



Program Specification

Program Name: Bachelor in Medicine and Surgery

Qualification Level: 6

Department: Medicine and Surgery

College: Medicine

Institution: Jazan University

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A. Program Identification and General Information

1. Program Main Location:

1. Male sector in the Main University Campus.
2. Female sector in the Southern Medical campus.

2. Branches Offering the Program:

None

3. Reasons for Establishing the Program:

(Economic, social, cultural, and technological reasons, and national needs and development, etc.)

Jazan, a small city in the Southern part of Saudi Arabia, is the capital of Jazan region comprising 13 districts with a total population of approximately 1.5 million. The area is remote near to Yemen border and health statistics from the area indicate high rates of morbidity, mortality, and low health care coverage compared to other regions in Saudi Arabia. In September 2000, 882 human cases of Rift Valley fever were reported in Jazan region and resulted in 124 deaths (WHO, 2000). As a result, various assessments by health planners revealed that there was an urgent need for health reform in the area. The establishment of a medical educational institute would help to remedy this situation.

In February 2001, a royal decree (Royal Decree no. 7/15252/B, dated 18/12/1421 Hijri, corresponding to 193/3/2001 Gregorian) was issued to establish a new medical school in Jazan, Saudi Arabia. Directives were given by the Ministry of Higher Education to King Abdulaziz University in Jeddah to undertake this task (El-naggar, Ageely, & Salih, 2007). The expected mission of this college in Jazan was to raise the standard of health in this area by producing health personnel who would be involved in community programs to combat health problems, and work with other health agencies in the region in their preventive and curative services (Jazan Faculty of Medicine, 2010).

The Faculty of Medicine was operating under the auspices of King Abdul Aziz University, Jeddah for 4 years (2001-2005). In 2006, Jazan University came into being (Royal Decree no. 6616/M/B, dated 12/5/1426 Hijri, corresponding to 19/6/2005 Gregorian), which marked a rather much-needed formal beginning of higher education in the region. The Faculty of Medicine was among the colleges which preceded the University and later become affiliated to it.

In 2006, the Faculty of Medicine reformed its curriculum into integrated, organ-system-based education with community orientation (approved by Jazan University Council on 3/5/1427 (30/6/2006).

In 2018, the Faculty of Medicine approved the alignment of the curriculum with the SaudiMEDs framework. SaudiMEDs is a framework for the essential learning outcomes

and competencies for the medical education across Saudi Arabia. The initiative was found by the Saudi Medical Deans' Committee to establish common core learning outcomes/competencies for the medical degree programs in Saudi Arabia. The work began in 2009 and ended in 2015. Based on that, the curriculum was revised and reformed into competency-based approach (approved by Jazan University Council on 20/7/1440 (27/3/2019)). The competency-based education (CBE) is the most significant development in medical education in the past decade. It shows a shift from a traditional “teacher centered” approach, to a “student centered” learning.

4. Total Credit Hours for Completing the Program: (196)

1. Core courses (184 CH).
2. Elective courses (6 CH)
3. University requirements (6 CH)

5. Professional Occupations/Jobs:

General Practitioner

6. Major Tracks/Pathways (if any):

None: Like all medical programs in Saudi Arabia, there is only one track/pathway which is 6-years in duration and after which the student will be qualified as a general practitioner.

Major track/pathway	Credit hours (For each track)	Professional Occupations/Jobs (For each track)
1. None		

7. Intermediate Exit Points/Awarded Degree (if any):

Intermediate exit points/awarded degree	Credit hours
2. None	

B. Mission, Goals, and Learning Outcomes

1. Program Mission:

Faculty Mission:

The mission of FOM-JU is to achieve academic excellence and prepare graduates to become regional and national leaders in health, education. Serve the community by addressing its problems and supporting its social and economic development. Produce internationally recognized research and new knowledge that meet the needs of Jazan Province, the Kingdom, and the world.

Program Mission:

Faculty of Medicine, Jazan University is committed to implement the Islamic values, social accountability principles and quality standards for graduating physicians competent in responding to health needs and challenges, orienting the scientific research and health services for solving the community health problems and strengthening governance, management and partnership with all stakeholders.

Jazan University Mission:

Achieve academic excellence and prepare graduates to become regional and national leaders in business, industry, health, education, and government. Serve the community by addressing its problems and supporting its social and economic development.

Produce internationally recognized research and new knowledge that meet the needs of Jazan Province, the Kingdom, and the world.

2. Program Goals:

2.1. Program Operational Goals (POOs) (strategic directions and goals)

1. Developing effective approaches to leadership and governance.
2. Optimizing student learning and academic performance.
3. Achieving research excellence for social and economic impact
4. Translating social accountability principles into practice.

Program strategic directions, goals, and KPIs

The 5-year strategic plan of the medical program 2017-2022 was approved by the Faculty council on December 4, 2017 with its 3 main directions, 4 strategic goals, 20 action steps and 87 initiatives with their performance indicators. Eleven indicators have been selected by the executive quality committee as KPIs for the annual follow up of the strategic plan implementation based on priorities (outcome indicators). The KPIs are listed in the section 8 (program KPIs).

Strategic directions	Strategic goals	# Action steps / # Initiatives
1- Building world-class management	1- Developing effective approaches to leadership and governance.	7/23
2- Achieving intellectual excellence.	2- Optimizing student learning and academic performance.	7/37
3- Delivering social and economic impact.	3- Achieving research excellence for social and economic impact	3/11
	4- Translating social accountability principles into practice.	3/16

2.2. Program learning Objectives

Throughout the program learners' will be provided with the following:

1. To provide students with basic, clinical, behavioral and social sciences in clinical practice.
2. To encourage the student to deliver community/patient-centered healthcare services.
3. To enhance the critical thinking and self-directed learning.
4. To equip student with necessary skills to work and communicate professionally considering the cultural and Islamic values.

To provide student with opportunities to build up their scholar activities and innovation.

2.3. Relationship between Program Mission and Goals and the Mission and Goals of the Institution/College

University and program mission show full alignment as both of them are aiming at preparing students to be competent in their field of specialization as well as other skills critical thinking, problem solving, communication, lifelong learning, research and community directed services. Program and university goals and objectives either educational or operational all are streamed together in providing students educational learning and for improvement.

1.1. Relationship between Program Mission and JU Mission, and Program Goals

	Components of Program Mission			
	Graduating physicians competent in responding to	Orientin g the scientific research	Health services for solving the community	Committed to implement the social

	health needs and challenges		health problems	accountability principles
1. JU Mission				
Prepare graduates to become regional and national leaders in health	√			
Produce internationally recognized research		√		
Serve the community by addressing its problems			√	
Supporting community social and economic development				√
2. Program Operational Goals				
Developing effective approaches to leadership and governance	√	√	√	√
Optimizing student learning and academic performance	√			
Achieving research excellence for social and economic .impact		√		
Translating social accountability principles into .practice				√
3. Program Learning Objectives				
To provide students with basic, clinical, behavioral and social sciences in clinical practice.	√			
To encourage the student to deliver community/patient centered healthcare services.			√	
To enhance the critical thinking and self-directed learning	√			
To equip student wit necessary skills to work and communicate professionally considering the cultural and Islamic values.				√
To provide student with opportunities to build up their scholar activities and innovation		√		
1.2.Alignment between Jazan university Objectives and Program Objectives				
1.3.Jazan University		1.4.Program		
Operational Goals				
Building world class management		Develop governance and management in Faculty of Medicine		

Achieving intellectual excellence	Optimizing student learning and academic performance.
Delivering social and economic impact	Achieving research excellence for social and economic impact.
	Translating social accountability principles into practice.
Learning Objectives	
To provide students with the essential principle to develop an understand and appreciation of their areas of specialization	To provide students with basic, clinical, behavioral and social sciences in clinical practice.
To foster a culture of independent thinking, innovation and entrepreneurship	To equip student wit necessary skills to work and communicate professionally.
	To enhance the critical thinking and self-directed learning.
To expose students to varies educational strategies to become effective leader with lifelong learning pursuits	To equip student wit necessary skills to work and communicate professionally considering the cultural and Islamic values.
	To enhance the critical thinking and self-directed learning.
To equip students with necessary skills to serve the community socially and economically	To encourage the student to deliver community/patient-centered healthcare services.
To provide students with the opportunities to experience innovative research in their field of specialization as well as in aligned fields	To provide student with opportunities to build up their scholar activities and innovation.
4. Graduate Attributes:	
<p>FOM specifies attributes and characteristics of medical graduates, which distinguish them from other medical programs and emphasize its competitive status. The process of determining the program attributes and PLOs is a comprehensive approach in defining them based on the program mission and goals to assure the cohesion and congruency of the curriculum elements.</p> <p>In 2018, the Faculty of Medicine approved the alignment of the curriculum with the SaudiMEDs framework; in 2019 a reformed curriculum had been approved, which adopt SaudiMEDs Framework 2017. The framework comprises six themes that have been identified as key for the successful completion of a medical program.</p> <p>Hence, we adopted the six major themes related to the description of the physician's duties and obligations as graduate attributes:</p> <ol style="list-style-type: none"> 1. Scientifically approach to medical practice: integrates and apply basic, clinical, behavioral and social science in clinical practice. 	

2. **Patient-centered practitioner:** establishes and maintains essential clinical and interpersonal skills to demonstrate proficient assessment and delivery of patient-centered care and management.

3. **Community-oriented practitioner:** practices and understands the Saudi health care system and the application of health promotion and advocacy roles for the benefit and wellbeing of individual patients, communities, and populations.

4. **Effective communicator;** effectively communicates with patients and their families and the practicing of collaborative care by working in partnership within a multi-professional team

5. **Professional practitioner:** committed to deliver the highest standards of ethical and professional behavior in all aspects of health practice and take a responsibility for own personal and professional development.

6. **Scholar practitioner:** contribute to the advancement of medical practice with the rigors of scientific research.

5. Program learning Outcomes*

The graduates will have the knowledge and applied skills to practice medicine reflectively and compassionately for the benefit of their patients and the community. They will maintain the highest standards of professional behavior through integrity, respect, and openness in communication, which will meet the expectations of the patients and sustain the trust of the community. The program will adopt the SaudiMEDs Framework; a national outcome/competency framework for Saudi medical education and practice. The SaudiMEDs has been approved by the National Commission for Academic Accreditation and Assessment (NCAAA) as a specification for competencies and learning outcomes required by a Saudi Medical Graduate (Letter of approval is attached). Hence, the program is formed with 6 themes distributed along the 3 domains that contain 17 Program Learning Outcomes (LOs) and 48 Course Learning Outcomes (CLOs). The 17 PLOs categorized according to Saudi Arabia Qualifications Framework (SAQF) into 3 main domains:

- Knowledge domain: In this domain there is only one PLO, which account 5.9% of all PLOs, which include three CLOs.
- Skill domain: 11 (64.7%) PLOs, which 5 of them are related to higher cognitive skills, that can be added to theoretical part of the curriculum. This domain contains 34 CLOs.
- Competence domain: 5 (29.4%) PLOs, which contain 11 CLOs.

From above data theoretical aspect of the curriculum conation 7 PLOS out of 17 that weight 41.2%, and the rest 10 PLOs (58.8%) are applied aspect of the curriculum.

These PLOs are also aligned with the Saudi Medical License Exam (SMLE)-content outline that was released in April 2018 (see attachment). SaudiMEDs initiated as an effort to develop a national consensus amongst Saudi stakeholders for the vision of the ‘Saudi Future Physician’ and develop the essential learning outcomes for medical schools. It was conducted between 2005 and 2007. It aimed to provide some ways to assure minimum standards in the undergraduate medical education.

As a result, an initiative was found by the Saudi Medical Deans’ Committee to establish common core learning outcomes (LOs)/competencies for the medical degree programs in Saudi Arabia. The Education Evaluation Commission – Higher Education Sector (EEC-HES) is applying SaudiMEDs as a minimum essential requirement for accrediting medical schools (attached document: Minister Letter of approval).

The graduate attributes and PLOs are well distributed to all stakeholders and parties shared in program planning, implementation and evaluation for feedback and approval.

Knowledge and Understanding

K1 Describe the healthcare system in Saudi Arabia

Skills

S1 Integrate basic, clinical, behavioral and social sciences in medical practice

S2 Effectively communicate verbally and in writing with patients, their families, colleagues, and other health professionals

S3 Demonstrate the essential clinical skills and procedures

S4 Use clinical reasoning, decision making, and problem solving skills in medical practice

S5 Manage patients with life-threatening medical conditions

S6 Manage patients with common medical problems

S7 Place patients’ needs and safety at the centre of the care process

S8 Support health promotion and disease prevention

S9 Practice evidence-based health care

S10 Demonstrate basic research skills

S11 Use medical informatics in healthcare system effectively

Values

V1 Practice teamwork and inter-professional collaboration

V2 Adhere to professional attitudes and ethical behaviors of physicians

V3 Apply Islamic, legal and ethical principles in professional practice

V4 Demonstrate the capacity for self-reflection and professional development

V.5 Demonstrate scholarly behavior

* Add a table for each track and exit Point (if any)

Graduate Attributes, PLOs Alignments

1.1.PLOs alignment with Graduate Attributes

SaudiMEDs themes, which is level I identified as key for the successful completion of a medical program. These themes are detailed further in Level II. The focus of this level is to describe the relevant physician's duties and obligations. The themes that developed at level I detailed as

competencies to develop seventeen PLOs, that a physician should obtain, which is clearly consistent with the themes as shown in the table below.

Graduate Attributes	PLOs
Scientifically approach to medical practice	PLO2: S1. Integrate basic, clinical, behavioral and social sciences in medical practice
	PLO10: S9. Practice evidence-based health care
Patient-centered practitioner	PLO4: S3. Demonstrate the essential clinical skills and procedures
	PLO5: S4. Use clinical reasoning, decision making, and problem-solving skills in medical practice
	PLO6: S5. Manage patients with life-threatening medical conditions
	PLO7: S5. Manage patients with common medical problems
	PLO8: S7. Place patients' needs and safety at the centre of the care process
Community-oriented practitioner	PLO1:K1. Describe the healthcare system in Saudi Arabia
	PLO9: S8. Support health promotion and disease prevention
Effective communicator	PLO3: S2. Effectively communicate verbally and in writing with patients, their families, colleagues, and other health professionals
	PLO12: S11. Use medical informatics in healthcare system effectively
	PLO13: C1. Practice teamwork and inter-professional collaboration
Professional practitioner	PLO14: C2. Adhere to professional attitudes and ethical behaviors of physicians
	PLO15: C3. Apply Islamic, legal and ethical principles in professional practice
	PLO16: C4. Demonstrate the capacity for self-reflection and professional development
Scholar practitioner	PLO11: S10. Demonstrate basic research skills
	PLO17: C5. Demonstrate scholarly behavior

1.2. Alignment between graduate attribute, JU attributes, Program Mission

	Program Graduate Attributes					
	Scientifically approach to medical practice	Patient-centered practitioner	Community-oriented practitioner	Effective communicator	Professional practitioner	Scholar practitioner
1. Jazan University Graduate Attributes						
Knowledgeable	√					
Critical thinking and problem-solving skills		√				
Communication and teamwork			√	√		
Using technology				√		

Research Skills						√
Leadership					√	
2. Program Mission						
Graduating physicians competent in responding to health needs and challenges	√	√		√	√	
Orienting the scientific research						√
Health services for solving the community health problems			√	√		
Committed to implement the social accountability principles			√		√	
3. Program Learning Objectives						
To provide students with basic, clinical, behavioral and social sciences in clinical practice.	√					
To encourage the student to deliver community/patient centered healthcare services.		√	√			
To enhance the critical thinking and self-directed learning						√
To equip student with necessary skills to work and communicate professionally considering the cultural and Islamic values.				√	√	

To provide student with opportunities to build up their scholar activities and innovation						√
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C. Curriculum

1. Curriculum Structure

Program Structure	Required/ Elective	No. of courses	Credit Hours	Percentage
Institution Requirements	Required	3	6	3
	Elective			
College Requirements	Required			
	Elective			
Program Requirements	Required	50	184	94
	Elective	6	6	3
Capstone Course/Project				
Field Experience/ Internship				
Others				
Total		59	196	100%

* Add a table for each track (if any)

2. Program Study Plan

Level	Course Code	Course Title	Required or Elective	Pre-Requisite Courses	Credit Hours	Type of requirements (Institution, College or Department)
Level 1	ENG18 1-8	English Language	Required	None	8	College
	102AR B-2	Arabic Writing			2	Institution
	101SL M-2	Islamic culture I			2	
	BIO105 -4	Biology for Hygienic Specialties			4	College
	CHEM1 05-4	Chemistry for Hygienic Specialties			4	
	PHYS1 05-4	Physics for Hygienic Specialties			4	
	ENG18 2-3	English Language for Academic Purposes			3	
Total	7			27		
Year 2	INT 211-1	Health & Disease in the community	Required	All courses of the 1st year	2	College
	INT 212-2	Early Clinical Experience and Communication Skills			2	
	INT 213-2	Introductory to Microbiology			2	

Level	Course Code	Course Title	Required or Elective	Pre-Requisite Courses	Credit Hours	Type of requirements (Institution, College or Department)	
	INT 214-2	Introductory to Pathology			2		
	INT 215-2	Introductory to Biochemistry			2		
	INT 216-2	Introductory to Pharmacology			2		
	INT 217-1	Behavioral Science			1		
	INT 218-1	Gene Deciphering			1		
	INT 219-1	Introductory to Embryology			1		
	SYS 221-5	Musculoskeletal System			5		
	SYS 222-5	Immune, Blood & Lymphatic Systems			5		
	SYS 223-5	Cardio-vascular System			5		
	SYS 224-4	Respiratory System			4		
	PRE 201-2	English Language-III			2		
	ISLM 102-2	Islamic Culture-II			2		Institution
	Total	15					
Year 3	311INT-2	Forensic Medicine	Required	All courses of the 1st year	2	College	
	312INT-1	Medical Ethics			1		
	313INT-1	Islamic ethics in Medicine			1		
	321SYS-3	Head and Neck Anatomy			3		
	322SYS-4	Endocrine System			4		
	323SYS-5	Reproductive System			5		
	324SYS-5	Urinary System			5		
	325SYS-1	Nutrition & Metabolism			1		
	326SYS-6	Digestive			6		
	327SYS-7	Central Nervous System & Special Senses			7		
	ELC 341-346	Elective Module	Elective		1		
Total	12			37			
Year 4	431CLC-7	Epidemiology, Biostatistics and Computer applications	Required	All 2nd & 3rd Year Courses	7	College	
	432CLC-3	Research Methodology In Health Sciences			3		
	433CLC-2	Laboratory Medicine			2		

Level	Course Code	Course Title	Required or Elective	Pre-Requisite Courses	Credit Hours	Type of requirements (Institution, College or Department)
	434CLC-2	Radiology and Medical Imaging			2	
	435CLC-2	Introduction to clerkship			2	
	436CLC-8	Internal Medicine-1			8	
	437CLC-8	Surgery-1			8	
	Total	7			32	
Year 5	531CLC-6	Pediatrics-1	Required	All 2nd & 3rd Year Courses	6	College
	532CLC-2	Ear, Nose and Throat			2	
	533CLC-6	Obstetrics and Gynecology-1			6	
	534CLC-2	Ophthalmology			2	
	535CLC-4	Internal Medicine-2			4	
	536CLC-4	Psychiatry			4	
	537CLC-4	Primary Health Care			4	
	538CLC-2	Orthopedics			2	
	ELC 541-545	Elective Module Elective Module			Elective	
	Total	10			32	
Year 6	631CLC-8	Internal Medicine-3	Required	Internal Medicine-1 & 2	8	College
	632CLC-8	Surgery-2		Surgery 1	8	
	633CLC-4	Pediatrics-2		Pediatric-1	4	
	634CLC-4	Obstetrics and Gynecology-2		Obstetrics and Gynecology-1	4	
	635CLC-4	Family Medicine			4	
	636ELC-2	Emergency Room		4th & 5th Year Courses	2	
	ELC642-643	Elective Module Elective Module		Elective	1 1	
	Total	8			32	

* Include additional levels if needed

** Add a table for each track (if any)

3. Course Specifications

Insert hyperlink for all course specifications using NCAAA template

- [Second Year Course Specifications](#)
- [Third Year Course Specifications](#)
- [Fourth Year Course Specifications](#)

- [Fifth Year Course Specifications](#)
- [Sixth Year Course Specifications](#)
- [Field Experience Specification](#)

4. Program learning Outcomes Mapping Matrix

Align the program learning outcomes with program courses, according to the following desired levels of performance (**I = Introduced P = Practiced M = Mastered**)

The articulated PLOs, and the CLOs matrix together serve as the foundation of a program coherence. It is an important step in setting the content, avoiding redundancy and assessing the LOs. Adopting SaudiMEDs framework facilitate the process of improving matrix along time, because PLOs set as base of level II followed by more detailed CLOs as level III of the SaudiMEDs development process. In the acquisition and development of a skill, a medical graduate passes through different levels of competency start with introductory level (I), then learner will progress to be proficient (P) and when he/she master the skill he become at mastered level (M) in skill acquisition. This model also adopted to distribute the PLOs along the courses with assignment of level of competency for each PLOs in concordance with courses in each level. CLOs will be taught in different courses at the same or different levels. The beginner courses will start with I- level of CLOs then they will progress through the academic level to reach the P- level at the mid and second half of the program until M- level at the end of the program. Some CLOs reached M- level early and some reached at the end based on the nature of CLOs and course themes.

Course code & No.		Program Learning Outcomes																		
		Kno wled ge	Skills											Competence						
			K1	S1	S2	S3	S4	S5	S6	S7	S8	S9	S10	S11	C1	C2	C3	C4	C5	
English Language	ENG181-8																I			
Arabic Writing	102ARB-2																I			
Islamic culture I	101SLM-2																	I		
Biology for Hygienic Specialties	BIO105-4		I																	
Chemistry for Hygienic Specialties	CHEM105-4		I																	
Physics for Hygienic Specialties	PHYS105-4		I																	
English Language for Academic Purposes	ENG182-3		I	I																
Health & Disease in the community	211INT-1	I	I						I		I		I	I						I

Course code & No.		Program Learning Outcomes																	
		Kno wled ge	Skills											Competence					
			K1	S1	S2	S3	S4	S5	S6	S7	S8	S9	S10	S11	C1	C2	C3	C4	C5
Early Clinical Experience and Communication Skills	212INT-2		I	I	I							I	I	I				I	
Introductory to Microbiology	213INT-2		I		I				I										I
Introductory to Pathology	214INT-2		I															I	
Introductory to Biochemistry	215INT-2		I															I	I
Introductory to Pharmacology	216INT-2		I		I			I	I						I				
Behavioral Science	217INT-1		I					I		I						I			
Gene Deciphering	218INT-1		I														I		
Introductory to Embryology	219INT-1		I														I		
Musculoskeletal System	221SYS-5		I		I	I	I	I										I	
Immune, Blood & Lymphatic System	222SYS-5		I		I	I	I	I										I	
Heart and Cardiovascular System	223SYS-5		I		I	I	I	I											I
Respiratory System	224SYS-4		I		I	I	I	I											I
English Language-3	201PRE-2			I															
Islamic Culture-II	102SLM-2																	I	
Forensic Medicine and Toxicology	311INT-2		I	I	I	I	I		I									I	
Medical Ethics	312INT-1			I								I	I	I	I	I	I	I	
Morals and Ethics of Muslim Practitioner	313INT-1		I						I									I	
Head and Neck Anatomy	321SYS-3		I		I	I													I
Endocrine System	322SYS-4		I		I	I	I	I											I
Reproductive System	323SYS-5		I		I	I	I	I									I		
Urinary System	324SYS-5		I		I	I	I	I									I		
Nutrition & Metabolism	325SYS-1		I		I	I	I	I										I	
Gastro-intestinal System	326SYS-6		I		I	I	I	I										I	
Central Nervous System & Five Senses	327SYS-7		I		I	I	I	I								I			
Elective			I		I	I													I

Course code & No.		Program Learning Outcomes																	
		Kno wled ge	Skills											Competence					
			K1	S1	S2	S3	S4	S5	S6	S7	S8	S9	S10	S11	C1	C2	C3	C4	C5
Elective	ELC 341-346		I		I	I											I		
Laboratory Medicine	433CLC- 2		P		P	P			P					P			P		
Radiology and Medical Imaging	434CLC- 2		P			P	P		P					P			P		
Introduction to clinical Medicine	435CLC- 2		P		P	P			P					P				P	
Internal Medicine-1	436CL-8		P	P	P	P	P	P			P			P				P	
Surgery-1	437CL-8		P	P	P	P	P	P	P					P				P	
Epidemiology, Biostatistics and Computer applications	431CLC- 7	P								P	P	P	P					P	
Research Methods In Health Sciences	432CLC- 3										P	M	P					M	
Pediatrics-1	531CL-6		P	P	P	P	P	P			P			P	P				
Ear, Nose and Throat	532CLC- 2		P		P	P	P	P							P				
Obstetrics and Gynecology-1	533CLC- 6		P	P	P	P	P	P			P				P	P			
Ophthalmology	534CL-2		P		P	P		P							P				
Internal Medicine-2	535CL-4		P	P	P	P	P	P									P		
Psychiatry	536CLC- 4		P	P	P	P	P	P	P						P	M			
Primary Health Care	537CL-4	M		P					P	M			M		P			M	
Orthopedics	538CL-2		P	P	P	P	M	P						P					
Elective	ELC 541-545		P		P	P					P	P					P		
Elective			P		P	P					P	P					P		
Internal Medicine-3	631CL-8		M	M	M	M	M	M			M				M			M	
Surgery-2	632CL-8		M	M	M	M	M	M	M						M		M		
Pediatrics-2	633CL-4		M	M	M	M	M	M			M			M	M				
Obstetrics and Gynecology-2	634CLC- 4		M	M	M	M	M	M	M						M				
Family Medicine	635CL-4		M	M	M	M	M	M		M	M			M					
Emergency Room	636EL-2		M		M		M				M			M	M		M		
Elective	ELC 642-643			M	M	M		M			M							M	
Elective				M	M	M		M			M							M	
Internship			M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	
Extra-Curricular Activities	Early		P	P	P	P	P	P			P	P		P	P		P	P	
	Later		M	M	M	M	M	M			M	M		M	M		M	M	

* Add a table for

Capstone courses for assessment of PLOs achievements

PLO #	PLO	Capstone Courses		
1	K1: Describe the healthcare system in Saudi Arabia	Primary Health Care	Internship	
2	S1: Integrate basic, clinical, behavioral and social sciences in medical practice	Pediatrics-2	Internal Medicine-3	Obstetrics and Gynecology-2
3	S2: Effectively communicate verbally and in writing with patients, their families, colleagues, and other health professionals	Obstetrics and Gynecology-2	Internal Medicine-3	Family Medicine
4	S3: Demonstrate the essential clinical skills and procedures	Surgery-2	Internal Medicine-3	Obstetrics and Gynecology-2
5	S4: Use clinical reasoning, decision making, and problem-solving skills in medical practice	Internal Medicine-3	Surgery-2	Pediatrics-2
6	S5: Manage patients with life-threatening medical conditions	Emergency Room	Orthopedics	Surgery-2
7	S6: Manage patients with common medical problems	Family Medicine	Internal Medicine-3	Pediatrics-2
8	S7: Place patients' needs and safety at the centre of the care process	Surgery 2	Internship	
9	S8: Support health promotion and disease prevention	Family Medicine	Primary Health Care	
10	S9: Practice evidence-based health care	Internal Medicine-3	Pediatrics-2	Emergency Room
11	S10: Demonstrate basic research skills	Research Methodology		
12	S11: Use medical informatics in healthcare system effectively	Primary Health Care	Internship	
13	C1: Practice teamwork and inter-professional collaboration	Family Medicine	Pediatrics-2	Emergency Room
14	C2: Adhere to professional attitudes and ethical behaviors of physicians	Obstetrics and Gynecology-2	Pediatrics-2	Surgery-2
15	C3: Apply Islamic, legal and ethical principles in professional practice	Psychiatry	Internship	
16	C4: Demonstrate the capacity for self-reflection and professional development	Surgery-2	Emergency Room	
17	C5: Demonstrate scholarly behavior	Internal Medicine-3	Primary Health Care	

5. Teaching and learning strategies to achieve program learning outcomes

Describe policies, teaching and learning strategies, learning experience, and learning activities, including curricular and extra-curricular activities, to achieve the program learning outcomes.

The policies of program planning, implementation and evaluation promotes best practice and establishes consistency between PLOs, teaching and learning strategies and assessment methods. Teaching and learning strategies provide the means by which a curriculum's objectives are achieved. They are the heart of the curriculum, the educational intervention itself. Teaching and learning strategies involve both:

- Curriculum contents: refer to specific materials to be included in the curriculum
- Teaching and learning Methods: are the ways in which the content presented.

Determination of the content based on:

- The learning outcomes
- The amount of materials should not be too little to lack substance, or too much to overwhelm the learners.
- Materials should presented in chronological manner

The choice of teaching and learning methods in the program based on:

- Maintain congruence between PLOs and teaching and learning methods
- Use multiple teaching and learning methods
- Choose teaching and learning methods that are feasible in term of resources.

Curriculum contents:

The contents for each course developed and updated by course committee in guidance of CLO and PLOs that set by MEU. This process technically supported by MEU and finally approved by Curriculum committee. This a highly dynamic process conducted annually based on previous course report, annual program report and any suggestions form Medical education Unit (as documented in Program/Course specification, implementation, delivery and reporting policy).

The model used to organize and streamline the production of the course content is (ADDLIE Model), which include:

- Analysis: Analyze desired learning outcomes and fixed conditions
- Design: Select instructional strategies
- Development: Construct instructional materials
- Implementation: Implement and use the newly developed instruction
- Evaluation: Investigate whether desired outcomes were reached. The evaluation phase is mainly summative, while formative evaluation may be conducted during all phases.

The distribution of topics according to CLOs and selection of instructional methods considering the weight of theoretical and applied aspects as planned in the table of course ID in course description.

The depth of content across time follow the wedge shape of integration, this implies that both basic medical sciences and clinical topics are taught throughout the curriculum, but with a predominance of basic medical sciences in the early years, increasing time devoted to clinical subjects as the program progresses.

The sequence is the order in which the information is presented to the student. How to sequence the curriculum depends on the development of the students cognitively. The current curriculum sequencing approaches is simple-to-complex, prerequisite learning, whole-to-part learning, and chronological learning. This approach described as follow, which evident in academic map in program description and annually released academic map.

The major instructional strategies:

Direct Instruction

- Concept:
 - The Direct instruction strategy is highly teacher-directed and is among the most commonly used.
 - This strategy is effective for providing information or developing step-by-step skills.
 - It also works well for introducing other teaching methods, or actively involving students in knowledge construction.
- Methods
 - Lecture
 - Drill & Practice
 - Demonstrations

Indirect Instruction

- Concept:
 - Indirect instruction is mainly student-centered, although the two strategies can complement each other.
 - The role of student:
 - Indirect instruction seeks a high level of student involvement in observing, investigating, drawing inferences from data, or forming hypotheses.
 - It takes advantage of students' interest and curiosity, often encouraging them to generate alternatives or solve problems.
 - The role of the teacher:
 - Shifts from lecturer/director to that of facilitator, supporter, and resource person.

- The teacher arranges the learning environment, provides opportunity for student involvement, and, when appropriate, provides feedback to students while they conduct the inquiry (Martin, 1983).
- Methods
 - Problem Solving
 - Case Studies
 - Debriefing
 - Report

Interactive instruction

- Concept:
 - Interactive instruction relies heavily on discussion and sharing among participants. Students can learn from peers and teachers to develop social skills and abilities, to organize their thoughts, and to develop rational arguments.
 - The interactive instruction strategy allows for a range of groupings and interactive methods.
 - It is important for the teacher to outline the topic, the amount of discussion time, the composition and size of the groups, and reporting or sharing techniques.
 - Interactive instruction requires the refinement of observation, listening, interpersonal, and intervention skills and abilities by both teacher and students.
 - The success of the interactive instruction strategy and its many methods is heavily dependent upon the expertise of the teacher in structuring and developing the dynamics of the group.
- Methods
 - Small group teaching methods as;
 - Problem-based learning (PBL)
 - Team-based learning (TBL)
 - Focused Discussions
 - Tutorials
 - Student-led seminar
 - Role-play
 - Panels discussion
 - Brainstorming
 - Peer partner learning: is used in SDL.

- Laboratory Groups
- Jigsaw: is used in SDL
- Problem Solving

Experiential learning

- Concept:
 - Experiential learning is inductive, learner centered, and activity oriented. Personalized reflection about an experience and the formulation of plans to apply learning to other contexts are critical factors in effective experiential learning.
 - The emphasis in experiential learning is on the process of learning and not on the product.
 - Experiential learning can be viewed as a cycle consisting of five phases, all of which are necessary:
 - Experiencing (an activity occurs);
 - Sharing or publishing (reactions and observations are shared);
 - Analyzing or processing (patterns and dynamics are determined);
 - Inferring or generalizing (principles are derived); and,
 - Applying (plans are made to use learning in new situations).
- Methods
 - Field visits/Observations
 - Conducting Experiments
 - Simulations
 - Role-playing
 - Drills
 - Model Building
 - Surveys

Independent Learning

- Concept:
 - Independent study refers to the range of instructional methods which are purposefully provided to foster the development of individual student initiative, self-reliance, and self-improvement.
 - While independent study may be initiated by student or teacher, the focus here will be on planned independent study by students under the guidance or supervision of a classroom teacher.

- In addition, independent study can include learning in partnership with another individual or as part of a small group.
- **Methods**
 - Essays
 - Computer Assisted Instruction: Computer-assisted instruction (CAI) refers to instruction or remediation presented on a computer.
 - Report writing
 - Student logbook/Portfolio
 - Learning Activity Packages
 - Correspondence Lessons
 - Learning Contracts
 - Homework/ Assignment
 - Research Projects

Extra-curricular Activities

There are three important categories of student outcomes:

- Purely academic achievement measured in course grades, credit hours and degrees earned
- Valuable life skills, such as leadership, time management and organization, etc.
- Enrichment activities that lead to treasured memories, greater personal confidence, etc

Education is not solely learned by curricular activities. Education goals and LOs are best achieved by a diversity of learning experiences, some of which are more appropriately conducted outside the regular classroom. The Faculty Student Activities Unit and Medical Student Club regularly form, update and implement a list of extra-curricular activities that aim to:

- Develop useful new capabilities in learners that can lead to the extension of career opportunities;
- Add learners in social skills or inter personal living; and
- Promote cultural values in the society.

The extra-curricular activities aligned with PLOs as early activities conducted during 2nd ,3rd and 4th year; advanced activities conducted during the 5th and 6th year. These activities planned and conducted by Student Club and should be aligned and evaluated by medical education unit to evaluate the PLOs assessment. For that many of soft skills and competences covered in these activities, which support college mission.

Attachment

- Program Planning, Implementation and evaluation policy
- Course Planning, Implementation and evaluation policy

6. Assessment Methods for program learning outcomes.

Describe assessment methods (Direct and Indirect) that can be used to measure achievement of program learning outcomes in every domain of learning.

FOM-JU adopting an effective system to assess and assure that PLOs are achieved or not. Assessment is the process of forming a judgment about the quality and extent of student achievement or performance, and therefore by inference a judgment about the learning itself. Assessment inevitably shapes the learning that takes place; that is, what students learn and how they learn it should reflect closely the purposes and aims of the course of study.

The methods of assessment used will be dictated by the purpose of the assessment.

- Formative Assessment: is any form of assessment that will not contribute to the final grade of a student. Can be done at any point of the course, planned by the teachers, its main aim is to monitor the progress of student's learning. Feedback to the students about their performance is very crucial.
- Summative assessment: is any form of assessment that will contribute to the final grade of a student. Students are assessed in cognitive, affective, and psychomotor domains in all courses with an emphasis on formative evaluation throughout the course providing frequent feedback to the student.

The followings are tools to assure the quality of the assessment:

- Optimizing assessment: by planning to use:
 - Multiple methods: Selection of assessment based on:
 - Miller's Pyramid
 - Bloom's Taxonomy level of developing educational objectives
 - Using course blueprint
 - Available resources
- Multiple assessors; try to avoid inter-rater reliability and variance.
- The selection and training of assessors;
- A reconceptualization of the role of psychometrics; and
- A recognition of the importance of group
- Improving the assessment system: by introducing new strategies and use of technology.

Based on miller's pyramid the PLOs cover the four level, which proposes clinical competence in multiple levels: "Knows," "Knows How," "Shows," and "Does." A candidate "knows" first

before progressing to "knows how." In other words, "knows" is analogous to factual knowledge and "knows how" is equivalent to concept building and understanding. At a higher level, a candidate "shows how" i.e. develops the competence to "perform." At the highest level, the candidate "does" i.e. actually carries out the concerned tasks competently in real life situations. Assessment instruments vary considerably in their uses to test different levels of competence. The 17 PLOs has assessed directly from capstone courses and indirectly from senior students, alumni, and employer prospective.

Direct Assessment of PLOs

- Assessment of Knows and Knows How level (knowledge and skills mainly cognitive skills):
 - Written Exam:
 - Selected response tests (MCQs, EMQ, ...)
 - Constructed response tests (short essay, short answers and long essay).
 - Key Features Examination (KFE) (Problem solving)
 - Oral Examination/VIVA
- Assessment of Shows How (skills and competence):
 - OSPE & OSCE
 - OSLER
 - Long Case
 - Short Case
- Assessment of Does (skills and competence):
 - Mini Clinical Evaluation Exercise (mini-CEX)
 - Direct Observation of Procedural Skills (DOPS)
 - Checklist 360-Degree Evaluation
 - Logbook & Portfolio
 - Research Report
 - Research Proposal
- Continuous Assessment methods:
 - Reflect student participation such as contribution to class discussions and by such assignments as homework, written reports, laboratory projects, preparation for tutorials and seminars etc.,
 - The continuous assessment activities will be through the following methods (All or some as stated in the course specifications)

The target benchmark for all PLOs has adopted at the level of 70% achievement based on Medical Education unit recommendations and 3 satisfaction on five points survey as well as 3 direct achievement out of number 5.

Indirect Assessment of PLOs

Gathering information through means other than looking at actual samples of student work. The student, graduates and alumni decides what he or she learned and how well it was learned. These include:

- Surveys: different student survey
- Focus group
- Exam blueprint
- Grades that are not based on explicit criteria related to clear learning outcomes
- Graduation and retention rates
- Percentage of students who enrolled in post-graduate programs
- Peer review.

Target Benchmark

The target benchmarks for all PLOs was adopted as follows: 70% achievement (based on MEU recommendations), satisfaction at 3 out of 5 for satisfaction surveys

Method of course Learning Outcomes (CLOs) Assessment

This method involves six steps as following:

- Stratified random sampling of students according to their grades and the sample size was 30 students.
- Then uploading of marks of exam items for each student in excel sheet.
- Arrangement of the marks of each item in ascending or descending manner.
- Categorize marks according the following weights: <60%; 60 %:< 70%; 70 %:< 80%; 80 %:< 90%; 90%:100%.
- Counting the number marks in each category.
- Compensate the item weights in the blueprint and calculate the CLOs Actual level.

Attachment:

- Attachment 1: Assessment Policy - Faculty of Medicine – Jazan University
- Attachment 2: Executive Rules for Study and Examination - Jazan University
- Attachment 3: Executive Rules for Study and Examination - Faculty of Medicine – Jazan University

Alignment Between PLOs, Teaching Strategies and Assessment methods

No	SAQF Learning Domains and PLOs	Teaching Strategies	Assessment Methods
1.0: Knowledge and Understanding			
K1	Describe the healthcare system in Saudi Arabia	<ul style="list-style-type: none"> • Lecture/Interactive lecture • SGL • Self-directed Learning • Panel discussion 	<ul style="list-style-type: none"> • Written Exam
2.0: Skills			
S1	Integrate basic, clinical, behavioral and social sciences in medical practice	<ul style="list-style-type: none"> • Interactive lectures • SGL • Practical • Demonstration • Simulation • Case-Based Learning • Case studies • Case Presentation • Clinicopathological meeting 	<ul style="list-style-type: none"> • Written Exam • OSPE • Logbook
S2	Effectively communicate verbally and in writing with patients, their families, colleagues, and other health professionals	<ul style="list-style-type: none"> • Interactive lectures • SGL • Practical • Demonstration • Simulation • Case-Based Learning • Case studies • Case Presentation • Clinicopathological meeting • Bedside teaching 	<ul style="list-style-type: none"> • Written Exam • OSCE • OSLER • Short case • Logbook
S3	Demonstrate the essential clinical skills and procedures	<ul style="list-style-type: none"> • Demonstration • Simulation • Case-Based Learning • Case studies • Case Presentation • Panel Discussion • Clinicopathological meeting • Bedside teaching 	<ul style="list-style-type: none"> • OSPE • OSCE • Short case • OSLER • Logbook/ Portfolios • Peer assessment • Self-assessment • Workplace-based assessment
S4	Use clinical reasoning, decision making, and problem solving skills in medical practice	<ul style="list-style-type: none"> • Interactive lectures • SGL • Practical 	<ul style="list-style-type: none"> • Written Exam • OSPE • OSCE • Short case

		<ul style="list-style-type: none"> • Case-based learning • Case studies • Case Presentation • Panel Discussion • Problem Solving • Simulation • Bedside teaching • Clinicopathological meeting 	<ul style="list-style-type: none"> • OSLER • Logbook/ Portfolios • Peer assessment • Self-assessment • Workplace-based assessment
S5	Manage patients with life-threatening medical conditions	<ul style="list-style-type: none"> • Interactive lectures • SGL • Practical • Case-based learning • Case studies • Case Presentation • Panel Discussion • Problem Solving • Simulation • Bedside teaching • Clinicopathological meeting 	<ul style="list-style-type: none"> • Written Exam • OSPE • OSCE • Short case • OSLER • Logbook/ Portfolios • Peer assessment • Self-assessment • Workplace-based assessment
S6	Manage patients with common medical problems	<ul style="list-style-type: none"> • Interactive lectures • SGL • Practical • Case-based learning • Case studies • Case Presentation • Panel Discussion • Problem Solving • Simulation • Bedside teaching • Clinicopathological meeting 	<ul style="list-style-type: none"> • Written Exam • OSPE • OSCE • Short case • OSLER • Logbook/ Portfolios • Peer assessment • Self-assessment • Workplace-based assessment
S7	Place patients' needs and safety at the center of the care process	<ul style="list-style-type: none"> • Case-Based Learning • Case studies • Case Presentation • Field visits • Practical • Simulation • Bedside Teaching • Role play • Journal Club • Panel Discussion • Clinicopathological meeting • Debriefing 	<ul style="list-style-type: none"> • Written Exam • OSPE • OSCE • Short case • OSLER • Logbook/ Portfolios • Peer assessment • Self-assessment • Workplace-based assessment

S8	Support health promotion and disease prevention	<ul style="list-style-type: none"> • Interactive lectures • SGL • Practical • Case-based learning • Case studies • Case Presentation • Problem Solving • Simulation • Bedside teaching • Journal Club • Panel Discussion • Field visits 	<ul style="list-style-type: none"> • Written Exam • OSPE • OSCE • Short case • OSLER • Logbook/ Portfolios • Peer assessment • Self-assessment • Workplace-based assessment
S9	Practice evidence-based health care	<ul style="list-style-type: none"> • Interactive lectures • SGL • Practical • Case-based learning • Case studies • Case Presentation • Problem Solving • Simulation • Bedside teaching • Journal Club • Panel Discussion • Field visits 	<ul style="list-style-type: none"> • Written Exam • OSPE • OSCE • Short case • OSLER • Logbook/ Portfolios • Peer assessment • Self-assessment • Workplace-based assessment
S10	Demonstrate basic research skills	<ul style="list-style-type: none"> • Research Project • Practical • Journal Club • Workshop 	<ul style="list-style-type: none"> • Research Project • Writing manuscript • Logbook/ Portfolios • Peer assessment • Self-assessment • Workplace-based assessment
S11	Use medical informatics in healthcare system effectively	<ul style="list-style-type: none"> • Field visits • Practical • Simulation • Bedside Teaching 	<ul style="list-style-type: none"> • OSCE • OSPE • Peer assessment • Logbook/ Portfolios • Workplace-based assessment
3.0: Value			
C1	Practice teamwork and inter-professional collaboration	<ul style="list-style-type: none"> • SGL • Case-based learning • Case studies 	<ul style="list-style-type: none"> • Written Exam • OSCE • OSPE
C2	Adhere to professional attitudes and ethical behaviors of physicians	<ul style="list-style-type: none"> • Case Presentation • Simulation 	<ul style="list-style-type: none"> • Peer assessment • Logbook/ Portfolios • Research Project

C3	Apply Islamic, legal and ethical principles in professional practice	<ul style="list-style-type: none"> • Bedside Teaching • Field visits • Research project 	<ul style="list-style-type: none"> • Assignment • Workplace-based assessment
C4	Demonstrate the capacity for self-reflection and professional development	<ul style="list-style-type: none"> • Panel discussion • Debriefing • Practical • Journal Club • Workshop 	
C5	Demonstrate scholarly behavior	<ul style="list-style-type: none"> • Debate • SDL 	

D. Student Admission and Support:

1. Student Admission Requirements

Attach handbook or bulletin description of admission requirements including any course or experience prerequisites.

As approved by Jazan University Council, admission criteria are:

- The applicant must be a Saudi national, or from a mother who is Saudi national, or a non-Saudi female who is married to a Saudi and has at least two children.
- The applicant must have his/her high school certificate (natural sciences), or its equivalent, from within the kingdom or abroad.
- The high school certificate must be obtained within a year (from date of graduation) at the time of application. However, the University may waive this condition if the applicant has a persuasive explanation.
- The applicant should successfully pass any examinations or interviews deemed necessary by the University Council and must be medically fit.
- The applicant must satisfy any other requirements specified by the University Council at the time of application.
- The applicant must not be expelled from Jazan University or any other University for disciplinary or academic reason.
- The applicant must obtain the approval of his/her employer, if he/she is an employee in any government or private institution.
- The applicant must not exceed 25 years of age (Males), and 30 years (Females).
- If the applicant's high school certificate is obtained from outside Saudi Arabia, he/she must submit evidence of academic achievement equivalent to these requirements. Certificate must be approved by the Saudi Arabian Cultural Attaché. Jazan University requires further admission requirements that are stated in the website.

- The weighted total score must be 80% or more. It is calculated as it follows: weighted total score = 40% achievement test score + 30% general aptitude test score + 30% high school grade

Selections from among applicants is handled electronically based on the best weighted total score, availability of seats, and fulfillment of admission requirements.

2. Guidance and Orientation Programs for New Students

- There are two aligned new students' orientation programs;
- The 1st program is at the University level and it is conducted annually during the first days of the first year to introduce the new student to academic life with supporting full student guide booklet (attached).
- The 2nd program is targeting the new students who will start the medical program at the beginning of 2nd year (full day program), the program orients students with the program mission, vision, strategic directions, organization chart, curriculum layout, attendance requirements, teaching /assessment methods, graduation requirements, learning resources, counseling process as well as extracurricular activities and expected code of conduct from students.
- The student assessment guidelines, students code of conduct as well as student's booklet are provided for students during the program with their signatures
- The program is provided for male and female sections simultaneously with the same contents and it is evaluated from students' point of view by survey with analysis of the responses and preparation of annual report containing suggested improvements. The policy controlling this process is coded as (ACPO01).

3. Student Counseling Services

(academic, career, psychological and social)

Describe arrangements for academic counseling and advising for students, including both scheduling of faculty office hours and advising on program planning, subject selection and career planning (which might be available at college level).

Provision of effective system for supporting student learning through academic advice, study facilities, monitoring student progress, encouraging high performing students and provision of assistance when needed by individuals.

Early detection of difficulties, which may face the students in their academic progress and to determine the different means to restore their capabilities to continue their way to graduation.

The target is to ensure the quality aspects of our graduates and to utilize this enumeration as a major input to curriculum and program review.

Academic counseling:

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

The student financial support:

- Monetary rewards for new students in the faculty of medicine through providing them ATM cards. This responsibility of the director of rewards in the university administration.
- The rewards are granted every month for the first year and renewed basing on her/his academic accomplishments, the reward will be no longer continued if the grade point average (GPA) is less than 2.
- Excellence rewards: is paid to the student of GPA range from 4.75 to 5.0 for two consecutive terms
- The payment starts after the second year for student who fulfills the conditions.
- In case of losing ATM card, the student she/he enters the website to ask for a replacement ATM card.
- Managing the student rewards is the responsibility of the Head of Administration affairs in the faculty, if there is any problem, she/he reports it to the reward administration.
- The program for rewards is included in the complete program of Admission &Registration

- The reward program provides information about the student, her rewards records, excellence rewards and whether the student is not entitled for the reward.
- The ATM cards that are not received by the student personally, due to her/his absence, are returned back within one month to the reward administration by an official letter.

Student Support

Other forms of student support include:

- Psychological support
- Career counselling

Attachment:

Policy of Student Academic Support and Counseling (ST PO 01) Attachment # No. 5

4. Special Support

(low achievers, disabled, gifted and talented)

Low achiever students:

The academic counselor observes the performance of the lagging students and prepares a monthly report on their academic standing to the relevant department.

The department reviews the cases, contacts the students and inform them formally with the counseling interview date.

The student reports at the due date and discuss with the counselor the possible reasons for his / her lagging

The student with counselor agree on plan with the following dispositions:

Suggest extra effort to be performed by the student such as research task.

Suggest study on specialized links about specified topics

Utilize the office hours of the staff

Hold revision group sessions whether theoretical or practical

Hold formative tests before the mid and final tests at points of time that are reasonably enough to develop the plan and allow the control of the student progress.

The formative tests with the results evaluation shall be the basis for continuous assessment of the student.

In all cases, the attendance should be no less than 75% of the theoretical or practical curriculum according to the attendance regulations.

A final assessment report shall be submitted to student affairs.

Feedback on performance by students and results of assessments is given promptly to students and accompanied by mechanisms for providing assistance if needed.

Teaching staff are familiar with the range of support services available in the institution for students, and should refer them to appropriate sources of assistance when required.

Year to year progression rates and program completion rates are monitored.

Adequate protection is provided and supported by regulations to protect the confidentiality of academic or personal issues discussed with teaching/ counselor staff.

Support for Temporary disable students

Any student who may develop a temporary medical condition which necessitate special academic/psychological or personal help for the student will get an academic support in one or more off the following help based on case evaluation by academic advisor; (Annex 60111 policy of special needs students)

Uses of parking of disable persons

Note Taking services during regular classes and or special assistance in labs

Extended time for testing

Relocation of classes

Innovation

The college established a unit for Innovation to encourage and enhance student to participate by submitting their ideas that were support by one of teaching staff and finally presented at student forum at university level of national level.

E. Teaching and Administrative Staff

1. Needed Teaching and Administrative Staff

Academic Rank	Specialty		Special Requirements / Skills (if any)	Required Numbers		
	General	Specific		M	F	T
Professors	8	12		12	8	20
Associate Professors	15	25		25	15	40
Assistant Professors	25	45		45	25	70
Lecturers	10	-		6	4	10
Teaching Assistants	20	40		40	20	60
Technicians and Laboratory Assistants	8			4	4	8
Administrative and Supportive Staff	50			30	20	50
Others (specify)						

The estimates of the total number of the teaching and administrative staff needed are based on the following:

- The number of students accepted each year. As approved by Jazan University Council, the total number accepted each year is 150 / year (75 males and 75 females).
- The ratio of students to teaching staff according to the future plan of the higher education in Saudi Arabia (AFAQ 2029) which is 10:1.
- The benchmarking with the top leading medical schools in Saudi Arabia where the average ratio of students to teaching staff is 5:1 & ratio of students to administrative staff 20:1
- The academic rank and weight of teaching load: assistant professor [35%] > associate professor [20%] > professor [10%] > lecturers [5%].
- The teaching assistants represent 30% of the total number needed to achieve the ratio of 5:1.
- The gender, where the females' teaching staff comprises 1/3 of the total number.
- The specialty vs. subspecialty where the subspecialty comprises 2/3 of the total number.

2. Professional Development

2.1 Orientation of New Teaching Staff

Describe briefly the process used for orientation of new, visiting and part-time teaching staff

Program Description

- The objectives of Orientation Program are related to improving work performance, enhancing career prospects, increasing the capacity for learning, encouraging participation in, and commitment to, lifelong learning and being adaptable to, and prepared for, changes.
- Expected outcome: By the end of the program, participants will be aware with Faculty of medicine teaching system, quality system, administration system, research and continuous development concepts.

Target Audience

- New teaching staff
- Adjunct clinical instructor
- Intern supervisor

Program management

- The Head of Continuous Development Unit manages the whole program liaising with the presenters and collates the required materials by the end of the previous scholar year.
- The agenda of the program is approved by the Vice-dean for Development and Quality
- The program is generally structured and is presented in the first week of in each week with minor changes.
- Program announced through the routine way for announcing CPD activities.

The structured program agenda includes:

- Program governance:
 - Introduction to the Faculty of Medicine
 - The Faculty Organization and Quality Vice-deanship Organization
 - The Mission, Vision and Strategic Goals of the Faculty
 - Administrative system
- Medical Program
 - The curriculum
 - Instructional methods
 - Assessment methods
 - Academic Regulations & Policies

- Academic counselling
- Quality Assurance
 - Academic accreditation
 - Quality management system
- Research opportunities
- Community service opportunities
- Facilities
 - JU Academic Gate (Edugate)
 - Saudi Digital library
 - Black board
- Staff affairs
 - Code of Conduct
 - Job description and roles
 - The Continuous Professional Development plan
 - Staff Portfolio and annual appraisal
 - Health and Safety regulations
- Attendance of the participants is recorded on the attendance sheet.
- The new staff is invited to voluntarily join on the functional committees of the Faculty.
- A questionnaire for feedback from the participants is distributed with the materials in the beginning of the program and collected at the end of the day for further analysis by the Vice-deanship for Development and Quality.

Orientation Program for Adjunct Clinical instructor

Program mainly contain the followings:

- Teaching and learning in clinical setting
- Performance assessment
- PLO assessment

Orientation Program for Intern Supervisors

Program mainly contain the followings:

- Teaching and learning in clinical setting
- Performance assessment
- PLOs assessment
- Evaluation of interns
- Intern policies

- Intern logbook

List of Attachments:

Policy for Staff Orientation (CPD PO 01) - Attachment # NO. 15

2.2 Professional Development for Teaching Staff

Describe briefly the plan and arrangements for academic and professional development of teaching staff (e.g., teaching & learning strategies, learning outcomes assessment, professional development, etc.)

CPD Governance

- The nature of the training and development role is industry-specific, with the level of responsibility and variety of activities dependent on the type and size of organization. However, CPD unit responsible for overall management system of professional development.
- The objectives of CPD are related to followings:
 - Improving work performance;
 - Enhancing career prospects;
 - Increasing the capacity for learning;
 - Encouraging participation in, and commitment to, lifelong learning and being adaptable to, and prepared for, changes.

CPD priorities

CPD Strategy will help to create a confident workforce who will perform to high standards, expertly using new technology to provide the best possible service. The CPD priorities are:

- To enhance staff's knowledge, skills and ability as teachers, researchers, managers, technicians and administrators, as relevant to the requirements of their posts.
- To enable staff to carry out their current and future roles effectively and adapt to change.
- To assure and enhance the quality of teaching, learning and research, and the services supporting them, to develop as a new university and college for our community.

Planning:

CPD is informed by:

- College Level
 - College vision and mission
 - College Strategic Planning
 - College Operational Planning
 - Academic Planning and Quality Enhancement
 - Research Strategy

- Program annual report
- Audit report from different parties (academic affairs, quality affairs, head of the departments,.....)

- **Individual-Level CPD Planning**

The Professional Development Plan (PDP) is a short planning document that examines faculty current CPD needs, looks at how these might be met and lists objectives for the future.

- It helps to structure and focus the faculty's training needs and should address the following points:
 - Where is he now?
 - Where is he going?
 - How he is going to get there?

CPD monitor:

This can be monitored by: Annual Professional Reviews – Teacher Portfolio Appraisal, managers conduct an annual professional review with every member of staff.

- The purpose of the annual professional review is for the faculty and staff to:
- Review progress against agreed objectives set the previous year.
- Reflect on and evaluate the outcome of CPD on the staff experience, individual's professional and personal development, and contribution to the achievement of the College's level CPD Plans.
- Set objectives for the forthcoming academic year to achieve the College's level CPD Plans.
- Identify professional and personal development needs.
- Review any personal support needs.

Program Evaluation

Base on Kirkpatrick's Model of Evaluation (1994) is used as the gold standard tool for assessing the FDP outcomes (McLean, Cilliers and Van Wyk, 2008). In Kirkpatrick's (1994) model, effectiveness of an intervention is considered at four levels (Masood and Usmani, 2015):

- Level 1: reaction of participants (e.g. participant satisfaction);
- Level 2: Learning (what competencies had been gained?);
- Level 3: behavioural changes (transfer learning to educational environment); and
- Level 4: results (impact on educational process, institutes and healthcare services).

Policies

- The CPD system offers different set of programs that are competency-related requirements for each candidate.
- Staff members have a professional duty to develop the skills and knowledge base of themselves and other practitioners within the profession. It is, therefore, for individual members to choose an approach to CPD that will satisfy their own personal and professional needs and aspirations.
- For each staff member he /she should fulfill the following:-
 - Received orientation program
 - Must complete the foundation program
 - Plan for CPD at individual level annually that approved by head of the department to include his reflection about the impact of CPD program in the candidate performance.
- Teacher portfolio should document for all CPD programs that offer by the college or others.
- Promotion of staff members based on achieving the required CPD program.
- Each staff members should keep a record of CPD activities.

Types of offered programs

The CPD unit strategy is underpinned by key activities in relation to the CPD that will offer different programs as:

- Orientation Program

This provided for:

- New comers (faculty, administrative staff and students)
- Annually for staff orientation about work environment (as new policies, strategic plan, new guidelines,)
- Foundation CPD program

This program should be taken by all teaching staff (teaching and administrative). This program provides faculty members with the skills and knowledge needed to help them in their daily work. The program aiming at improving the teaching and learning process, research and quality improvement skills through capacity building of the faculty.

The program structure will cover the main three aspects in higher education:

- Teaching and learning
- Scientific Research
- Quality Assurance

- Advanced CPD program.

The nature of the program: Advanced topics of foundation program. This program will offer to:

- For any particular topic, you can gain specialist, expert knowledge within the topics that covered in foundation program.
- For any particular topic, detailed knowledge is practical applied knowledge of the subject area which you achieve through learning and experience. This learning level should give you a higher level of expertise than for someone with only core training program level.
- These programs should be taken according to candidate needs.

- Specialized CPD Program.

The nature of the program: Specialized topics for specific group of target population.

F. Learning Resources, Facilities, and Equipment

1. Learning Resources.

Mechanism for providing and quality assurance of learning resources (textbooks, references and other resource materials, including electronic and web-based resources, etc.)

- The faculty and teaching staff for planning and acquisition of textbooks, references and other resource material including electronic and web-based resources are doing the following process circular is sent to the heads of basic medical sciences and clinical departments to raise their needs of textbook, references and other resource material including electronic and web based resources.
- Each head of department assigns a member of teaching staff and to fill out forms to be approved by the dean and sent to Deanship for Library for further process.
- Students evaluates the adequacy of text books, reference or any other resources through the surveys of satisfactions after the courses and at the 3rd year and on graduation. Also, the place is open for any complaint of students to be raised directly to the Vice-Deans and the Dean of the Faculty
- For textbooks acquisition and approval, the Circular is sent to the heads of basic medical sciences and clinical departments to raise their needs of textbook, references and other resource material including electronic and web-based resources.
- Each head of department assigns a member of teaching staff and to fill out forms to be approved by the dean and sent to Deanship for Library for further process.

2. Facilities and Equipment

(Library, laboratories, medical facilities, classrooms, etc.).

- The faculty and teaching staff sent to the heads of basic medical sciences and clinical departments to raise their needs of equipment, chemicals and glassware.
- Each head of department assigns a member of teaching staff and a technician to fill out forms and send them to the head of Central Committee of laboratories who revises and send them for the dean of the faculty to be approved. The forms are sent to his Excellency the president of the University for the Final Approval. These approved forms are sent to the procurement affairs in the university to put in a competition.
- Purchasing department sent the university offers companies to the Dean of the faculty who send offers to the companies and unit coordinator of the contracts and procurement of the faculty.
- After receipt of companies offers sorting and depict the entire transaction. Companies offers are sent to the relevant departments for examination and the work technical study models (with respect to the conformity of the required specification, quality and low price)
- Setting a suitable date for the meeting for each department individually to review the award and signature.
- Offers companies after re-modeling the technical study and choosing the right offer are returned to the coordinator of contracts and procurements in the faculty to make final decision and award.
- After the award, the transaction with the company's bids is sent for approval.
- The entire transaction is sent to the university purchasing department to send request f quotation for companies and these Quotations are sent for the required needs of each individual company to the faculty.
- Referral the treatment to the coordinator of the contracts and procurements who follow-up the supply and installation of the companies.
- Needs are received from the supplier by baptism and the signature of receipt of the original invoice.
- Relevant department receive its needs from the annual equipment.

3. Arrangements to Maintain a Healthy and Safe Environment (According to the nature of the program)

ADPO03 Work Environment and Safety (Attachment 6) A contract with specialized company is there for regular assessments of the condition of all equipment and materials.

Overall security of the campus buildings are provided and monitored by the Safety and Security Department at the University through security personnel, technicians working in laboratories also have responsibility to check and ensure on a daily basis that machines and equipment are safe and secure in the laboratory. Fire safety is maintained through multi-measures system including smoke detectors, alarm system, exit signs, building mapping and extinguisher All the above measures are applied to male and female campuses identically

G. Program Management and Regulations

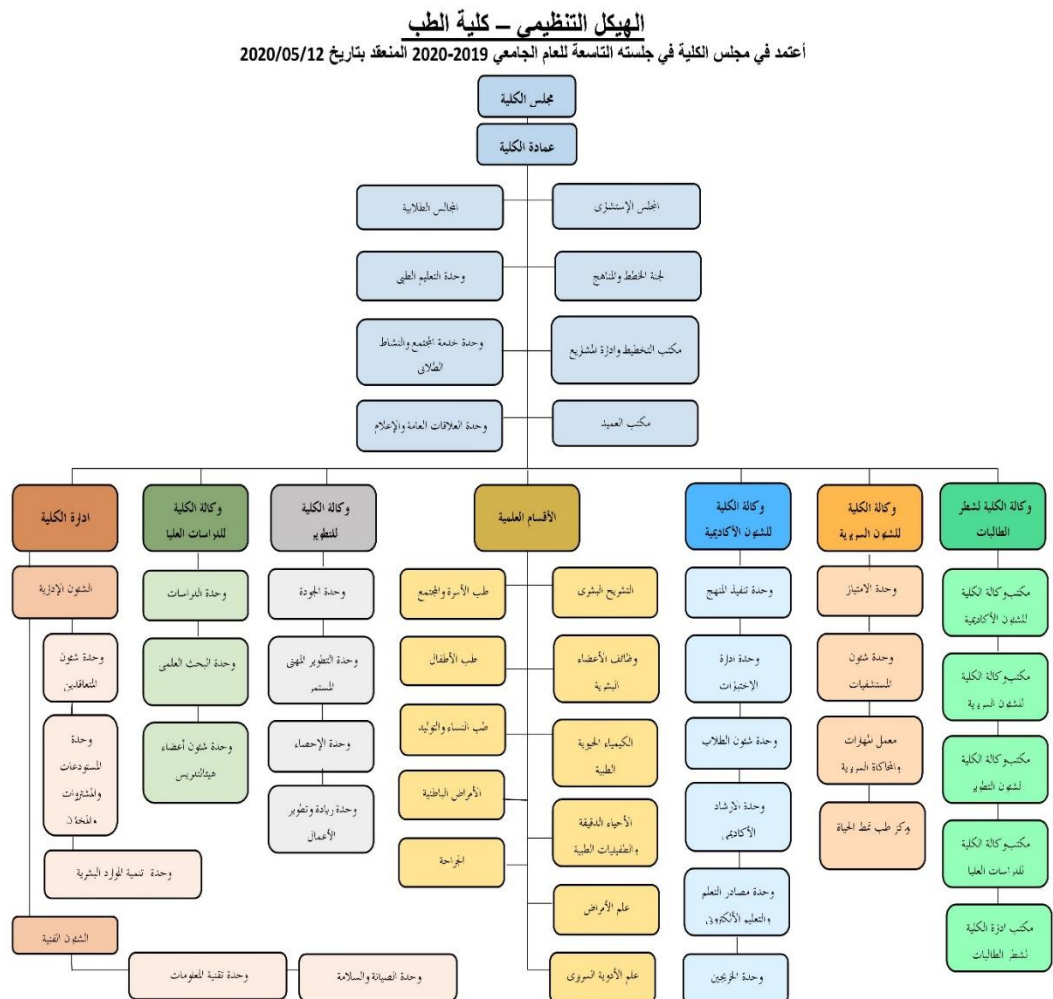
1. Program Management

1.1 Program Structure

(including boards, councils, units, committees, etc.)

The detailed duties for all units managing the program are included in the attachment – 6 (Organization Structure Duties and Responsibilities)

Program Management - Program organization structure



Function	Vice deanship	Unit	Committee
Program management	Faculty council & Curriculum Committee		
Program Design	Vice deanship of development and quality	Medical Education Unit (MEU)	Program improvement committee
Program Implementation	Vice deanship of academic affairs	Program Implementation Unit	Phase and course coordinators with coordination of department heads
		Student examination unit	Unit Head
		Student affairs, counseling, learning resources	Unit heads
Program Evaluation	Vice deanship of development and quality	APR - MEU Unit	Program evaluation committee
		7 types of surveys Quality & accreditation Unit	-
		Indicators & Follow up of improvements – Quality & accreditation Unit	Audit committee
Supporting functions			
Consistency between both sections	Female section Vice deanship	All	-
Research and graduate studies	Vice deanship of graduate studies and scientific research		-
Professional Development	Vice deanship of development and quality	CPD	-
Community relations	The dean	Community relations unit	-
Media relations	The dean		-
Staff affairs	Vice deanship of graduate studies and	Staff affairs Unit	-

The program is managed by multiple administrative levels with clear hierarchy and specified /approved duties and responsibilities as appeared in the program organization chart with its last update and approval by the faculty council in December 2017.

The highest level of the program organization structure with the final ultimate decision maker body of the program are the Faculty council, which guided and supported by the highest position (the Dean), both are responsible to ensure running of the program in compliance with all regulations and providing all resources and supporting logistics for program implementation, evaluation and improvement.

The 3rd level of the program organization is the curriculum committee with supporting units related directly to the dean.

The Curriculum Committee; the committee is headed by the Dean with faculties expertise in health profession education, student, vice deans and representatives from supporting units

The Curriculum Committee is responsible for curriculum design, program implementation, evaluation and improvements with establishment of a coherent and coordinated curriculum to achieve the colleges' overall educational objectives including;

- Sequencing of the various segments of the curriculum is logical.
- Content is coordinated and integrated within and across the academic periods of study (horizontal and vertical integration).
- Methods of teaching and student evaluation are appropriate for the achievement of the colleges' educational objectives.
- Evaluation of program effectiveness by outcomes analysis, using national norms of accomplishment as a frame of reference.
- Monitoring of content and workload in each discipline, including the identification of omissions and unwanted redundancies.
- Review of the stated objectives of individual courses and internship, as well as methods of teaching and student evaluation, to assure congruence with institutional educational objectives.

The committee meeting minutes of the curriculum committee and reports to the faculty governance and dean will document such activities and will show the committee's findings and recommendations.

The 3rd level of organization structure contains the Vice Deans and department heads

The Vice dean for academic affairs is responsible for day to day operation and management to ensure program implementation of the program according to curriculum plan with the 5 supporting units namely, Program implementation, Student examination, Student counseling, student affairs and learning resources unit.

The 4th level is the committee level, at the Vice deanship of academic affairs, these are the course committees head by course coordinator under these supervision of program implementation Unit from one side for implementation and supervision from Medical Education Unit from another side to ensure courses evaluation and reporting guided by phase coordinator and head of implementation unit

The Vice dean for program development is responsible for program evaluations and improvement for all program aspects.

These quality duties are supported through the 4 related units, namely Medical Education Unit Quality/Accreditation, Medical Education, Continuous Professional development and student innovations units.

The Clinical Vice dean is responsible for coordinating all field placement related trainings as well as internship and alumni affaires with the related units with the following units;

- Hospital Affairs Unit
- Internship Unit
- Clinical Unit
- Alumni Unit

1.2 Stakeholders Involvement

Describe the representation and involvement of stakeholders in the program planning and development. (students, professional bodies, scientific societies, alumni, employers, etc.)

Customer (stakeholders) involvement of the Program evaluation and improvement

Customers	Areas	Tools	Timing
Students	1- Update and Announcement of Program Mission, graduate attributes and PLOs 2- Surveys 3- Program Evaluation	- Focus group discussion - Survey (3 types CES, PES and SES)	- Once /5 years - End of courses - Annually

Staff	1- Update and Announcement of Program Mission, graduate attributes and PLOs 2- Surveys 3- Program Evaluation	- Focus group discussion - Survey (3 types)	- Once /5 years - End of courses - Annually
Advisory committee/community representatives	1- Update and Announcement of Program Mission, graduate attributes and PLOs 2- Surveys 3- Program Evaluation	Meeting	Bi-annual
Employers	- PLOs achievements - Graduate abilities	Survey	Annually
Alumni	Employment & research data	Survey	Annually
SaudiMEDs and SCFHS	PLOs	Published data	Every 5 year

2. Program Regulations

Provide a list of related program regulations, including their link to online version: admission, study and exams, recruitment, appeals and complaint regulations, etc.)

The table below show example of functioning policies and procedures with corresponding forms

S.	Doc Code	Name	Associated forms
1	ACOP01	Procedure for Student Orientation	ACF07, ACF08
2	ACPO01	Program Development, Implementation, Evaluation	
3	ACPO02	Policy of Course Specifications, Implementation	MEF03, MEF04, MEF05, MEF06 MEF07, MEF08, MEF09, MEF10, MEF11
4	ACPO03	Policies for Library using	Electronic Dbase
5	ACPO04	Policies for Laboratory usage, Maintenance and Calibration	ACF09, ACF10, ACF11
6	ACPO05	Policies for Equipment usage	Maintenance plan, Actual against planned records
7	ACPO06	Stakeholders satisfaction	MEF11, MEF12
8	ADPO01	Provision and Maintenance of infrastructure	ADF01, ADF02, ADF03, ADF04, ADF05

9	ADPO02	Suppliers Selection and Evaluation	ADF06, ADF07
10	ADPO03	Work Environment and Safety regulations	
11	ADPO04	Outsourcing Activities	ADF07
12	ADPO05	Policy of Purchasing	ADF03, ADF04
13	ADPO06	Policies for Internal and External Communications	ADF08, ADF09, ADF10, ADF11, ADF12, ADF13, ADF14, ADF15, ADF16, ADF17, ADF18
14	CLPO03	Training of Interns	STF02, STF03, STF04, STF05, CLF01, CLF02, CLF03, CLF04, CLF05, CLF06, CLF07, CLF08, CLF09, CLF10, CLF11, CLF12, CLF13
15	CPDPO01	Staff Orientation Program	CPDF01, CPDF02, CPDF03, CPDF04, CPDF05
16	CPDPO02	Policies for Continuous Professional Development	CPDF06
17	DNPO01	Policy for delegation	DQF29

H. Program Quality Assurance

1. Program Quality Assurance System

Provide online link to quality assurance manual

<https://drive.google.com/file/d/1e1AtYPG0rLG67Xhux2AGNhCMJnKy0WdK/view?usp=sharing>

2. Program Quality Monitoring Procedures

The program quality Monitoring Procedures are following the principles of quality cycle (Deming quality cycle, namely Plan, do, check, act) as illustrated in the following table

	Points	Used tools	Elements	Responsible	Timing
Quality evaluation	Courses level	Course report	- Students results - CES - CLOs assessment - Effectiveness of teaching	Course committees	End of the course

			- Admin difficulties		
	Units level	Annual unit reports	- Achievements - Weaknesses	All units	Annually
	Customers	Surveys	- 3 students survey - 2 staff survey - Alumni Survey - Employer survey Indicators	Quality unit	Annually
	Program level	APR	- Course reports - 7 types of surveys - Indicators - Statistical data	Program Evaluation Committee and advisory committee	Annually
	Faculty as whole	Annual Faculty report	All faculty activities	Documentation Unit	Annually
Quality planning	Courses level	Improvement actions	Based on course report	Course committees	End of the course
	Units level	Improvement actions	Based on annual report	Unit heads	Annually
	Program level	Program wide action plan	Based on APR	Program Evaluation Committee	Annually
Quality implementation	Course level, units' level and all functions are committed to implement the approved action plans				
Quality re-check	Courses	Next course report	Evaluate results of action plans	Course committee	Annually
	Program level	Audit committee	Evaluate results of action plans	PEC and audit C.	Annually

3. Arrangements to Monitor Quality of Courses Taught by other Departments.

The list of courses taught by other departments is;

- First year courses
- English courses
- University requirement courses

All these courses are outsourced without official control from medical program. However, communication track was established at the level of vice deanships for quality to;

- Obtain the course specification and course reports for all outsourced courses to be revised by program evaluation committee and any comments from this committee will be collected and raised to the concerned vice deanship
- Ensure alignment between PLOs mapping matrix and outsourced courses

Involving any suggested improvement of outsourced courses in the APR and announced these actions to all concerned.

4. Arrangements Used to Ensure the Consistency between Main Campus and Branches (including male and female sections)

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

Planning (positions):

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

Actions:

Some action and percussions are taken to maximize the consistency between female and male sections as follow;

- The same course contents, teaching strategies and assessment methods.
- Identical time tables for both sections.
- Simultaneous examinations in both sections.
- Separate course reports for each section to ensure evaluation of course quality for both sections and combined one.
- Male staff are teaching female section students from all departments which showed lesser female staff e.g. Pharmacology, Anatomy, Surgery, Ophthalmology, ENT, internal medicine and Gynaecology.
- Analysis of program indicators stressing any differences between male and female sections.
- Program statistical data stressed male and female results and combined one.
- learning resources and facilities are almost at the same level in both sections including the average number of students enrolled per class, teaching aids, laboratories, internet coverage, library and extracurricular activities. In some aspects of learning resources as Clinical Skills Simulation Lab and anatomy Lab the female section showed even better level than male section.
- Male and female students results in examinations are reflected in separate course reports and combined one to explore any differences in courses completion rate, grade distributions and trend over time in either sections as well as the combined one.
- Other course evaluations including achievement of courses and program learning outcomes, courses and program evaluation surveys and course reporting, all these evaluations expressed the female and male as well as combined results with supposed improvements based on evaluations, and consequently a separate course portfolios for both male and female sections as well as a combined one for each course are there.
- Courses and program evaluations and types of surveys are conducted for both sections simultaneously using the same methods, analysis, interpretations and improvement actions.
- Male and female students representatives are involved in relevant committees,
- Results and analysis of program KPIs are usually done for both sections and for combined one based on the availability of data with suggested section wise improvement when required.

- Female staff were represented in almost all quality related committees including self study committee /standards committees, internal audit, student assessment and other committees to ensure equity between sections.

The overall staff satisfaction with the equity between male and female sections is good (3.9 on five points annual staff survey and it showed improvement over the last 3 years as explained in the following table and graph.

5. Arrangements to Apply the Institutional Regulations Governing the Educational and Research Partnerships (if any).

There is collaboration agreement (not Partnerships) with ministry of health to facilitate placements of students trainings at regional hospitals and Primary health care centers.

The program is committed to implement the institutional regulations including selection criteria for training places not to interfere with healthcare services, ensuring license of all faculty staff sharing in students training at MOH places from Saudi Commission For health Specialties (SCFHS) as well as selection criteria of part time staff from MOH sharing in students training

The later include the following items:

- MD holder
- Teaching experiences
- Commitment
- Publications
- license from SCFHS
- Presentation skills

The selected part-time teaching staff and the corresponding teaching staff present a report by the end of the year about the extent of effectiveness of this partnership as well as the pros and cons and the possible solutions for more progress and achieving the learning outcomes for the medical students

The part-time teaching staff is rewarded financially and/or morally by the honorable titles according to the rules and regulations of Jazan University.

6. Assessment Plan for Program Learning Outcomes (PLOs), and Mechanisms of Using its Results in the Development Processes

The following table illustrate the PLOs assessment plan and using it in development.

PLOs	Assessment method		
	Direct PLOs assessment	Indirect PLOs assessment	
		ASS	PES

PLOs 1-17	Capstone courses; CLOs achievements of selected capstone courses	Alumni satisfactio n Survey	Last year students survey	Employer Satisfaction survey about graduate abilities
Data collection	Student Assessment committee	Quality and Accreditation Unit		
Data processing	Quality and Accreditation Unit through the following tasks; Data presentation Discovering weaknesses Suggesting improvements Formulation of Annual Program Report (APR). Final improvement plans Broadcast of the action plans Follow up of Implementation Reporting of results in next APR			
Timing	End of academic year 2018-2019			
Expected recommendations for changes based on PLOs assessment	Curriculum; contents, PLOs narration, teaching strategies, student assessment, courses sequencing or learning resources PLOs assessment methods; Further data. Data source, analysis PLOs constructions; Others; training, recruitment, etc.			

7. Program Evaluation Matrix

Evaluation Areas/Aspects	Evaluation Sources/References	Evaluation Methods	Evaluation Time
Effectiveness of teaching	Staff	Annual survey	End of academic year
	Staff members	Course committee	End of each course
	Students exam results	Grade distribution	End of each course
	Course reports	CLOs assessment	End of each course
	APR	PLOs assessment	End of each course
Assessment methods	Staff	Annual survey	End of academic year
	Students	Survey (CES)	End of each course
Learning resources	Staff	Annual survey	End of academic year
	Students	Survey (CES)	End of each course
Effectiveness of Leadership	Staff	Annual survey	End of academic year
	Admin staff	Annual survey	End of academic year
Overall quality of the program	All aspects, PLOs, teaching/assessment,	Advisory committee recommendations	2-3 time (meetings)/year

Evaluation Areas/Aspects	Evaluation Sources/References	Evaluation Methods	Evaluation Time
	evaluation & improvement .		
Overall quality of the program	All aspects, teaching, surveys, review etc.	KPIs	End of academic year

Evaluation Areas/Aspects (e.g., leadership, effectiveness of teaching & assessment, learning resources, partnerships, etc.)

Evaluation Sources (students, graduates, alumni, faculty, program leaders, administrative staff, employers, independent reviewers, and others (specify))

Evaluation Methods (e.g., Surveys, interviews, visits, etc.)

Evaluation Time (e.g., beginning of semesters, end of academic year, etc.)

8. Program KPIs*

The period to achieve the target (.....) year.

No	KPIs Code	KPIs	Target	Measurement Methods	Measurement Time
1	KPI-P-01	Percentage of achieved indicators of the program operational plan objectives	80%	Strategic plan report	End of the year
2	KPI-P-02	Students' Evaluation of quality of learning experience in the program	80%	Survey	End of the year
3	KPI-P-03	Students' evaluation of the quality of the courses	80%	Survey	End of the year
4	KPI-P-04	Completion rate	65%	Cohort analysis	End of the year
5	KPI-P-05	First-year students retention rate	95%	Edugate	End of the year
6	KPI-P-06	Students' performance in the professional and/or national examinations	80%	SMLE statistics	End of the year
7	KPI-P-07	Graduates' employability and enrolment in postgraduate programs	90%	Alumni survey	End of the year
8	KPI-P-08	Average number of students in the class	50	Edugate	End of the year
9	KPI-P-09	Employers' evaluation of the program graduates proficiency	4	Survey	End of the year
10	KPI-P-10	Students' satisfaction with the offered services	3.5	Survey	End of the year

No	KPIs Code	KPIs	Target	Measurement Methods	Measurement Time	
11	KPI-P-11	Ratio of students to teaching staff	6-1	Program data	End of the year	
12	KPI-P-12	Percentage of teaching staff distribution	Female	30%	Program data	End of the year
			Professor	15%		
		MD	90%			
13	KPI-P-13	Proportion of teaching staff leaving the program	15%	Program data	End of the year	
14	KPI-P-14	Percentage of publications of faculty members	35%	Teacher portfolio	End of the year	
15	KPI-P-15	Rate of published research per faculty member	0.7	Teacher portfolio	End of the year	
16	KPI-P-16	Citations rate in refereed journals per faculty member	7	Teacher portfolio	End of the year	
17	KPI-P-17	Satisfaction of beneficiaries with the learning resources	3.5	Survey	End of the year	

* including KPIs required by NCAAA

I. Specification Approval Data

Council / Committee		Curriculum & Academic Plans Committee
Reference No.		Recommendation No2 - Session No. 2
Date		11/11/2020
Program Coordinator	Name	Dr. Anwar Makeen
	Signature	