

RT BSc Program Quality Assurance Manual



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Preface:

Applied Medical Science College offers high quality academic programs and among these Respiratory Therapy Program is one of the established programs with community-based approach and modern technology. Respiratory Therapy (RT) Program trains students to achieve the goals set nationally and internationally. Respiratory Therapy program quality and assurance manual is a detailed written document that describes the program policies and quality management. Program implements an effective quality management system (QMS) which is consistent with the applied medical science college and Jazan university quality system. The QMS sets out a range of principles, policies and procedures by which academic standards are assured and quality is enhanced within program. It recognizes that quality assurance procedures and the generation of quality improvements are most effective when operating closest to the point of delivery. This principle also enables department to deliver programs which prepare their students for post-graduation activities. However, this program operates within the overall framework of the QMS. Respiratory Therapy Program established QMS to placate the needs and to improve the quality standards.

1.1 Respiratory Therapy Program RT

The Faculty of RT program are accountable for ensuring that their actions align with and promote the guiding principles for academic standards and quality as set out in the QMS. It is expected that key members of academic management at the program take lead responsibility for promoting the QMS throughout the academic calendar.

The Quality and Assurance Committee holds the accountability for supervising the internal quality of the program. The multiphasic facet of the committee corresponds with the staff and with the faculty council. Major concerns of the committee are:

- Approving and supervising the implementation of the strategic plan of the Deanship of Quality Assurance and Academic Accreditation
- Approving the plans for Quality assurance in the department
- General supervision of the Quality assurance system and affiliated committees.
- Collecting and analyzing data Jazan University JU

1.2 Brief history of the program

Respiratory Therapy is a department of Applied Medical Sciences college- Jazan University has moved from faculty of nurse to faculty of applied medical sciences in 2017 to meet the challenges that Jazan province was facing at that time in lack of effective national respiratory therapist in care and treatment of patients, in the surveillance of diseases of public health importance and in determining the response to disease outbreaks. The program involves all the supplemental diagnostic branches that will work parallel with other medical specialization as complementary disciplines that can give the community full health services in the area.

1.3 Program Vision

The Quality Committee will play a strategic role in implementing best practices to achieve positive outcomes for Respiratory Therapy Program.

1.4 Program Mission

To graduate highly qualified health professionals in respiratory therapy field who can provide the optimal care in hospital settings according to the highest academic and professional standards in the light of the values of our Islamic religion, and to participate in related scientific research and social demands events.

1.5 Program core Values

- Commitment to Quality
- Commitment to Innovation
- Commitment to respect Community
- Honesty and Transparency

1.6 Program Educational Goals

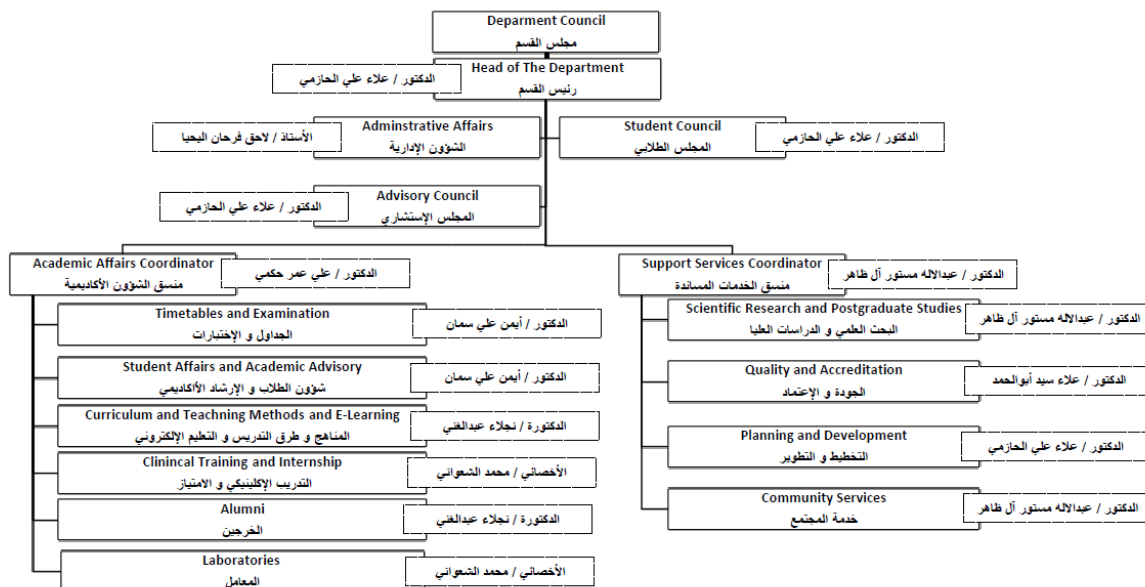
The goal of the Respiratory Therapy Program of the Faculty of Applied Medical Sciences at Jazan University is to:

- 1) To graduate qualified highly qualified respiratory therapy practitioners.
- 2) To develop respiratory therapy profession through update curriculum, encouraging the scientific research, and conduction scientific symposium and conferences.
- 3) To participate in social activities which they are designed to improve the public health.

1.7 Program Strategic Plan

Attached document.

1.8. Program Hierarchal Structure



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2. Quality Management System (QMS)

2.1 Vision:

To achieve Excellency in the areas of teaching and learning, scientific research and community services

2.2. Mission:

The QMS is committed to monitor and follow up the implementation of teaching and learning, scientific research, and community services, according to NCAAA standards

2.3. Aim:

To achieve the high-quality standards and get accredited by the national awarding body by
Fulfilling the awarding body expectations in academic and supporting areas.

Ensuring the policies and procedures are appropriate and meets the requirements of the awarding body.

By affective execution of the college and university approach to quality assurance and upgrade in a productive viable way.

2.4. General Objective:

General objective of the QMS is to enhance the capacity building of RT academic staff, developing and applying students' competencies for successful learning, living and working, and promoting cooperation with international educational bodies

2.5. Responsibilities of QMS:

- 1- Supervise the overall quality of the program and to build strategies for lacunas found
- 2- Periodically reviewing the "Quality Manual" to explain the procedures required for the implementation and interaction of the quality assurance of academic programs
- 3- Promoting the cooperation with international educational bodies in order to enhance the capacity building of RT academic staff specially the quality assurance in teaching and learning process.
- 4- Promoting the "Student-Centered Learning" educational system.
- 5- Providing Faculties with technical support on the use of up-to-date and appropriate techniques in teaching and learning process.

- 6- Following-up the Faculties' action plan to fulfill the comments and recommendations of the international accreditation bodies of the accredited programs.
- 7- Organizing and participating in seminars, workshops and training sessions related to quality assurance activities inside and outside the department.
- 8- Following-up the academic advising process and monitoring some weaknesses in its application at all Faculties to adjust this process.
- 9- Interviewing students from all levels to see their views on the quality of education, curricular and extracurricular activities.
- 10- Preparing periodically a "Self-Assessment Report" aiming at reviewing the effectiveness of "Internal Quality Assurance System" at RT program.

3. Principles:

Quality and assurance system has been supported and formed various key principles. These are

3.1. Comprehensive coverage:

The quality framework intends to maintain comprehensive coverage by tending to quality over the program. Conduct various surveys from the stake holders, peer internal review monitoring and peer external review monitoring.

3.2. Internal peer review:

The internal peer review is an efficient and systematic examination to decide if the activities and results referring to quality are as per program guidelines, whether these results are fit for achieving the set goals and they are really being implemented.

3.3. External peer review:

The external peer review is an independent examination to standards and quality. Program achieved this by the independent reviewers from parallel programs in the nation and deanship of academic and development, Jazan University.

3.4. Staff involvement:

Program aims to involve all staff members in quality and assurance mechanisms, providing support and training as needed.

3.5. Feedback:

Quality and assurance must have mechanisms for collecting, processing and responding to the reviews and feedback coming from stakeholders.

4. Why to have a Quality and Assurance Committee?

Respiratory Therapy program management selected eleven key performance indicators for program which are suggested by the National Commission for Academic Accreditation and Assessment (NCAAA 2021-2022). At beginning of the academic year Respiratory Therapy program has prepared the action plan to conduct the required surveys by involving the stakeholders. Program management and quality assurance committee coordinates the department administrative staff, stakeholders, and faculty members to complete all the surveys in academic year. Quality and assurance committee is responsible to do the data management and calculation of actual indicators.

5. Quality Assurance Committee

5.1. Establishment

5.2. Responsibility

5.1. Quality Assurance Committee Establishment

Definition:

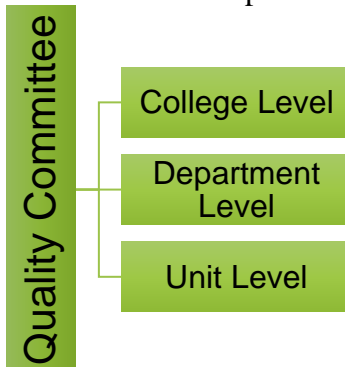
Quality Assurance Committee of the Respiratory Therapy Department. The committee has established in 15/10/2018 under the college Quality Assurance Unit and it consists of 6 members.

University	College Vice- Dean for Quality
Deanship	Quality Assurance Unit
	Program Quality Committee

The committee is constituted as one of the organizational committees of the department structure. The committee is responsible for the academic quality and standards of the department, both in teaching and research, and for the regulation documents that needed in accreditation process.

5.2. Quality Assurance Responsibility

The committee work with up-to down levels



5.2.1. The University Level:

The university provides the program through the college quality assurance unit all the policies and the guidelines and also do many orientations to upgrade the quality coordinators performances, Moreover the DAD consultants frequently visit the department to supervise and update the unit with the latest improvement for accreditation approving process.

5.2.2. The College Level:

Applied Medical Sciences College has established a quality assurance unit and has male/ female coordinators under the supervision of the college quality deputy. The unit helps the six programs units in

their duties and responsibilities and conducts the frequent meeting to discuss the barriers and to solve issues that they faced and coordinate the work between the six programs.

1. Review the current structure and exist documents in each educational units and organizational committees.
2. Design Job Description for each level in the structure of the department.
3. Prepare the necessary documents for the accreditation process.
4. Identify annual objectives of the program.
5. Assure the quality of the curriculum for each course.
6. Produce annual plan with schedule.
7. Maintain and improve department quality.
8. Monitor and evaluate the program day- to day organization
9. Set up of regulations, policies and guidelines and other documents which make up the department in quality assurance framework.

5.2.3. RT Level:

RT Quality plan concentrate on three main dimensions:

1. Human Resources Building Capacity
2. Building and Infrastructure appropriateness
3. Documentation



Human Resources

Students
Academic Staff
Administrative Staff



Building and Infrastructures

Classes
Library
Facilities



Documentations

Surveys
Archive
Data Base and data uploading in the EQMS

1. Responsibility of Department Head:

Head of Department, as executive officers of the academic department, contributes to the achievement of the University and faculty strategic plans by providing effective management and academic leadership within the department. These responsibilities include quality assurance of all programs, maintaining documentation relating to courses, monitoring staff performance, appraisal of teaching staff,

and providing opportunities for individual staff development. They are also responsible for providing appropriate resources to support all teaching undertaken by the academic department.

Specific responsibilities are:

Responsible and accountable for setting and advancing the academic strategy of the Department in line with Faculty and University strategic plans and direction.

Oversee, organize and develop the core activities of teaching, research, examining, advising and other service activities and knowledge transfer, consulting with all departmental colleagues.

Refresh and develop new programs in order to attract new students and markets.

Ensure the highest levels of quality, integrity and ethics in teaching, learning and research within the department.

Ensure that staff performance is managed appropriately and that fair workload allocation processes are in place.

Ensure all staff has access to the necessary support to enable them to contribute fully and develop their skills and experience.

Ensure a safe and healthy environment for both staff and students, and full compliance with health and safety requirements.

Ensure that University equipment/ facilities under the department's control are properly maintained and serviced as required.

Comply with auditing, quality assurance and risk management procedures, both internal and external.

Ensure that Program specification and report, Courses specification and report, Program self-evaluation scale and Program Self-study report are going according to the latest versions of NCAAA and in the right way.

Enhance the quality and volume of research by encouraging and enabling demonstrable research achievement within the department.

2. Responsibility of Program Quality Coordinator:

Program Quality Coordinators are responsible for facilitating the assessment of student learning in their programs.

- Develops and manages the program's/ department's assessment plan and data collection including: developing program goals and student learning objectives, developing a program curriculum matrix and assessment activities matrix, developing and implementing direct and indirect assessment methods appropriate for the program, collecting data about the program and student learning.
- Providing semi-annual updates of progress and/ or achievements (at the end of each semester) to the department chair, college dean for the Assessment of Student Learning.
- Provide documents and evidence for Program accreditation based on NCAAA and/ or other related accreditation bodies (mainly, program specification, course specification, course report and program report, Self-Evaluation Scales of the Program (SESP) and the Self-Study Report of the Program (SSRP).
- Report on program quality and assurance system (PQAS) between sections and branch within the department

3. Planning and Conducting Quality and Assurance Committee Meetings:

Committees must meet twice a year. The meeting should consist of a motion and approve the continuation of the program the following year. Tentative meeting dates for the year may be set by the group during development of the Program of Work. Each meeting should focus on specific content or issues. The general planning process involves reviewing minutes of the last several meetings and the Program of Work in order to create the **meeting agenda**. Meetings could be held at college council hall to gain a better picture of how the program operates.

To prepare for the meeting, the Chairperson:

- Schedules meetings well in advance.
- Establishes and publicizes time, date and location of each meeting.
- Arranges for comfortable meeting hall and any equipment.

Notifies committee members and appropriate officials in writing of meeting date and agenda.

- Arranges for refreshments, meals, special presentations, etc. if appropriate.
- Confirms all arrangements several days before the meeting.
- Calls committee members and staff to remind them of the meeting.
- Prepares materials on the issues that are on the agenda.

4. Conducting Meetings:

- State the purpose of the meeting and review the **agenda**.
- Follow parliamentary procedures.
- Encourage open and informal discussion.
- Distribute and explain work assignments throughout the committee.
- Set a tentative date for the next meeting prior to adjourning.
- Keep members informed of activities and progress.

5. Minutes of Meetings:

Meeting minutes include:

- Decisions, recommendations, or motions made by the quality and assurance committee.
- Responses to questions or recommendations made at previous meetings.
- Assignments to be carried out following the meeting (include what is to be done, who is in charge and the completion or reporting date).
- Items to be addressed at the next meeting (both new items and tabled items from the current meeting.)

It is the duty of the Secretary to distribute meeting minutes as soon as possible following the meeting.

6. Program of Work:

Committee members should keep two things in mind as they develop a Program of Work, the needs of the program and the requirements of the Respiratory Therapy department. To help quality and assurance Committees plan an effective Program of Work the following sequence of planning can be used:

7. Establish Priorities:

Quality and assurance Committees are usually involved in some or all of the following areas:

- Departmental surveys (Course evaluation, Program evaluation, Faculty satisfaction, University experience, Alumni student and Employers satisfaction).
- Data management.
- Analysis and report writing.

Four items should be considered as the committee discusses the priorities:

- Past accomplishments.

- Current and future needs of the program.
- Current and future needs of the community.
- Student outcomes.

8. Develop Planning Tasks:

Once committee activities have been selected, identify steps to carry out the activities. Several factors need to be considered, including time, cost, people power, and community support. Some of these factors may influence how the committee carries out a given activity. It may be necessary to develop alternative planning tasks to accomplish the same end. List these planning tasks in the order in which they are to be carried out. Depending on the complexity of the task, there may be several steps under each task.

9. Assign Responsibilities

The committee chairperson should review and discuss each planning task with the entire committee so that there is a clear understanding of each task. Individuals assigned should have a clear understanding of what is expected.

10. Establish Timelines:

Timelines allow the person(s) assigned to a given task to plan for its completion. Each person assigned to a specific planning task should know when the task is to be completed. Status reports should be presented at quality and assurance committee meetings.

11. Formulate Quality and Assurance Committee's Recommendations:

A committee recommendation or a specific committee action is the desired outcome of any Program of Work. Committee recommendations should be formulated after members have had sufficient time to study and discuss a specific issue. It should be recorded in the minutes that the committee discussed the recommendations and that it approved them either by consensus or majority vote. Recommendations should be brief, clear and concise. Some recommendations may need to be preceded by a rationale which includes why such recommended changes are needed and how they would be beneficial to the program, college and/or community. The number of recommendations should be kept to a minimum. Recommendations should be submitted in writing to the vice dean of quality and academic affairs for his review and consideration.

The committee members must remember that they have no programmatic, administrative or legislative authority. Their recommendations are advisory in nature.

12. Progress Review:

A Program of Work evaluation should be completed periodically to determine:

- The extent to which the committee is accomplishing the Program of Work.
- The extent to which the recommendations and actions have strengthened and improved the career and quality of the program.
- Future direction, functions and activities for the committee.

The evaluation and tentative direction for next year should be part of the agenda for the Quality and Assurance Committee's final meeting of the year.

13. RT Quality Practices

13.1. RT Quality Cycle

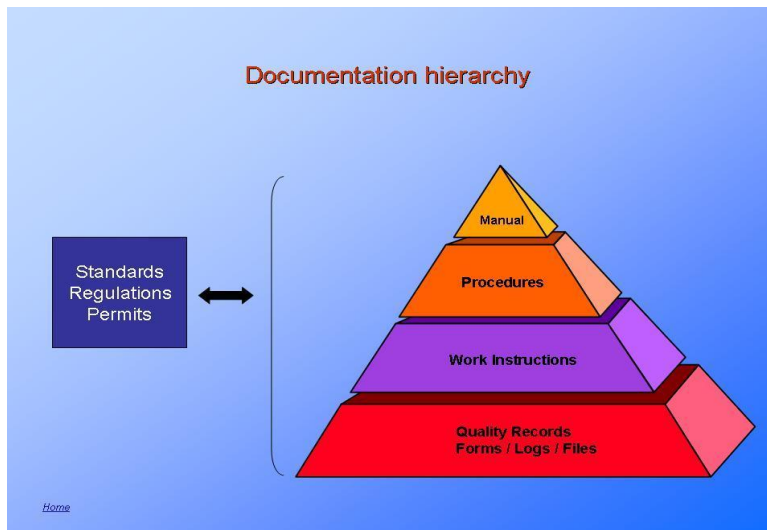
13.2. Quality Process

13.3. Accreditation Exercises

13.4. Program KPIs

13.5. Program Benchmarking

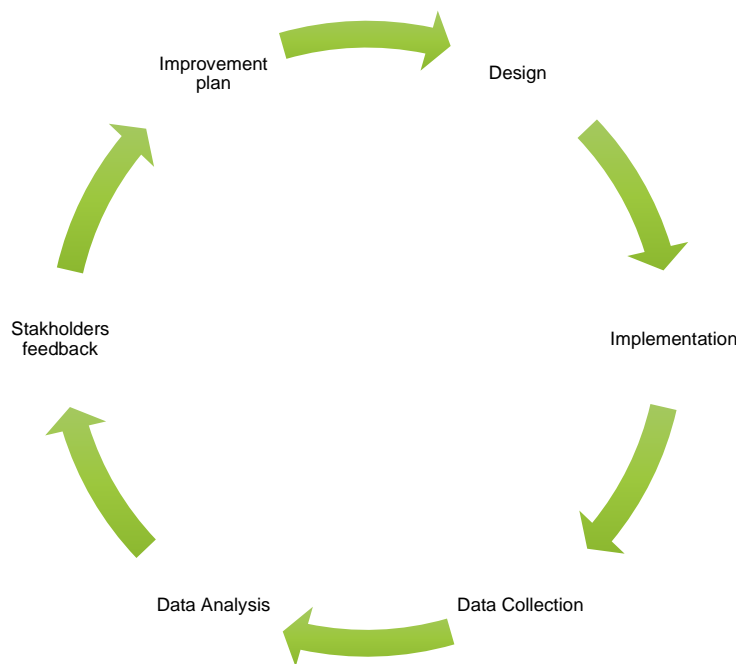
13.1. Quality Cycle



13.2. Quality Process

The program has quality process and summarizes in these steps:

1. Design manuals, guidelines, regulation internally
2. Implementation procedures process
3. Data collection
4. Data analysis
5. Stakeholders feedback
6. Improvement action plan to correct the manuals, guidelines...



13.3. Accreditation Exercises

RT quality committee beside the academic quality process it also has the duty to finalize the accreditation documents, Actually the requirements have changed many times during the program

13.3.1. Program Eligibility Accreditation Requirements

The National Commission has established a set of eligibility program requirements and these needs also updated to be 11 items.

1. Program final licensing or establishment decision
2. Consistency with SAQF
3. Availability of institutional accreditation requirements
4. Students and staff manuals
5. Program quality assurance system and its performance reports
6. Program and courses specifications

7. Program learning outcomes assessment plan and reports
8. Students graduated report
9. Program advisory committee
10. Key performance indicators and benchmarking
11. Program self- study

13.4. Program KPIs

The program KPIs collect either by surveys or data from the administrative authority such as the number of enrollments of the students every year and the percentage of graduated students. The surveys are for all stakeholders (students, staff members and employers) the procedure includes:

1. Surveys distribution to all stakeholders twice a year.
2. Data collection and analyze by the program statistician
3. KPIs measurement by reflecting the data to rate, percentage, ratio according to the NCAAA format.

13.5. Program Benchmarking

In KSA about 33 universities and 22 of its are governmental and 9 universities are private universities. Beside Jazan University there are about 7 universities provide the Respiratory Therapy specialization and the program can use one of these as internal benchmarks for the program:

1. King Saud University in Riyadh
2. King Feisal University in Eastern Region
3. King Abdul-Aziz University
4. Umm Alquraa University in Makah
5. King Khalid University in Asser
6. Princess Noora University
7. AlQassim University

In 2019 RT program use the internal benchmark from parallel department (Physiotherapy Program) in the same college and for external benchmark, the program should look for seemly international program either in the MENA region or any recognition cooperated university.