through the department chair and up through the dean’s office. Requests are granted based on a prior sabbatical application, sabbatical plans and timelines as well as availability of faculty for courses to be fully covered. Faculty members should complete at least one piece of research during their sabbatical leave. Applications for sabbatical leave (research plan and its budget) should be submitted to the department 4-6 months prior to the end of the academic year for approval by department, College Council, and then by the scientific council at the Vice Rectorate for Graduate Studies and Research. In 2008, KSU introduced the Nobel Laureates Program. The most important national and strategic aspirations of the Program are:

1) Projecting the international and pioneering role of the Kingdom of Saudi Arabia in encouraging scholars and researchers as a gesture of appreciation for the efforts they devote for the well-being of humanity.
2) Driving the process of research and development forward in the Kingdom through hosting internationally renowned scholars.
3) Disseminating the culture of scientific innovation, research and development among all social strata, that can be done through public lectures and press coverage of Nobel Laureates’ activities.
4) Activating the national role of the University in such a way that the Kingdom of Saudi Arabia is brought to the fore and made to perform a prominent role in innovation and creativity, the finality of this activation being to help build a Saudi science- and knowledge-based economy.
5) Reinforcing the research and consultancy potentials of the University with reputable international expertise in order to support the national developmental programs and build a global stature for the University.
6) Inspiring faculty members, researchers and students to be creative and distinctive so that a better knowledge community is created.
7) Initiating a distinctive pioneering avant-garde from male and female students through meeting Nobel laureates and benefiting from their unique experiences.

Another developmental program at KSU is known as Attracting Outstanding Faculty and Researchers Program. The objectives of this Program include:

1) Promoting the educational process by benefiting from the expertise of distinguished faculties;
2) Fulfiling international leadership by relying on top-quality researchers to serve the scientific operation;
3) Helping the growth of a distinguished generation of researchers and postgraduate students in various disciplines to serve the nation.
4) Encouraging the University's affiliates to create excellence by introducing them to exemplary scientific excellence.
This program has attracted 306 highly skilled professional faculty members who work in collaboration with KSU’s faculty in research and teaching 17 of which are for the College of Medicine. Furthermore, the Allied Program (Haleef), which is part of a responsibility sharing strategy, aims at bridging the relationship between the KSU and the business community in order to achieve the University’s desire for societal partnership and transfer to a knowledge-based economy. The program looks forward to create a unique role for the business community in applied education based on real practice, so that the student is enabled to solve problems, and make decisions in the real business environment. This program also embodies the social participation and responsibility of the business community to contribute in building competent students who can contribute to growth and prosperity. This program targets all the business organizations, establishments and companies. It aims at gaining their participation in teaching university courses, hosting the students to train them in the real business environment, establish summer companies, summer projects, and cooperative training, and participate in the consulting committees to direct business pioneers.

At the college level:

We are proud to have a large number of superbly trained staff people. Most of our staff has graduated from top international universities. The college has been blessed with a wide open door of scholarships resulting in more than 100 new North American fully trained staff people returning to the college in various specialties in the last 5 years. These individuals as well as the extremely locally well trained staff have added a great wealth to the institution (Annex G.4.8.1). The problem is that not all these individuals are necessarily effective teachers. In addition, more than one hundred appointed demonstrators are currently on scholarship training abroad in different specialties and are expected to join the faculty in the next five years (Annex G.4.8.2).

There has been a recent increase in income of faculty of about 80% although it's all in the form of bonuses and not part of the actual basic salary that gets included in the pension plan. All faculty and their relatives are entitled for full medical treatment in the university hospitals. All faculty members have offices some single and some shared. Teaching staff are either offered housing in the university housing (which has a very long waiting list) or are asked to rent outside while the university will partially compensate them. The paper work of such interaction is extremely redundant and difficult.

A common complaint by teaching staff is the inadequate supporting staff like secretaries and research assistants. This is due to the difficulties in hiring skilled staff because of the low salary scales and Saudization. Faculty satisfaction surveys are conducted annually and results are discussed in the College Board.

Evaluation of qualifications and experience of teaching staff

Strengths

1) Highly qualified international trained faculty members.
2) Recent increase in faculty income.
3) Reasonable faculty services.
4) Ample opportunity for education and travel to scientific conferences and meetings.
Areas for improvement

1) Lack of adequate supporting staff.
2) Relatively lower salaries compared to other institutions.

Priorities of Action

1) Find innovative solutions for the hiring of supporting staff.
2) Improve housing for faculty.

Annexes

Annex G.4.8.1: List of faculty members, their specialties, qualifications and academic rank.
Annex G.4.8.2: Number and specialties of demonstrators who are on scholarships abroad

4.9 Field Experience Activities (Overall Rating Three Stars)

Description of the processes for planning field experience activities and planning for improvement

The main field experience period is internship year. A dedicated office for internship affairs has been created and is linked directly to vice dean for academic affairs. The office consists of a teaching staff as a supervisor as well as supporting staff. The supervisor also heads the internship advisory committee which consist of rotations supervisors and an elected student representative. He also heads the interns’ advisory committee which consist of interns’ leaders and deputy leaders. The two committees work hand in hand to improve internship year and involve students directly in evaluation and improvement of their experience.

Internship manual has been developed and approved by college board explaining the objectives of internship, rules and regulations and rights and duties and is posted on the college website.

The internship year consists of 12 months. It used to be offered in 4 main specialties only but that has been modified based on students’ feedback and emergency medicine has been added as well as 2 months of elective rotation to give interns chances to experience the specialties of their choice.

A two days preparatory course is offered to all students explaining the objectives and expectations as well as rights and duties along with a hand on training on basic skills. Others courses in communications skills, carrier choice and research are also offered. Recently, a preparatory course for the Saudi licensing exam was offered. Evaluations are usually obtained at the end of each course and changes made according to them.

The students are evaluated according to a standard evaluation form. The evaluation form was revised after discussion with students and internship supervisors and was approved by college deanship. Any evaluation less than satisfactory is brought to internship committee for discussion.

Recently, student’s evaluation for programs has been introduced and will be used to approve or disapprove training locations (Annex G.4.9.1).

Evaluation of field experience activities

Strengths

1) A two days preparatory course is offered to all students explaining the objectives and expectations as well as rights and duties along with hands on training on basic skills.
2) All supervisors meet regularly to discuss any issues related to students training and one student representative is always present.
3) Regular meetings with student representatives to discuss training issues.
4) Only recognized training programs by Saudi commission for health specialties are accepted for training. If not, then the program training plan and objectives are discussed by training supervisors and approved if deemed appropriate.
5) The evaluation process is reassessed regularly and changed if necessary with consultation with supervisors and student representatives.
6) Training experience evaluation by students is new and will be used to accredit training locations.

Areas requiring improvement

1) Portfolio is done by students in some areas.
2) Visit to training areas are usually done on need basis and not regular.
3) Risk management is deficient.
4) Electronic system is not fully functional.

Priorities for improvement

1) Visit of interns to training areas are need to be conducted regularly.

Annexes

Annex G.4.9.1: Interns’ evaluation for programs

4.10. Partnership Arrangements with Other Institutions (Overall Rating Four Stars)

There are a number of collaborative agreements in place with reputable medical centers throughout the world, in research, and services optimization as well as teaching. The following are some existing agreements:

- Simulation centre collaboration with University of British Columbia. This is one of the best skills lab and simulation centers in North America. This agreement includes exchange of expertise and knowledge in the area of skills lab training and simulation (Annex G.4.10.1)
- Kaplan Medical International Center for courses in USMLE examination (Annex G.4.10.2.)
- Harvard university (agreement in education, research and training)
- Warwick medical school (agreement in diabetes research)
- The Magdi Yacoub - Institute, Imperial College, London (Agreement in cardiovascular research)
- Singapore state university (agreement in education, research and training)
- University of Toronto
- University of Ottawa
- Laboratory of human genetics of infectious diseases at Neker medical hospital. First Saudi French immune deficiency satellite lab was launched in June 2008
However, since the above agreements have been finalized and signed no formal assessment has currently taken place.

**Evaluation of partnership arrangements**

*Strengths*

1) Excellent collaborative agreements and twining programs with world top universities.

*Areas of improvement*

1) Many of these agreements are not best utilized especially when it comes to the undergraduate education part.
2) There is no special office that follows these agreements (this has been identified as one of the strategic priorities for the college in the current strategic plan).

*Priorities of action*

1) Proper evaluation of the impact of partnership arrangements.
2) Proper follow up of implementation of these agreements.

**Annexes**

Annex G.4.10.1: Agreement with Simulation centre at University of British Columbia
Annex G.4.10.2: Kaplan Medical International Center for courses in USMLE examination
Standard 5: Student Administration and Support Services (Overall Rating Three Stars)

Explanatory note about student administration arrangements and support services

The administration and support services of students are of major importance at KSU and are supervised by the Vice Rector of Education and Academic Affairs. Two supportive Deanships, the Deanship of Admissions & Registration and the Deanship of Student Affairs, are responsible for developing, monitoring, implementing, and following up on the required responsibilities and services. The Deanship of Admissions and Registration is responsible for student admissions, which are handled through the electronic Edugate and E-register systems. The Deanship of Student Affairs is responsible for all student activities and services, such as academic and social counselling, health services, housing, sports, cultural activities, training, transportation, student rights, and all other services. The Deanships delegate these responsibilities to the colleges through the Vice Dean for Academic Affairs. The responsibilities and regulations at these Deanships are written and approved by various authorities, including the Council of Higher Education, University Council. Some of these services and regulations are approved internally by the Rector, Vice Rector, or the related Dean.

Description of the processes used to evaluate performance in relation to this standard.

Since this process is almost entirely carried out by the University, we will refer to the University SSR.

According to University SSR, three teams were formed to address this standard. The first team was devoted to the males' centre and was formed of four members. The second team was responsible for the Malaz female centre and consisted of three members. The third team also consisted of three members and was responsible for the Oleisha female centre. The final outcome was a consensus of the results from all the centres.

A cross-sectional survey was implemented, in which two questionnaires were developed and used in all three centres; the first measured staff responses and the second measured students’ responses to the items included in Standard 5. In addition, structured interviews were conducted with the heads of both the Student Affairs Deanship and the Deanship of Admission and Registration at the University, which added value to the analytical process.

At the college level, multiple meetings were conducted with the Vice dean for academic affairs and the chairmen of academic guidance committees. Furthermore, one of the accreditation committee is also a member of the academic guidance committees. Surveys addressing student administration and support services issues were conducted for students, and staff (Figure G 5.1)

Key Performance Indicators considered in this standard:

1) Ratio of students to administrative staff.
2) The average rating by students to the question: Course registration is organized and easy
3) The average rating on the adequacy of academic and career counselling from answering the question I received appropriate Academic guidance when I needed it in graduate evaluation survey.
4) The average rating by students to the question: Students supporting services are adequate in graduate evaluation survey.
Evaluation of student administration arrangements and support services for students in the program

5.1 Student Admissions

Student admissions are performed electronically through the website of the Deanship of Admissions and Registration. Admission information for all colleges is described clearly on the website, including the requirements and procedures. Furthermore, the Deanship of Admissions and Registration distributes an admission guide to all high schools which contains information about admission requirements and procedures. The Deanship also conducts an open day for new students and welcomes potential students to visit the University colleges and answer their questions. All admission practices are documented. Evidence of the effectiveness of student admissions services indicates satisfactory standards of performance are normally achieved, although there is room for improvement in all of the above items. Consistent with staff responses, student survey showed similar indications (Annexes G.5.1.1 and G.5.1.2).

In addition, an interview with the head of admissions revealed that student admission items included in the questionnaire are all available and always implemented (Annexes G.5.1.3, G.5.1.4, G.5.1.5, G.5.1.6, G.5.1.7 and G.5.1.8). Results showed that there is a room for more improvements in many items listed in this area such as:

1. The admission requirements need to be clearly described, and appropriate college-specific prerequisite requirements (language, computer, general knowledge) identified
2. Holding workshops and training programs to enhance university staff’s communication skills, processes and administrative capabilities,
3. Holding open days for potential students and their families, to answer all their questions regarding different disciplines and colleges through meeting academic staff and students,
4. Updating the information with the admission advisors regarding all disciplines, through annual meetings between academic staff and admission staff and advisors.

Results also indicated that there is a need for more student advisors who are familiar with the details of the course requirements in order to provide assistance prior to and during the student registration process (Annexes G.5.1.9, G.5.1.10, and G.5.1.11).

5.2 Student Records

Student records at KSU are maintained in a secure and confidential location, with automated processes for generation of statistical data needed by the colleges and departments, external reporting requirements, and generation of reports on student progress and achievements. The confidentiality of individual student information is protected (Annexes G.5.2.1 and G.5.2.2). Based on the survey, the administration of student records found to be responsive and reliable on a satisfactory level. However, results also showed that there are opportunities for improvement in many of the items listed in this area. On the other hand, the interview with the head of admissions revealed that student records services are all available and always implemented (Annexes G.5.2.1 and G.5.2.2). Efforts should be made to improve the automation processes for (1) generating statistical data needed by the University, (2) external reporting requirements, and (3) generating reports on students’ progresses and achievements. In addition, hi-tech updates for the automated procedures to monitor student progress needs to be continuous. The effectiveness
and relevance of services must be fully monitored through processes which include surveys of student usage and satisfaction; services are modified in response to evaluation and feedback (Annexes G.5.2.3 and G.5.2.4).

At the college level all electronic records are following the university system while the paper records are kept in fireproof cabinets and for confidentiality complete access confined only to the vice dean of academic affairs

5.3 Student Management

Policies and regulations at KSU are established for fair and consistent processes of student management, with effective safeguards for independent consideration of disputes and appeals. The implementation of such policies and regulations are followed with satisfactorily (Annexes G.5.3.1 and G.5.3.2). However, interviews with key personnel revealed the following:

1) A code of behaviour is approved by the governing body and made widely available within the University specifying student rights and responsibilities of students (Annex G.5.3.1).
2) Regulations specify actions to be taken for breaches of student discipline, including the responsibilities of relevant officers and committees and penalties.
3) Disciplinary action is taken promptly and full documentation, including details of evidence, is retained in secure institutional records.
4) Student appeal and grievance procedures are specified in regulations, published, and disseminated within the University. The regulations make clear the grounds on which academic appeals may be based, the criteria for decisions, and the remedies available (Annex G.5.3.2).
5) Appeal and grievance procedures are constructed to reduce wasting time on trivial issues, but still provide adequate opportunities for matters of concern to students to be fairly dealt with and supported by student counselling provisions.
6) Appeal and grievance procedures guarantee impartial consideration by persons or committees independent of the parties involved in the issue, or who made a decision or imposed a penalty that is being appealed against.
7) Procedures have been developed to ensure that students are protected against subsequent punitive actions or discrimination following consideration of a grievance or appeal.
8) Appropriate policies and procedures are in place to deal with academic misconduct, including plagiarism and other forms of cheating.

Thus, the investigation reflected the need for disseminating and informing both staff and students about the availability of the items listed in this area.

5.4. Student Advising and Counselling Services

The academic advisor is part of the Committee of Academic Guidance, and is responsible for monitoring students' progress for a fixed period (Annex G.5.4.1). Academic advising and counselling services is limited to the two academic staff for each academic year and individual efforts by dedicated staff. There are no social workers, psychologist, nor full time counselors’ available.
In spite of that; the graduate evaluation survey showed moderate satisfaction with items related to this standard (Figure G 5.1)

Figure G 5.1: Students surveys related to Student Administration and Support Services

- Course registration is organized and easy
- I receive appropriate academic guidance when I need it
- Students supporting services are adequate
**Strengths**

1) Evidence about the quality of students and support services indicates that good levels of performance are normally achieved in all main components or areas of this standard (Student Administration and Support services).

2) A high level of effective security of student records, clear rules for governing privacy of information and controlling access to student records, eligibility for graduation, and opportunities for students' participation in religious, cultural, sports and physical activities.

3) Procedures at the University have been developed that are effective in ensuring that students are protected against subsequent punitive action or discrimination following consideration of a grievance or appeal.

4) Appropriate policies and procedures are in place at KSU for evaluation of success trends over time and student attitudes surveys.

**Areas Requiring Improvement**

1) In spite of the presence of a Committee of Academic Guidance that is responsible for monitoring students’ progress, the student advisory system should be continuously revised and improved to reach the desired level.

2) Automated procedures for monitoring student progress throughout their programs and for aggregating records to provide statistical data required for planning, reporting and quality assurance are in place, to some extent, but need to be improved.

**Priorities for Action**

1) To make available more student advisors who are familiar with the details of the course requirements to provide assistance prior to and during the student registration process and to hire social workers and psychologist.

2) To continually examine and adjust admissions and registration standards for the purpose of continuous improvement, including automating the processes for generation of statistical data, external reporting requirements, and generation of reports on student progress and achievements.

**Annexes**

Annex G 5.1.1: Students questionnaire and their response.
Annex G 5.1.2: Staff questionnaire and their response.
Annex G 5.1.3: Rule of study and Examinations of University stage and Executive basics approved by the University Council on 13/8/1425hH (English).
Annex G 5.1.4: Rule of study and Examinations of University stage and Executive basics approved by the University Council on 13/8/1425H (Arabic).
Annex G 5.1.5: Information regarding admission on the internet (Electronic Admission).
Annex G 5.1.6: Admissions procedures through the internet.
Annex G 5.1.7: Information regarding admission in centres (Student Guide).
Annex G 5.1.8: Information regarding admission in the newspapers (Riyadh newspaper).
Annex G 5.1.9: School visitation regarding university admissions.
Annex G 5.1.10: College orientation.
Annex G 5.1.11: Important websites related to standard 5 practices.
Annex G 5.2.1: Rules maintaining the records.
Annex G 5.2.2: Rules concerning the students’ graduation
Annex G.5.2.3: Procedures of record student grads.
Annex G.5.2.4: Regulations concerning exam results and announcing it.
Annex G 5.3.1: Students rights and obligations.
Annex G 5.3.2: Appeal procedures
Annex G 5.4.1: Academic Guidance. Committee and guidelines
Standard 6 Learning Resources (Overall Rating: Four Stars)

Learning resource materials and associated services must be adequate for the requirements of the program and the courses offered within it and accessible when required for students in the program. Information about requirements must be made available by faculty in sufficient time for necessary provisions to be made for resources required, and faculty and students must be involved in evaluations of what is provided. Specific requirements for reference material and online data sources and for computer terminals and assistance in using this equipment will vary according to the nature of the program and the approach to teaching.

Introduction

Learning Resources (LR) are considered to be the backbone for supporting teaching and learning processes. This report attempts to assess the quality of learning resources at College of Medicine, not simply by focusing on the provision of library collections and services, but also by looking at the broader context. The report looks into LR in its wide scope by including the electronic learning services, as well as the University and college portal on the Internet.

The college has access to a wide range of learning resources including but not limited to recently restructured library, college portal, web based learning resources, black board, and e-journals. College portal provides vast amounts of information in the form of college policies, faculty web-pages, links to important web-sites, and announcements about a variety of events. In collaboration with Deanship of e-learning and Distance Education the later is setting up the infrastructure for e-learning, building lines of communication between faculty and students, providing emails for each student and member of staff and faculty, as well as creating a message centre. In addition, the University has cooperated with other partners to provide sources of knowledge for its students such as; access to digital libraries and the National Centre for E-Learning.

The college provides computer labs to facilitate students using and accessing internet and other learning resources, besides teaching purposes, furthermore, the college is completely covered with wireless internet access. The Deanship of Student Affairs has a bookstore where students can buy texts in affordable and reduced prices. KSU share 50% of texts prices in order to help students obtaining the books.

According to the Report of the IT department, over twenty seven thousands visits to College of Medicine Website occurred from 25th January to 11th May 2010. The high number reflects the richness of information and resources available at the portal. For further information, more figures and comparisons could be seen at (Annex G.6.0.1).

Figure G.6.1: Number of Visits to the College of Medicine Website
Description of the processes used to evaluate performance in relation to this standard

Data has been obtained through documents review and personal interviews with College of Medicine librarian and Information Technology Department Head. The team members also revised the course evaluation survey result.

Evaluation of learning resources for students in the program

6.1 Planning and Evaluation

Learning resources in the college library, on the Web and the E-learning section are managed mainly by policies and procedures that give special attention to the particular requirements of academic departments and research units. As part of the course experience survey the adequacy of library support was assessed the result is shown on figure: G.6.2.

KSU libraries are now in the process of reviewing their organizational structure and workflow policies that exist among internal departments and within them, as part of a major reengineering process to affect overall libraries deanship. These will include policies for regular reviews of holding of libraries, guarantees of timeliness for holdings, accessibility of and handling of reserve material, policies to ensure regular faculty input regarding acquisition of material, strategies to link feedback to the respective faculties pertaining to usage for evaluation of effectiveness of resources in teaching and learning. In addition, policies regarding regularity of user and non-user surveys that include specific questions measuring adequacy and effectiveness of sources will be standardized to include all libraries.

Furthermore, KSU’s E-learning Deanship is implementing the Blackboard Learning Management System as part of the smart campus project (Annex G.6.1.1).

Surveys evaluating satisfaction with learning resources have been conducted. Responses showed that the college students are satisfied with learning resources provided (Figure G.6.3).
The college web portal is an important tool which links the college to the rest of the world by introducing the college to those wanting to familiarize themselves with it and by providing essential information to those seeking it, the visit came from over 136 countries in 3 months see figure(G.6.4). However, there is no accurate measurement of these effects on teaching and learning.

KSU and the college Website serves faculty and students, as well as the community, with different learning resources, such as faculty lecture notes and research, University and the college policies and regulations, as well as college activities such as conferences and workshops. The college website is regularly maintained and updated.

**Figure G.6.3: Overall User Satisfaction of College of Medicine Learning Resources**

The college web portal is an important tool which links the college to the rest of the world by introducing the college to those wanting to familiarize themselves with it and by providing essential information to those seeking it, the visit came from over 136 countries in 3 months see figure(G.6.4). However, there is no accurate measurement of these effects on teaching and learning.

KSU and the college Website serves faculty and students, as well as the community, with different learning resources, such as faculty lecture notes and research, University and the college policies and regulations, as well as college activities such as conferences and workshops. The college website is regularly maintained and updated.

**Figure G.6.4: Map Overlay of College Website Visitors**
6.2. Organization

Realizing the fact that students need extended hours for reading and research, the college library have extended its daily opening periods which is currently from 8:00 am to 8:00 pm daily for males and females. In addition, newly integrated automated library software has been acquired for on campus and off campus searches (Unicorn), and access has been provided to universally-known online databases. Moreover, KSU Web portal and E-learning services are available 24/7 to students and faculty, providing up-to-the-minute access to University activities and course material.

Library collections and materials are acquired on a regular basis based on submitted requests from various academic departments which take into account the teaching and learning needs. These are catalogued and referenced in internationally agreed upon coding systems. A separate college digital library project is being finalized that will provide access to books and manuscripts.

There are clear guidelines governing the borrowing of materials as well as the imposition of fines for late returns. The maximum number of books a faculty member can borrow at a time is 30, whereas a student can borrow 20 books. All books are magnetized and bar-coded to ensure secure systems for loaning. Libraries stock several copies of books to ensure at least one copy is always on-hand for visitors, and materials in great demand are not loaned out for long periods of time. The college library has clearly displayed its codes of conduct for the users, and students are satisfied at the facilities accorded to them.

6.3 Support for Users

The new Information Literacy Program aims at instructing library users on how to make use of the wide range of different learning resources available. The library orientation is being implemented in the reformed program curriculum and each student is required to undergo orientation to available learning resources including the library. Qualified librarian is available to help users and answer their questions. Furthermore electronic system is being developed to assist users to search and allocate library collections. More information on the Library Developmental programs could be seen in Annex G.6.3.1. The Deanship of E-learning and Distance Education is undertaking a project that aims to provide KSU students and faculty with access to approximately 90,000 textbooks from about 13 publishers (Annex G.6.3.2).

6.4. Resources and Facilities

Today's College of Medicine faculty and graduate students can use suitably furnished desks in the library, equipped with PC and network printers in order to conduct their research in a constructive learning environment. Library has up-to-date computers with computer workstations connected to a high-speed network internet and users have access to wireless Internet for their laptops. The Library portal on the Web will provide interactive features that will enable the college community to ask librarians questions, search across different databases, and view more information about books on online catalogs. Other support facilities are provided such as photocopying and study rooms to help in study and research. It has suitable places to accommodate books and other information resources. To enable library users to get on the scientific material Arabic and English periodicals are available and the library has services for
individual or collective research and provides support services to meet the needs of faculty members and graduate students.

Summary
Learning resources at College of Medicine have now acquired high standards in supporting learning and research. The college library is undertaking new projects that attempt to improve access to information resources and services. The college site is updated regularly with information on activities and programs provided to students and faculty, and, increasingly, the E-learning environment has become the norm at the college to access learning resources. This assessment relies on several factors as mentioned in the data-gathering section. Even though the results of this assessment indicate that satisfactory levels of quality have been achieved, learning resources at College of Medicine are going through major development as many projects are continually being initiated.

KSU is implementing some revolutionary projects that are going to transform the concept and reality of information services to College of Medicine. These projects include building a digital library, enhancing the Website with interactive features, providing a comprehensive information literacy program etc. Once these major projects that are being undertaken are completed, the University community will feel the freshness of learning resources in their libraries.

Strengths
1) KSU library has access to a wide range of learning resources.
2) Strong and full support from top management.
3) Adequate budget allocation to learning resources.
4) Establishment of the Deanship of E-learning and Distance Education.
5) Establishment of the web-portal and extended usage of the portal as a learning resource for students.
6) Initiation of several developmental projects within the library.
7) Renewal of facilities including provision of a large number of computer terminals within the library. In addition, there has been an increase of the number of books and journals.
8) Extension of library opening hours according to utilization, as well as provision of online catalogues and digital libraries.

Areas requiring improvement
1) Utilization of the library's automation system to its full potential, especially its interaction with users (i.e. request for new purchase, holding a borrowed book).

Priorities for action
1) Improve utilization of E learning system.

Annexes
Annex G.6.0.1 Data on College of medicine web site
Annex G.6.1.1 Black board learning management system
Annex G.6.3.1 Library developmental program
Annex G .6.3.2 E-library system
Standard 7: Facilities and Equipment (Overall Rating Four Stars)

Adequate facilities and equipment must be available for the teaching and learning requirements of the program. Use of facilities and equipment should be monitored and regular assessments of adequacy made through consultations with teaching and other staff and students.

Our College of Medicine is one of the largest in the area. Therefore, facilities and equipments needed to help deliver the program are enormous. Careful planning at the level of college and university is a priority with special attention to feedback from end users. The facilities were rearranged for proper utilization of space and equipments.

All teaching and learning areas were supplied with the latest equipments that are well maintained around the clock.

Special attention was given to IT department to enhance websites, intranet, wireless internet service and training of students and staff.

Description of process for investigation and preparation of this standard:

- Examining policies and procedures of deanship of E-learning and IT department.
- Training workshops for staff on new equipments.
- Department of Medical Education plan for restructuring small classrooms, labs. Library and other facilities.
- Review of Medical Education Centre structure and facilities.
- Examining department of engineering and audiovisual centre for policies on obtaining, maintenance and replacement of equipments.

Key Performance Indicators considered:

1. The average overall rating by the staff to the questions:
   a) I am satisfied with the available student services.
   b) The audiovisual aids in the lecture halls are appropriate.
   c) The lecture halls are appropriate.

2. The average overall rating by the students in graduate evaluation survey to the questions:
   a) The Audiovisual educational aids were suitable.
   b) Lecture halls were suitable and comfortable.

Evaluation of facilities and equipment for the program

7.1 Policy and planning

College of Medicine has been striving to implement policies to ensure quality of planning and acquisition and maintenance of facilities and equipments.

This includes:
  a) Organized processes and procedures for the acquisition of equipments, including tendering process, procurement and invoicing procedures and inventory logging and tracking system
  b) A documented system for periodic maintenance and repair of facilities and equipments located throughout the college (Annex G.7.1.1).
  c) A stringent system of facility planning and budgeting which involves various academic and administrative units across the college and University.
Each year all departments are asked to submit their needs for the next academic year which will be approved and submitted to the university for final approval.

7.2 Quality and adequacy of facilities and equipments

With curriculum reform, several small classrooms were added and supplied with the latest equipments. All classrooms are now smart classrooms. Faculty members are trained by Deanship of E-learning and Distance Education on smart classroom equipment. Underutilized labs were restructured and rearranged for better utilization by staff and students. A three story Medical Education Centre is fully functional now with numerous teaching classes and manikins for hands-on clinical training. The library is being renovated and extended working hours has been approved for library and study areas. College expansion project is ongoing and that will provide additional teaching areas, classrooms, labs and recreation areas (Annex G.7.2.1).

7.3 Management and Administration

All equipments and facilities are checked by engineering department prior to final approval to assure quality and compatibility. Complete inventory is kept and regular maintenance is provided. Even after hours, on-call person is available for emergency repair and maintenance. Security systems and cameras are provided throughout the whole facility around the clock to insure safety of workers and protection of equipments from improper use. The large number of classrooms and lecture halls are under jurisdiction of Medical Education Department and audiovisual centre were central booking of rooms, halls or labs is done to ensure maximum organized utilization of the facilities.

7.4 Information Technology

IT department was an area of improvement in the past so it is one of the priorities of the strategic plan. Working in accordance with the Strategic Plan, significant additions and enhancements were successfully implemented like:

1) E-register and Edugate (the new academic systems)
2) Madar, a new administrative system
3) Installed the latest hardware
4) Network infrastructure
5) Internet bandwidth expanded and services upgraded
6) An upgrade to smart classrooms throughout the University
7) The Learning Management System (LMS) and E-learning portal

Each student is provided with a laptop computer and a college wide wireless internet service is provided. Technical Support is provided around the clock. Security systems are in place to protect privacy of sensitive personal and institutional information and to protect against externally introduced viruses. Recently, a code of conduct was established relating to inappropriate use of material on the Internet (Annex G.7.4.1). Compliance with this code of conduct is checked and instances of unsuitable behaviour are dealt with appropriately.

The colleges and departments acquire and run their own public-access computers and keep a complete inventory of all equipments, while university-wide information kiosks are managed by both the E-learning & Distance Education and E-transactions & Communications Deanships.
Strengths

1) Most program needs in term of facilities and equipments are provided in timely manner and departments are usually consulted prior to any major purchasing or leasing projects.
2) Complete inventory is kept and regular maintenance is provided.
3) Feedback from principle users is being used to improve facilities.
4) Teaching facilities are centrally controlled.
5) Security is provided at all time.
6) Internet Security systems are installed and code of conduct has been established.
7) Training courses on new equipments are offered.
8) The rapid development in IT systems, hardware, wireless network and internet bandwidth.
9) The introduction of smart classroom equipment in classrooms and lecture halls; also, the introduction of the Learning Management System.

Areas requiring improvement

1) Handicapped facilities although significantly improved is not complete.
2) Recreation areas for students are currently suboptimal at the college level but reasonable at the university level.

Priorities for improvement

1) Engineering department to complete their plan to make the facility more handicapped-friendly especially parking spaces and rest rooms.
2) Larger dining facilities and recreation areas for staff and student need to be allocated in the college and hospital expansion buildings. This has been accounted for in the current expansions including the utility building and the new medical school.
3) Training courses need to be compulsory and internet code of conduct need to be enforced.

Annexes

Annex G 7.1.1: Engineering Department Report
Annex G 7.2.1: College Expansion Project
Annex G.7.4.1: Code of conduct for Internet Use
Standard 8 Financial Planning and Management (Overall rating Four Stars)

Financial resources must be adequate for the programs and services offered and efficiently managed in keeping with program requirements and institutional priorities. Budgetary processes should allow for long term planning over at least a three year period. Effective systems must be used for budgeting and for financial delegations and accountability providing flexibility for managers at different levels in the institution combined with institutional oversight and effective risk management.

Introduction
The finance is fully supported and provided by the University in accordance to the rules and regulation of the ministry of finance. KSU has been adopting governmental and financial accounting policies and procedures in order to ensure the quality control of its financial and accounting processes. These include

1) An organized financial planning and budgeting process with strict monitoring and follow-up procedures
2) Universal procedures for expenditures, including an invoice and billing tracking system,
3) A stringent accounting system for various financial categories, including salaries, allowances, and wages, operation expenditures, programs and contracts of maintenance, cleaning and guards and projects.

The University has maintained sound financial management and auditing practices, both internal and external

Description of the Process for the Preparation of the Report

The self study committee

1) Identified and listed the evidences necessary for the compilation of the standard.
2) Reviewed both previous institutional and college Self-Study reports.
3) Reviewed official documents related to the financial management and planning.
4) Interviewed the dean, vice deans and head of the departments

Report on Subsections of the Standard
8.1 Financial Planning and Budgeting

The Executive Rules for Financial Affairs (Annex G.8.1.1) dated 27/6/1416H. Article 2 of Chapter one stated that the University revenues consist of the following:

1) State allocated budget.
2) Funds from individuals in the form of donations, and endowments.
3) Revenues from the University owned property.
4) Research grants, contract income and other academic services rendered by the University to other parties.

The state allocated budget is the largest component of the University income. However, the University is working to develop strategies to diversify revenue through a range of activities to reduce its dependence on a single funding source.
Executive Rules for Financial Affairs at the University (Articles # 4) states that the University allocated budget has four expenditure sections: (Table G.8.1)

- Section one: Salaries, allowances and wages
- Section two: Operation expenditures
- Section three: Programs and contracts of maintenance, cleaning and guards
- Section four: Projects

Table G.8.1: The Financial Position of the University Budget Sections for Fiscal Years 2007-2008 (Amounts in Thousands of Saudi Riyals).

<table>
<thead>
<tr>
<th>Financial summary</th>
<th>2007 (1427/28H)</th>
<th>2008 (1428/1429H)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Section (1)</td>
<td>1,592,177</td>
<td>1,837,000</td>
</tr>
<tr>
<td>Section (2)</td>
<td>1,358,089</td>
<td>1,418,635</td>
</tr>
<tr>
<td>Section (3)</td>
<td>111,456</td>
<td>343,056</td>
</tr>
<tr>
<td>Section (4)</td>
<td>327,678</td>
<td>2,782,439</td>
</tr>
<tr>
<td>Total</td>
<td>3,389,402</td>
<td>6,381,131</td>
</tr>
</tbody>
</table>

Note: Table above shows that the total expenses increases by 88.26 percent from year 2007 to 2008. Moreover, projects' actual expenses increase by 749.39 percent for the same period.

Most of the budget for the college is contained within the budget of the University in sections 1, 3, and 4 as an aggregate for all academic units. However, in accordance with the recommendation of the 2008 SSR review, the University has embarked on initiatives to give more financial independence and decision-making for the college to cover its non-budget expenses for development and operations. The operating expenses (section 2) for laboratory equipment and chemicals, office furniture, teaching materials, raw material for maintenance, spare parts projects, repair projects and building rehabilitation plans are allocated based on the needs and requirements of the college. It is required that for a proposed project or program to explain the expected cost and maintenance expenditure be explained. The Department of Financial Affairs is considering the conducting of formal cost-benefit and cost-effectiveness analyses for proposed projects and programs.

The budget system could be enhanced further in order to permit individual colleges and departments to prepare their own budgets consistent with their departmental needs and goals. This would require restructuring of the existing budgeting system at KSU.

The budget allocated to the ongoing and new projects received a large proportion of last year’s budget. This is in alignment with the Mission and goals of the University in providing distinctive education and producing creative research in an environment more conducive to creative thinking.

Preparation of the University draft budget is a financial plan including estimations of required expenses and requirements of financial resources for the operation of all the University units and departments. A letter from the Ministry of Finance includes the date set for the submission
of the University draft budget for the next year to the Ministry (Annex G.8.1.2). In the light of that the General Directorate for Planning, Budget, and Follow-up prepare the proposed budget for the next fiscal year. They are guided by the University’s five-year operation plan, which is prepared by the Development and Planning Directorate, based on their consultations with the University’s organizational units. The approved plan is announced by the Ministry of Economy & Planning (Annex G.8.1.3).

In 2009 the University launched its endowment funds. Through the "University Endowments Program" the University aims at increasing its financial resources, participating in the activities that enhance the international profile of the University, supporting the development of education and activating the relationship between the University and society in order to help it attain the Mission of creating a social partnership for building a knowledge society.

To ensure the progress of the University endowments program, the University intends to form a distinguished administrative and organizational structure to manage endowments investments, as well as providing views on the restrictions and codification of investment so as to realize the targets of endowers. In addition to offering a number of endowment investment funds, the company will offer opportunities to invest in different funds including medicine.

8.2 Financial Management

At the university level financial delegations are clearly specified in article # 9, 10 and 11 of the statutes governing the financial affairs in universities and the rector's decree # 2929000001 (Annex G.8.2.1).

Where possibilities of conflict of interest exist, either actual or perceived, the persons concerned declare their interest and refrain from participation in decisions regarding financial affairs. Instead, decisions made must serve the public interest.

The University financial affairs are subject to internal and external auditing processes. Internal auditing is carried out through the auditing division of the Finance Directorate. The university budget is subjected to external auditing by the General Auditing Bureau of Saudi Arabia which execute auditing on the state’s revenues, expenditures, current and fixed assets and oversee the proper utilization and maintenance of these resources.

In year 2008 King Saud University developed a set of financial Key Performance Indicators (KPIs) (Table G.8.2) that covers four main parts: revenue related ratios, cost related ratios, endowment funding ratios, and growth ratios.

### Table G.8.2: Financial KPIs of King Saud University (2008).

<table>
<thead>
<tr>
<th>Key Performance Indicators</th>
<th>KSU</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revenue related Ratios:</td>
<td></td>
</tr>
<tr>
<td>Ratio of government fund to total revenues</td>
<td>96%</td>
</tr>
<tr>
<td>Ratio of research grants to total revenues</td>
<td>1%</td>
</tr>
<tr>
<td>Ratio of investment income to total revenues</td>
<td>0</td>
</tr>
<tr>
<td>Ratio of fees and charges to total revenues</td>
<td>1.7%</td>
</tr>
<tr>
<td>Other income to total revenues</td>
<td>1.3%</td>
</tr>
</tbody>
</table>
### Cost Related ratios:

- Ratio of instruction and academic support expenditure to total operating costs (TOC) \[ \text{Ratio of instruction and academic support expenditure to TOC} \]
  - 37%
- Ratio of Research expenditure to TOC
  - 8%
- Ratio of students grants and scholarship to TOC
  - 1%
- Ratio of other expenditure to TOC
  - 54%

### Endowment Funding Ratios:

- Return on endowment funds
  - 0
- Growth rate of endowment assets
  - 0

### Overall Evaluation of Financial Management and Planning Process

Evaluating KSU’s financial planning and management system showed that the University budgeting and resource allocation process reflects its Mission and goals guided by its five-year plan. The state allocated budget is the largest component of the University’s income. However, the University is encouraged to develop strategies to diversify revenue through a range of activities to reduce its dependence on a single funding source.

The General Directorate for Planning, Budget, and Follow-up prepares the proposed budget for the next fiscal year. The main task of the Accounting Division at the Financial Directorate is to ensure that funds provided for particular purposes are used for the same purposes and verify that this has occurred. The Finance Directorate submits a quarterly report on expenditure and commitments against budgets with reports prepared for each organizational unit and for the University as a whole.

The University monitors liquidity ratios continuously through the allocation book kept by its Finance Directorate and considers variations between colleges and departments of different cost structures in terms of their allocations (salaries, wages, and allowances).

The University financial affairs are subject to internal auditing through the auditing division of the Finance Directorate and external auditing processes through the Ministry of Finance and General Auditing Bureau of Saudi Arabia.

At the college level, most of the funding comes directly from the university through various sources. All salaries are paid directly to staff. For all IT related services and equipment this is either funded from the IT department in the hospital or from the IT deanship at the university. For all e-learning material it is funded through the learning deanship. Similarly, most faculty development activities are funded through the deanship of faculty development. Other daily expenses are covered by the university through a special budget.

In a similar manner to this arrangement for the college the individual departments are managed.
**Strengths**

1) King Saud University is getting great deal of encouragement and support from the government, which allows for getting a comparative advantage compared with other universities.
2) The ability to generate income from non-governmental sources by establishing development programs, such as research chairs, endowments, donations, and financed research and projects.
3) The University financial affairs executive rules are comprehensive and written in clear and practical terms. The University financial affairs organizational structure ensures a clear division of work.
4) The University financial planning process is aligned with its Mission and goals and is guided by the University’s operation plan.
5) The University employs an efficient internal and external auditing process which ensures good control and monitoring of the financial affairs.
6) The University launched the Key Performance Indicators (KPIs) project and benchmarking which will aid in achieving better performance.

**Areas Requiring Improvement**

1) Consistent with KSU’s modern approach to strategic development and planning, the University should undertake restructuring of its financial planning and management system in order to delegate some level of financial autonomy to the colleges through, for example, the provision of annual operational expenses budgets for them.
2) The financial affairs should embark on formal cost-benefit and cost-effectiveness analyses for proposed projects and programs.
3) The financial planning processes should include independently verified risk assessment.
4) Establishing a financial benchmarking process at college level in addition to that of the university.

**Priorities for action**

1) Restructuring of KSU’s financial planning and management system in order to delegate some level of financial autonomy to the college through the provision of its annual operational expenses budgets.
2) Embark on formal cost-benefit and cost-effectiveness analyses for proposed projects and programs.
3) The financial planning processes should include independently verified risk assessment.

**Annexes**

Annex G.8.1.2: A letter from the Ministry of Finance includes the date set for the submission of the University draft budget for the next year to the Ministry.
Annex G.8.1.3: The approved plan is announced by the Ministry of Economy & Planning.
Annex G.8.2.1: The Rector's Decree # 2929000001.
Standard 9 Employment Processes (Overall rating Three Stars)

Teaching and other staff must have the knowledge and experience needed for their particular teaching responsibilities and their qualifications and experience must be verified before appointment. New teaching staff must be thoroughly briefed about the program and their responsibilities before they begin. Performance of all faculty and staff must be periodically evaluated, with outstanding performance recognized and support provided for professional development and improvement in teaching skills. (Note: Teaching staff refers to all staff with responsibility for teaching classes including full and part time staff, faculty, lecturers, and teaching assistants)

Introduction

The University’s approach to human resource policy and management has undergone significant change in the last few years in line with the 2030 Strategic Plan, notably Objective 2. The majority of faculty and staff employment processes are centrally managed by the Deanship of Faculty and Personnel Affairs, which is located at the main campus in Riyadh. The Deanship encompasses in its facility many departments, including a large department for female faculty and staff. This particular department serves as a referral centre of all female employment related issues from the different units in the colleges.

There is a clear commitment at the institutional level to enhance the quantity and quality of its staff. Consistent with this commitment, the Deanship has worked towards—and obtained—ISO 9001:2008 certification. Considerably larger numbers of Saudi new graduates have been hired as teaching assistants in 2008-2009 than in previous years. Moreover, many programs have been launched to attract and recruit distinguished faculty members. Research chairs have been launched offering numerous positions of research assistants.

The University has made outstanding progress not only in increasing the quantity of its staff but also in enhancing its quality. It provides opportunities to staff for personal and professional development through workshops offered regularly by the Deanship of Skills Development, and by encouraging faculty members to attend international conferences or training workshops abroad. Furthermore, Vice Dean for Branches has created a Faculty Development Committee for health colleges which function is to collaborate with Deanship of Skills and fine tune health colleges faculty development programs, one more step was the establishment of faculty development unit at college of medicine with the director reporting to Vice Dean for Quality and Development, the unit has organized and offered various workshops and lectures in the short term (Annex.G.9.0.1) and currently conducting need assessment survey to explore faculty needs in order to organize faculty development program as an intermediate plan, the ultimate goal is to have individualized development program. The college has made progress in the area of rewarding outstanding academic and administrative performance. Outstanding performance awards have been introduced and publicly announced. (Annex G.9.0.2)

Description of the process of preparing the report on this standard

In order to do an accurate assessment of this standard the college SSR committee did the following:

- Reviewed the University SSR on this standard
- Reviewed all employment policies and procedures
• Reviewed all the faculty staff statistics from the college
• Reviewed all the documents of the faculty improvement unit
• Discussed with the Vice Dean for Postgraduate Affairs (the vice dean responsible for faculty) all the issues and difficulties concerning the employment process of distinguished faculty

**Key Performance Indicators considered:**

1) Proportion of teaching staff leaving the institution in the past year for reasons other than age retirement.
2) Proportion of teaching staff participating in professional development activities during the past year.
3) Proportion of Academic staff participating in professional development activities during the past year.

**Report on subsections of the standard**

**9.1 Recruitment:**

The university has clear formal recruitment processes which deal with the employment of Saudi, non-Saudi and non-academic staff. These are well announced on the university website. Credentialing committees at the departmental level discuss every candidate and document their recommendations. This then has to be approved by the Department Council, then by the College Board, and then by the Committee of Teaching Assistants and Lecturers headed by the Vice Rector for Graduate Studies and Research. The final decision is for the Scientific Council. For non academic staff the process also starts at the departmental level but goes directly to the Dean and then to the personnel department in the college and then to the university personnel department.

Positions are publicly advertised at local newspapers, and the University website. Some professional recruitment services have also been used. The advertisements include job title and means to apply. Detailed description of the job, selection criteria, indicators of performance, and processes of performance evaluations are not consistently included in the advertisements. However, they can be looked up in the regulations of the Ministry of Higher Education or the regulations of the Ministry of Civil Service on the University website. Moreover, the University has established several programs and units to recruit distinguished professors and scholars, including Nobel Prize laureates. The University is strict about verifying the standing and reputation of the institutions from which degrees were obtained. The process undoubtedly includes considering if the institution is recognized by the Ministry of Higher Education.

Although there has been considerable progress in the ability of the university and college to hire distinguished staff, there are still major difficulties in hiring skilled supporting staff. Because of low salaries and Saudization this has become a hindering point in the majority of colleges. Multiple plans are underway to solve this problem.

Careful attention is given to appointed qualified and skilled faculty staff. Final decisions for professorial-level appointments are made by the Scientific Council. All other appointments are confirmed by the Committee for Teaching Assistants and Lecturers. There are a number of specialized units and programs to recruit internationally-renowned scholars and researchers. A process of qualifications and reference checking is in place. For the last three years, orientation and induction has been provided at the University level to new faculty members at the beginning
of each academic year by the Deanship of Skills Development. Colleges provide additional orientation to new faculty members (Annex G.9.1.1) and at college level orientation process has been revisited. It is important to note that the University makes explicit descriptions of all jobs and related responsibilities, duties and authority for each post and level, and that there are guidebooks available that specify these responsibilities.

9.2 Personal and Career Development

Career and personal development at KSU provide employees with opportunities to build productive and satisfying careers while contributing to the achievement of the University’s Mission. Such opportunities are made available to faculty, teaching staff, and administrative staff through different channels. The University has established a Deanship for Skills Development which plays a major role not only in organizing the workshops and seminars, but also in identifying the staff needs and setting strategies to meet those needs. Saudi faculty and non-Saudis are equally encouraged to attend national and international conferences in their specialties.

All faculty members are expected to participate in some form of career development every year. At a minimum, they are expected to stay current in their fields of expertise and maintain satisfactory levels of performance. For physicians and surgeons, it is the requirement of Saudi Commission for Health Specialties to acquire at least 30 hours of continuous medical education annually (Annex G.9.2.1). The performance is monitored through the regular evaluation forms that students are asked to complete, and through faculty members’ outstanding achievements. Furthermore, these achievements are publicized in the form of a reward ceremony (Annex G.9.2.2).

The participation in activities is also used and monitored by the Deanship of Skills Development and a minimum of two workshops should be attended each academic year for the faculty. Those who attend more than two are given an opportunity to be nominated for additional special workshops or conferences. A new regulation has been announced by the Rector that those who fail to meet that requirement may not be eligible to receive the teaching allowance. In addition, feedback on appropriate timing of the activities has been surveyed to enhance faculty participation.

The Deanship of Skills Development provides workshops and activities that target a wide-range of skills, such as personal, technical and professional skills of the faculty and staff. In addition, leading, administrative, and active communication skills are also among the targeted areas. Moreover, there are other faculty and staff development activities that are held at colleges’ and departments’ levels.

The University offers significant help to lecturers and teaching assistants through a support unit which facilitates their acceptance at international universities and provides all the needed information to encourage them to pursue their education. It also introduces junior teaching staff to leading research and education institutes through activation of the cooperation agreements between KSU and world-wide universities. Although all the workshops that are organized by the Deanship of Skills Development are evaluated by participants, there is no feedback on its impact on the staff and faculty performance from the Deanship of Skills Development yet.

Criteria for performance evaluation are clearly specified and recently made public on the website of the Deanship of Faculty and Personnel Affairs (Annex G.9.2.3). There is a standard form for
performance evaluation that is known to all those who are teaching, as well as other staff. Evaluation criteria for faculty members give more weight to research at the expense of other important faculty roles. Evaluation forms are usually filled by the department chair once a year. The process is done confidentially. If performance is evaluated as less than satisfactory, the staff will be given the chance to improve its performance based on area(s) of weakness pointed out on the evaluation form. Even though it is not a common practice to discuss the evaluation with the employees, faculty members are given the right to view their performance evaluation report. There has been an emphasis from the administration that all evaluation reports must be signed by the employee prior to final reporting to the deanship. They are also given the right to file a complaint if they are not satisfied (Annex G.9.2.4).

The University has started adopting a policy to reward outstanding academic and administrative performance. Such rewards include recognition of their merit by announcing it on the website and in the University newspaper. Websites of deanships display the picture and the name of “the employee of the month” in recognition of his outstanding performance. Other forms of rewards include providing laptops to those who launched their personal pages on the KSU faculty website. Excellence in teaching was publicly recognized and rewarded at the levels of the department, college, and the institution. Criteria for selecting winners are clearly documented and made available on the website. (Annex G.9.2.5) In addition, faculty members whose research is published in international journals are financially rewarded and recognized.

Faculty development at the college level is handled by a devoted faculty development unit. As mentioned before, a survey of the needs and expectations of the staff has been conducted. Based on that, a full educational and training program has been planned and executed. Feedback on each activity is collected and improvement plans carried out.

In addition to local training, each faculty staff is entitled for paid conferences and training courses outside the Kingdom. In such events a first class ticket, registration, accommodation, and a daily allowance is covered by the university. If the staff actually has a paper to present whether orally or as a poster then there is no limit for the amount of meetings he/she can go to.

Non academic staff also receives training through multiple ways. First the deanship of skills development offers courses and training session for employees of all ranks and specialties. In addition, a special training centre is present in the college of Medicine and the university hospitals that deal with non medical non academic faculty. This office offers training courses in English language, computer skills, communication skills, secretarial tasks, and other areas.

**Strengths**

1) There is a well-developed employment process.
2) Credentialing of all employees is checked verified.
3) The college has been able recently to attract distinguished staff with high international calibre.
4) There are ample opportunities for professional development for academic and non academic staff.

**Areas requiring improvement**

1) There is difficulty in hiring skilled supporting staff.
Priorities for action

1) Improve training programs for supporting staff (identified as a strategic priority for the college).
2) Support the university’s plans to develop the academic track system.

Annexes

Annex G.9.0.1: Report of Faculty Development Unit.
Annex G.9.0.2: Outstanding Performance Award.
Annex G.9.2.1: Saudi Commission for health specialties CME Requirements
Annex G.9.2.2: Teacher of the Year Award Ceremony.
Annex G.9.2.3: Website of Deanship of Faculty and Personnel Affairs.
Annex G.9.2.5: Standards and Criteria of Outstanding Faculty Award.
Standard 10: Research (Overall Rating Four Stars)

Introduction:

At the level of the university:

King Saud University is ambitious about becoming a world-class University by 2030. The Strategic Plan sets the research agenda of the University, particularly in Objectives 1, 2, 3, and 5. It is the goal of the University to think globally and to excel in research in accordance with its slogan of being “good in all areas and great in some”. In addition, the University strives for a high-caliber and distinctive faculty and innovative scholars and researchers by building networks with the local, national, and international communities and by fostering cross-institutional collaboration and interdisciplinary research. Considerable investments in funding have been made available to the University to achieve these goals through the doubling of the University budget. In order to assure the sustainability of the University’s goals, an endowment program has been established and—although it has only recently begun—is already showing positive results. Notable features of this diversification strategy for the funding of research includes actively soliciting funding from SABIC, KACST, and other external donors. Funds for more than 90 research chairs and four research centers of excellence have been established thus far.

In its journey toward international recognition, KSU has considerably improved its financial resources by having its budget almost doubled and by establishing an endowment program for which the target is to collect around SR 37.5 billion in cash and assets value from the government and the donors. Moreover, KSU has created a number of additional important funding sources for scientific research including funds for more than 90 Research Chairs and 4 Centres of Excellence for research.

A detailed overview of the research characteristics of the University that underpins its aspiration to become a world-class university is listed in (Annex G.10.0.1) It consists of the following sections: (a) Major University Research Successes, (b) Benchmarking, (c) KSU’s Approach in Developing and Supporting a Knowledge-Based Society, (d) A Change in Culture and Philosophy: A World-Class University, (e) A Tripartite Mission- Learning, Discovery, and Engagement, (f) Quality-Driven Research, and (g) Research as a Vehicle for Transformation.

The funds for research activities of the faculty members and researchers are provided from the university budgets and grants. Grants from King Abdullah Institute of Nanotechnology are estimated at SR 28 million for 23 research projects; National Applied Research Program funds reach SR 30 million for 70 research projects; and Research Centres funds are SR 32 million for 416 research projects. Research Chairs and Centres of Excellence for research budgets expenditures on research are estimated at SR 100 million. Therefore, estimated funding of research at KSU totalled SR 190 million for 2008-2009, which is an adequate research budget provided to enable the achievement of KSU’s research plan. Other funds are obtained from King Abdul-Aziz City for Science and Technology through bidding for research projects.

Several aspects of cooperation with industry are highlighted in strategic initiatives and plans of the different research units (e.g., the Vice Rectorate of Knowledge Exchange and Technology Transfer).
The cooperation with local industry and with other research agencies is actively encouraged by KSU as manifested in the following:

1) Establishment of more than 90 Research Chairs sponsored by private donors.
2) Several research projects funded by SABIC.
3) Several joint projects with ARAMCO.
4) Establishment of SABIC Research Chair in Petrochemical (catalysis) that is considered a nucleus for an Excellence Centre.
5) Several research projects funded by King Abdul-Aziz City for Science and Technology.
6) Shared use of equipment in conducting tests and evaluation of performance (materials, devices, machines, equipment) for private companies.
7) Establishment of Prince Sultan Advanced Technology Research Institute (PSATRI) supported by Saudi Royal Air-Force. PSATRI has been established to handle joint research and development efforts in the area of communications, and other areas of Engineering, technology and business sciences with relevance to the needs of Air-Force and King Saud University.
8) Courses taught by industrial experts or courses co-taught by professors and industrial experts.
9) Establishment of Technology Transfer Unit (including Riyadh Techno-Valley, Innovation Centre / Incubator) which is being set up as a “one stop shop” where companies can come with ideas which they want to develop further in cooperation with university researchers.

KSU has been exploring new, innovative ways of collaborating, nationally and internationally, to ensure the generation of high quality research outcomes closely aligned with the national and international research priorities. KSU aims to create a global network together with leading universities and research institutes in order to empower one another. KSU’s policy of international collaboration intends to raise its profile in the world and to consolidate its position as a leading research university and to provide visiting scholars with research facilities of international standard. In this regard, KSU has established mechanisms for collaboration and cooperation with international universities and research networks (Vice Rectorate of Knowledge Exchange and Technology Transfer Report). Some examples of collaboration are given below:

- Through its International Scientific Twinning Program (Annex G.10.0.3), KSU has created alliances with leading international universities, signing agreements with institutions such as University of Illinois, Harvard School of Public Health, Indian Institute of Technology, and National University of Singapore. With the number of Twinning Programs that the University is putting in place (over 30), there is clearly great potential to further strengthen these ties in order to raise the quality of research and build such capabilities at KSU. These Twinning Programs will allow KSU to increase its international presence, while leveraging best practices and capacity. Such key partnerships with higher education institutional peers are established in order to improve short-term faculty capacity, offer international exchange programs for graduate and undergraduate students, provide visiting professorships for new and senior King Saud University faculty and collaborate on joint research projects.
- The collaboration at the international level has extended to include programs with 26 Nobel Prize laureates (26 and many more highly-cited researchers).
- KSU extended its infrastructure across the borders by creating overseas four satellite labs (international campuses). By establishing international campuses in the institutions like
the University of Toronto, KSU will, in the short term, increase its own capacity and be able to leverage best practices in those institutions.

- Establishing a scholar-fellowship program to increase the internationalization of KSU employees, expand international faculty and staff development programs, and encourage and assist faculty to conduct research abroad.
- KSU has strengthened services for visiting scholars—such as protocol, temporary housing, and ground transportation.
- KSU has expanded the scope and intensity of international/global scholarship through:
  1) Encouraging collaborative research programs with colleagues and institutions in other countries through the Sabbatical Leave Program (yearly or during the summer period), and joint projects financed by Centres of Excellence for research.
  2) The use of videoconferencing for international communications.
  3) Supporting and fostering relationships with other countries (such as the recent agreement with China) to further KSU’s research and outreach missions.
- KSU faculty members are encouraged to seek research funding from sources outside the Kingdom to lessen the University’s dependence on Government sources of funding, to advance research excellence, and to help make KSU research more relevant to the needs of the world.
- KSU is in the process of joining worldwide university network in order to pursue transnational collaborations and solutions, and form mutually beneficial partnerships.

At the level of the college:

Research is one of the three arms on which the mission of the college of Medicine stands. This has reflected in at least three of the strategic priorities from the college namely:

- Strategic priority 7: Establish and improve research facilities and supporting services
- Strategic priority 8: Develop a mechanism to best utilize national and international collaboration agreements
- Strategic Priority 9: Identify and support areas of excellence in medical research

Research influence of the college:

- The college has a very well know reputation in the field of scientific medical research. Among our staff there a number of internationally known and heavily cited scientists. According to “Scopus” the college is the top among all institutions in the Kingdome in terms of scientific medical publications and it has been awarded the Scopus award last year for the most cited research in Saudi Arabia over the last 10 years.
- According to COSMSTECH (The Organization of Islamic Conferences Standing Committee on Scientific and Technological Corporation) which tracks all ISI publications in all Islamic countries the College of Medicine at KSU and affiliated hospitals contributed to about 35% of all scientific contributions from the country ranked the highest. Over the last 10 years.

Research Chairs Program:

The college has obtained the University’s approval to establish the following 21 research chairs. These chairs are funded mostly by the private sector.
The College has assigned an administrative location for running the activities of the chairs and extending the necessary administrative support.

**Science and Technology National Program Related to King Abdulaziz City for Science and Technology.**

The College has obtained a sizable fund from the City to finance five major pioneering projects over a five year period, and the projects will be carried out at the following Centres:

- University diabietic centre
- Sleep Disorder Studies Centre
- Obesity Diseases Studies Centre
- Liver Diseases Studies Centre
- Autism Studies Centre

The College, with the financial aid obtained from the University, was able to rent a nearby building (located at Al-Nakheel Al-Gharbi Quarter) capable of accommodating Autism, Obesity, Liver, and Sleep Research Centre together.

**Other important Research Activities:**

- The Stem Cells Research Unit, the first one of its kind in the Middle East, was inaugurated and is in full operation currently. This outstanding state of the art unit is fully equipped with the latest and most sophisticated stem cell equipment. It has signed a number of international collaborative agreements with world authorities in stem cell
research. It has been recognized and has received support and funding from the European Union scientific body.

- A Saudi-French Scientific Research Laboratory located in France and affiliated with King Saud University was inaugurated as a result of the cooperation with the laboratory of human genetics for infectious diseases in Necker medical school renowned for its specialization in genes and infectious diseases. The laboratory aims at conducting in-depth and comprehensive national studies dealing with causes leading to immune system deficiency, and infectious diseases. Such research will be jointly conducted by researchers from College of Medicine and that research centre.

- A new state of the art immunology lab has been created and has been inaugurated in May 2010. This is a fully equipped lab with full immunology capabilities.

- An agreement has been signed with Li Ka Shing Knowledge Institute at St’ Michaels Hospital an affiliate of University of Toronto in Canada to establish a research program under King Saud University name for the purpose of conducting joint scientific studies and training postgraduate students from King Saud University.

- Professor Louis Ignaro, a Nobel Laureate in medicine in 1998, is contracted with by King Saud University to work as a part time professor supervising Peripheral Vascular Diseases Research Chair.

- The agreement has been signed between King Fahad Heart Surgery Centre in the College of Medicine and Professor Sir Magdi Yacoub allowing the initiation of advanced research in physiology and heart functions. Five male and female reputed researchers and five male and female postgraduate students were delegated to conduct joint research with Imperial College in London.

Research Regulation and governance:
All research conducted in the college or hospitals must be approved by the concerned department as well as reviewed and approved by the IRB

- The IRB is well structured with full policy and procedure manual (Annex G.10.0.4).

- Review in this committee includes: benefits of this research in general and in particular the benefit and harm or potential risk on the patient and hospital, adequacy of the research design and data collection, qualification of the investigators and research team, potential impact on the management of the organizational resources, informed consent procedure, and dealing with potentially harmful effects.

- A Recent training and certification of 30 of our researchers was undertaken in Nov 2009. A special group of experts delivered a 3 days course and certified the researchers after an official exam.

**Description of process for preparation of report on this standard**

1) Examine the standards and policies and identify strategies to collect evidence and indicators, analyse data, and verify conclusions.

2) Review the final report related to the previous Self Assessment Study conducted in 2008.

3) Review the overall KSU Strategic Plan "Developing a High Impact Strategic Plan for 2028".

4) Review the strategic plan for the college of Medicine
5) Review the annual reports of the Deanship of Research and Deanship of Graduate Studies for 2008-2009.
6) Review the report and the recommendations prepared by the external review team in 2008.
7) Review the report generated by the external review by Huron in 2008.
8) Review the report of the college of Medicine Research centre for the last five years.
9) Review of the report of the AQU at the College of Medicine for 2009.
10) Perform assessment analysis of Key Performance Indicators (KPIs) on the basis of the collected evidences.
11) Review all available documents regarding the research activities of Centres of Research Excellence, Research Chairs, International Twinning Program, Research Institutes, and Research Centres.
12) Review the IRB policies and procedures.

Key Performance Indicators considered:

<table>
<thead>
<tr>
<th>Quality of research</th>
<th>Number of publications in reviewed journals in the previous year per full time member of teaching staff.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Proportion of full time member of teaching staff with at least one publication in reviewed journals during the previous year.</td>
</tr>
<tr>
<td></td>
<td>Number of papers or reports presented at academic conferences during the past year per full time members of teaching staff.</td>
</tr>
<tr>
<td>Research support</td>
<td>Research income from external sources in the past year as a proportion of the number of full time teaching staff members.</td>
</tr>
</tbody>
</table>

**Evaluation of research activities associated with the program and of staff teaching in it**

10.1 *Teaching staff and students’ involvement in Research:*

**University regulations and programs:**

Research permeates all aspects of the University’s ambition to become an institution known throughout the world for its general excellence. Such ambition reflects that the perceived position of the world’s top universities is based mainly on their acknowledged success in research. In order to prosecute this ambition, King Saud University has already invested heavily in attracting key academic staff and researchers (through Attracting Outstanding Faculty and Researchers Program, Distinguished Scientist Fellowship Program, and International Scientific Twinning Program) as well as attracting excellent graduate students nationally and internationally (through Prince Sultan International Program for Distinguished Research Scholarships). These have helped improve KSU’s research reputation, as has its clear determination to retain the existing contributors to its growing success as reflected in the World Ranking of the University in 2009. Further investment in researchers, however, remains an important aspect of KSU’s plans over the immediate future as KSU is keenly aware that the only way to make significant progress in what is an increasingly competitive market is by investing in the people whose work will form the basis for establishing KSU’s eminence.
KSU emphasizes on involvement of faculty members in research activity and considers the promotion criteria through the academic levels being based on research publications presented by the candidate. Moreover, the academic yearly evaluation score depends on the degree of involvement of the faculty member in research. Regulations Governing the promotion of faculty members (Annex G.10.1.1)

At the level of the university, KSU has in place awards and incentives allocated for distinguished research and high-quality international publications by faculty members across the University. A document on Guidelines Governing Distinguished Research and Publication Quality Awards (Annex G.10.1.2) which outlines the developed policies and guidelines governing the application and implementation of these awards is attached.

KSU encourages and supports the junior faculty members to establish and develop their research programs. “Ra'id Program” is one of the initiative programs supported by Deanship of Scientific Research that aims to generously support the junior faculty members to carry out high-quality research projects evaluated and reviewed by national and international peer review (http://daem.harf.biz/News/Lists/List/DispForm.aspx?ID=10). During the fiscal year 2008-2009, "Ra'id Program‖ supported 30 projects (9 of them are for females) with an estimated budget of SR 2,091,000.

Synergistically, the Deanship of Skills Development has set up several programs to improve research skills of junior faculty members such as proposal preparation, answer the call for proposals, quality paper writings, SPSS (Statistical Package) and critical thinking (see the Ra'id Program and Skills Development Programs (Annex H.10.1.3). The Regulations of Deanship of Scientific Research article (3) state that the priority of the Deanship is to stimulate faculty members to conduct original research and to find ways or channels to encourage individuals and institutions to support and fund their research projects (Annex G.10.1.4) on Unified Regulation of Scientific Research, article 33 http://dsrs.ksu.edu.sa/lwaeh.aspx

Recently, KSU commenced the Distinguished Graduate Students Program for attracting the distinguished international students to participate in research. It is called “Prince Sultan Bin Abdul-Aziz International Program for Distinguished Research Scholarships” and aims, during a period of five years, to strengthen the relationship of 30% of its faculty members with the best scientists in their fields of competence through joint research with them. The number of international postgraduate students enrolled for the Distinguished Graduate Students Program is 281. The Deanship of Scientific Research supports the research projects stemming from the theses of postgraduate students and encourages them to participate in joint research projects and the funding priority is given to support such joint research

KSU has established Intellectual Property Rights Program which main responsibility is to protect the intellectual property of KSU staff including students. The participation of research students in joint research projects is acknowledged and the publications indicate joint authorship (Annex G.10.1.5). Indeed, KSU is heading for the students partnership in all aspects, especially in scientific research. Furthermore, King Saud University encourages faculty members to engage and participate in joint research projects with other scholars and researchers in various scientific institutes within and outside the Kingdom. In order to accomplish this objective, KSU has
launched the "International Scientific Twinning Program" to promote scientific research at high levels. The program focuses on scientific cooperation with world-class universities, institutes, and research centres. Under this program, KSU signed Twinning agreements with eight American, two Canadian, sixteen French, six European, and three Asian Universities. Recently, KSU has signed five agreements with Chinese universities and academic institutions, including affixing signatures for nine scientific projects.

The University also established the "Attracting Nobel Laureates Program" to discuss synergies and areas of joint research. The goal is to build distinguished scientific role models for faculty members, researchers, and students to inspire creativity and excellence among them. Within this program, 26 scientists agreed to visit the University. By 2009, 15 Nobel Laureate scientists had already visited the University through this program, four of which have signed collaborative research agreements with KSU.

KSU encourages its teaching staff to include information about their research and scholarly activities that are relevant to courses they teach, together with other significant research developments in the field. It should be firmly emphasized that, at King Saud University, research and teaching and learning are integrated activities that are inextricably linked and mutually dependent. Teaching at KSU is research-led and most senior researchers are actively engaged in presenting their latest findings to undergraduates as well as to postgraduates. Moreover, the University has recently introduced opportunities for undergraduates to be involved in real research and scholarship alongside their tutors (University Funded Senior Projects Program; Projects funded by National Program for Applied Research; KACST's funded Projects; The First Scientific Conference for Higher Education Students that was held in 2010).

Moreover, KSU has set up two excellence and distinction prize systems in the academic and research performance, (Annex H.10.1.6) for the list of male and female winners of Excellence Prize in teaching and the list of winners of distinguished research and high-quality international publications by faculty members across the University).

There are currently two established channels through which KSU identifies - and capitalizes on - the expertise of faculty and postgraduate students in providing research and generating financial returns to the institution, King Abdullah Institute for Research and Consulting Studies, and Riyadh Techno Valley program (see goals and objectives of King Abdullah Institute for Research and Consulting Studies (Annex G.10.1.7), and goals and objectives of Riyadh Techno Valley program (Annex G.10.1.8).

KSU also has a very clear program for commercialization of research and knowledge transfer (Annex “Commercialization of Research” Annex 10.1.9)

**College of Medicine:**

Most faculty staff has graduated from world top universities and medical centres where research has been a main activity and is familiar with research methodology and techniques.
In 2009 faculty in the college published 267 manuscripts in ISI indexed journals of which 146 were original manuscripts. The ration of ISI publication per fulltime faculty staff is 0.41. Details of the patterns of publications in terms of departments, high impact journals, citations and other parameters have been publically published for the first time in 2009. The 10 top researchers in the college are identified by number of publications and by accumulative impact factor yearly. The top 5 researchers are recognized and the Dean’s award for outstanding performance in research is awarded to them in an annual celebration of the college.

Students

Students are strongly encouraged to participate in Research in the college of Medicine. This is manifested by the following features:

- Research is recognized as an important skill that needs to be built in students to achieve the mission of the program in preparing physicians that can deal with future challenges of the healthcare in Saudi Arabia.
- A dedicated research course is offered as a compulsory course in year 2. This course was recently increased last year from 2 to 6 credit hours. This is a longitudinal course that includes some didactic components, literature search and evaluation component, and practical actual research project conduction. Students in a group of 10 pick a research question and perform a study under supervision of one of the community medicine faculty staff (Annex 10.1.10). All these projects are presented and evaluated by the end of the course. Some of these projects have been presented as well in national and international scientific symposia and event. Some also ended up in publications.
- Students are encouraged to do research outside this course throughout their studies in the college. An annual research day for undergraduate and another for postgraduate research is held (Annex 10.1.1, 10.1.12).
- Students who participated in research activities that were presented or published.
- When students are members of any research team their contributions must be documented and are appropriately acknowledged. A special committee for undergraduate medical students research head by the vice dean for academic affairs supervises these activities and regulations.

10.2 Research Facilities and Equipment:

Basic research in the college is conducted in the following labs:

1) The basic hematology, biochemistry, microbiology, and pathology labs of the hospital. This is done after proper IRB approval and acceptance from the hospital administration after proper coverage of cost of materials and technicians.
2) Three research dedicate core facility labs are available in the college for stem cell research, proteomics, and immunology. These are state of the art labs with full technical and material support.
3) Research labs outside the college are also often utilized for research based on special agreements.
Information technology is not up to the desired level in terms of patients cart coding and database creation and management. Most existing databases are run through private companies from outside the college.

Security policy and arrangements are carried out in coordination with the department of security and safety of the university. In order to accomplish these objectives, the following safety measures are usually taken in all facilities:

1) Security: the Department of Safety and Security provides security systems and guards to secure the facilities. Cameras are available thought the facilities with 24 hours monitoring.
2) Fire Safety: Fire evacuation policy and fire drills are practiced in all laboratories.
3) First Aid: First aid kits are available in all laboratories.
4) Personal Protective Equipment: Laboratories are equipped with personal protective equipment according to the needs in every laboratory such as coats, masks, safety goggles, safety gloves, earmuffs, helmets, and safety goggles
5) Others: The College also has emergency plans, safety signs, emergency exit signs and laboratory safety manuals. Finally, safety aspects are taken into consideration when purchasing new machinery and equipment.

All medical equipments are regularly maintained through a very detailed system supervised by the biomedical engineering (Annex 10.2.1).

In general, funding for research is in achieved in the college through one of the following sources:

<table>
<thead>
<tr>
<th>Source of funding</th>
<th>Approximate funding for 2009/2010 in million Riyals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grants from the college of Medicine research centre</td>
<td>2</td>
</tr>
<tr>
<td>Grants from the university through the office of the vice rector for postgraduate studies and research</td>
<td>3</td>
</tr>
<tr>
<td>Grants from the private sector through the research chairs program</td>
<td>10</td>
</tr>
<tr>
<td>Grants from the ministry of higher education through the centre of excellence program</td>
<td>5</td>
</tr>
<tr>
<td>Individual research Grants from King Abdul-Aziz City for Science and Technology</td>
<td>4</td>
</tr>
<tr>
<td>Research centres grants through King Abdul-Aziz City for Science and Technology</td>
<td>20</td>
</tr>
</tbody>
</table>

In spite of all the above, research infrastructure has not been well established in the college. Faculty and researchers in general complain of lack of research assistants, enough lab space, epidemiology and biostatistics experts, and clear research policies. For the above reasons, the college has taken two major steps:
1) A research strategic plan for the future has been identified as a main strategic priority for the college. This plan will include the major areas of excellence in research based on local expertises, previous performance, and community needs.

2) The approval of the Prince Naif medical sciences Research centre. This State of the art core facility has been approved and is under construction and is expected to be fully operational in 2 years. It contains huge lab space of all basic science specialties with updated equipments. It also contains ample office space, a full biostatistics support department, and large research assistance IT department. A well know international quality firm has been hired to put the administrative and safety infrastructure for this centre. Jobs for researchers, research assistants, and lab technologists have been secured.

**Strengths**

1) The college has outstanding researchers who have a lot of training and experience in clinical as well as basic science research.

2) The college has a well established research canter and a well structured and developed institutional review board/independent ethics committee.

3) The college is able to attract external funding from private sector and from King Abdul-Aziz City for science and Technology.

4) The college has excellent National and International connections with important research agencies and centres.

5) The approval of the Prince Naif research centre.

**Areas for improvement**

1) The research supporting infrastructure needs more improvement. This is mainly needed in the supporting staff, lab space, and electronic database systems.

2) There is no clear long term strategic plan for research in the college.

**Priorities of action**

1) Develop a research strategic plan.

2) Continue support and enhancement of the students and residents research days.

3) Development of combined clinical/science program is underway.

**Annexes**

Annex G.10.0.1: Detailed Overview of the Research Characteristics of the University.
Annex G.10.0.2: Report on College of Medicine Research Chairs.
Annex G.10.1.1: Regulations governing the promotion of faculty members.
Annex G.10.1.3: Ra’id Program and skills development program.
Annex G.10.1.4: Unified Regulation of Scientific Research, article 33.
Annex G.10.1.5: Students Research Projects.
Annex G.10.1.6: List of Male and Female winners of Excellence prize in teaching and distinguished research.
Annex G.10.1.7: Goals and objectives of King Abdullah Institute for Research and Consulting Studies
Annex G.10.1.8: Goals and objectives of Riyadh Techno Valley program.
Annex G.10.1.9: Commercialization of Research.
Annex G.10.1.10: Community Medicine research course specifications.
Annex G.10.2.1: Biomedical engineering report of maintenance of equipment in the College of Medicine and Research Labs.
Standard 11. Relationships with the Community (Overall Rating Four Stars)

Significant and appropriate contributions must be made to the community in which the institution is established drawing on the knowledge and experience of staff and the needs of the community for that expertise. Community contributions should include both activities initiated and carried out by individuals and more formal programs of assistance arranged by the institution or by program administrators. Activities should be documented and made known in the institution and the community and staff contributions appropriately recognized within the institution.

Explanatory note about community activities carried out in connection with the program.

All three arms of the college mission are related to community services. Graduating high standard medical professionals who will participate on meeting the needs of healthcare services in Saudi Arabia, performing international standard medical research, contributing significant scientific knowledge to the world, and providing high quality healthcare through two large university hospitals.

Description of the processes used to evaluate performance in relation to this standard

- Review of the college and university hospitals strategic plan.
- Review of the university hospitals report or 2009.
- Review of the academic staff load capture form statistics.
- Review of the advisory board document.
- Review of the student's activities report.
- Review of the research chairs community service sections.

Key Performance Indicators considered

1) Proportion of full time teaching and other staff actively engaged in community service activities
2) Number of community education programs provided as a proportion of the number of departments
3) Percentage of students involved in awareness campaigns/research directed to community health

Evaluation of the extent and quality of community activities associated with the program and of staff teaching in it

11.1 Policies on Community Relationships

Community services other that the direct lines mentioned above are part of the main criteria for promotion in KSU. Main community service contributions have to be clearly mentioned in the promotion form that each staff fills up before promotion and it is considered an integral part in promotion. It represents 15% of the total requirements.

In addition, each year, each faculty staff fills up an academic activity capture form which includes all the academic, scientific, and community services activities of the staff in the last year (Annex 11.1.1). This is then tabulated and trending and comparative data is generated.
11.2 Interactions With the Community

Contributions and interactions of the college of Medicine with the community may be summarized in the following aspects:

Contributing to the pool of doctors in Saudi Arabia:
- The college graduates about 300 medical students per year, the largest number of medical graduates in the country. It has been the major provider of trained physicians for more than 30 years and has contributed in a major way to the current status of the health care system in the country. Over the years, more than 5000 medical students have graduated from this college (the majority of which trained in this hospital). In addition, more than 700 residents and fellows have finished their postgraduate training in this hospital over the years. It is estimated that more than 60% of all Saudi doctors in Saudi Arabia have either graduated or received training in this medical school and university hospital.
- The university hospitals are hosting training for at least 40 postgraduate training programs in various specialties in Medicine. More than 300 residents are being trained in the two hospitals. This is the largest number of training programs in a teaching hospital in the Middle East (Annex 11.2.1).

Other contributions in education:
- The hospital hosts at least 40 CME activities per year in various specialties delivered by local and international experts. These are only the activities organized by the CME unit while many other activities are organized daily by the research chairs, the different departments, the student bodies, and the hospital units (Annex 11.2.2)
- This hospital offers training positions for many trainees from other health sectors at the physician, nursing, and technician levels. Every day, more than 1000 trainees enter the university hospitals for training in different specialties and departments who are not official employees of the hospitals.

Contribution in planning of health care in the city of Riyadh and Saudi Arabia:
- Experts from our university hospitals are very commonly heads and members of various committees in the ministry of health as they are academic experts in their fields. In fact, the current minister of health and all his deputies are graduates from our medical school and did part of their training in this hospital.
- Experts from our hospitals are very commonly heads and members of various committees in the Saudi council of health specialties which controls all issues of licensing, privileging, and training in the country. In fact, the Chairman and the Vice Chairman of that council are practicing staff in this hospital (Annex 11.2.3)
- Heads and members of board of directors of most medical associations in Saudi Arabia are members of this college and hospital. Examples include: The Saudi associations of: gastroenterology, Cardiology, orthopaedics, dermatology, paediatrics, Thoracic, ophthalmology, and hepatology (Annex 11.2.4)
- Exams and evaluations of new doctors and physicians applying for certification are frequently held in the hospital.
Research relationships with the community:
Many research chairs and research initiatives have strong scientific relationships with most of the large medical care facilities in the country. Research chairs are approved based on a detailed community needs assessment at the level of the university. All research chairs have significant community based work that includes patient education, community wellness programs, and other community activities (Annex 11.2.5)

Health care delivery to the community:
- The hospital delivers primary, secondary, and tertiary health care to any Saudi citizen free of charge.
- The hospital received referrals from all over the country for specialized medical care.
- The hospital contains all major specialties and advanced expertise and equipment.

Table 11.1: Summary of overall statistics for both hospitals in 2008

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of beds</td>
<td>1100</td>
</tr>
<tr>
<td>Number of specialized clinics</td>
<td>402</td>
</tr>
<tr>
<td>Outpatient visits</td>
<td>413060</td>
</tr>
<tr>
<td>Admitted patients</td>
<td>39988</td>
</tr>
<tr>
<td>Surgical operations</td>
<td>15248</td>
</tr>
<tr>
<td>Outpatient physiotherapy</td>
<td>55210</td>
</tr>
<tr>
<td>Pharmacy prescriptions</td>
<td>1125963</td>
</tr>
<tr>
<td>Emergency department visits</td>
<td>196662</td>
</tr>
</tbody>
</table>

In addition to healthcare services that are offered in the university hospitals, many physicians work as part time in other governmental and private sectors providing high class medical services for patients.

Responding to community needs:
- New expansions of the hospital have been based on a study of community needs and after request and consultation from the Ministry of Health. The hospital is considered one of the main four tertiary healthcare providers in Riyadh. Upon discussions with the Ministry of Health and based on national studies the following areas were identified as top priorities for examination for this hospital: cardiac care, diabetic care, oncology, and trauma. Cardiac diseases are the most common causes of death in Saudis and will be for years to come. A specialized 300 bed fully equipped Cardiac Centre (King Fahad Cardiac Centre) has been approved and is now in construction. More than 100 jobs have been secured so far. Leading studies from staff in our hospital has shown that diabetes rates in Saudi Arabia are among the highest in the world (around 25%). In response to that, a specialized diabetic centre has been approved and is under construction. Because of the proximity of the hospitals to two highways, a trauma centre is being established as well. Similarly, because of leading
research from our hospital, it was found that Saudi children have a high prevalence of hepatitis B infection. In response to that, our hepatology unit has lead the national program for vaccination against hepatitis B at birth and has shown in a subsequent study that the prevalence of hepatitis B has come down from around 7% to less that 1% (Annex 11.2.6)

- The hospitals responds positively to the call from the Ministry of Health to provide volunteer workers in the Hajj season to help provide medical care to pilgrims
- Regular patient satisfaction surveys have been conducted over the last 2 years and discussed at the administrative level with appropriate response in terms of planning and delivery of health care.
- The hospitals received consultations from courts regarding medical issues faced in the courts that need a medical opinion.
- All members of the administration have specific times during the week where open door policy is applied and any person from the public or otherwise may meet them

**Media and public education:**

- In addition to the active patient education occurring inside the hospital, the hospital provides active participation in the public media which includes for example a regular page in the most widely read newspaper in Riyadh providing medical information and consultations on various health related topics, a weekly TV program that goes on rotation bases between staff and discusses various medical issues, as well as many public appearances and public educational programs.

**Student's contributions:**

- Visiting patients in different hospitals in special occasions like Eid and National Day. During these visits, students usually deliver gifts to young as well as adult patients and all medical staff members. This has been done for the last 5 years.

- With the cooperation from “Ensan” organization, our students are heavily involved in arranging activities and programs with orphans that contains educational and entertainment components. Female students have arranged excellent full-day programs in this project.

- Our students helped and actively participated with Red Crescent in Hajj and Ummrah seasons after getting sufficient training. Number of students has been increasing with time and younger students have also joined this activity

Our students have also been true pioneers in creating many public awareness campaigns, which have been completely organized by them, and made a huge community impact and received lots of media attention (Annex 11.2 7). Examples include:

- "Halak Zayed" meaning “You are extra sweet”: an innovative awareness program on Diabetes. It has been conducted every year for the last 2 years. It contains huge media programs, actual presence in key locations in Riyadh city meeting people giving them advice regarding Diabetes, distributing educational material, gifts and T-shirts, and performing random blood tests for diabetes.
• Awareness Campaign of the Importance of Organ Donation “Save a Life”: a very active program in promotion of organ donation. It was conducted in collaboration with Prince Fahd Bin Salman Charity Association for Renal Failure Patients Care. It included students visiting ICU’s, going on life TV shows, doing a lot of public awareness programs. Students from other medical colleges have also participated in this project.

• Asthma Awareness Campaign: was corresponding to the World Asthma Day. Different educational programs and materials were conducted in the University campus and some Major Malls in Riyadh

Receiving feedback from the community:

When formulating the strategic plan, extensive external stakeholders consultation has taken place. This included healthcare planners, the Ministry of Health, the Saudi Commission for Health Specialties, Scientific Associations, other medical schools, private healthcare providers, and patients and their families.

Patients satisfaction survey is done regularly in both hospitals

An advisory board for the College of Medicine and University Hospitals has been recently formed. This includes important experts from the community including the Vice Minister of Health the Director of the Saudi Commission for Health Specialties, two Deans of other medical schools, previous distinguished alumni, a previous Dean of the College, and a representative from the private sector (Annex 11.2.8)

Evaluation of the extent and quality of community activities associated with the program and of staff teaching in it.

Strengths

1) A very active community service programs that includes a major contribution in preparation of healthcare providers, training of physician and other healthcare providers, medical research, healthcare delivery, healthcare planning, patient education and many other very significant contributions.

2) A system to capture activities by staff and students.

3) Community service is considered in the promotion of teaching staff.

Areas for improvement

1) There is no coordinated plan for all community activities of the college.

2) To have a more organized and formal objective way to assess community needs. This has been identified as one of the main strategic priorities of this hospital. A special task force has been formulated for that purpose. This task force will have regular meetings with the Ministry of Health and other main parties to better understand and assess future healthcare community plans. This has been a real problem at the level of the country and not the college alone because of different healthcare provider sectors in the community with little coordination between them.

3) To better document all our staff activities in public educations and community programs.

4) An alumni program needs to be created.
**Priorities of action**

1. Finalize the community needs assessment plan.
2. Start an alumni program.

**Annexes**

Annex G.11.1.1: Faculty academic activity capture form
Annex G.11.2.1: College of Medicine postgraduate training programs
Annex G.11.2.2: College of Medicine CME activities in 2009 report
Annex G.11.2.3: National committees membership of college of Medicine staff
Annex G.11.2.4: Scientific associations contribution of college of Medicine staff
Annex G.11.2.5: Research chairs community services
Annex G.11.2.6: Scientific papers to show the help in healthcare planning
Annex G.11.2.7: Report on students community services)
Annex G.11.2.8: College of Medicine and university hospitals advisory board
H. Review of Courses

1. Description of the processes followed in reviewing courses.
   - Policies and procedures for Students evaluation for the courses and staff members were developed. (Annex H.1)
   - Course evaluation survey are electronic and were done for most of courses
   - Program reports and most of course reports were completed

2. Course Evaluations

   Summary report on strengths and weaknesses in courses

Students commended on:
   - The course objectives are clear
   - The doctors are very good and their lectures are interesting
   - Attending round with the doctors is very useful
   - The preoperative rounds
   - The appropriateness of resources

The students appraise:
   - Punctuality of some staff
   - The exam question not reasonable and not from the curriculum
   - Rearrangement of lectures
   - Some consultants missing the clinical sessions
   - The quantity of information is too much according to the time assigned

Annex H.1: Policies and procedures for Students evaluation for the courses and staff members

I. Independent Evaluations

   Description of the process used to obtain independent comment on the quality of the program and the reliability and validity of analyses carried out in the report

   - Medical Education experts: Different, well-known, medical education international experts from well-established universities were invited for training and evaluation of the reformed curriculum. Some of the consultants invited include: Dr. David Cook from the University of Alberta; Dr. Ara Tekian from University of Illinois, Chicago; and Dr. Zubair Amin from National University of Singapore. After each visit, each expert prepares a report with assessment and recommendations (Annex I.1)

   - External examiners at the level of departments: Departments frequently invite external examiners in their final and midterm exams. Each examiner also presents a report on the evaluation and recommendations based on his visit (Annex I.2)

   - NCAAA review panel 2008 report (Annex I.3)
   - Huron consultant group in June 2009 report (Annex I.4)
1. **Summary of matters raised by independent evaluator(s)**

- Lack of integration between basic sciences and clinical studies
- Lack of coordination between departments
- Lack of adequate reporting and quality measures
- Lack of proper evaluation of the assessment methods
- Lack of clear objectives of some courses

2. **Comment on matters raised by independent evaluator(s)**

We agree with all valuable comments and suggestion raised by all our respected reviewers.

Major work has taken place in the program to correct all the above mentioned areas for improvement and weaknesses.

Examples of such actions corrective measures include:

1) Significant reform of the curriculum by introducing a system based integrated block system.
2) Introduction of self directed learning.
3) Introduction of small group teaching.
4) Introduction of three new longitudinal courses: learning skills, professionalism, and medical informatics.
5) Integration with the skills lab.
6) Completion of course specifications and reports of all courses.
7) Major renovations of the medical library.
8) Introduction of an e-learning system.
9) Reduction in the number if students per year from 350 to 250 to improve quality and optimize student staff ration.
10) Expansion and reform of the postgraduate education centre.
11) Creation of the research chairs and centres of excellence.
12) A very active faculty development program has been initiated. This is supervised by the faculty development unit.
13) The approval of the Prince Naif Medical Research centre (a large core facility for biomedical research).
14) Development of a wide spectrum quality system.
15) Expansions in the college space and facilities.
16) Expansions in the hospitals space and facilities.

**Annexes**

Annex I.1: Medical Education Experts Reports  
Annex I.2: List of External examiners  
Annex I.3: NCAAA review panel 2008 report  
Annex I.4: Huron consultant group in June 2009 report
J. Conclusions

1. List of aspects in the program that are particularly successful or that demonstrate high quality.
   - The program has a clear and appropriate mission.
   - The mission is translated into a clear strategic plan.
   - The program has a high international and national reputation.
   - The teaching methods are consistent with current medical education standards.
   - The facilities are well established.
   - The students’ activities are excellent.
   - The program has a wealth of extremely well trained staff.
   - The program has many medical education trained staff.
   - Faculty development program is in place.
   - The program has two large university hospitals that are dedicated to teaching students.
   - Huge expansions in medical services are expected in the next two years giving more chance for training.
   - The program is supported by an adequate quality system.

2. List of aspects in the program that are less than satisfactory and that need to be improved.
   - Students support services needs improvement.
   - Assessment methods need more standardization.
   - Improve the skills lab and increase integration in the curriculum

K. Action Proposals

1. Changes in Course Requirements (if any)

None

   Recommendations should be made for action to be taken for further improvements or to overcome problems or weaknesses identified. The actions recommended should be expressed in specific terms rather than as general statements. Each action recommendations should indicate who should be responsible for the action, timelines, and any necessary resources

<table>
<thead>
<tr>
<th>Action Recommendation</th>
<th>Person(s) responsible</th>
<th>Timelines</th>
<th>Resources required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standard 1 Mission and Objectives</td>
<td>Strategic plan unit director</td>
<td>As per schedule</td>
<td>As per strategic plan budget</td>
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<tr>
<td>Standard 2 Program Administration</td>
<td>Standard 3 Management of Program Quality Assurance</td>
<td>Standard 4 Learning and Teaching</td>
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<tr>
<td>2. Coordinate with external community organizations to increase the society involvement in College Mission implementation and Strategic Plan</td>
<td>3. Utilization of students and college alumni in promoting the college vision and mission</td>
<td>8. Mapping of the whole program against the learning outcomes</td>
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<tr>
<td>The dean</td>
<td>VD academic</td>
<td>Med education department</td>
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<tr>
<td>Ongoing</td>
<td>4 months</td>
<td>4 months</td>
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<tr>
<th>Standard 2 Program Administration</th>
<th>Standard 3 Management of Program Quality Assurance</th>
<th>Standard 4 Learning and Teaching</th>
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<tbody>
<tr>
<td>4. To put in place a proper and formal risk management program.</td>
<td>6. To hire more qualified staff in the Academic Quality unit and provide needed training.</td>
<td>9. Perform more extensive reform in the clinical years</td>
</tr>
<tr>
<td>VD quality</td>
<td>VD quality</td>
<td>Med education department</td>
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<tr>
<td>4 months</td>
<td>6 months</td>
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<tbody>
<tr>
<td>5. Creation of an efficient intranet system</td>
<td>7. To continue to use the approved set of KPIs to continuously measure performance</td>
<td>10. Find channels to get more students feedback in the curriculum design and reform</td>
</tr>
<tr>
<td>IT department</td>
<td>VD quality</td>
<td>VD academic</td>
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<td>6 months</td>
<td>6 months</td>
<td>4 months</td>
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<tbody>
<tr>
<td>12. More awareness of students about results of surveys and awareness of the improvement projects to increased their involvement and ownership of the process</td>
<td>11. Strict enforcement of the evaluation process</td>
<td>12. More awareness of students about results of surveys and awareness of the improvement projects to increased their involvement and ownership of the process</td>
</tr>
<tr>
<td>VD quality</td>
<td>VD quality</td>
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<th>Standard 4 Learning and Teaching</th>
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</thead>
<tbody>
<tr>
<td>13. Put a centralized system for the departmental external examiners to maximize the gain from these visits</td>
<td>14. Perform rigorous assessment evaluation of all exams</td>
<td>13. Put a centralized system for the departmental external examiners to maximize the gain from these visits</td>
</tr>
<tr>
<td>VD academic</td>
<td>Med education department</td>
<td>VD academic</td>
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<tr>
<td>4 months</td>
<td>6 months</td>
<td>4 months</td>
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<td>Available</td>
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<th>Standard 4 Learning and Teaching</th>
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<tbody>
<tr>
<td>15. Disseminate and educate staff and students about the new assessment policy and procedure</td>
<td>16. Extend the centralized exam unit services for all academic years.</td>
<td>15. Disseminate and educate staff and students about the new assessment policy and procedure</td>
</tr>
<tr>
<td>VD quality</td>
<td>Med education department</td>
<td>VD quality</td>
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<td>3 months</td>
<td>6 months</td>
<td>3 months</td>
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<td>17. Improve students supporting services</td>
<td>18. Develop a mechanism to deal with</td>
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students with sub-satisfactory performance.

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<td>19. Evaluation of the impact of the training courses on overall learning and teaching process.</td>
<td>VD quality</td>
<td>4 months</td>
</tr>
<tr>
<td>20. All course reports should be submitted and a system of revision of how these reports reflected on the program must be followed</td>
<td>Academic quality unit</td>
<td>Ongoing</td>
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<tr>
<td>21. Bring faculty enhancement programs to the departmental level</td>
<td>Faculty development unit</td>
<td>6 months</td>
</tr>
<tr>
<td>22. Create new innovative ways to recognize excellence in teaching</td>
<td>Academic quality unit</td>
<td>3 months</td>
</tr>
<tr>
<td>23. Find innovative solutions for the hiring of supporting staff</td>
<td>The Dean</td>
<td>6 months</td>
</tr>
<tr>
<td>24. Improve housing for faculty</td>
<td>VD postgraduate</td>
<td>6 months</td>
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<tr>
<td>25. Visit of interns to training areas need to be conducted regularly.</td>
<td>Interns office</td>
<td>Ongoing</td>
</tr>
<tr>
<td>26. Proper evaluation of the impact of partnership arrangements</td>
<td>VD postgraduate</td>
<td>3 months</td>
</tr>
<tr>
<td>27. Proper follow up of implementation of these external agreements</td>
<td>VD postgraduate</td>
<td>Ongoing</td>
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**Standard 5 Student Administration and Support Services**

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<tr>
<td>28. To make available more student advisors who are familiar with the details of the course requirements to provide assistance prior to and during the student registration process and to hire social workers and psychologist</td>
<td>VD academic</td>
<td>6 months</td>
</tr>
<tr>
<td>29. To continually examine and adjust admissions and registration standards for the purpose of continuous improvement, including automating the processes for generation of statistical data, external reporting requirements, and generation of reports on student progress and achievements.</td>
<td>VD academic</td>
<td>1 year</td>
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**Standard 6 Learning Resources**

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<tr>
<td>30. Improve utilization of the E learning system</td>
<td>Med education department</td>
<td>1 year</td>
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**Standard 7 Facilities and Equipment**

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<tr>
<td>31. Engineering department to formulate a plan to make the facility more handicapped-friendly especially</td>
<td>Engineering</td>
<td>6 months</td>
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<tr>
<td>32. Bigger dining facilities and recreation areas for staff and student need to be allocated in the college and hospital expansion buildings</td>
<td>The Dean</td>
<td>1 year</td>
</tr>
<tr>
<td>33. Training courses need to be compulsory and internet code of conduct need to be enforced</td>
<td>VD postgraduate and faculty development unit</td>
<td>Ongoing</td>
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**Standard 8 Financial Planning and Management**

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<tr>
<td>34. Restructuring of KSU’s financial planning and management system in order to delegate some level of financial autonomy to the college through the provision of its annual operational expenses budgets</td>
<td>University</td>
<td>1 year</td>
</tr>
<tr>
<td>35. Embark on formal cost-benefit and cost-effectiveness analyses for proposed projects and programs.</td>
<td>University</td>
<td>6 months</td>
</tr>
<tr>
<td>36. The financial planning processes should include independently verified risk assessment.</td>
<td>University</td>
<td>6 months</td>
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**Standard 9 Employment Processes**

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<tbody>
<tr>
<td>37. Improve training programs for supporting staff</td>
<td>Training office</td>
<td>Ongoing</td>
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<tr>
<td>38. Support the university’s plans to develop the academic track system</td>
<td>University</td>
<td>1 year</td>
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**Standard 10 Research**

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<tr>
<td>39. Develop a research strategic plan</td>
<td>VD postgraduate</td>
<td>4 months</td>
</tr>
<tr>
<td>40. Continue support and enhancement of the students and residents research days</td>
<td>VD postgraduate</td>
<td>Ongoing</td>
</tr>
<tr>
<td>41. Development of combined clinical/science program is underway</td>
<td>VD postgraduate</td>
<td>1 year</td>
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**Standard 11 Relationships with the Community**

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<tbody>
<tr>
<td>42. Finalize the community needs assessment plan</td>
<td>VD quality</td>
<td>4 months</td>
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<tr>
<td>43. Start an alumni program</td>
<td>VD academic</td>
<td>4 months</td>
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